

Secure Care Pathway and Standards Scotland Case Study

The Secure Care Pathway and Standards Scotland were launched on 5 October 2020. Since this time, significant activity has been underway across Scotland to support implementation of the Standards in line with their aims of ensuring the rights of children and young people are respected, and improving experiences and outcomes for children who are experiencing extreme vulnerabilities, needs and risks in their lives.

CYCJ has been collating information about this activity, the opportunities, challenges and impact. We have also been documenting the journey of implementation thus far, the learning and the key themes that have been emerging. We are now looking to formalise this information in two ways. The first will be a report that will be published by CYCJ documenting the journey and learning in implementing the Standards thus far. Should you wish to share information about your experience of implementing the Standards overall please contact: TBC

Alongside this, we are looking to develop case studies capturing activity in respect of individual standards that will be published on the Secure Care Pathway and Standards Scotland [website](#). As an agency who has roles and responsibilities in respect of, and has been undertaking activity to support implementation of the Secure Care Pathway and Standards you might have information you want to share. As such we would be grateful if you could complete the following proforma detailing your activity in respect of specific Standard(s). We are particularly keen to hear about creative or innovative practice that can be used to share learning and provide models for others. You might, anonymously and with the consent of the child, want to relate this standard to a particular child or children's experiences. If you would like to share this information through some other means, please contact ruby.whitelaw@strath.ac.uk.

Kibble Case Study

Kibble's case study is based around the care and support provided to two siblings who were both cared for at our Safe Centre at different periods in the last three years, and where there was no overlap in care. The older sibling, who shall be referred to as A was in placement and was involved both with peers and individually when participating in the sessions supported in all secure settings in Scotland as outlined in Secure Care in Scotland: Young People's Voices, Alison Gough –Secure Care National Project.

A's younger sibling, shall be referred to as B. An interesting footnote, and something we shall attempt to consider at points within the study, was in fact whether there were any benefits of the Secure Care Pathways and Standards for B which A may have had some part to play in through any input or reflections offered during the participation phase.

The call for action from young people involved in the sessions set out six key points which were considered by the young people to be expectations and standards that should apply to every young person, whilst equally recognising each young person's situation would be unique.

Relevant Standard(s):

Within the case study there will be a key focus on three of the call for action points as follows: Standards being applied are also indicated.

- Support for vulnerable young people where there is high risk of significant harm to self and/or others

Standard 3 - *I am offered specialist support which helps me, and people looking after me, make sense of the difficulties I have experienced. I get the mental and physical health care I need, as and when I need it.*

Standard 41 - *I am fully prepared for making the transition from the service and this is taken at a pace which means I am completely ready.*

Standard 43 - *I have as much choice as possible about the place I am moving to and am able to visit. I get to know the people there as they have been involved in planning with me for the move.*

Settling in and day-to-day living and learning

Standard 21 - *I have access to the things I need to safely help me relax and rest in my personal space/bedroom and it is comfortably furnished and decorated.*

Standard 24 - *I know that people care about me and meeting my needs because the way they relate to me shows this.*

Keeping in touch

Standard 25 - *I am actively supported to be in touch with my family, friends and other people who are important to me unless this is not in my best interests. I have a say in how and when this happens.*

Standard 26 - *My family, and people I care about, are encouraged and supported to stay connected with me and are treated with dignity, compassion and respect. There is a welcoming, friendly and comfortable environment for us to meet.*

Standard 28 - *My rights to safely access digital technology are upheld and actively supported. This encourages connection with people who are important to me.*

Standard 44 - *I have all the care and support I need to build the future I want, from everyone who has a role or responsibility, for as long as I need it.*

What activity have you undertaken to support implementation of these Standards?

As can be seen, the intention within this case study is to not look at one standard in isolation but to pull together information, thoughts and outcomes together across a range of standards, with a deliberate intention to also look across the three areas of the standards namely the before, during and after phases.

The timing of the Secure Care Pathways and Standards evolution and launch is aligned to the roll out of a therapeutic, trauma-informed care model across the Safe Centre. As part of this, we are developing a training programme derived from a review of the NHS Education for Scotland – Transforming Psychological Trauma document: A knowledge and skills framework for the Scottish workforce, in tandem with the incorporation of Howard Bath’s Three Pillars of Trauma-Informed Care – Safety, Connectedness and Coping, as overarching principles within the trauma training input.

Each staff team across the three houses within the Safe Centre have been supported with information sessions to develop their understanding of the Secure care Pathways and Standards, with every opportunity taken to link discussions within these sessions to connect to aspects of the trauma training.

Simple actions such as placing posters detailing the standards in common areas of the Centre have also supported in the implementation of the standards.

The leadership across the Centre and three houses encourages opportunities to regularly reflect upon the Standards and our ability to apply these consistently.

In addition, we have embedded the standards within Centre and house development plans, ensuring regular reviews of all plans.

What have been the benefits and impact on children and young people and their outcomes? How are you monitoring or measuring these?

When considering the standards highlighted above and looking to then integrate them into discussions around the benefits and impact, we feel it would be best to initially have a concentration on B. Reasons for this would primarily be the fact that this secure care placement is most current, meaning we can best align to the standards for the entirety of this secure care experience whilst adding reflections re: A where relevant.

Standard 3 – to give some context for B, the requirement for secure care came as a direct result of a continued level of concern regarding behaviour in the community, putting self and others at risk. What has very evidently worked in this case is that the therapeutic practitioner, who provides supportive interventions to B, has remained very involved in offering the therapeutic input needed to develop as an individual, and thus better manage internal stressors without the need to move to a “fight or flight” stage. Previously, this was the only route that B seemed to be able to present when triggered.

Standard 41 and 43 – B is now in the transition stage and preparing to move to a new supported accommodation placement within their local authority. The level of process and behind the scenes planning has been significant in allowing all parties to be in a position to now support B to fully engage in the process. Without the work undertaken to focus on B’s therapeutic needs by “letting his SIS worker in” we would not be at this current stage where we can now have confidence in them becoming fully prepared for the move. In line with

standard 43, B is engaging in a detailed transition plan that has been designed around their personal requests in respect of what visits to placement should look like and who should support these visits. A critical connection to be made here is the very significant levels of support and encouragement both A and B have been given to develop, sustain and maintain very positive relationships. Standards 25,26 & 28 as referred to above under “Keeping in Touch”, and more specifically the guidance within each standard has been followed to the tee. The outcomes here are that A & B have not only stayed in touch as siblings but have been supported to develop their relationships. Whilst it was not possible to support them to actually live together, as would be the best-case scenario for all siblings in care as outlined as a part of The Promise, the fact that they have lived in the same setting and been directly supported and cared for by many of the same staff and managers has gone a very long way to supporting A to settle and be able to reflect with B and discuss comparable care experiences, which we believe to have been overall, very positive experiences for both. One fundamental area of the Promise Plan 21-24 is that we consider “What matters to children and families”. We have not only been able to support the ongoing relationship between A and B but have equally been able to support B’s adoptive parents to, as they have quoted, “get their old child back”. Work to support this has also been done through connecting B’s parents to our Family Support Team within Kibble.

Given we have been in the throes of a global pandemic for around two years now it would be wrong to not reflect upon the work around the use digital connections to support contact between A & B, as referred to in Standard 28. The added benefit of virtual contact between A & B has meant this has been one route we have been able to use to maintain our connections and support whilst A continues to progress as a young adult now moving into their own accommodation. An interesting aspect of these regular calls was the way each call ended with A saying goodbye and always asking B to “keep doing what you are doing”. This, almost subconscious, support has had a real impact on B and may have been missed without the face-to-face element which the virtual contacts have supported.

Whilst reflecting more on B within many of the above Standards outlined, it would be relevant to equally give some context to A’s time in secure care which was different on a number of levels. A’s move to secure care was less planned than B’s. B’s transition to secure care was linked to real concerns for ongoing safety and wellbeing. B then resided in our Safe Centre for over two years and ended when turning 18 years old and therefore being required to move. The preparation for this move was very different in that many options and considerations as to the best route out of secure care were the subject of many multi-disciplinary discussions. The most appropriate standard we would align to this subsequent discussion would be Standard 3:

I am offered specialist support which helps me, and people looking after me, make sense of the difficulties I have experienced. I get the mental and physical health care I need, as and when I need it.

A had the consistent support and therapeutic input from a principal psychologist from our in-house Specialist Intervention Service. This relationship was continual, but A was very different to B in that levels of engagement in therapeutic work in the truer sense were often limited. However, a key perspective that needs to be considered is that the continued involvement and “stickability” of this practitioner can be considered to have been essential in preparing A to subsequently engage with others with a similar focus within her next care setting. Without this preparation and perseverance, A may not be where she is now.

Standards not addressed so far in any detail are Standards 21 & 24. In relation to Standard 21, interestingly, A & B thoroughly embraced the concept of personalisation and the use of colours and artwork in their respective bedrooms. A place for family pictures and reflecting upon music, specifically quotes from lines of favourite songs is something both were supported with.

Standard 24, in relation to A was only possible through her being supported by an emotionally resilient staff team, who worked hard to promote her wellbeing, safety and stability on a daily basis over a period of several years. The progression of the working relationships and how these were utilised in line with strategic review of the function of A's behaviours resulted in many discussions around not only these behaviours, but the secondary function of her self-harm, and attempts to manage to hold the physical or emotional care and attention of key staff. Relationships are a critical component of the care model within Kibble and are entrenched in the trauma-informed care model, however in order to prepare A for the next stage of her care beyond secure care, we needed to consider how best to support A to feel connected to her staff team but do this in a very considered manner over time. This needed to ensure a less responsive approach or reaction from some of the key staff she was trying to hold as a secondary function to her self-harming behaviour. We would reflect that A's journey through Kibble was a successful one in that the support she received supported her continuing journey and as previously indicated, prepared her for the next stage in her life.

Significantly, the support from key staff has continued beyond A's placement ending on her 18th birthday. She has been supported through regular contact with many of the staff she was able to develop a trusting relationship with by way of telephone calls, virtual calls and visits, which now includes her proudly being able to have her "old" staff visit her in her new tenancy.

What makes this work?

The ability for staff involved in supporting A & B to better understand and reflect upon the impact of early childhood experiences of abuse and neglect, as developed through access to trauma training highlighted earlier, has equally supported staff working directly with both to develop an understanding of each siblings needs, associated behaviours of concern and how best to support each on an individual basis. In addition, given the same team involvement, also being able to reflect and compare similar traits.

The challenges both siblings can and have presented have required the staff team to become very emotionally resilient and self-aware. A model of support around wellbeing has been developed, which is equally incorporated into the model of supervision and reflective practice in place within the Centre.

A strong commitment across the Centre to strive to do the best we can in tandem with an implicit belief in the Secure Care Pathway and Standards.

What challenges or barriers have been faced? How have these been addressed?

Change and the introduction of new policy, guidance or standards can take time to fully embed. One challenge we would readily reflect upon is that we need to continue to ensure we are adhering to the Standards as a whole and to reflect as a secure provider upon the entirety of the standards. This will ensure we reach a point where we can confidently suggest full embeddedness within all aspects of our work.

The before stage of the standards continues to be a challenge given the nature of secure placement decision making in that emergency placements continue to be a regular occurrence. Planning and preparation are to the fore of our current work, ensuring an information gathering component to all new admissions through the use of pre-admission risk assessments and an impact of placement exercise, both involving referring local authority representatives. This would be considered in line with our understanding and adherence to Standard 2 - *My needs are met by appropriate supports in the community which are right for me and the people who are important to me. These supports help keep me and others safe and prevent my liberty from being restricted.*

How do you plan to continue and develop further this work?

We would hope that this case study is viewed as a good example of us working within the guidance and spirit of the Secure Care Pathway and Standards. We would suggest the case study is detailed and shows an element of triangulation across the standards chosen, whilst not being as expansive as it could be given the many years in which we were fortunate to be able to support A, whilst also having the subsequent pleasure to support her sibling B to manage his impending transition out of secure care. We are a team and shall always recognise the need to work with internal resources we have access to, such as our Specialist Intervention Service, and equally our need to work in partnership with all necessary external agencies. Additionally, as previously indicated, we shall always be willing to work in collaboration with CYCJ and colleagues in the sector to share good practice and learn from each other as we work to meet the needs of the young people we care for.

The continued use of case studies shall also further enhance the ability to reflect upon our practice in line with our application and understanding of the Standards, and alongside our desire and expectation of best practice in meeting the guidance and spirit.

Additionally, we need to recognise the involvement of many secure care experienced young people in the development of these Standards. As such there is a need to promote further opportunities for young people, we now care for to be supported with regular space to reflect upon our work to meet the Standards and ensure they are experiencing the highest level of care and support possible.