

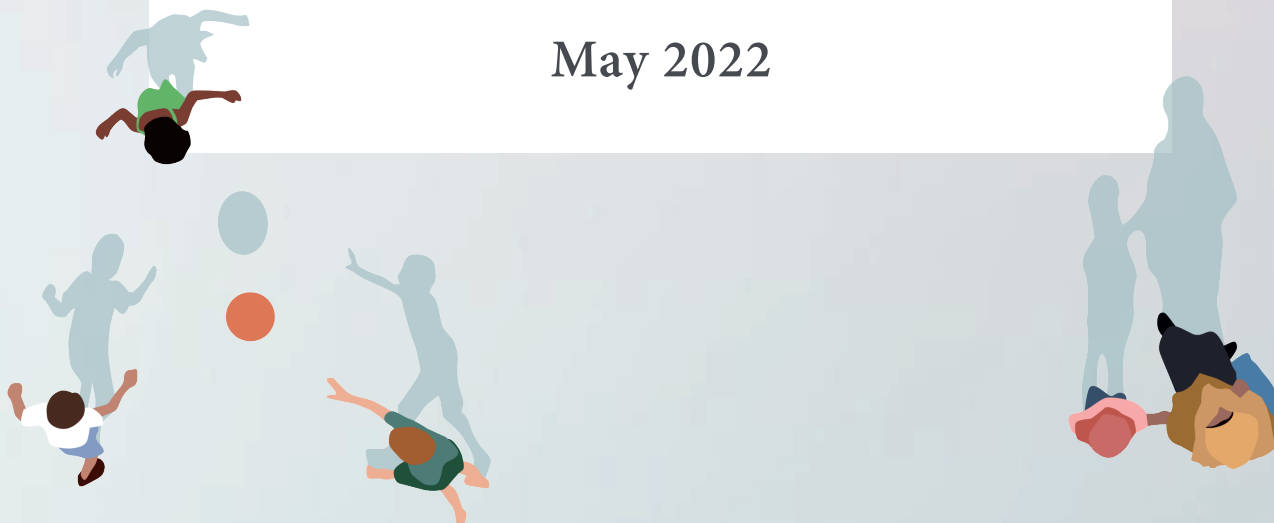


What Works for
**Children's
Social Care**



COMMISSIONING SECURE CHILDREN'S HOMES PLACEMENTS IN ENGLAND

May 2022





What Works for Children's Social Care

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WWCSC was commissioned to conduct this research by the Independent Review of Children's Social Care (IRCSC). During the research, we met regularly with the IRCSC, who were involved in formulating the research questions and designing the methodology. The analysis was conducted by the research team and the IRCSC did not influence the reporting of the findings.

About the Independent Review of Children's Social Care

The Independent Review of Children's Social Care was announced in January 2021 and will report in Spring 2022. Josh MacAlister is leading the review which has a wide ranging and ambitious scope. The review is a chance to look afresh at children's social care. It will look at issues through the perspective of children and families throughout their interactions with children's social care, from having a social worker knock on the door, through to children being in care and then leaving care. What Works for Children's Social Care is supporting the review by producing and commissioning evidence summaries, rapid reviews and new analysis.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.



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GLOSSARY OF TERMS

ADCS: Association of Directors of Children's Services

CAMHS: Children and adolescent mental health services

DfE: Department for Education

LA: Local authority

MoJ: Ministry of Justice

NHS: National Health Service

SCH: Secure children's home

SWCU: Secure Welfare Coordination Unit

WWCSC: What Works for Children's Social Care

YCS: Youth Custodial Service

YOI: Youth offender institution



EXECUTIVE SUMMARY

Background

Secure children's homes (SCHs) were developed to accommodate and safeguard the most vulnerable children in society in a therapeutic environment. However, in recent years, the number of SCHs and available beds have decreased substantially, while the reported demand for specialist places for high need children has increased. As a consequence, both the Department for Education (DfE) and Ofsted report that there is a severe shortage of SCH places in England. This leaves many high need children without suitable accommodation or may mean those that are placed, are relocated at great distance from their previous home.

This is an important area of research given the cost of these placements and the complexity of needs of young people in these settings. Previous research has identified a clear need for a more collaborative and integrated approach to commissioning for this provision because of the overlap in children placed in SCHs on welfare, remand, or justice grounds. However, the reasons for why this has not been achieved are unclear.

Research objectives and methods

The main objectives of this report were to investigate existing commissioning and allocation practices for SCHs and their impact on children and young people, as perceived by relevant (non-user) stakeholders.

To meet these objectives, we:

- Reviewed the existing research on secure accommodation provision and SCHs
- Analysed the most recent data on SCHs and the characteristics of children referred and placed in these facilities
- Conducted a thematic analysis of the most recent Ofsted reports (n=13) and 17 in-depth interviews with a total of 24 stakeholders.

Key findings include:

1. There is a clear sense from the stakeholders interviewed in this study that the ability of SCHs to meet their original purpose – to safeguard society's most vulnerable children - has been compromised, largely due to sufficiency issues driven by an absence of adequate oversight of the SCH provision.
2. This study reveals that many of the problems experienced by SCHs are characterised by a cohort of children which have overlapping needs and characteristics but are managed by siloed pathways and decentralised commissioning practices without national oversight. Even though the SCH provision is predominantly used as a national service, the risks associated in opening and running these facilities are primarily local.



3. Interviewees felt that occupancy rates are not a meaningful indicator of supply. At times, occupancy rates in SCHs are low, despite high demand. However, these figures do not reflect the complexity of young people's needs nor the capacity of SCHs to accommodate children with different needs.
4. Interviewees believe the needs of children referred to SCHs have become increasingly complex. This presents significant placement challenges. The capacity of SCHs and facilities have not evolved to meet children's increasing needs, including children with severe mental health difficulties.
5. The process through which children are referred to SCHs and how places are commissioned varies considerably for the Youth Custody Service (YCS) and local authorities (LAs). The YCS uses block contracts for its justice beds which offer SCH providers more financial security and flexibility compared to children placed by LAs. In addition, the fact that other accommodation alternatives in the justice system are available in the event of a placement breakdown, can make SCHs more willing to accept justice placements.
6. Participants highlighted that the absence of national oversight and procedures was problematic. This means there is little guidance on supporting young people leaving SCHs and no assessment of the impact that SCHs have. Participants recommended that a shared outcome framework should be developed to address this.
7. Most participants agreed that a central commissioning unit for all children referred to SCHs should be created to oversee referrals, placements and data. This would improve coordination among providers and those referring children and if transparent increase equity.

Conclusion and next steps

Our findings indicate that many SCHs lack the necessary capacity and support to accommodate the full range of children for whom this provision is intended. Going forward, future changes to the sector must consider three overarching issues. First, decision-makers must consider a broader range of measures than occupancy rates about the SCH sector to inform changes to the provision. Secondly, there is an urgent need to assess the needs of children currently in SCHs and adapt the facilities and support SCHs are providing. Thirdly, there must be significant investment in the workforce. To achieve these improvements, we found broad agreement among stakeholders that central government should play a bigger role in facilitating coordination, accountability and oversight of referrals and placements in SCHs.



BACKGROUND

Introduction

Secure children's homes (SCHs) house some of the most vulnerable children in care with the most complex needs. It is known that most SCHs have low occupancy rates with many beds theoretically left unfilled, even though many local authorities (LAs) struggle to find places for children referred to these facilities (Department for Education, 2021c; Hart & Valle, 2021). As a consequence, children referred to SCHs are regularly placed in regular children's homes, in unregulated accommodation (Community Care, 2021; Ofsted, 2019), or (for remand or justice children) in Youth Offender institutions, even though there are serious risks involved with placing children in facilities that may not be equipped to meet their needs. Moreover, using unregulated accommodation as a way of fixing unmet demand is not sustainable, as the use of these facilities has been banned for children under the age of 16 since September 2021 (Department for Education, 2021e).

All but one of the 13 Secure Children's Homes in England are run by LAs, with other LAs purchasing spaces in them as needed. Although only a relatively small number of children are placed each year in secure children's homes, this is an important area of research given the cost of these placements and the complexity of needs of young people in these settings. Moreover, it is known from previous research (described in detail below) that there is a substantial overlap among the children placed in these facilities irrespective of whether they were referred on justice,

remand, or welfare grounds (see box below). Most research therefore highlights a need for a more collaborative and integrated approach to commissioning places for the two cohorts (e.g., (Hales et al., 2018; Hart & Valle, 2021)). However, the reasons for why this has not been achieved are unclear.

The main objectives of this report are to investigate existing commissioning and allocation practices for SCHs and their impact on children and young people, as perceived by relevant (non-user) stakeholders. The focus of this report is on secure children's homes in England.

The report is organised as follows. First, we describe the existing research on secure accommodation and SCHs in England. Second, we provide a descriptive summary and analysis of the number of SCHs and places over time, including a summary of what is known about the behavioural characteristics of referred and placed children. Third, we describe our research objectives and methodology. Fourth, we present our findings, including our thematic analysis of commissioning and allocation practices, barriers to change, and stakeholder recommendations. Fifth, we discuss areas in need of further research. Last, we conclude with a summary of our findings and reflections on ways forward.



Key terms used in this report

What are secure children's homes?

The NHS defines secure children's homes (SCHs) as: "[...]a type of Youth Detention Accommodation and/or Secure Welfare Accommodation that accommodates children and young people between the ages of 10-17" (NHS, 2022). What makes these different from other types of non-secure residential care is their licence to deprive young people sent to them via a court order of their liberty (Williams et al, 2020).

What do secure children's homes do?

The Secure Children's Home Network describes the purpose of SCHs to "[...] care for vulnerable young people in a high quality, safe and therapeutic environment. Each of the 14 homes operates with a high staffing ratio; the overarching aim is to encourage residents to develop a range of personal skills, supported by changes in behaviour and attitude that will enable individuals to manage safely and responsibly on exit." (The Secure Children's home network, 2022)

What are some of the needs of children?

"Children placed in SCHs usually have a range of complex needs. Many are looked after by local authorities and frequently go missing. They are likely to have had a number of placements that have broken down, missed a lot of education, have unmet emotional and physical health needs and have suffered a great deal of trauma in their lives. SCHs provide a safe place where these very vulnerable children can receive the care, education and support that they need." (Ofsted, 2020a)

How are children referred to secure children's homes?

There are three pathways through which children can be referred to a SCH:

1. The 'Welfare' pathway (administered by LAs): "Section 25 of the Children Act 1989 sets out the 'welfare' criteria which must be met before a Looked After Child may be placed in secure accommodation. The 'welfare' criteria are that: The child has a history of absconding and is likely to abscond from any other description of accommodation; and If the child absconds, (s)he is likely to suffer Significant Harm; or If the child is kept in any other description of accommodation (s)he is likely to injure her/himself or others." (Children's services procedures manual, 2021).
2. The 'Justice' pathway (primarily administered by the Youth Custody Service (YCS)): The YCS decides where children under 18 who are sentenced to custody should be placed. Boys below age 15 or girls of any age cannot be placed in YOIs but may be placed in a SCH. Otherwise there are no criteria to guide the placement decision process.
3. The 'Remand' pathway: "Whenever a court refuses bail to a child/young person (aged 10-17), the court is required to remand the child to LA accommodation unless certain conditions are met, in which case the court may instead remand the child to Youth Detention Accommodation." (Children's Services Online Procedures). Most children on remand are to be placed in secure accommodation by their local authority whilst their criminal justice pathway is determined (Youth remand framework, 2012).



Previous research on secure accommodation and secure children's homes

Research on secure accommodation provision

Recent work has substantially improved the evidence on the secure provision for children and young people in England. Three recent reports commissioned by NHS England developed the first empirical overview of the characteristics of the different secure accommodation types and the cohort placed in these facilities. The first report (Warner et al., 2018) describes the number and characteristics of the different secure accommodation types, including high dependency units (HDUs), psychiatric intensive care units (PICUs), low and medium secure units, SCHs, youth offender institutions (YOIs), and secure training centres (STCs). It found that, at the time of the census (2016), there were 49 secure units in England, covering 1,773 beds across justice (111 in SCHs, 243 in STCs and 906 in YOIs), welfare (111 in SCHs) and health (27 HDU, 147 PICU, 138 low secure and 90 medium secure) facilities. The report also found that there was substantial variation in the type of therapeutic interventions and treatment models offered by the different accommodation types.

The second report (Hales et al., 2018) investigated the characteristics of 93% of the cohort of children in all secure accommodation types (n=1,322 at the time of the census). Most prominently, it found that 59% and 41% of children placed via the welfare and justice pathway, respectively, have at least one mental health or neurodevelopmental diagnosis. Children referred to mental health or via the welfare pathway were more likely to be labelled of risk to themselves or others compared to children referred to the youth justice system. Most children in secure

accommodation are placed outside the LA responsible for their care and accommodation, especially children referred to SCH via the welfare pathway of which 84% have been placed outside their home LA. Perhaps most importantly, the report found that around half of all children in secure accommodation have previously been in at least one other type of secure placement of any type. The report highlighted that the commissioning streams for the different accommodation types were working in silos, which was considered unhelpful due to the (reported) overlapping needs and characteristics of the cohort. The report therefore suggests that more coordination between mental health, welfare, and justice services is needed and that this might be achieved through a regional commissioning system.

The last report is a qualitative inquiry of the views of staff from secure facilities and parents of detained children (Bartlett et al., 2018). The interview analysis identified a number of important findings. First, it was recognised among participants that the decision underlying the specific placement type is often arbitrary. It was thus phrased as a paradox that the system is built up around the assumption that children referred to different types of accommodation are inherently different, as this did not reflect the experience of interviewed stakeholders, who felt that there was considerable overlap in the needs and characteristics of the cohort. Second, the purpose of secure accommodation was often expressed in terms of risk management and safeguarding, rather than to support and prepare children to successfully transition into independent life. Last, secure accommodation professionals reported to rely heavily on agency staff (especially in mental health accommodation), which was considered a barrier to establishing a meaningful relationship between children and staff.



Research on secure children's homes

Three recent reports have focused on the provision of SCHs, which are the focus of this report. A 2016 DfE report (Hart & Valle, 2016) looked at LAs experience of referring children to SCHs on welfare grounds. It concluded that the commissioning system is not working effectively, and that LAs are struggling to find suitable placements for children with very complex needs. It was suggested that more national support and improved coordination, especially with NHS mental health service providers, was needed. The report also characterised the decreasing number of SCHs places as a concern due to the increasing demand for facilities that can accommodate children with complex needs.

A 2021 report by the same authors (Hart & Valle, 2021) investigated whether sexual abuse in mixed SCHs was a concern. The report found no evidence of this. However, in undertaking this research, the report illuminated important differences between the different placement pathways. Importantly, the report describes how the decision process varies according to the two pathways. The difference was primarily explained by different referral processes and by the YCS block booking system, which was reported to result in a higher threshold for refusal for justice places:

“While the ultimate decision whether to admit a child rests with the provider, respondents described different pressures when considering referrals from the two systems. They [mixed SCHs] felt under more pressure to take justice placements because the beds have been block-purchased by the YCS. Homes are given 30 minutes, which can be extended to an hour, to consider the referral. SCHs understood the time pressure, but said it was a challenge to review the information properly in that time. If they decline to take a child, they

must put their reasons in writing and the home may incur a financial penalty. [...] With welfare referrals, however, there is no deadline for the home to make a decision and they are at liberty to refuse any child with no contractual consequences. The mismatch between the supply and demand for welfare placements means homes can make a positive choice about children considered to be the best match, whereas justice children are likely to be accepted unless they pose too great a risk or are thought to be unmanageable. There was concern that this delicate balance could be destabilised further if the demand for YCS beds increases so that they are no longer open to arguments that a referral is unsuitable, or if the demand for welfare beds decreases to the point where SCHs cannot choose from a range of referrals if they want to fill their beds.”
(Hart & Valle, 2021)

This variation was further reported to cause arbitrary placement decisions, in which children who were originally refused a welfare placement would sometimes eventually be placed via the justice pathway.

Last, a report by What Works for Children's Social Care (WWCSC) and Cardiff University, investigated the path of children who fail to be placed in SCHs despite being eligible for a welfare placement. It found that of the children referred to secure accommodation via the welfare pathway, those with 'challenging' behaviour, a history of gang-affiliation, or sexually harmful behaviour were less likely to be found a place in a SCH and instead were placed in alternative accommodation (for example, non-secure residential homes) (Williams et al, 2020). The report recommends better recording of instances where children are referred to SCHs but placed in alternative accommodation as well as a review of the supply and placement processes to ensure that children can get access to the support they need at the right time.



Recent developments in the provision of secure children's homes

Table 1 represents the types of SCHs in England and the number of available and approved places (Department for Education, 2021b). As discussed above, there are important differences in how places are commissioned according to the placement pathway. 'Welfare' places are commissioned by LAs, although the referral process has recently been centralised by the establishment of the Secure Welfare Coordination Unit (SWCU). However, there is no legal obligation for commissioners or SCHs to use the SWCU, meaning that it is possible for commissioners to bypass this referral process, if an agreement can be made directly with a SCH. Places for children referred via the 'justice' pathway are commissioned by the YCS, often through block contracting arrangements with providers.

Since 2010, the number of SCHs in England has fallen from 16 to 13. There are 55, 104, and 51 available places for welfare only, mixed, and justice only SCHs, respectively. On average, welfare only SCHs have fewer available places per facility (9.17) compared to mixed (20.8) and justice only (25.1) SCHs.

Figures 1-3 visualise the development in the number, type, and occupancy of SCH places over the last 11 years (2010-2021). Since 2010, the number of available places has decreased considerably. Figure 1 shows that the number of children in SCHs ("children accommodated") has decreased by more than 45% over the last 10 years, even though the number of available places has decreased by less than 25% ("places available"). Figure 2 illustrates that the availability rate (the % of the available places relative to the number of approved places) has been relatively constant over the last 10 years, but that occupancy

Table 1: Number of children in SCHs. Adapted from Table 1 in Warner et al (2018) with 2021 data (England only) (Department for Education, 2021a)

	SCHs (welfare only)	SCHs (mixed)	SCHs (justice only)	Total
Legislation	Children Act	Children Act and Criminal Justice	Criminal Justice	
Commissioned by	Local authorities via the secure welfare coordination unit (SWCU)	Local authorities via the SWCU and Youth Custody Service.	Youth Custody Service	
Number of facilities	6	5	2	13
Number of approved places	76	104	51	231
Number of available places	55	104	51	210
Average number of available places*	9.17	20.8	25.1	16.15

* The number of available places divided by the number of facilities for each category (welfare only, mixed, and justice).



rates have substantially decreased in the last four years (probably due in part to COVID-19) and are now at an all-time low of below 60%. Figure 3 shows the number of justice (children on remand), YCS, and welfare

placements have decreased by 51.6% (2010 to 2020), 30.2% (2010 to 2020), and 22% (in 2010 to 2021), respectively.

Figure 1: The number of available, approved, and MoJ places and accommodated children in England from 2010-21

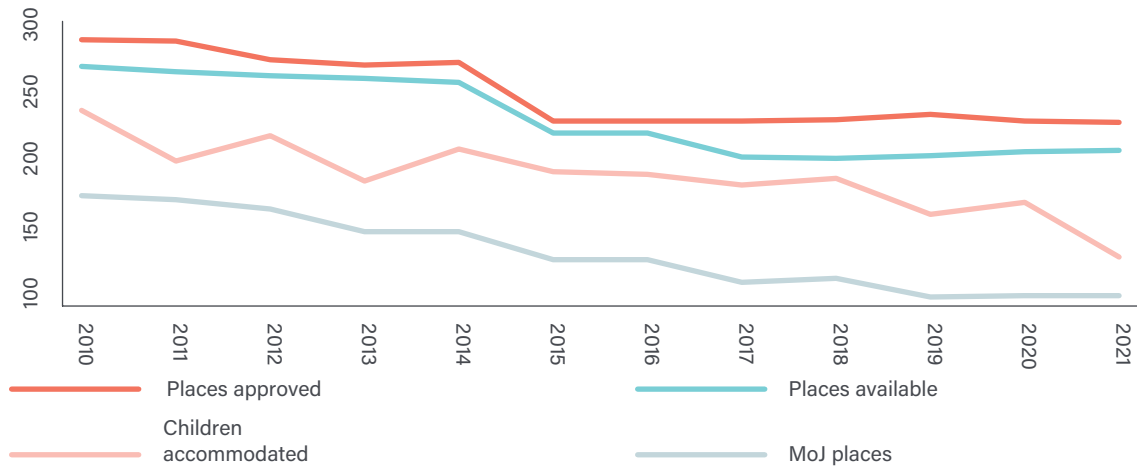


Figure 2: The availability (the % of the available places relative to the number of approved places) and occupancy rates of SCHs in England from 2010-21

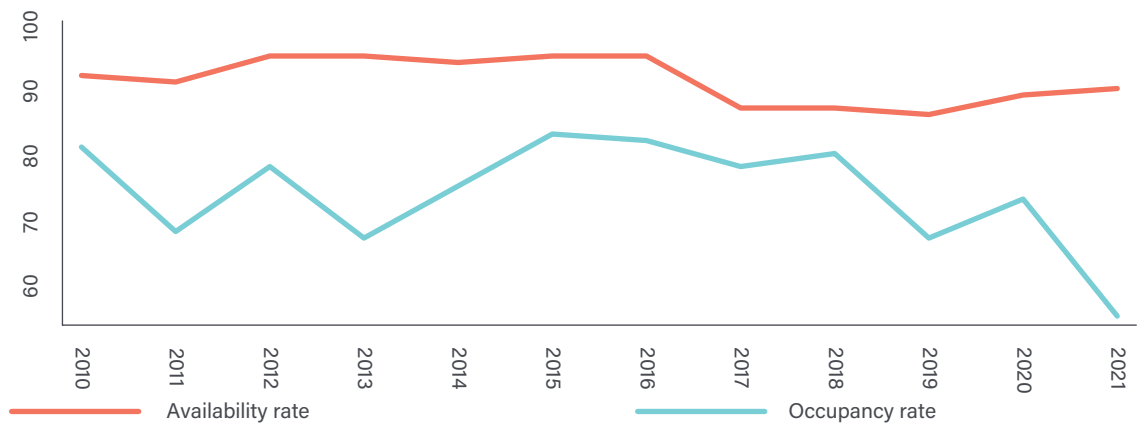
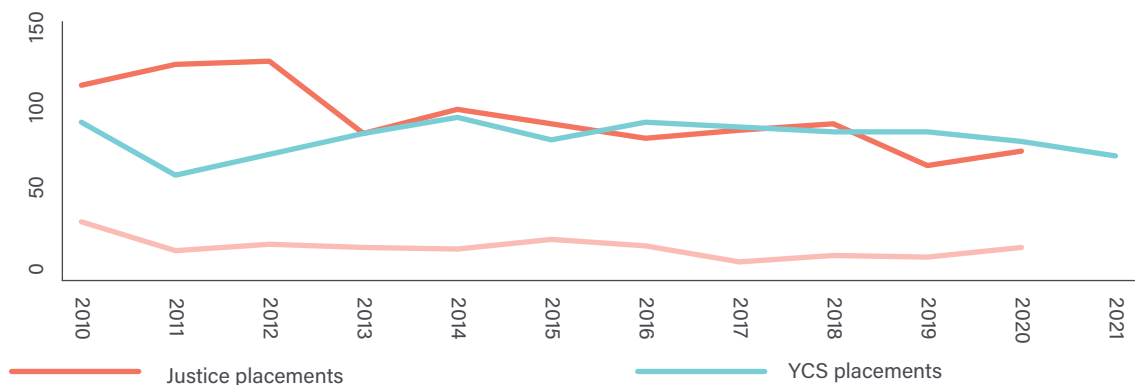


Figure 3: Number of YCS, justice (remand), and welfare placements in England from 2010-2021





Regulation of SCHs

Overall, the Ofsted ratings of SCHs are positive (see table 2). The 'overall experiences and progress of children and young people' was rated good and outstanding in all homes, except for in Peterborough and Hampshire, which were rated 'requires improvement to be good'. The most common domain rated below 'good' is 'effectiveness of leaders and managers', which received a 'requires improvement' rating in 4 out of 13 SCHs. No domains in any of the SCHs were rated as inadequate.

Characteristics of children referred to and placed in SCHs

Previous research (e.g., (Hart & Valle, 2021)) claims that children referred via the justice and welfare pathway are "fundamentally the same" (ibid). However, it is difficult to empirically validate that children referred via the welfare and justice pathways are similar in terms of their needs and presented behaviour. Data on the cohort are not harmonised for each of the different pathways into SCHs and therefore there is no data on the characteristics of the full cohort of children over time.

Table 2: Latest Ofsted ratings (as of December 16, 2021)

	Outstanding	Good	Requires improvement to be good	Inadequate	Total
Overall experiences and progress of children and young people	4 (30.8%)	7 (53.8%)	2 (15.4%)	0	13
Children's education and learning*	3 (25%)	6 (50%)	3 (25%)	0	12
Children's health*	2 (20%)	6 (60%)	2 (20%)	0	10
How well children and young people are helped and protected	4 (30.8%)	7 (53.8%)	2 (15.4%)	0	13
The effectiveness of leaders and managers	3 (23.1%)	6 (46.2%)	4 (30.8%)	0	13

* Note that Children's health and Children's education and learning were not assessed in 3 and 1 SCHs, respectively.



Based on data collected by the Secure Welfare Coordination Unit (SWCU), Table 3 displays the development in presented behaviours among children referred and placed in SCHs from 2017 to November 2021. The table only covers a subset of children in SCHs (i.e., those referred via the SWCU and the welfare pathway), as the publicly available data by the YCS does not distinguish between child characteristics across the different accommodation types (YOIs, STCs, and SCHs) and is therefore not comparable. However, a recent experimental data release on Youth Justice Statistics (Ministry of Justice, 2021) shows that 81% of all children who received a custodial sentence from April 2019 to March 2020 had mental health problems, and a recent Nuffield Family Justice Observatory review also found that children in both welfare and justice accommodation have significant mental health needs (Roe, 2022).

The table illustrates that both the number of referred welfare children and the percentage of placed children have decreased over the last four years, and by November 2021 only 36% of the 315 children referred via the SWCU were successfully placed in a SCH. The average number of referred children and the percentage of successfully placed children per year over the full period (2017 to November 2021) is 445 and 41%, respectively.

The most common type of presented behaviour in referred children in 2021 was absconding (96.5%), challenging behaviour (96.2%), disclosed abuse (94.3%), and offending behaviour (82.5%). In 2021, 68.3% and 62% of referred and placed children, respectively, had a diagnosed mental health

condition, which is an increase of 20.2 and 19.4 percentage points compared to in 2017. The biggest change in presented behaviour from 2017 to 2021 is sexualised behaviour (i.e., evidence that the young person displays sexually inappropriate behaviour) which has increased by 20.4 and 24.4 percentage points, respectively, for referred and placed children.

The types of presented behaviour in referred children that were most accommodated by SCHs in 2021 are sexual exploitation (43%), criminal exploitation (40%), and sexualised behaviour (37%). The behaviours associated with the lowest placement success in 2021 include sexually harming behaviour (20%), fire setting (30%), self-harm (31%), adoption breakdown (32%), and mental health (35%). When taking the average of the last three years (2019, 2020, 2021), this is roughly the same, with sexually harming behaviour, mental health, and absconding being the behaviour types with the lowest placement success rate.

When interpreting these figures, it is important to note that this data does not capture whether and how multimorbidity (the presence of multiple complex behaviours) affect placement success. It also does not consider varying severity of the presented behaviours. However, the data shows that for children referred via the SWCU, the average number of presented behaviours per child has increased from 5.8 and 5.7 in 2017 for referred and placed children to 7.9 and 7.8 in 2020, and 7.7 and 7.6 in 2021. This is an increase of 36.2% (2020) and 32.8% (2021) for referred children and of 36.8% (2020) and 33.3% (2021) for placed children.



Table 3: Characteristics of referred and successfully placed children via the SWCU from 2017 to November 2021

	2017		2018		2019		2020		2021 (November)	
	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)
Abducting	520 (98%)	45%	457 (97%)	47%	466 (95%)	44%	407 (97%)	39%	304 (97%)	37%
Adoption Breakdown	38 (7%)	39%	15 (3%)	N/A	23 (5%)	39%	28 (7%)	N/A	22 (7%)	32%
Challenging Behaviours	467 (88%)	41%	443 (94%)	45%	475 (97%)	42%	410 (98%)	38%	303 (96%)	35%
Criminal Exploitation	N/A	N/A	N/A	N/A	N/A	N/A	222 (53%)	41%	156 (50%)	40%
Disclosed Abuse	N/A	N/A	N/A	N/A	N/A	N/A	392 (93%)	38%	297 (94%)	35%
Fire Setting	56 (11%)	34%	91 (19%)	49%	95 (19%)	45%	125 (30%)	34%	73 (23%)	30%
Gang Affiliated	161 (30%)	43%	148 (31%)	35%	184 (37%)	40%	124 (30%)	40%	82 (26%)	37%
Mental Health	254 (48%)	39%	249 (53%)	45%	290 (59%)	37%	265 (63%)	32%	215 (68%)	33%
Offending Behaviour	422 (80%)	42%	389 (83%)	44%	423 (86%)	42%	373 (89%)	38%	260 (83%)	35%
Self-Harm	264 (50%)	45%	252 (54%)	46%	261 (53%)	41%	246 (59%)	33%	195 (62%)	31%
Sexual Exploitation	280 (53%)	56%	244 (52%)	55%	219 (45%)	49%	164 (39%)	44%	117 (37%)	43%
Sexualised Behaviour	72 (14%)	42%	157 (33%)	48%	176 (36%)	34%	169 (40%)	37%	107 (34%)	39%



Table 3: Characteristics of referred and successfully placed children via the SWCU from 2017 to November 2021 (continued)

	2017		2018		2019		2020		2021 (November)	
	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)	Number of referred children	Children placed (%)
Sexually Harming	83 (16%)	33%	66 (14%)	42%	79 (16%)	42%	61 (15%)	31%	35 (11%)	20%
Substance Misuse	438 (83%)	46%	400 (85%)	47%	404 (82%)	45%	349 (83%)	40%	250 (79%)	37%
Total	529	44%	471	46%	492	43%	420	38%	315	36%

Note: This table relates to children referred via the SWCU and thus only covers the 'welfare' pathway. Data source: SWCU.

*Each child may present with multiple behaviour types. The sum of the number of referred children for each behaviour category will therefore be higher than the total number of referred children for each year.

** Note that 'children placed' refers to the % of the number of referred children successfully placed in a SCH.



Sufficiency of secure children's homes

Both the DfE and Ofsted report that there is a severe shortage of SCH places in England (Department for Education, 2021c; Ofsted, 2020b). In consequence, LAs struggle to find suitable accommodation for children referred to SCHs for welfare reasons, and those who are successfully placed are likely to be located at great distance from their previous home (Downie & Twomey, 2022). This shortage was recently recognised in an investment initiative by the DfE to boost the provision of children's social care, in which an initial £12 million have been earmarked to create more SCH places in 2022 (Department for Education, 2021d).



RESEARCH OBJECTIVES

To investigate the commissioning process underlying the placement of children referred to secure children's homes, we posed the following research questions:

1. What are the main perceived challenges in the commissioning and allocation process for this provision type?
2. What are the main stakeholder recommendations to improve the quality of this provision?



METHODS

To understand why these commissioning and sufficiency challenges persist it is necessary to analyse the experiences of those involved in these processes in order to access contextual information relating to the particular nature of the issues and shed light on the complex dimensions of the system. We therefore employed a qualitative research design. We conducted in-depth semi-structured interviews with a wide range of stakeholders, who were recruited through purposive and snowball sampling. Specifically, we invited all SCHs in England to participate in the research. We also invited numerous LA commissioners, the YCS, Ofsted, the SWCU, and several third sector organisations, including the ADCS and the LGA.

All contacted participants received a participant information sheet, which outlined the scope and objectives of the research, the risks of participating in the research, the research funder (the Independent Review of Children's Social Care), and the contact details of the research team. All contacted participants were also invited to talk to a member of the research team to discuss any concerns they might have regarding the research project. All participants that agreed to take part in the research were given a description of the aims of the research and an explanation of the role of the funder. Before being asked to consent to take part, participants were given the opportunity to question any aspects of the research. Informed consent was acquired by either written or oral before starting the research interview.

ABM, BG, and EB conducted the interviews, which were structured according to a

script of pre-formulated questions on challenges around the placement process, commissioning inefficiencies, outcomes, Ofsted inspections, and perceptions on how current practices can be improved. Since many of the interviewees serve different roles in relation to SCHs, we tailored our interview template according to different stakeholder types (for example, SCH managers and LA commissioners). Moreover, efforts were made to ensure that interviewees could provide open-ended answers to express issues not necessarily included in the interview schedule.

In addition to these interviews, we also analysed the full text of the most recent Ofsted reports (n=13) of all SCHs in England.

All interviews were audio recorded with the consent of the participants and transcribed verbatim. The anonymous interview transcripts and full text of the Ofsted reports were coded and analysed thematically in NVivo following the principles of thematic synthesis (Braun & Clarke, 2012). Specifically, we first developed descriptive themes through line-by-line coding of the full interview transcripts and Ofsted reports. This process enabled us to construct a framework of descriptive themes through which we were able to develop more interpretative and analytical themes. The transcripts and Ofsted reports were coded in full by ABM who also developed the themes. All themes were reviewed and validated by BG and EB.

This project was granted ethical clearance by the WWCS Research Ethics Committee (reference: RE-20/21-020).



RESULTS

Our findings are organised as follows. First, we describe the data collected and analysed in this report followed by a clarification of the perceived purpose of these facilities as understood by the interviewed stakeholders. Subsequently, we present our thematic analysis separated by our two research questions. We first present our findings on the commissioning and allocation practices in SCHs, which is followed by an analysis of the recommendations proposed by the interviewed stakeholders.

Sample details

We conducted 17 research interviews with a total of 24 stakeholders (six of which included more than one interviewee), including SCHs managers, the Secure Welfare Coordination Unit (SWCU), LA commissioners, the ADCS, NHS England, Ofsted, Secure STAIRS, and stakeholders within the Ministry of Justice, the Youth Custody Service, and the Department for Education. The duration of most interviews was between 30 and 70 minutes.

Table 4: Sample details

Represented organisations	Number of interviews	Number of participants
Secure children's home	4	5
Secure Welfare Coordination Unit	1	2
Local authority commissioners	2	2
Youth Custody Service	2	2
Ministry of Justice	3	5
Department for Education	1	3
NHS England	1	1
Secure STAIRS	1	1
ADCS	1	1
Ofsted	1	2
Total	17	24



A note on complexity in the SCH cohort

In previous research and in most of the interviews, stakeholders reported that the cohort referred to SCHs was becoming more complex. This was often seen to be one of the main factors influencing the placement process. When asking the interviewees how they understood 'complexity', it became clear that this term was primarily used to explain two related factors:

1. First, complexity was used to describe children with multiple needs (comorbidities). Specifically, it was reported that the number and spectrum of needs were increasing, and complexity was used as an umbrella term to describe this development.
2. Second, it was used to describe changes in severity. Several interviewees explained that very serious crimes, such as rape and murder, were becoming more prevalent among children referred to and placed in SCHs than previously.

Although it is difficult to empirically validate this reported development in 'complexity' due to the lack of centralised data on the full cohort, the data received from the SWCU (see Table 3) does seem to confirm the direction of this perceived development.

Purpose of secure children's homes

All interviewees were asked about what they considered the main purpose of SCHs and to what extent this is being achieved by current practices. The most commonly reported objective of a SCH placement was to safeguard and provide a nurturing and stable environment for vulnerable children. This was reported to be achieved through the high staffing ratios of SCHs, which enabled meaningful relationships through which children could feel safe and develop trust. Several interviewees emphasised that it is not the role of SCHs to punish, and that the focus should be to provide safety and stability, and ideally 'to make a positive difference' by addressing the trauma or other underlying conditions of children during their placement. No stakeholders reported differing aims for 'welfare', 'remand', and 'justice' children.

In response to whether these objectives are being achieved by current practices, most stakeholders agreed that it has become more challenging to meet the needs of the cohort. Thus, to achieve the essential aim of SCHs - to keep children safe - several stakeholders reported having to be more selective than previously in terms of which children to provide with a place. Importantly, safety was continuously highlighted as the key concern of these facilities, and several managers reported having to turn down placements to avoid compromising the safety of their current residents and staff.

Perceived challenges in the commissioning and allocation of SCH places (RQ 1)

The main findings relating to our first research question are presented below and can be summarised by Table 5.



Table 5: Summary findings of the thematic analysis of stakeholder interviews and Ofsted reports (continued)

Findings related to the provision of welfare placements and the Secure Welfare Coordination Unit

1. It is difficult to place children using the welfare pathway, even after the introduction of the Secure Welfare Coordination Unit (SWCU)
2. The SWCU has significantly improved the evidence on welfare placements and referrals, but it is a missed opportunity that the unit is not able to use this information to shape the commissioning and allocation process

Findings related to the provision of justice placements

1. Places commissioned by the YCS offer more financial stability and flexibility for SCHs compared to welfare placements
2. Secure children's homes are considered the most appropriate type of justice accommodation
3. Children on remand are often overlooked and primarily placed in YOIs, even though it is recognised that these placements have a negative impact on children

Findings related to factors affecting the general provision of secure children's homes

1. The perceived needs of children referred to SCHs have changed, but the capacity of SCHs and the facilities they have available have not changed accordingly
2. The demand for secure children's home places exceeds the available supply due to a lack of incentives to open and operate these facilities
3. The lack of national guidance and shared practices in SCHs makes it challenging to evaluate what works within these provisions and to achieve consistent services across England
4. Current SCH services are reactive to changing children's needs and lack of strategic coordination.

Findings related to areas of concern within current practices

1. Retention and recruitment of staff is a prevalent and serious barrier to meeting the needs of children
2. There is a lack of coordination to address the perceived overlap in children referred to justice, welfare, and mental health services
3. SCHs struggle to take in children with complex mental health needs
4. The transitioning and resettlement procedures for children leaving SCHs are severely flawed and detrimental to children's outcomes



Table 5: Summary findings of the thematic analysis of stakeholder interviews and Ofsted reports (continued)

Findings related to Ofsted inspections and outcomes

1. The prospect of an Ofsted inspection influences the matching process and decision-making of SCHs when assessing referrals
2. Ofsted ratings do not capture whether SCHs are making a long-term difference
3. Ofsted ratings alone are not designed to guide commissioning decisions
4. The long-term impact of a SCH placement on children is not well understood
5. Occupancy levels are perceived as working at full capacity
6. Some SCHs do not have consistent monitoring and record keeping practices

Findings related to factors affecting the general provision of secure children's homes

1. The perceived needs of children referred to SCHs have changed, but the capacity of SCHs and the facilities they have available have not changed accordingly

A wide spectrum of stakeholders reported a perceived change in the complexity (understood as the comorbidity and severity of need) of children referred to and placed in SCHs. There was consensus among both welfare and justice interviewees that the needs of this cohort have become more severe in the last five to ten years. The challenge to cope with this development was reported to be exacerbated by the fact that the physical facilities and the SCH delivery model have not been developed for children with the level of need presented by the current cohort:

“They [SCHs] were all built about the same time between 30 and 25 years ago, and at the time they were built for us to cope with the children we had then. Now we’ve got much more complexities.”
(9010 - SCH manager)

“My suspicion is that what’s happened, the operating model for want of a better term hasn’t really changed in years and years, but the complexity of the children really has.”
(3352 - YCS placements officer)

For example, one SCH manager explained that the unit sizes of their facility were too large for the variable needs of the current cohort of the children, and that smaller units would allow for more flexibility. This development was also highlighted by an interviewee from the NHS:

“Over the last few years it’s becoming more and more obvious that what children’s homes were set up historically to do was quite a different job than they currently do. It’s sort of evolved and morphed without anybody stopping and saying, as a commissioner, but there is no national commissioner. You know, it’s a national provision but it’s locally commissioned. Nobody is actually stopping and saying, are we confident that the provision that we have available meets the needs that we have nationally for these very high-risk children.”
(8461- NHS)



The absence of a national commissioning system for the full SCH cohort was identified by most interviewed stakeholders as a key area of concern, primarily because this provision was considered too small and specialised to rely on differing and (in the case of welfare placements) local commissioning practices.

2. The demand for secure children's home places exceeds the available supply due to a lack of incentives to open and operate these facilities

Even though the number of SCH places have decreased in the last 10 years, the perceived demand for SCH places was reported to have increased, in part due to reported capacity issues of housing very complex children. This was explained by several stakeholders to be a consequence of the 'wider system' failing to address the changing cohort:

"I think the failure is more in the wider systems that there aren't sufficient beds. There's no capacity. It doesn't take into account the current capacity. It doesn't take into account the complexities of the children coming through, and that has greatly increased over the last, certainly over the 16 years."
(1282 - SCH manager)

"[...] a lot of the time it's really understandable why the children's homes don't accept some of our referrals, and I think our cohort of children has changed so dramatically over the last few years. That actually those really high risk, high-harm who have extensive vulnerabilities but also fairly challenging in their behaviours and risk to other children are really difficult to house within a small environment."
(6373 - YCS placement officer)

The inadequate supply of beds was primarily explained by the lack of incentives in place for local authorities to open and operate SCHs, who - within the current system - take on an uneven distribution of financial, reputational, and legal risk. This was considered a key structural challenge and several interviewees reported that the reputational and legal risk associated with housing a SCH is only tolerated due to the profits they secure for the housing LA:

"One of the key attractors to a local authority to run a secure children's home is to make money. If you can't make money then there's no incentive. Why should you take the risk either financially or reputationally of looking after a kid from another authority. There's nothing in it for the local authority.[...] While they remain in control of the local authority, they are financially driven and the only incentive to run one is to create revenue. If they weren't making revenue they wouldn't have one."
(6083 - SCH manager)

This perceived lack of beds within the sector was considered a key barrier to achieving sufficiency and improving matching within the sector.

3. The lack of national guidance and shared practices in SCHs makes it challenging to evaluate what works within these provisions and to achieve consistent services across England

The estates directly involved with the cohort of children referred to SCHs, including placing local authorities, SCHs, YCS, and the NHS were reported to work in silos. This was often explained by capacity issues experienced by each service type and by a historical lack of mutual understanding around the individual challenges and nature of the work undertaken by each estate:



“Even though they’ve got secure accommodation networks they do work in silos quite often. It’s not one service. It’s individual services that get together now and again.”
(7535 - SWCU)

Notably, there was consensus among the interviewed stakeholders that shared practices and service streamlining were in the interest of children and necessary to drive improvements in the sector. Moreover, because the different estates (especially placing LAs, the SWCU, YCS, and NHS mental health) were reported to accommodate the same cohort of children, changes made by one sector will inevitably create knock-on effects for the others:

“Because the unfortunate thing with those three sectors is if one of them does something it has a knock-on effect. So, the youth Justice board going into thinking about recommissioning their secure children’s homes in ‘25, that process will have a knock-on effect with the welfare homes, with homes that don’t compete because last time we lost one because of it. They changed how many kids they needed in that area, which meant there wasn’t enough to spread around the homes.”
(8461 - NHS)

To overcome the existing ‘blurriness’ and lack of shared accountability for the cohort in need of a SCH placement, most interviewees agreed that government intervention was necessary. However, there were mixed opinions about who should spearhead these changes and several interviewees noted that government departments have previously been hesitant to take an active role to shape the SCH provision. Yet, most participants reported that the Department for Education should be more actively involved in shaping the sector:

“The DfE are the ones who are central to all of this, so they’ve got to take a more active, strategic planning role. Now whether that means they manage the service or whether that means they just create a more robust framework to operate within I don’t know. But they need to be more involved, and they’re not sufficiently involved.”
(6083 - SCH manager)

4. Current SCH services are reactive to changing children’s needs and lack of strategic coordination

The lack of reliable and central evidence on the impact of SCHs was considered symptomatic of a general tendency within secure provisions to revolve around reactivity rather than treatment and prevention. One interviewee explained that in order to rectify this development, the system needs to pay much more attention to whether the right children are in SCHs and are there for the right reasons:

“In part some of the solution is about, well, how do we move away from reactivity in the system. Because we are reacting. We are reacting to a crisis, and when we react to a crisis, we’re doing things in a way that perhaps don’t lend themselves to providers being confident that this child is the right fit or suitable for them.”
(4150 - commissioner)

Many of the interviewed stakeholders, especially SCHs managers, cautioned against this development and emphasised that a much more holistic approach, in terms of addressing and treating the underlying issues leading to the placement, is needed. An Ofsted participant reported that this cannot be achieved without a nationally coordinated approach to commissioning with consideration to the needs of the full cohort:



"I'm sure you're going to get into questions about who oversees all of these, and no one does [...] None of those three government entities [DfE, Mo], and DoH] see themselves as the strategic commissioner who is understanding the needs, the growing needs, the growing demands and they do not work together. [...] They do not work together to commission sufficient suitable provision and to wrap the services around the children."
(7430 - Ofsted)

anything about secure children's homes when I did my training."
(9010 - SCH manager)

Some interviewees further hypothesised that this issue was also a consequence of the lack of shared practices and coordination among SCHs. For example, one interviewee reported that there is no circulation of staff and that it is rare to recruit people with previous experience of working in a SCH:

Findings related to areas of concern within current practices

1. Retention and recruitment of staff is a prevalent and serious barrier to meeting the needs of children

All interviewees reported that the lack of skilled and reliable workforce is a serious problem in the sector, which often prevented SCHs from being able to accommodate the number of children they are registered for. It was reported to be harder to recruit and retain staff in South England. Some of the main perceived drivers of this was (1) poor pay and working conditions, (2) stigma associated with working in a SCH, and (3) a lack of education and understanding about SCHs, even among social workers:

"Staffing is a huge issue for us. Nobody leaves school saying, I want to work in a secure children's home. It's not acknowledged. It's not on anybody's radar. You know the workforce development is a real challenge for us to get the people we want, and you know it is a balance between people that have the agility and resilience on the physical side for restraint. Next to them we want people to have an understanding of the psychology of the children, and why they're behaving in that way. [...] I'm a trained social worker, I didn't know

"I think if we had more standardisation, not total standardisation then you might get more movement as well of staff and managers around the secure estate because many staff of secure children's homes don't move anywhere else. There's very few staff in secure children's homes that have actually worked in another secure children's home."
(6083 - SCH manager)

Although the role of agency staff was not often discussed in the stakeholder interviews, it was raised as an area of concern in several Ofsted reports. For example, one Ofsted report described how a series of behaviour incidents prompted a SCH to hire agency staff:

"There have been a high number of behaviour management incidents and physical interventions in recent months. This is partly due to the complex needs of the children placed in the home and the dynamics of the group. A high number of agency staff have been used to manage these incidents. This has had a negative impact on the quality of care and children's experience of security and stability"
(Ofsted report - Hampshire)

The use of agency staff was often highlighted as problematic in the Ofsted reports, primarily



because it was considered disruptive to children and that agency staff did not undergo the required checks to ensure that they have necessary experience and skills to work in a secure setting.

2. There is a lack of coordination to address the perceived overlap in children referred to justice, welfare, and mental health services

Echoing conclusions reached by recent research (Hart & Valle, 2021), most interviewees agreed that the characteristics of children referred to justice, welfare, or mental health beds were often very similar or even indistinguishable:

“We often talk about how the two pathways of the children are, you know, the same really. There’s so much overlap and we have so many similar needs and indeed often the same children. So a lot of what I describe in one cohort often applies to the other.”
(8404 - MoJ policy)

Despite this overlap, the placement process differs considerably depending on the placing estate, such as the YCS or a local authority. This was confirmed by SCH managers, who also reported that the consequences, in terms of resettlement and community integration, varied considerably according to whether a child was placed via the justice or welfare pathway. Most interviewees agreed that this variation was not in the best interest of children:

“The cohort’s so small, the needs are so high, and the risks are so high I get it. It’s really difficult, but I just think there’s kind of too difficult a box, and different government departments, and different agencies kind of say, it’s more care needs than mental health needs. Or it’s, they’re in justice, so it’s care needs. So it’s kind

of luck of the draw whether they wind up in a mental health bed, or you know, or the police and wind up in you know, youth justice, or secure training centres or YOI’s or whatever. Or they can get into welfare beds, so I pretty much think they’re the same kids. It’s probably a small cohort of a couple of thousand kids to be honest that are just bumping around and none of us quite meeting their needs.”

(5190 - third sector representative)

Several participants expressed regret about this poor coordination and tendency of the different estates to work in isolation from one another without the guidance of a national framework or joint commissioning, which directly creates the diversification of provision despite the children needing similar services.

3. SCHs struggle to take in children with complex mental health needs

Due to issues around staffing, demand, and the lack of coordination across the involved estates, most participants reported that it was often impossible to take in children with very complex needs. In consequence, the children in most severe need of a SCH placement were often those that were hardest to place:

“What we are seeing is that there are too many children who would benefit from this type of placement who aren’t getting the opportunity. The problem with that is that they are risking poorer outcomes by not getting the right type of support and the right type of provision at the time that they need it. So some children never get in and for some children their placement is delayed. Either way that’s not really what’s best for the child.”
(6582 - LA commissioner)

This challenge was reported to be particularly prominent for children presenting with mental



health problems, and several interviewees reported not having the appropriate support to meet such needs. Some therefore argued that certain children would be better placed in mental health provisions. An interviewee involved with YCS placements explained that children with mental health needs were much harder to place:

“One of the main challenges that we do have is around placing - and this is the same across the system, is placing children with mental health needs, and because of the kind of deficits in the mental health system and ability to find placements for children sometimes it feels like those children remain in our system and we have to find suitable placements for them.”
(3352 - YCS placements officer)

Most participants did not think children with very severe mental health needs could be adequately accommodated within existing provisions and suggested that a provision type for children with very complex mental health needs, who are not meeting threshold for a tier 4 CAMHS bed, was required. However, this perception was challenged by an NHS interviewee who suggested that SCHs should instead attempt to improve their therapeutic capacity in order to be better equipped to address the needs of children who do not meet the diagnostic threshold to be placed in a mental health bed.

4. The transitioning and resettlement procedures for children leaving SCHs are severely flawed and detrimental to children's outcomes

All participants agreed that the available support to facilitate the transitioning process of children leaving SCHs was insufficient. Several SCH managers explained that a SCH placement cannot in isolation secure long-term stability and improvement among

placed children and that transitioning is key to achieving a long-term positive impact for the cohort:

“[...] with cuts to frontline children services that happened year on year, for a vast number of years now, the children are left in the community longer, so they're then suffering more trauma and they're getting left longer. So by the time we get them, at whatever age I get them referred to me, their life experiences are vastly different to what we experienced five years ago, to 10 years ago, to 16 years ago when I came here. So I think that's the understanding that just because I keep a child for nine months, 12 months, I'm not going to eradicate 13 or 14 years of abuse. We could do that piece of work to stabilise a child, but unless we get transition right, back into the community because otherwise we're just going to institutionalise children.”
(1282 - SCH manager)

Key barriers to successful resettlement involved (1) an absence of community services to foster meaningful resettlement and reintegration, (2) stigma faced by children referred via the justice pathway, which was reported to make community reintegration even more challenging, (3) a lack of understanding of and involvement in the transitioning process by placing local authorities, which was reported to negatively impact the relationship between SCHs and placing LAs, (4) distance between the home of a child and SCH placement, (5) a general lack of protocol among all involved estates on how to formulate transitioning plans at the time of the placement.

Multiple interviewees reported that transition planning was often treated as an afterthought that was not considered until the end of a placement. This was reported by one interviewee from the MoJ to be exacerbated



by a growing lack of community services available to support this process:

“The challenge therefore is that whilst we have this form of ideal resettlement that we’re working towards, we find services are either unavailable in the first place, you know, because of austerity over the last 10 years that the number of available services has dwindled down so much because of the unwillingness of the services out there to actually engage with these children, it means that once children leave the secure establishments, they’re being placed in exactly the same conditions and circumstances as they were in before, yet we’re expecting to be a change.”
(1267 - MoJ policy)

This challenge was also recognised by an Ofsted report, which found the transition planning of some placing local authorities inadequate:

“There have been a number of instances of shortfalls by placing authorities in transition planning and finding new placements for children in a timely manner, as their secure orders end. The home contacts the placing authorities to chase such matters to try to ensure that children have a planned transition. However, these concerns have not been sufficiently escalated when no action has been taken by the placing social worker. This has a negative impact on the children concerned.”
(Ofsted report - Peterborough)

The lack of involvement was often explained by a poor understanding among LAs of the purpose and limitations of SCHs, which was reported to result in unrealistic expectations about what a SCH placement can achieve:

“I think LAs sometimes think let’s put them in secure, they can fix them. Then they’re going to come out and going to be fixed or whatever fixed looks like. [...] The expectations are not realistic in a lot of local authorities.”
(7355 - SWCU)

Inadequate involvement in the transitioning process was considered by most interviewees to be a serious oversight and accountability issue by placing LAs. More importantly, the failure to support the transitioning and resettlement process was reported to compromise the progress achieved during the placement.

Findings related to Ofsted inspections and outcomes

1. The prospect of an Ofsted inspection influences the matching process and decision-making of SCHs when assessing referrals

It was commonly reported that the Ofsted inspection regime plays a considerable role in what children are successfully placed. Specifically, taking in certain types of ‘complex’ children was perceived as an organisational risk to SCHs, as getting a low Ofsted rating can have severe consequences for a facility:

“Every registered manager will tell you that there’s a level of reluctance to take a really challenging young person because you know your restraint figures will go up, you know your self-harm figures will go up, you know, the assaults will go up.”
(9010 - SCH manager)

The awareness of how accepting certain types of children might influence the Ofsted rating was reported to influence the matching process (i.e., finding the most appropriate fit between referred children and SCHs) and to



make SCHs more reluctant to take in children who might increase the risk profile of the facility. This created a compromising situation, in which interviewees reported having to balance on the one hand being responsible for the safety of their staff and current residents, and, on the other, being reluctant to turn away children in need:

“Matching is the biggest issue that affects every type of children’s home setting. Made worse by the framework, the very draconian framework under which, you know, Ofsted operates. Therefore, they’ll have to be mindful about who they’re taking on and because these children by default have higher than average risks compared to the general population.”
(4150 - LA commissioner)

Both SCH representatives and commissioners explained that it was often necessary to be ‘strategic’ when deciding what children to take in, even though they highlighted that this was a serious flaw in the system. It was acknowledged by stakeholders that the tendency to take in less complex children for strategic reasons is likely to reduce the likelihood of admitting children with very complex needs - who are often those in highest need of a placement.

2. Ofsted ratings do not capture whether SCHs are making a long-term difference

Although all interviewees highlighted the importance of accountability and inspection due to the nature of work undertaken in these facilities, many felt that Ofsted does not adequately consider nuance and context when inspecting SCHs. More importantly, several interviewees pointed out that Ofsted ratings do not (and are not claiming to) provide information about whether SCHs are making a long-term difference to children:

“I think Ofsted measures how the child has progressed whilst they’re with us but it’s not the bigger picture is it. Because when the child has left as we’ve just been saying you know, for many of them you’ll see a decline. Maybe not as steep or as quick as before in some cases, but you’ll see a decline. For some kids you’ll see they’ll maintain it, but for a lot of kids you’ll see a decline. [...] Ofsted are okay at whether we function well but they’re not good, I don’t think as to looking at whether we make a [long-term] difference.”
(6083 - SCH manager)

Going forward, several participants wanted Ofsted to be more mindful of the individual history and pathway of placed children when making their assessment and also to consider outcomes related to long-term improvements.

3. Ofsted ratings are not designed to guide commissioning decisions

When asking Ofsted about the extent to which their ratings are meant to guide commissioning decisions, they responded that the four-point scale is primarily in place for political reasons. They also responded that, although Ofsted ratings may inform commissioning decisions, they should not be the determining factor. Rather, commissioning should be based on and shaped according to the unique circumstances of the child in question. For example, one Ofsted interviewee highlighted that a child should not necessarily be removed from a facility that recently received a low rating if there is evidence to suggest that they are well settled in that placement:

“[...] if I had a settled child who was in a provision that was meeting their needs, settled in school, and the rating went from good to requires improvement, I wouldn’t move that child. You know,



I would only move children – even if inadequate, I might not move the child if I felt that it's overall in their best interest.”
(7430 - Ofsted)

Ofsted repeatedly emphasised that their ratings might give LAs an idea about the 'direction of travel', but that it is necessary to supplement the four-scale ratings with a full reading of their reports and to also consider monitoring and interim reports.

4. The long-term impact of a SCH placement on children is not well understood

Most interviewees were not satisfied with the outcomes assessed for the children currently in and leaving SCHs, and the lack of evidence on the impact of SCHs was generally considered very problematic. Specifically, it was often reported that long term outcomes related to improvements, such as successful transitioning were not taken into sufficient consideration. Also, there is currently no national framework to guide what outcomes should be considered and how. Below one interviewee explains why it is important to develop an impact framework that goes beyond short-term outcomes on the experience of placed children:

“There are no indicators currently to measure the impact and affect other than kids say they enjoy the experience.

That's fine, but if they're still reoffending, if they're still having multiple placement breakdowns, if they're still not going to school within the year of discharge, then the positive experience within the home isn't necessarily a success, and that's where the DofE needs to come out with some sort of framework to measure impacts and effect.”
(6083 - SCH manager)

Alternative outcomes that were commonly suggested by interviewees (see Table 6) include returning referrals, length of placement, self-harm, well-being, and successful community integration. Several interviewees also highlighted the importance of assessing 'pragmatic outcomes' such as being able to successfully place referred children in SCHs, rate of children placed in SCHs instead of YOIs, and number of children who have their mental health needs met.

5. Occupancy levels are perceived as working at full capacity

Most participants agreed that occupancy rates were not a meaningful indicator of supply in the sector, as it does not take into account the complexity of placements nor the actual capacity of SCHs to take in children with different types of need. For example, it was often explained that some high need children required staffing resources equivalent to multiple beds. One interviewee identified

Table 6: Alternative outcomes suggested by participants

Short-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> - Meeting mental health needs of placed children - Length of placement - Self-harm rates - Meeting placement demand - Well-being of placed children - Children placed in SCHs instead of YOIs 	<ul style="list-style-type: none"> - Resettlement and community reintegration - Health outcomes (e.g., vaccinations and dental treatment) - Educational attainment - Re-referrals - Placement stability



staffing and matching as factors that can bias the meaning of occupancy rates:

“It is exacerbated by the fact that beds are closed and therefore not declared as available beds. Yes, and that can be for, well as far as I know there are two reasons. One can be staffing issues. You haven’t got enough staff to safely open all of the possible beds. The other would be matching issues. We have a certain child in, and we absolutely cannot have every bed full if we have that child in because of the level of their needs.”
(6582 - LA commissioner)

Therefore, many participants concluded that there was no contradiction with the measured ‘declining occupancy rates’ despite increasing need because homes were generally working at capacity given current levels of staffing and the current infrastructure:

“I just think you can’t safely run at full occupancy all the time because of the child’s needs. It might just be you know when the child arrives for that first week and then they stabilise. Then you know, you can open that extra bed that was closed because of the staffing requirements. So yeah, I think that’s a bit of a red herring.”
(5190 - ADCS)

Because of this, interviewees often cautioned against relying on occupancy rates to guide policy and commissioning decisions. Notably, reducing occupancy in order to meet the needs of children was highlighted as the appropriate action by two Ofsted reports.

6. Some SCHs do not have consistent monitoring and record keeping practices

Several Ofsted reports identified inconsistent and fragmented record keeping practices as a

concern. This was especially in terms of how SCHs collected, retained, and utilised data on staff, complaints, and incidents involving physical restraint. This was considered problematic for several reasons. For example, without keeping up-to-date staffing records, the required qualifications and competencies cannot be monitored. More importantly, systematic, transparent, and up-to-date information on resident complaints and incidents is essential to ensure that SCHs can be held accountable to their residents, which is a prerequisite for the type of work undertaken in these facilities. Thus, by failing to adequately monitor such aspects, essential information necessary to ensure safety and transparency is lost.

Findings related to the provision of welfare placements and the Secure Welfare Coordination Unit

1. It is difficult to place children using the welfare pathway, even after the introduction of the SWCU

Meeting the demand for places was reported to be very difficult for welfare referrals. Although the introduction of the Secure Welfare Coordination Unit has helped streamline the referral process, it has not changed the available supply, which was generally described as inadequate. Most of the interviewees involved with welfare placements reported that SCHs were less likely to take in very challenging children - arguably those in highest need of a therapeutic placement. This was documented in a recent report, which found that children referred via the welfare pathway with “challenging” behaviours or gang affiliation were more likely to be placed in alternative accommodation than in SCH (Williams et al 2020). One interviewee explained this by a lack of incentives within the system to take in the most challenging children:



“You’re probably not going to take the most challenging individual out of those 50, because you know it might destabilise the other four that you’ve got in your provision.[...] I absolutely understand why anyone would do that. But there’s no incentive on the system to say, take the hardest one. Yet that person, that child, that young person might be the one in the most desperate need. When you have a situation that sometimes happens and their needs are too high and we can’t take them, I don’t leave myself with the question of, are we supposed to take them then? Where are children supposed to be? They have to be somewhere.”
(6582 - LA commissioner)

This problem was reported to be more prevalent among welfare placements, although interviewees involved with YCS and remand placements also recognised this issue. It was also highlighted that the number of welfare referrals via the Secure Welfare Coordination Unit was impossible to process in full and therefore reduced the ability to effectively match children to the most appropriate placement.

2. The SWCU has significantly improved the evidence on welfare placements and referrals, but it is a missed opportunity that the unit is not able to use this information to shape the commissioning and allocation process

There was consensus among SCH managers that the SWCU has significantly improved the sector by standardising the welfare referral system and by collecting information on all children referred via the welfare pathway:

“I must admit it’s been amazing since the setup. So in the bad old days pre 2016, literally every single secure children’s home just received local authorities phone up and said have you got a welfare bed, and we have no idea how many young people out there want welfare beds. I could say, I had three phone calls this week, but another one

could say I had four, but I have no idea that three of them were the same three that rang me. so from the point of view of being able to collate and see what the numbers are like it’s been amazing.”
(9010 - SCH manager)

However, many felt that the SWCU – or another centralised unit – should be able to use this information to actively shape the referral and matching process. Several interviewees therefore suggested that there should be a central commissioning unit responsible for improving the matching process and to streamline the placement process for the full cohort of children:

“The frustration is that there needs to be a commissioning unit of some sort because - obviously the decision lies with the registered manager - but there isn’t anyone else. There isn’t anyone, and there’s no legislation anywhere that anyone can direct a home. Whereas a YCS would have, you know they commission the beds, and they would say, actually you’re taking this young person in, and they’ve got half an hour to make a decision. [...] I think it needs to join up somehow with youth custody. Because again, we have a young person that might be in a youth custody bed one night and need welfare the next night and if you joined up the services you could understand more about those young people and to make sure we’re getting the right provision for them as well.”
(7535 - SWCU)

For this to work, two key aspects need to be considered: First, it is essential to consider the legal risk and accountability of such a unit. Currently the main reported barrier to the SWCU getting involved in the matching process is that the local authority housing the unit would be legally responsible for the placement decisions. Second, a centralised commissioning unit needs to be connected to justice placements because of the overlap between the YCS and welfare cohort.



Findings related to the provision of justice placements

1. Places commissioned by the YCS offer more financial stability and flexibility for SCHs compared to welfare placements

The YCS block contracting system was reported to help them secure the places they need. This was confirmed by SCHs managers, who report that this system provides much needed consistency and financial stability. As described by a SCH manager:

“In Youth Custody there is within my contract a duty to take the child unless there is a very valid reason not to, which of course is very different from a welfare bed, where there is no duty to take any child. The Registered Manager decides they can take a child and then they’ll look and choose. So there’s a slight difference with that, and that goes back to, I’ve got a contract, so I have financial security, and that means I get paid for my beds whether they’re full or not.”
(9010 - SCH manager)

In addition to the funding stability enabled by block contracts, the availability of other accommodation options (i.e., YOIs and STCs) gave SCHs more flexibility in terms of being able to transfer children if needed:

“I think homes recognise that we do have other options should a placement breakdown, and we try wherever possible to operate as a system in that sense. So that might help in terms of them being able to feel that they can accept a child, and almost try to see if the placement will work because we know that they’ll work with them if it has broken down, and do have other options, which I don’t think does exist so much with the welfare sector.”
(3352 - YCS placements officer)

Because of these differences between welfare and justice places, YCS interviewees were more hesitant than welfare stakeholders to promote joint commissioning of justice and welfare places due to concerns that this would negatively impact their placement ability.

2. Secure children's homes are considered the most appropriate type of justice accommodation

Several interviewees from the Ministry of Justice reported that it is not in the children’s best interest to place them in youth offender institutions (YOIs) and secure training centres (STCs). SCHs were often perceived as a more appropriate placement for vulnerable children in need of a therapeutic placement:

“I think it’s generally accepted that any custodial environments for our purpose, including secure children’s homes, can be criminogenic. I mean there’s lots of evidence and research and statistics out there pointing to that. But I think it’s especially true that the likes of Youth Offender Institutions, especially and even secure training centres you know, have often been inspected and quite frequently flagging up issues that are possibly not up to standards and not in the needs of that child while they’re in that placement.”
(8797 - MoJ policy)

However, several interviewees reported that there was not enough information about placement outcomes to shape and amend policy. This was echoed by SCHs, who highlighted that the lack of a national framework for outcomes was particularly worrying for YCS, who tend to focus on indicators such as restraints and violence complaints



3. Children on remand are often overlooked and primarily placed in YOIs, even though it is recognised that these placements have a negative impact on children.

Echoing findings from a recent MoJ report (Ministry of Justice, 2022), justice participants reported that children on remand were often placed in YOIs even though SCHs were considered the most appropriate placement type for this group of children. An MoJ interviewee explained this by children on remand being harder to place in SCHs:

“Something that probably needs to be in practice properly as to what is and isn’t appropriate in different situations, so that remand children aren’t necessarily the bottom of the pile, which at the minute they seem to be, sort of the last people-, children that get the pick of the placements. It will be the child in the welfare pathway that will get the place over the remanded child.”
(8797 - MoJ policy)

The reliance on YOIs was also reported to be motivated by costs. It was further reported that children on remand were disproportionately difficult to place in SCHs and that they were generally an overlooked cohort within the sector.

Thematic analysis of stakeholder recommendations for improvement (RQ 2)

To address these challenges, the participants highlighted several areas in need of improvement, which are summarised in Table 7. Two key stakeholder recommendations were identified: (1) develop joint commissioning practices, and (2) improve the national oversight of the sector. These are elaborated in detail below (see Table 8 for details) along with other prevalent recommendations.

Stakeholder recommendation 1: Develop joint commissioning practices

Most interviewees believed that there were many potential benefits of a joint

Table 7: Recommendations highlighted by stakeholders

Recommendations	Coverage (participant numbers)
Develop joint commissioning practices	5190, 7535, 4150, 8797, 9655, 6083
Improve national oversight of the sector	1267, 1282, 6083, 7535, 8404
Improve the bed and staffing capacity of SCHs	6083, 8404, 9010, 8461
Reduce the paperwork and bureaucracy involved in the referral and transitioning process	1840, 4150, 6582, 6374
Improve the availability of specialised accommodation for high dependency children	1267, 6374, 9655, 9010
Improve coordination and communication among involved estates, especially health	1282, 8404, 8461
Review the purpose and operating model of SCHs	3352, 6083
Improve the access to mental health support in SCHs	1267, 8461
Develop shared therapeutic practices	6083



commissioning system for all children referred to SCHs. Three potential areas of improvement regarding joint commissioning were considered important by stakeholders:

First, a commissioning unit for all children referred to SCHs would be able to collect and utilise information across the full cohort of children in the secure provision. One of the main limitations of the Secure Welfare Coordination Unit is that they are not able to use the collected information to shape commissioning decisions. This was considered a missed opportunity by the SWCU and other stakeholders, who reported that many referral requests made by placing LAs are effectively futile due to a lack of matching mechanisms with regards to the needs of a child and the capacity of the facility.

Second, a joint commissioning unit would enable improved coordination among all providers and estates involved with this cohort of children. The tendency of the welfare, justice, and mental health estates, and placing LAs to work in silos was reported to be highly inefficient and to cause unnecessary and potentially harmful disruption to the placement and transitioning process. Moreover, due to the overlap of children across these estates, the activities of one provider will inevitably create knock-on effects among the others. Improved commissioning coordination across all involved estates was thus considered central to improving the overall provision.

Third, having a transparent and centralised commissioning system would make the placement process more equitable. Despite the perceived overlap in the needs of children referred via the justice and welfare pathway, the likelihood for a child to be successfully placed varies according to the pathway through which they are referred. For example, children on remand were reported to be harder to place than other types of welfare referrals.

Further, it was generally recognised that it was more straightforward to place children using the justice pathway compared to via the SWCU due to the YCS block contracting system. Thus, a joint commissioning system for the full cohort would remove this variation in placement outcomes.

Although all interviewees agreed that a joint commissioning system for the full cohort referred to SCHs would be favourable in theory, many were concerned about the negative impact centralised commissioning could have without first addressing the underlying issues facing the SCH provision, as addressed in the above section. For example, one condition that was regularly highlighted as a criterion for the success of a joint commissioning system was to clarify what outcomes commissioning decisions should be evaluated against:

“The criteria of success can only work from a commissioning point of view when we’ve got the work that sits behind doing that job efficiently. Then you’ll get to the point where you’ve got a commissioning solution that’s fit for purpose in secure, because it’s not just about saying, we need to expand your secure beds. No. We need to understand what we think their impact is. We need to know which cohort to drive, to manage under this arrangement and what is appropriate, and we need to understand those needs in a much more informed way, so the development of children’s secure homes have all of the added value required to help that child move on. But also offer some sort of prevention set down solution to carry that child through once they leave that secure provision.”
(4150 – LA commissioner)

It was also generally agreed that a joint commissioning system would not, if implemented in isolation, resolve the current



Table 8: Summary of the stakeholder recommendations

Stakeholder recommendation 1: Develop joint commissioning practices

Underlying challenges	Examples of actions to address this
<ul style="list-style-type: none"> - Current inefficiencies and matching problems experienced by SCHs, who are currently processing a high volume of welfare referrals. - Stigma faced by children placed via the justice pathway, despite the crossover of the cohort. - Equity issues around the variable placement success in the welfare and justice pathways. 	<ul style="list-style-type: none"> - Develop a centralised commissioning unit for all children referred to SCHs. - Develop an agreement regarding how to share the risk and accountability between the commissioning unit, the SCHs, and placing estates. - Consult all placing estates and SCHs about the implications of changing the existing commissioning system. - Improve the availability of Tier 4 CAMHS beds for transitioning from SCHs as welfare needs escalate.

Stakeholder recommendation 2: Improve national oversight of the sector

Underlying challenges	Examples of actions to address this
<ul style="list-style-type: none"> - Lack of clarity around the purpose of SCHs and what can be expected of a placement. - Lack of shared accountability among the involved estates. - Lack of protocol and guidance regarding the transitioning and resettlement of children. - Absence of systematic monitoring and evaluation of the impact of SCH placement on children. - Lack of consensus in terms of staffing and therapeutic practices employed by existing SCHs. 	<ul style="list-style-type: none"> - Develop national clarity around the purpose of SCHs. - Develop national guidelines regarding therapeutic approaches accompanied with the appropriate support and training to adhere to these in an evidence-based manner. - Develop a national strategy on how to improve the quality and availability of the workforce. - Develop a national framework of outcomes to evaluate long-term impact of SCHs placements that can be monitored nationally. - Develop national guidance on the transitioning and resettlement of children accompanied with the support and protocols to do this consistently and in collaboration with all involved estates.



lack of available beds nor issues around capacity to take in high need children. Therefore, interviewees from the YCS – who due to block booking and alternative accommodation types are better able to reliably place justice children – worried about the impact of combining welfare and justice beds without first changing the number of available beds. Importantly, this is not only an issue around the number of physical facilities and beds but also of the workforce. Most interviewees emphasised that issues around sufficiency could not be resolved without first addressing that SCHs are not being able to recruit and retain qualified staff:

“My concern is if more secure children’s homes were being built that’s been proposed, who’s going to run them? How are you going to get staff and Registered Managers to run them, because actually you are the most scrutinised, heavily criticised sector that I can think of. It’s really difficult.” (9010 – SCH manager)

Several interviewees anticipated that some LAs and SCHs would oppose a national system if it would mean that they would lose autonomy in terms of what placements to accept. There were therefore mixed opinions among interviewees around whether full buy-in was indeed achievable or if enforced adherence was needed to successfully implement a joint commissioning system. Several interviewees believed that some SCHs and LAs would resist a centralised commissioning system regardless of how it was designed.

Participants expressed several ideas about who should lead a centralised commissioning unit. Some argued that the SWCU should be ‘upgraded’ into a commissioning unit, whereas others argued that it should be operated separately. However, it was clear that for a centralised commissioning unit to achieve a positive difference, its activities cannot be the legal responsibility of the housing LA and it was thus suggested that a national or regional accountability framework would be more appropriate.



Stakeholder recommendation 2: Improve national oversight of the sector

It was generally understood among participants that the original SCH model and facilities were created for a different cohort of children than the one being referred to and housed in this provision today. The perceived needs of referred children have become more severe, but there was a sense that there has been no national effort to support SCHs to adapt to this development. Participants felt that the lack of a national guidance on how these facilities should be operated means that care practices vary widely across SCHs. For example, one interviewee explained that there are no shared therapeutic practices or recording systems employed by these facilities:

“Every home will have different procedures, systems, processes to do the same thing. So if there’s one thing that can be done is that either one organisation has oversight of all secure children’s homes. So you get a congeniality of practice, or you get congeniality of systems, so recording systems. So some local authorities will use Mosaic, some will use System One, i.e. health, some will use Clear Care. There’s not one secure children’s homes using the same case management system, other than the justice kids”

(6083 - SCH manager)

The absence of national oversight and procedures was considered highly problematic by most interviewees, particularly for the transitioning process and in terms of understanding the impact of SCHs. For example, SCHs often do not have an earmarked budget for activities to support the community reintegration of children, even though this was considered essential by all interviewed stakeholders. Relatedly, one of the main criticisms by SCHs towards placing

local authorities was the lack of involvement in the transitioning and resettlement process, which was considered harmful for children and to increase the risk of re-referral.

It was therefore generally agreed that national guidance and oversight on how SCHs should be operated and a shared outcome framework on how to evaluate impact were prerequisites to meaningful change in the sector. There were mixed opinions about what this guidance should entail and who should spearhead its development, but most interviewees agreed that it could not be the responsibility of local authorities, and that intervention from the central government was necessary. For example, one LA commissioner pointed out that an individual local authority is in no position to give guidance to a SCH given the potential conflicting interests:

“Individual local authorities for example, we can’t impose better behaviours, different behaviours in another local authority. You can’t say it would be so much better instead of you sending those five children to this secure, no. It won’t work because we don’t think they’re as bad as the five we’ve got. We can’t do that, but actually the DfE could potentially be even doing placement workshops or something [...] I know that’s all mad. But what I’m trying to say is that the DfE can lead in a way that the individual local authority can’t.”

(6582 - LA commissioner)

Most interviewees argued that the DfE should take a more active role to shape the sector but highlighted that this should be done as the facilitator rather than the developer of national guidance. Most participants emphasised that it was key that all stakeholders, including SCHs, LAs, the YCS, and the NHS must be consulted and included in any attempt to develop national oversight.



Additional recommendations

Other frequently mentioned recommendations related to reducing the bureaucracy associated with the SCH placement process, enhancing the availability of specialist high need provision, and to improve the coordination with mental health services.

It was reported that the paperwork required to refer, transfer, and transition children in SCHs was overly bureaucratic and the cause of unnecessary delay during a critical time for children. One commissioner explained that the 'culture of form filling' was a cause of anxiety among social workers, because of the extreme vulnerability of the cohort and the awareness that delays in the process increased the risk of harm:

"When I was a Social Worker and you told me to fill in a referral, honestly it would make me feel nauseous and sick. Bureaucracy is at the heart of everything we do, and actually what people don't understand is that the most important form you could ever fill in on behalf of the child is that Commissioning Referral Form. If you do that well it's a win-win. Your child gets a placement, and that placement is sustainable. But I think that in itself and that culture of form filling and having to do all of this work in an environment where you're pressured, where you're scared because your child is on the street could die at any second, you're thinking my name is going to go through all of the papers if something happens to this child, reputational harm for the council, I need that bed."
(4150 - commissioner)

Another area identified by the interviewed stakeholders was the lack of specialist accommodation for very high need children. Although the original purpose of SCHs is to accommodate the most vulnerable children in society, the perceived development in

the cohort was reported to have made it increasingly challenging to accommodate children with severe and multiple mental health needs. It was acknowledged that these children did not always meet the threshold for a mental health placement, and it was therefore suggested that a new type of specialist provision was needed:

"There's no specialist provision that is between secure children's homes and mental health homes that you have to be sectioned to go to. That is a real issue. But I think it's a real issue for our young youth custody children. Because although there was somewhere for them to be moved on to it's not meeting their needs, it's just containing them more, which obviously doesn't resolve their trauma."
(9010 - SCH manager)

Although it remains unclear whether this problem could also be alleviated by enhancing the mental health support in existing provision, it is indicative of a prevalent perception among the interviewed stakeholders: many SCHs do not feel equipped to safely accommodate the needs of children with severe and comorbid mental health needs. This was explained by the same participant to be because existing SCH provisions cannot accommodate mental health needs in the same way hospitals can, especially in terms of medication:

"If a child is with you on welfare then there is no moving on. If they [the children] don't meet that health need that they meet the need to be admitted to a hospital, that criteria. You are then left with a child who you know you can't meet those needs. We're not a hospital, so we can't medicate in the same way that mental health hospitals can."
(9010 - SCH manager)



Addressing this perceived lack of capacity to meet mental health needs of placed children was seen to require substantial changes to the existing provision. It was reported that this could be achieved, in part, by having additional mental health personnel and receiving more support from the NHS:

"I think if we were to talk about how we could place some of our really complex children into a secure children's home, the secure children's homes might need to look quite different, and that might need to have really senior levels of healthcare within the home. [...] So everything that happens around that child has their mental health needs at the start of it, at the centre of it."
(3352 - YCS placement officer)

"I think there's also a responsibility on the NHS [...] to look at how they can support us in managing those children within their settings in the secure children's homes."
(6374 - YCS placement officer)

However, improved coordination between NHS mental health services and SCHs may be difficult to achieve within the current system, in which multiple services are sharing a cohort, which is distributed among estates working in silos:

"I think the trouble is the systems aren't aligned, and nobody ever says actually what that means for the child is you've structured your services around your services and not around the needs of the child."
(8461 - NHS England)

It is therefore unlikely that improvements can be achieved without national intervention that enforces coordination and support within and between the estates. However, when considering the potential of such intervention, it is important to be extremely mindful about the disruption this might have on children. The overlap in the cohort and the lack of coordination among the involved estates mean that the risk of causing unintended consequences when changing existing practices is substantial. An Ofsted stakeholder therefore encouraged utmost caution and elaborate consideration of the potential negative impact of changes:

"I give the advice I always give when anyone suggests change in social care, overmanage it and be really, really careful. You don't want to disrupt children. The staffing is volatile and fragile. People can get paid more money apocryphally in Sainsbury's or Tesco's. you don't want to undermine people's confidence in the system and be less likely to come forward. So you need to manage it carefully and well."
(7430 - Ofsted)



DISCUSSION

Summary of findings

The main objectives of this report were to investigate existing commissioning and allocation practices for SCHs and their impact on children and young people, as perceived by relevant (non-user) stakeholders. To achieve these objectives, we reviewed the existing literature, analysed the available data, and conducted a thematic analysis of SCH Ofsted reports and interviews with 24 stakeholders. Our report directly addresses three common contradictions in the sector:

- 1. First contradiction: Why are SCHs, which are intended to be for the most vulnerable and complex children in society, reported to be turning down children because they are too complex to accommodate?** This contradiction was explained by the sense that children referred to SCHs have become more 'complex', which was understood as the comorbidity and severity of need (see Box 2). Two reasons were highlighted in explaining why SCHs could not accommodate very complex children: 1) the capacity of SCHs and the facilities they have available have not changed to meet children's increasing needs and 2) for children presenting with severe mental health needs, the existing SCH provision does not have the required expertise, for example in terms of administering medication and treatment.
- 2. Second contradiction: How can the SCH cohort be overlapping when the YCS report to be able to successfully place most children, while LAs consistently report struggling to find welfare beds for children?** This was explained by the differing commissioning practices between LAs and YCS, with the YCS offering more financial security and thus placement flexibility by block-contracting beds. The placement 'success' of the YCS was perceived to be further facilitated by the availability of accommodation alternatives (e.g. YOIs) within youth justice settings in case of a placement breakdown.
- 3. Third contradiction: Why are occupancy rates and the number of SCHs places decreasing even though the reported demand is increasing?** This was explained by the sense that the occupancy rate is not a meaningful indicator of supply, in that it does not consider the complexity of placements nor the actual capacity of SCHs to take in children with different types of need. In fact, many participants concluded that SCHs were generally working at capacity given current levels of staffing and the current infrastructure.



In terms of recommendations and ways forward, we found broad agreement that joint commissioning and national oversight are required if we are to improve the coordination among the estates involved with this cohort of young people. However, it is unlikely that any changes to the sector will work as intended unless three general aspects are first addressed:

1. First, commissioners and policymakers need to be informed by measures that accurately reflect the cohort in question before changing existing practices. At its most basic, this means relinquishing reliance on measures which can be misleading such as occupancy rates for levels of supply or using Ofsted ratings alone as commissioning thresholds.
2. Second, and more fundamentally, the knowledge base about the changing needs of the children must be better captured, so that the service can suitably adapt - making up for changes in the last 10 years but also preparing for the next developments in care needs.
3. Third, without addressing the current scarcity of supply and workforce (especially considering the recent ban on unregulated accommodation (Department for Education, 2021e), it is likely that any recommendations related to joint commissioning or other types of streamlining will be opposed.

Limitations

The most important limitation of this research is the absence of the voices of the children accommodated by, or those who have been unable to be placed in, SCHs. This was not feasible due to ethical considerations and the time restrictions of this work. Although we have made substantial efforts to be as

inclusive as possible in terms of the data and material reviewed in our analysis, the lack of direct children's voices ultimately means that our results may not reflect their experiences.

Another inherent limitation of this work mirrors a key feature of the sector: that children, whether placed on remand or on welfare or justice grounds, are perceived to be part of the same cohort even though they are commissioned and processed by different estates. Because of the different placement pathways, not all our findings relate to all SCHs, or children referred to this provision. For example, our findings related to LA commissioning are primarily applicable to children placed on remand or on welfare grounds. Similarly, interviewees representing justice only SCHs and the YCS were mainly able to discuss matters related to children placed on justice grounds. Throughout the analysis, we have made efforts to clarify what findings relate to what commissioning pathways, while at the same time trying to communicate the challenges in navigating a decentralised commissioning system for an overlapping cohort.

A final limitation of this work is our focus on SCHs rather than the full range of secure accommodation types for children. Even though we included a wide range of stakeholders within the SCHs provision, we did not include stakeholders in mental health provision or analyse commissioning practices in other secure justice accommodation types. Our findings thus primarily relate to SCHs although they may be informative for other secure accommodation types.

Future research

A number of research gaps need to be explored in order to build on this work and to develop the required evidence-base on how to best move forward. First and most



importantly, to better understand the needs of the cohort and the sense that it has become more complex, more and improved data is needed on the full cohort of children (i.e., welfare, remand, and justice placements), especially regarding the needs and presented behaviours of children. To understand how and what child characteristics are associated with placement outcomes, it is critical that similar data is collected for justice and welfare placements and that data on both referred and placed children are included.

Second, little is known about the impact of SCHs, and research on long-term outcomes of children leaving this type of accommodation is severely needed. For example, it is unclear whether there are different outcomes associated with a justice and welfare placement, despite the perceived arbitrariness of the placement destination. We identified some anecdotal evidence on variation in the transitioning process for welfare and justice placements, which is important to investigate empirically going forward.

Third, this research has identified a clear perceived need for improved consensus among the estates involved with this cohort of children in terms of how these services are operated and commissioned. However, it remains unclear exactly what aspects and content should be covered in shared guidance and how a joint commissioning system can be achieved in practice. For example, is there enough evidence to develop an evidence-based approach to how SCHs should be operated and staffed? More qualitative work with a broader spectrum of stakeholders, including the full range of secure accommodation types for children, is needed to assess what aspects need to be considered and discussed in the development of updated national guidance. In terms of joint commissioning, more research is needed to investigate the practical and legal implications of this. For example, are any changes to legislation necessary to jointly commission justice and welfare placements, and how can meaningful relationships between providers and placing LAs be secured through a centralised system?



CONCLUSION

Secure children's homes were developed to accommodate the most vulnerable children in society in a therapeutic environment with the aim "to encourage residents to develop a range of personal skills, supported by changes in behaviour and attitude that will enable individuals to manage safely and responsibly on exit." (The Secure Children's home network, 2022) To achieve this purpose, SCHs require higher staffing ratios and expertise, therapeutic capacity, and specialised facilities compared to other secure accommodation types, especially within youth justice. The focus on safety, stability, and therapeutic intervention, as opposed to punishment and detention, makes SCHs the preferred (albeit also more costly) placement type for vulnerable children that do not meet the threshold for CAMHS tier 4 bed. However, in recent years, there is a clear sense from those in the sector that the ability of SCHs to meet their original purpose has been compromised largely due to sufficiency issues driven by an absence of strategic coordination and national oversight. The number of SCHs and available beds have decreased substantially in the last 10 years, while the reported demand for specialist places for high need children have increased. Issues around sufficiency of SCH places have long been acknowledged by Ofsted and the DfE (Department for Education, 2021c; Ofsted, 2020b) and were further recognised in a recent DfE investment package (Department for Education, 2021d).

This study revealed how many of the problems experienced by SCHs are characterised by a cohort of children which have overlapping needs and characteristics but are managed by siloed pathways and decentralised commissioning practices without national oversight. The lack of national oversight was considered especially problematic in terms of securing sufficiency but also in motivating collaborative and integrated care for children, particularly those with severe mental health needs. For example, SCHs are operated and managed by LAs even though this is a provision type primarily occupied by children from outside their jurisdiction. Therefore, even though this provision is predominantly used as a national service, the incentives to secure sufficiency as well as the risks associated in opening and running these facilities are primarily local. Moreover, the process through which children are referred to SCHs and how the places are commissioned varies considerably for justice and welfare places, the main difference being that YCS places offer providers more financial security and flexibility by being block-contracted and due to the availability of accommodation alternatives (in case of a placement breakdown) within youth justice.

Our findings show that although there was no clear consensus around how and by whom it should be done, there was broad agreement that national oversight and centralised commissioning are required to improve SCH provision. As a result of the prevalent stakeholder perception that there is significant crossover in the SCH cohort,



the lack of shared accountability and joint commissioning among the stakeholders accommodating this cohort mean that placement outcomes are often arbitrary and not child centred. Moreover, the perceived lack of coordination with and support from mental health services highlight that SCHs are struggling to meet children's mental health needs. Most interviewees recognised the challenge in addressing these inefficiencies, especially considering the legal distinction between justice and welfare placements, and the organisational and bureaucratic hurdles associated with cross-organisational coordination. Most interviewed stakeholders therefore appealed for central government to facilitate a process through which improved coordination, accountability, and oversight can be achieved.



REFERENCES

Bartlett, A., Warner, L., & Hales, H. (2018). Young people's secure care: Professionals' and parents' views of its purpose, placements and practice Young people's secure care: Professionals' and parents' views of its purpose, place-ments and practice.

Braun, V., & Clarke, V. (2012). Thematic analysis. *APA Handbook of Research Methods in Psychology, Vol 2: Research Designs: Quantitative, Qualitative, Neuropsychological, and Biological*, 57–71. <https://doi.org/10.1037/13620-004>

Children's services online procedures. https://www.proceduresonline.com/halton/cs/p_rem_la_yth_det_accomm.html

Children's services procedures manual. (2021). Placements in Secure Accommodation on Welfare Grounds. https://www.proceduresonline.com/westberks/cs/p_place_sec_accom.html

Community Care. (2021). Supreme Court voices "deep anxiety" over ongoing secure home shortage in face of judges' repeated warnings. <https://www.communitycare.co.uk/2021/08/06/supreme-court-voices-deep-anxiety-ongoing-secure-home-shortage-face-judges-repeated-warnings/>

Department for Education. (2021a). Children accommodated in secure children's homes: 31 March 2021 - GOV.UK. <https://www.gov.uk/government/statistics/children-accommodated-in-secure-childrens-homes-31-march-2021>

Department for Education. (2021b). Children accommodated in secure children's homes, Reporting Year 2021 – Explore education statistics. <https://explore-education-statistics.service.gov.uk/find-statistics/children-accommodated-in-secure-childrens-homes/2021#dataDownloads-1>

Department for Education. (2021c). Main findings: children's social care in England 2021. <https://www.gov.uk/government/statistics/childrens-social-care-data-in-england-2021/main-findings-childrens-social-care-in-england-2021>

Department for Education. (2021d). Transformational investment in children's social care placements - GOV.UK. https://www.gov.uk/government/news/transformational-investment-in-childrens-social-care-placements?utm_medium=email&utm_campaign=govuk-notifications&utm_source=3d381019-6c4f-4b9e-b3a6-9a81476ef6a0&utm_content=daily

Department for Education. (2021e). Unregulated accommodation banned for vulnerable children under 16. <https://www.gov.uk/government/news/unregulated-accommodation-banned-for-vulnerable-children-under-16>



- Downie, J., & Twomey, B. (2022). SECURE CHILDREN'S HOMES FOR WELFARE. NYAS.
- Hales, H., Warner, L., Smith, J., & Bartlett, A. (2018). Census of young people in secure settings on 14 September 2016: characteristics, needs and pathways of care.
- Hart, D., & Valle, I. la. (2016). Local authority use of secure placements. Department for Education.
- Hart, D., & Valle, I. la. (2021). Secure children's homes: placing welfare and justice children together (Issue May).
- Ministry of Justice. (2021). Youth Justice statistics: 2019 to 2020 - GOV.UK. <https://www.gov.uk/government/statistics/youth-justice-statistics-2019-to-2020>
- Ministry of Justice. (2022). Review of Custodial Remand for Children - GOV.UK. <https://www.gov.uk/government/publications/review-of-custodial-remand-for-children>
- NHS. (2022). Secure Children's Home. https://www.datadictionary.nhs.uk/nhs_business_definitions/secure_children_s_home.html
- Ofsted. (2019). Unregistered and unregulated provision - what's the difference? - Ofsted: social care. <https://socialcareinspection.blog.gov.uk/2019/07/08/unregistered-and-unregulated-provision-whats-the-difference/>
- Ofsted. (2020a). Secure children's homes – helping the most vulnerable children. <https://socialcareinspection.blog.gov.uk/2020/06/09/secure-childrens-homes-helping-the-most-vulnerable-children/>
- Ofsted. (2020b). Secure children's homes – helping the most vulnerable children. <https://socialcareinspection.blog.gov.uk/2020/06/09/secure-childrens-homes-helping-the-most-vulnerable-children/>
- Roe, A. (2022). What do we know about children deprived of their liberty? An evidence review Report summary. Nuffield Family Justice Observatory. www.nuffieldfjo.org.uk/resource/children-and-
- The Secure Children's home network. (2022). The Secure Children's home network. <http://securechildrenshomes.org.uk/>
- Warner, L., Hales, H., Smith, J., & Bartlett, A. (2018). Secure settings for young people: a national scoping exercise.
- Williams et al. (2020). Unlocking the Facts: Young people referred to Secure Children's Homes - What Works for Children's Social Care. <https://whatworks-csc.org.uk/research-report/unlocking-the-facts-young-people-referred-to-secure-childrens-homes/>
- Youth remand framework. (2012). Remands to Local Authority Accommodation or to Youth Detention Accommodation. https://www.proceduresonline.com/lbbd/cs/chapters/p_rem_la_yth_det_accomm.html



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