



Children and Young People's
Centre for Justice

Reimagining Secure Care

Final Report: A Vision for the Reimagined/ Future World



September 2024

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Foreword

As a 'rights respecting' nation, Scotland is reviewing the deprivation of liberty of its children and young people. With the removal of children from Young Offender Institutions (YOIs) under the Children (Care and Justice) (Scotland) Act 2024, upholding children's rights under the UNCRC (Incorporation) (Scotland) Act 2024, and recommendations from the Independent Care Review (2020), the Children and Young People's Centre for Justice (CYCJ) was commissioned by the Scottish Government to 'reimagine' a future for secure care and alternatives to secure care in Scotland.

There have been several recommendations over the years that children should not be deprived of their liberty. The Securing Our Future Initiative (SOFI) ([Scottish Institute for Residential Child Care, 2009](#)) reported that no child should be in secure care, which remains a nationally agreed aspiration for the future, and a significant component of the vision of the Scottish Government's Secure Care Group. The Scottish Government Secure Care Group website describes the group as providing a national forum for "*practice and governance support, leadership and direction at a national level driving culture of improvement in relation to children in or on the edges of secure care*" ([Scottish Government, p1, 2022](#)).

Scotland's approach to children has been embedded in children's rights through Getting It Right for Every Child (GIRFEC) ([Scottish Government, 2022](#)), which has shaped the policy, practice, and legislative landscape for children in Scotland for the past 20 years. 'Getting it right' for children who cause the most harm is an area that still needs further development. Responding to all children as children first and foremost and understanding how their experiences may have shaped their behaviour and interaction with the world helps us respond to all children in an appropriate, rights-respecting way.

The components of the reimagined future world developed by the co-design group have emerged from engagement with children, young people, parents and professionals, reflecting what they told the project team. They described an integrated model of care that responds to children and their families, which is flexible and dynamic, working with them and deciding what they need together - that children should remain within their families and where this is not possible within their communities. The vision uses the significant ongoing developments in secure care and the wider care system as the foundations to build from and illustrate what a true GIRFEC approach could achieve for all children and young people in Scotland. It commits to delivering inclusive, rights-based support, ensuring every child receives the tailored care and opportunities needed to thrive, with a focus on resilience and personal growth through multi-agency collaboration.

The Reimagining Secure Care project offers a vision for achieving Scotland's agreed commitment to the Promise, with a clear aim to reduce the number of children who have been deprived of their liberty through the alternative provision of safe and effective community-based interventions. This vision is bold and presents a new future for children in Scotland. Although a timescale for this has not yet been set, to achieve this vision, there must be a re-alignment of resources within local authority areas and repurposing of community-based buildings.

Executive Summary

This report outlines a vision co-designed to address key issues identified across previous reviews of secure care in Scotland:

- Securing Our Future: A Way Forward for Scotland's Secure Care Estate ([SIRCC, 2009](#)).
- Secure Care in Scotland, a Scoping Study (Moodie, 2015).
- Secure Care in Scotland: Looking Ahead (Gough, 2016).
- Chief Social Work Officers and Secure Care (Moodie & Gough, 2017).
- Secure Care in Scotland: Young People's Voices (Gough, 2017).
- Secure Care in Scotland: Report of the Secure Care Strategic Board to Scottish Ministers (Secure Care Strategic Board, 2019).

The project builds upon these previous recommendations and recurring themes, aiming towards the collectively agreed aspiration that no child in Scotland should be deprived of their liberty (Secure Care Strategic Board, 2019). Further to this, the report seeks to address the need for effective, community-based support as an alternative to this specialist form of out-of-home care which is reserved for the small number of children who may be at significant risk to themselves or others. Whilst secure care in its current form exists as an integrated care and education service and aims to ensure the safety and protection of children with multiple, complex vulnerabilities, it is evidenced throughout the aforementioned reviews that effective alternatives to deprivation of liberty must be available to fully uphold the rights of children in Scotland. The report illustrates a vision where the needs of children and their families are met in a way that is needs-led rather than system-driven, aligning with the ethos of GIRFEC. The report is founded on the recognition of existing legislation aligned with these principles, most recently with the enactment of the UNCRC (Incorporation) (Scotland) Act 2024 and the passing of the Children (Care and Justice) (Scotland) Act 2024, as well as significant, positive developments to national, local, and independent practice.

The purpose of this report is to illustrate that by building on the significant work that has taken place across secure care and the wider care and justice sectors, we can collectively meet the recommendations of previous reviews, whilst centering the views of professionals, children, young people, and families. The vision created advocates for providing the right response at the right time, ensuring that children and their families receive the necessary support for as long as they need it.

Throughout engagement, stakeholders identified the importance of interconnected support systems that enable individualised responses across the continuum of the care system, and that follow the child and their family undisturbed by service limitations or geographical boundaries. This report proposes core components for a national system which effectively meets the needs of children - one with local flexibility, integration with local services, and the use of evidence-based, effective innovations.

The core components identified are:

- **Community Based Hubs:** Flexible, dynamic spaces that offer a continuum of support tailored to local needs.
- **Multi-Disciplinary Teams (MDTs):** Teams that provide specialised, holistic support to

children and their families, ensuring continuity and integration across services. These work in close partnership with the team around the family and lead professionals.

- **Flex Secure:** Adaptive, intensive 24/7 care for 2-4 children in home-like environments that are embedded in communities. These offer supportive, relational-based care in spaces that are nurturing, therapeutic, and trauma-responsive. These environments have adaptable security tailored to the needs of the child, keeping them and others safe whilst upholding their rights.

The report presents opportunities for developing a rights-respecting approach that creates environments that promote and enable healthy development, strong relationships, and resilience for children across the full continuum of care. The vision also addresses the need for:

Holistic, needs-led approaches: Ensuring that support and interventions are flexible, responsive to individual circumstances, and include the child and their family in the development of support and in all decisions that affect them.

Integrated and seamless support: Minimising moves and providing continuous support for children and their families.

Workforce Development: Emphasising the importance of a trained, valued, and retained workforce capable of delivering trauma transformative and relational-based care across the continuum of care and in all spaces where care is provided.

To realise the initial vision outlined within this report the following steps are necessary:

- **Establish** collective agreement across government directorates, statutory services and corporate parents that responsibility will be shared effectively and proportionately in relation to resourcing, financing and development of the vision.
- **Encourage** and strengthen collaboration across services, creating a unified care pathway focusing on minimising moves and providing continuous support, with shared data systems and collaborative decision-making processes across all agencies.
- **Facilitate** public engagement to inform, educate, and promote understanding of why a rights- respecting and needs-led approach will support public protection as well as better outcomes for children, young people, families, communities, and society as a whole.

The vision outlined in this report offers a theoretical blueprint for a reimagined secure care that is embedded in the continuum of care, is flexible, responsive, and rights based. The vision connects to ongoing developments across the system to ensure that children can thrive by keeping them close to the relationships that matter to them, whilst caring safely for them in their communities. To give effect to our shared commitment of safe and effective community-based interventions, collective agreement and action is needed. The Promise compels us to be bolder than we have ever been before, and to reorientate existing resources to make that happen. If Scotland truly wishes to be the best place for children to grow up, there needs to be a binding commitment to stopping the deprivation of liberty for children on welfare and offence grounds unless as an absolute last resort and for the shortest time possible, as highlighted by the UNCRC.

Why Are We Here?

Listening to children and young people as part of the [Independent Care Review](#) highlighted that:

“Scotland must take responsibility for its most distressed and at-risk children and fundamentally rethink the purpose, delivery and infrastructure of Secure Care”

(Independent Care Review, 2020, p81).

Alongside this is a need for a more holistic, risk enabling response that ensures the increased provision of community-based support that can meet the needs and uphold the rights of children, young people, and their families. The review highlighted the need to transform secure care by 2030 and to remove all children from YOIs by 2024. This was endorsed by the Scottish Government, as outlined in the [Children \(Care and Justice\) \(Scotland\) Act 2024](#) and Programmes for Government 2022 and [2023](#) (Scottish Government, 2022a).

“Scotland’s response to the small number of children who need this level of security, care and protection must look radically different... There must be absolute clarity that the underlying principle of Secure Care is the provision of therapeutic, trauma-informed support” (Independent Care Review, 2020, p.80).

The [Children \(Care and Justice\) \(Scotland\) Bill](#) was passed by the Scottish Parliament on 25th April 2024 and became an Act (the Act) on 4th June 2024. Included within the Act is ending the placement of children under 18 in YOI and extending a child's time in secure care past their 18th birthday when appropriate, as called for in the Promise. This legislation does not end the deprivation of liberty for children but prevents any child from being held in a YOI, instead requiring that the child is placed within secure care. This is in line with the United Nations Conventions on the Rights of the Child ([UNCRC, 1989](#)) and the [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#), which state that deprivation of liberty, including arrest, detention and imprisonment, should be used only as a measure of last resort. However, we must continue to challenge ourselves to ensure any deprivation or restriction of liberty is for the shortest time ([Article 37](#)) and is implemented only where there is a specific risk, not merely due to lack of appropriate resources. This necessitates a balance between the upholding of children’s rights and the duty of public protection.

[The Children and Young People’s Centre for Justice \(CYCJ\)](#) was commissioned by the Scottish Government in December 2022, to assist in meeting the requirements of the Act when removing children from YOIs and put into practice recommendations within the Promise to be bold and take action towards a future for Scotland where no child is deprived of their liberty. Reimagining secure care created a vision which can help navigate Scotland to a future with no/limited secure care for children on welfare and offence grounds, shaped by what stakeholders advised was needed. The project aimed to create space for stakeholders to step beyond the boundaries and parameters of our current vision of secure care and design a new ideal for caring securely and effectively for children without depriving them of their liberty.

Collaborating with [Dartington Service Design Lab](#) to bring expertise in systems change and user-centered design, CYCJ created a ‘project team’ that brought together the opinions, knowledge, and

experience of all those involved to create a comprehensive portrait of effective, sustainable provision for children who could be deprived of their liberty.

The project team worked in collaboration with children and young people in, and with experience of secure care and/or YOI, and their families/carers to gather their views. The views of all relevant stakeholders who contribute to supporting children before, during and after secure care, or through alternatives to secure care were also considered. This was undertaken through various means of engagement, including questionnaires, interviews, focus groups, a co-design group and a consultative group (see Appendix 1) following a four-phased process:

Phase 1: Discover (Dec 2022 – May 2023)

This phase focused on relationship development with the relevant system stakeholders and helped to build the foundations for our design work together, creating the conditions for stakeholders to feel comfortable sharing their views and providing safe spaces to explore the needs of children, young people and their families.

Phase 2: Define (June 2023 – Sept 2023)

This phase determined the areas deemed most important by children, young people, their parents/carers, and key stakeholders to guide further exploration.

Phase 3: Develop (Oct 2023 – pending consideration of project report by Scottish Government)

This included areas that might need to be adapted and those that are likely to require additional time and investment. Developments were sense-checked with design session participants, then refined, adapted, or discarded in response to feedback. This process ensured proposed changes meet the needs and address the problems identified through the Discover and Definition phases.

The project team acknowledges that whilst the initial design stage has been completed resulting in the vision presented in this report, publication of this report is not the conclusion of the 'develop' stage. The Scottish Government has given a commitment to consider the vision, and only once government-level decisions are made will the deliver phase commence.

Phase 4: Deliver (TBC)

The final phase will deliver a reimagined provision to meet the needs of all children and their families across the continuum of secure care, thus meeting the requirements of legislation, recommendations of the Promise, and taking a rights-upholding approach. All of this will serve to create a Scotland which fully embraces and embeds child-friendly justice by 2030.

An [interim report](#) outlining the findings from phases 1 and 2 of the project was published in December 2023. The current report focuses on phase 3 of the service design approach to reimagining secure care. It is part of a suite of documents from the project, including a literature review exploring new approaches and ideas to the deprivation of liberty internationally and a report presenting the views of children and young people.

There are numerous developments currently in progress across Scotland that have relevance for future advancements concerning the Reimagining Secure Care project. It will be crucial to the 'deliver phase' that connections are made across these developments to support strategic alignment and system change (see **Appendix 2**).

Reimagining Secure Care Governance Group

The Reimagining Secure Care project was overseen by the Reimagining Secure Care Governance Group, which played a crucial role in providing strategic direction, governance, and expert guidance throughout the project. The Governance Group served as the sounding board for the project team and the broader objectives, ensuring alignment with related initiatives. Their role extended beyond support, focusing on the interdependencies and potential impacts on key areas such as the National Care Service, trauma-responsive strategies, mental health considerations, and the overall care reform agenda.

The Governance Group was instrumental in supporting the vision set by the Secure Care Strategic Board, advocating for a system where:

"All children and young people, regardless of the vulnerabilities and risks associated with their distress and actions, are cared for as children, and no child or young person is deprived of their liberty" (*Secure Care Strategic Board, 2019, p.22*).

Through this governance framework, the project ensured its findings and development of the vision and opportunities were robust, reflective of broader care reforms, and guided by a child-centered approach.

Secure Care

Overview

There are four secure care centres in Scotland run by four independent charities, all of whom have experience in caring for children remanded or sentenced by Courts. In Scotland, children can be placed in secure care on welfare or offence grounds through the Children's Hearing System, Courts or by Chief Social Work Officers. The Care Inspectorate oversees the standard of care provided by all four centres, and contracting arrangements are overseen by Scotland Excel. Currently, children from outwith Scotland are also accommodated in Scottish secure care centres.

[The Children's Social Work Statistics 2022-2023](#) (Scottish Government, 2024) highlights:

- A reduction of 20% in the average number of children in secure care accommodation during 2022-2023 to an average of 59 from 74 children the previous year.
- 154 Admissions to secure care accommodation during 2022-2023 which was a 3% increase from the previous year (149).
- On average, 37 children from within Scotland (down 10% on 2021-2022) and 22 were from outside Scotland (down 33% from 2021-2022).

Scottish Government statistics illustrate the characteristics of children cared for in secure care in 2022-2023:

- 43% of the children in secure care were aged 16 years or over.
- Over the past four years a small number have been 13 years or under.
- Approximately 53% of children cared for in secure care in 2022-2023 were placed there for less than three months.
- 23% of the children were cared for in secure care for 6 months to a year and 3% for more than a year.
- 28% of them had a disability.
- The above referenced report indicates that of the 154 admissions to secure care in 2022-2023 the most common legal reason for admission were:
 - 39 children (23 males, 15 females) placed through Interim Compulsory Supervision Order (ICSO) through the Children's Hearings (Scotland) Act 2011
 - 18 children (11.7%) of the 154 children placed in secure care were placed through Court procedures either remanded or sentenced and all were male.

Since the implementation of the Children's (Care and Justice) (Scotland) Act 2024 between 2 September and 26 September, there has already been an impact on referrals to secure care, though it is too early to fully assess both intended and unintended consequences in the coming months.

It remains essential that services provide children in secure care the same opportunities as any other child, focusing on their growth and development through tailored support, education, and training, rather than solely addressing behaviour or trauma. While recognising the complexities they face, the priority must be to empower them through positive, rights-based interventions that prepare them for the future. The proposed vision presents an opportunity to enhance existing efforts by holding education as a central component of care, expanding personalised learning plans that address

individual needs and foster both academic and personal growth in alignment with UNCRC rights. By involving educators, policymakers, and young people, this vision can evolve into an ambitious, inclusive framework that supports children to realise their potential and prepares them for adulthood.

The [Secure Care Pathway and Standards](#), launched in October 2020, were created from the recommendation of the Secure Care National Project to improve the experiences of children who are in, or on the edges of, secure care. These standards, which were co-produced with children, young people and adults with experience of secure care, set out what all children in or on the edges of secure care should expect across the continuum of intensive supports and services. These standards relate to the child's life before, during, and after their time in secure care and remain important today. They must be followed by all professionals involved in a child's 'secure care' journey.

Removing Children from HMP YOI – What Is Needed?

Part of the Project's considerations was to identify what additional supports, if any, would be required for the secure care centres to care for the children who will no longer be held in YOIs as directed by the Act. Through a series of engagements with the four secure care providers, a number of potential scenarios were considered and actions to respond to these have been suggested (see **Appendix 3**). However, it is important to note that as of September 2024 this part of the act has been enacted and all children have been removed from YOIs.

From stakeholder engagement the areas identified as requiring attention appeared to be long-standing, broad issues rather than specifically the cessation of children being placed in YOIs. It was noted during stakeholder engagement that secure care providers are already experienced in caring for children involved in court processes. The ability to provide care for all children in secure care and prevent the premature ending of placements, though infrequent, was emphasised by stakeholders. Capacity of the secure care system to accommodate potential fluctuations in the demand for placements which related to increase in age of referral to the children's reporter, as well as potential increase in numbers of children being detained from court, were also raised.

The additional areas highlighted were:

- The need to increase accessibility of meaningful mental health support for children, ranging from general wellbeing to potential mental health diagnoses. Stakeholders emphasised the importance of a broad spectrum of support, ensuring that while mental health specialists should be available, a wider range of approaches must also be accessible. There was need for a continuum of responses that are both accessible and well resourced. This may include wider sharing of psychological approaches and expertise, as well as providing support/training for practitioners to feel confident in intervening and offering support where specialist input is not required.
- Issues relating to transport to secure care, particularly to and from Court, as well as for any appointments or situations that necessitate secure transport. Issues highlighted pertained to financial responsibility on Local Authorities, lack or limited accessible or timeous transport available.

- Whilst infrequent, but of significance, there is a need to cease the premature ending of children's placements in secure care. If a placement is ended by the secure centre, there is a need for increased support in creating tailored responses that can meet the needs of the child and safely manage risk in the community. Better support for moves particularly when children are leaving secure care is required. Stakeholders expressed long-standing frustrations with lack of accommodation or resources.
- The need for children to access skills development, employment-focused training, and further education. This was identified as a key area for development and greater integration to support children of an appropriate age, not just at the point of moving on from secure care but also during their time in secure care.
- The need for a wider range of community-based options that are accessible and available to all children, regardless of where they live. Within this, a review of the funding and commissioning model for secure care, with a consideration for a nationalised model, was highlighted as a necessary step.

The issues highlighted are persistent and challenging, requiring more than short-term solutions. The launch of the Secure Care Pathway and Standards in October 2020 provided a collectively agreed pathway to address many of these challenges, but consistent national implementation remains a work in progress. Secure care providers continue to adapt their services to meet the evolving needs of children, including trauma-responsive care and addressing the needs of specific age groups. Key areas requiring attention include the funding and commissioning of secure care, where a clear, long-term vision is needed to shape future funding structures. Transport is another critical issue, in which ongoing efforts to develop appropriate alternatives to current, inadequate provisions have been slow to reach the desired outcome. Additionally, broader systemic issues such as consistency in care, support for transitions back to communities, and equitable access to alternative services, still require thoughtful, long-term strategies.

Engagement With Young People

Members of the project team met with children and young people in secure care centres and HMP YOI Polmont to explore their views of the care and support provided before, during, and after secure care. A full report outlining these views is available on the CYCJ website.

The project team had 61 conversations with children and young people. In some cases, we met with the same child several times throughout the project due to them remaining in the same placement or moving to another secure care centre. The project team also worked alongside STARR, a participation group for people of all ages with experience of being in or on the edges of secure care, to review and reflect on what was heard from children and young people.

During the sessions we heard a range of rich ideas and observations about secure care and YOI – however it was difficult to direct conversation towards more ‘abstract’ concepts such as imagined, future system transformation. We wanted to guide the conversation around these more abstract ideas, however we were conscious of avoiding leading questions and wanted to allow the children and young people to share their views as they wished, rather than using a prescriptive session with structured questions. This approach of allowing the children and young people to guide the conversation according to what matters to them most was felt to be most in line with good participation practice. With this in mind, the reflections offered to us, which are represented in this section, may not fit neatly into the design approach used more widely throughout the project. Further to this, as the majority of the children and young people we spoke to were living in secure care when we met with them, many of the experiences and views shared are specific to secure care provision. We feel it is vital to represent these views honestly and hope that they are received with respect and understanding.

Whilst no child or young person was actively involved in the co-design sessions, their views informed this part of the project. The project team member who led the sessions with children and young people participated in the co-design process, integrating their collective views and perspectives from the previous phases of the project.

To ensure that all children and young people who took part are fully informed of the development of the project, a children and young people’s report has been created and will be shared with secure care centres and HMP YOI Polmont. The project team will also deliver sessions with children and young people to explain where their views have had influence and inform them of the resulting service design options.

What Children and Young People told us

Throughout Phase 3 of the project, 27 children from all four secure care centres shared their views on the design briefs, which evolved from the previous phase sessions with children and young people, as well as professionals. These included Model of Care, Preventing Deprivation of Liberty, and Mindsets and Culture. Due to limitations beyond the control of the project team, we were unable to meet with young people from YOI during this phase.

Model of Care: All the children we met with spoke highly of members of staff in secure care but noted that some staff “don’t have skills” for working with children. It was highlighted by children that staff are not required to have qualifications when beginning work in secure care, and they felt that this was not helpful for the care provided to them.

Many children found it difficult to contact social workers when they wanted to, and often found it difficult to trust them as they felt that social work staff had deceived them to get them to secure care. These experiences included instances of children being told that they were going to visit family, or going to a shop or cafe, only to be taken to secure care without prior knowledge or time to prepare or ask any questions.

Preventing Deprivation of Liberty: Many of the children we spoke with felt that there were no realistic alternatives to secure care available and that existing community support was ineffective in keeping them safe or preventing conflict with the law.

“[Community support] only works when you’re there. As soon as you leave, you’ll be in trouble again.”

The project team noted that internalised views of ‘deserving punishment’ were common within secure care, but despite this, there was a fearfulness of YOI and the associated risk of suicide and substance use.

Mindsets and Culture: Many children feel that people around them have negative views of young people. This included feeling disliked by police, with some children feeling fearful of police and experiencing significant levels of anxiety in their presence.

All the children we spoke with had been aware of secure care before coming in, and some had been fearful of it after warnings from social workers and other practitioners. The children we met with noted that secure care had never been viewed as a ‘place of care’ before their arrival.

The project team observed a sense of hopelessness amongst many of the children in secure care. Very few of the children we met with were able to share any goals or hopes for the future after leaving secure care. This extended to hopelessness about future changes to care and justice provision. Despite this, some children were actively involved in participation opportunities through third- sector organisations.

Engagement With Families

To ensure that the voice of families was included throughout the project, the project team sought to engage with families via all four secure care centres and several third-sector organisations. Due to limited uptake in engagement, the project team developed an online questionnaire, which was publicised through communication with key stakeholders and online via CYCJ's social media channels. From this engagement, we received six responses from families.

From the responses gathered, the project team heard that families appreciated the level of safety and supervision offered by secure care, as well as the structure and routine in place. It was noted that secure care is designed to support children. However, the 'prison-like structure' may detract from this. Families identified that preventative services would be beneficial before children reached the point of meeting secure care criteria – ideas such as more access to early intervention services and educational programmes were offered as potential changes that could strengthen community support.

Limitations

The project team acknowledged that, despite substantial effort, engagement with families has been limited throughout the project. This may be in part due to the stigmatising nature of the experience of having a child in secure care and a lack of consistent, trusting communication between services and families. It may also have been limited by capacity within the team.

As with all participation opportunities, CYCJ and the project team strive to create safe and trusting relationships through which individuals and groups can be listened to and have opportunities to influence policy and practice. The challenges we faced in engaging with families throughout the Reimagining Secure Care project have highlighted the need for regular, structured engagement with families of children in conflict with the law. As a result of this observation, CYCJ's Participation team have begun the development of a new engagement programme focusing on families and carers to help inform our future work and provide meaningful opportunities for engagement.

How We Did It

Methodology

The project team used various methodologies throughout the lifespan of the project (see **Appendix 4** for a detailed overview of these methods).

For phase 3 of the project, two key rounds of stakeholder engagements were delivered:

Co-development: The first round targeted a broad range of system actors, through a series of online workshops offered to practitioners and senior leaders. This also included engagement with children currently in secure care as well as young people in HMP YOI Polmont, some of whom had experience of secure care. There was limited engagement with parents during this phase.

Co-design: This second round of engagement enabled us to work with a smaller co- design team to actively collaborate and design our future reimagined secure care and the community systems and supports required to scaffold these alternatives.

Co-development

The aims of the co-development phase of the work were:

1. To build relationships with a diverse range of system stakeholders and actors.
2. To share our insights from the previous phases and sense-check our understanding of them.
3. To explore the themes that we presented to the groups through the 'mini-briefs'.
4. To surface any gaps and areas for development to help strengthen our final design opportunities.
5. To support co-development and co-ownership of the design work.

Within the co-development phase of the work, we wanted to ensure we heard from a wide number of stakeholders. This work was essential in helping us to build a stronger, more diverse understanding of the different potential elements that people were imagining as part of their preferred futures for secure care.

Bringing together the range of views, challenges, and perspectives within the system helped to create a wide range of design options and was an important part of the process. However, we realised that to narrow down these ideas and create a more focused set of opportunities for reimagining secure care, we needed to form a smaller group of stakeholders. Meeting in person was essential, as it allowed for deeper conversations, built trust, and helped work through any challenges or tensions, ultimately leading to more creative and collaborative decision-making.

The efficacy of collaborative design in smaller groups meant that we had to advocate for creating a more focused design team that would hold the expertise, knowledge and skills required for us to reimagine a future.

Co-design

Co-design and Consultative Groups

Within this phase of the work, a smaller, closed group (or co-design team) was formed to redesign a future system more fully, and a larger, consultative group to sense check/be a critical friend. The smaller co-design group was set up to help the project team focus on specifics by suggesting solutions, identifying opportunities and challenges to a reimagined future. The team's aims included:

1. Streamlining discussions.
2. Generating detailed outputs.
3. Identifying areas of uncertainty/gaps in knowledge/experience.
4. Focusing on overall future goals.
5. Incorporating diverse professional perspectives to support needs-led design work.

A range of professionals from various fields were invited to join the co-design team, such as social work, the third sector, mental health, the Care Inspectorate, Police Scotland, psychology, speech and language therapy, education, and individuals with lived experience of secure care. Members from the project team also participated. The team met for five full days in person and attended two online sessions as part of phase 3 of the project.

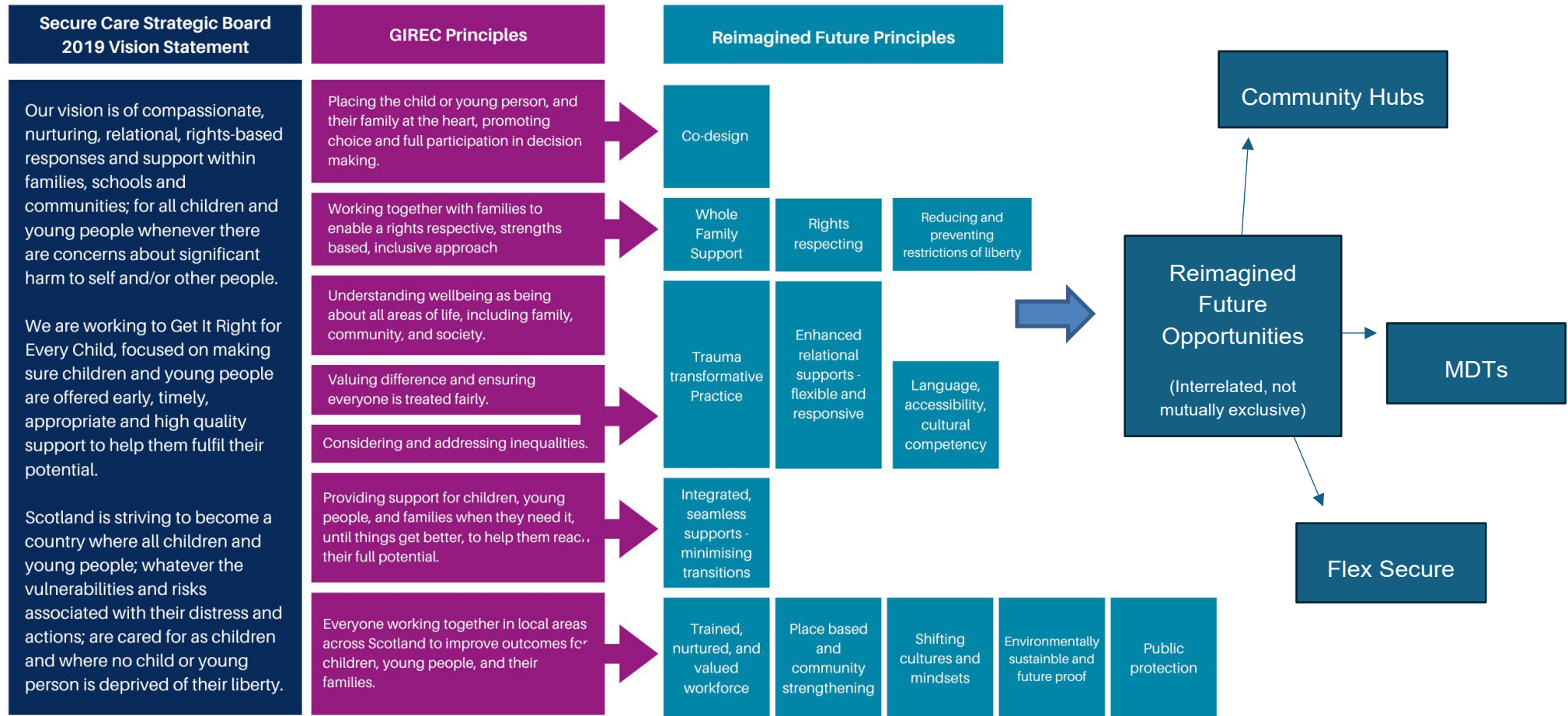
A wider consultative group also provided input and support to the co-design team. This consultative group was made up of a broad range of professional stakeholders who had been involved in the earlier stages of the project or who were identified as having particular skills and experience that might benefit the project. Members of the group included representatives from all four secure care centres; Scottish Government's Office of the Chief Social Work Advisor; local authority social work; National Youth Justice Advisory Group; Scottish Children's Reporter Administration, CYCJ, individuals with lived experience, NHS Scotland Child and Adolescent Mental Health Services (CAMHS), Scottish Prison Service, the Care Inspectorate, and Children's Hearings Scotland. This group responded through a questionnaire, a half-day in-person session and some follow-up discussions to review the options developed by the co-design group.

Building on the co-development sessions, several core ambitions evolved to help guide our work within the co-design phase. These included the following future world parameters:

- A future world where children are only deprived of their liberty when it is necessary to manage a specific risk of harm that cannot be safely responded to in the community. It must not be used as a substitute for inadequate resources or a lack of appropriate interventions.
- A national, multi-agency skilled workforce, which has health, education and social work at its core. Professionals will have the skills, knowledge, and competence to understand and respond to the drivers of distressed behaviours (which could relate to developmental trauma, neurodevelopment, attachment, behavioural, cognitive etc. responses) for all children, young people, families, and carers.

- Creation of a model of care that is multi-theoretical and multi-modal to ensure an individualised approach to understanding and responding to distressed behaviour. This ensures no single theory or model is dominant and recognises that whilst distressed behaviours may present in the same way, the drivers of these behaviours and related needs may be different and may change over time. Thus, our responses to distressed behaviours must be flexible and connected to underlying drivers and motivations, to ensure the development of safe and secure emotional or physical environments.
- Children, young people, and families are integral to the decisions about their lives, an approach which has been at the core of policy and legislation over recent years. This will ensure that everyone is supported to meaningfully influence and be central to developing formulations, interventions, and any subsequent action plans.
- From this work, several key principles and three main components were identified by the co-design team for a reimagined future in Scotland. These principles align with the refreshed GIRFEC Principles and Values and help to realise the Secure Care Strategic Board's vision statement (Scottish Government, n.d.) as shown in the next diagram (**figure 1**).

What We Designed (Figure 1)



Key Principles of Our Reimagined Future

The following key principles are evidence-based and have been developed throughout the project, evolving from the consistent themes stakeholders described as foundational to any future world. These principles have shaped and influenced the interconnected components to provide a vision for the reimagined future world as designed by the co-design group.

The key principles include:

Child, Young Person and Family are included: Ensuring that participation is embedded throughout all support offered to children, young people and their families, meaningfully including them in all decisions and plans that affect them. Co-design principles are present and embedded at an individual level, as well as in the design and delivery of services at a local and national level.

Whole Family Support: Children and their families have unstigmatised access to effective holistic and intensive family support, with the right support being provided at the right time by the right people and services. Such support must be, 'available, proactive and characterised by the 10 family support principles (Independent Care Review, 2020, p3). Support and inclusion of the child's family and significant people in their lives must be central to the approach, except in situations where their involvement would not be in the child's best interests.

Balanced Empowerment of Rights and Liberty: It is important to understand that upholding children's rights is intrinsically linked to protecting both their personal freedoms and the wellbeing of everyone. Recognising the indivisibility and interdependence of all rights, this principle advocates for a careful balance between ensuring children's safety, development, and liberty whilst also protecting the wider community from harm. Restrictions on a child's freedom or liberty should only occur in strict accordance with Article 37 (United Nations, 1989), and only when absolutely necessary to prevent imminent risk to life or serious harm to either the child or others.

Education as a Foundation for Growth and Empowerment: Education must be a core pillar in the support offered to children and young people, ensuring it is inclusive, tailored, and rights-based. This principle emphasises co-designed, personalised learning plans that address individual need, promoting academic, emotional, and social growth. The goal is to create meaningful opportunities for development, empowerment, and preparation for adulthood, while fully aligning with the rights outlined in the UNCRC.

Public Protection: This requires a balanced approach that upholds both the rights and freedoms of individuals whilst ensuring the safety of others and the wider community. This is not a choice between either child's rights or public protection but understanding that these outcomes are interdependent. By addressing and reducing harmful behaviour through strengths-based approaches that build capacity and the ability of children to meet their needs in less harmful and more positive ways the community is protected from further harm. Providing children with the opportunity for positive development in a safe manner and promoting a child's wellbeing is essential to achieving long-term public safety.

Trauma Transformative Practice: The future of a reimagined secure care requires every organisation and service across the system to work towards being trauma informed and responsive. A focus on positive organisational culture and leadership, that routinely and meaningfully shares power with people with lived experience of trauma and supports the wellbeing of the workforce, is key to embedding trauma informed and responsive organisations, systems, and workforces. This approach will be intrinsic to, and jointly shared by, all partners across the reimagined secure care system.

Responsive and Flexible Relational Care: Emphasis is placed on providing individualised, accessible, and holistic care embedded in relational-based practices that are both flexible and responsive. The model of care should seamlessly integrate support from multi-agency partners and corporate parents, ensuring that the needs and concerns of children and their families are met with empathy, respect, and adaptability. By focusing on relational connections, this approach fosters agency and self-efficacy in children, young people and their families, empowering them to navigate their journeys with confidence.

Integrated Supports, minimising the need for and impact of moves: This principle advocates for a flexible, holistic framework of inter-organisational collaboration. Moves between different stages of care and stages in a child's life are smooth and cohesive, with all children and families receiving comprehensive and continuous support throughout their experiences.

Trained, nurtured, and valued workforce: This includes all multi-agency partners, who will be essential to supporting a child and their family, whether in the community or if deprived of their liberty. Practitioners should be supported to feel valued, respected and able to exercise autonomy and agency within their roles. Support for assessments, decision-making, and practice development are shared, leading to more empowered spaces for creativity, innovation and confidence building. The workforce requirements for effective service delivery are well established, emphasising flexibility, upholding children's rights, taking a strengths-based and non-judgmental approach, and embedding an understanding of formulation, developmental factors including neurodiversity, and the impact of trauma. The challenge is creating an enabling context in which the workforce can effectively put these requirements into practice to benefit children, young people, and their families.

Language: The power of language cannot be underestimated and its impact shapes perceptions of self and others. It can validate and strengthen, move to action or undermine, traumatise and re-traumatise individuals. The language we use must evolve with the understanding brought to it by children, young people and families. The project team acknowledge that getting this right is both difficult and subjective - the language within this report at times may fail in that ambition. We must, however, build upon the work taking place across Scotland, such as Each and Every Child, Our Hearings Our Voice and the many Champions groups that exist at local and national levels, to change how we talk about care and justice experience in Scotland.

Culture and mindsets: A wider societal and cultural shift is required to move towards an equitable children's rights approach where all children are seen as rights holders, and are treated as children first, regardless of their circumstances or actions. There is a shared understanding that harmful behaviour is best responded to by understanding and addressing the causes of such behaviour

through a community-based, strengths-focused approach. Such an approach recognises the importance of building resilience and nurturing positive growth to reduce the likelihood of further harm.

Diversity: All provisions for children should be culturally competent to meet the needs of every child and the changing demographics within Scotland. This includes addressing the needs of an evolving population, such as unaccompanied asylum-seeking children and trafficked children. Consideration must be given to how personal and cultural identity interacts with care and justice experiences and how these intersect.

Environmental Sustainability and 'Future-proofing': There must be commitment to principles of environmental sustainability, reflected in how spaces are designed, used, and may be repurposed to meet future needs. To meet a diverse range of needs, consideration must be given to the design of physical spaces, processes, and services, and must take into account staff requirements in terms of training and support to understand how to meet a diverse range of cultural needs.

Place-Based and Community Strengthening: By collaborating with local communities, this enables them to identify their needs and shape the services, resources and how these are provided in ways that can meet 'need'. By working in partnership, services can become more responsive, building stronger relationships and fostering resilient communities that are inclusive and more connected. This approach will provide opportunities for community members to build and develop the skills and resources they want and need to achieve their goals and improve their lives.

To support these principles there is an emphasis on the importance of training, development, shared strategies, sustainable interventions, building resilience and a need to change wider societal cultural perspectives and mindsets.

Summary of Opportunities

Through the co-design sessions, the attendees identified the following opportunities and components for the development of the reimagined world. These opportunities build on the existing foundations within legislation and practice, recommendations within the promise, and with GIRFEC at its core, emphasising the importance of meeting needs where people are and utilising a well-embedded multi-disciplinary approach. The following opportunities and their components are reflective of the wider work undertaken throughout the earlier phases of the project and as the co-design group explored the themes, the following emerged as integrated core opportunities within the future world.

1. Community-based hubs.
2. Multi-Disciplinary Teams.
3. Physical spaces with flexible levels of restriction and security ('Flex Secure').

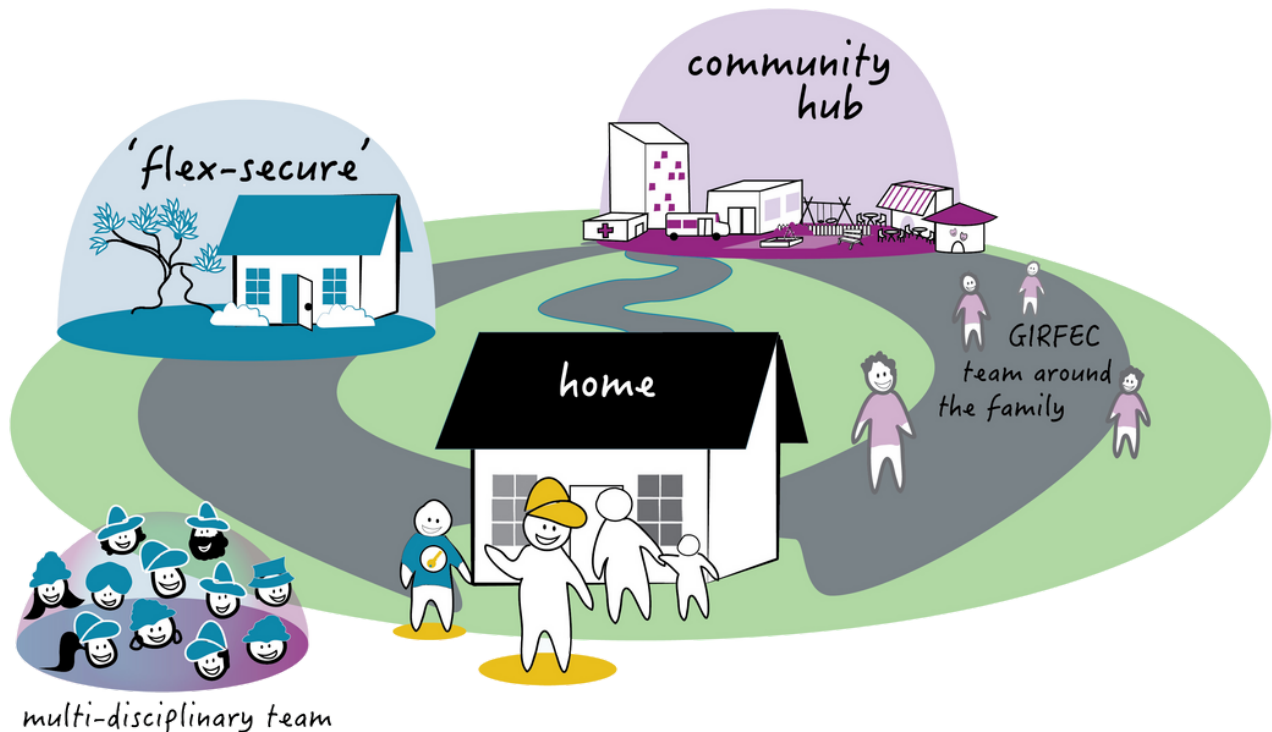
The ideas focus on harnessing the opportunities and aspirations of children while providing whole family support and promoting collaboration and collaborative design in how services are developed to create the imagined future world. They also emphasise the value of integrating lived experience of secure care with the expertise of the range of professionals within the care and justice sector to better understand and address the needs of children and families, as well as prioritising the rights of children and the need for effective advocacy.

Individualised support is available as and when needed, extending up to age 25 years as part of aftercare provision through the Children and Young People (Scotland) Act 2014.

There are several key principles at the core of service delivery and support in the future world as outlined above. None of the ideas presented can function in isolation, and interconnect to support a continuum of responses to meet the needs of children, young people, their families, and keep communities safe.

These interconnecting ideas are agile and adaptive in how they can scale up or scale down the level of response, as well as the restrictions that may be required. The level of need, potential harms and impact of harm will determine the level of engagement, involvement, and access to the individualised services for each child, young person, and their family.

Opportunities



Community-Based Hubs

Overview

These spaces are designed to be flexible and dynamic, with their coordination based on a 'hub and spoke' model with a combination of fixed and mobile spaces that can offer what is needed, where it is needed. Local support would reflect local needs and adapt to changes in individual, family, and community circumstances. It would include education, training, psycho-social, health, wellbeing, and leisure activities and interventions offered along a continuum of needs. This hub and spoke model is envisioned as representing investment in local infrastructure to provide for the range of needs across communities. Ensuring a close interface with universal and mainstream support and provision as well as for children and families where they may be in crisis or concerns relating to a deprivation or restrictions on liberty is paramount.

Community hubs describe community spaces where children, young people, and families can access local, universal individualised support (The Promise, 2020). These hubs could be purpose-built or re-purposed existing spaces/buildings that are flexible, accessible community spaces that can function as 'pop-ups' or permanent drop-ins, enhancing community engagement and supporting access.

"There must be more support for families, based in the communities where they live" (Independent Care Review, 2020b p.3)

The community hubs are also proposed to include discrete accommodation. This would provide a safe space that could be used to support children and their families in the moment of crisis as part of ongoing therapeutic support. This builds on the therapeutic support provided by the Multi-Disciplinary Teams (MDTs detailed later) who can support children and their families to find their own solutions and practice the skills they are using to regulate emotions, repair relationships, and reason.

This safe space provides a buffer to enable meaningful skills practice with a high level of support from the skilled practitioners within the MDT, and team around the family as needed, bringing them together in a planned and supported way that may otherwise result in separation that is more prolonged.

The community hub provides a co-located space for the MDT from where they can reach the community, and where communities can access and influence services, activities, and opportunities.

The community hub concept is an opportunity to provide whole family, needs-led accessible universal services that are person-centred and step away from the structures, criteria, and processes currently dominating the function of the care and justice systems. Instead, this concept allows children, young people, and families to access flexible services based on their own needs. The onus, therefore, is on the collective services to adapt to meet the needs of the person and people they are supporting, rather than solely offering a 'one size fits all' service. Creating spaces that can be adapted to include everyone limits the likelihood of viewing people according to the criteria they fit into, thus dictating where they access services. The communities who might access them will determine what is available through the hubs.

The hub concept must not be seen as replacing existing services that have evolved with considerable thought and input in response to developments in practice and policy. The opportunity is to create an integrated approach that utilises the best of these services and learns from what is meaningful and effective to look toward the next horizon.

The community hub concept offers an opportunity to reduce the burden on families to travel to multiple services and minimise the number of services they need to engage with. Achieving this requires an integrated approach to service delivery, moving away from a competitive model to a procurement and commissioning process that allows mutually beneficial collaboration between services and organisations. This approach may enable the best fit for the family and supports their choice of how to engage and whom to engage with, allowing other partners to provide additional support as needed.

Community hubs can play a crucial role in offering personalised education and skills development, alongside health, wellbeing, and other support services. These flexible spaces give children, young people, and families access to the learning opportunities they need, helping them to grow and build resilience.

Community Hubs: Additional Experience Components

Temporary stay accommodation: While the community hub component of the vision aims to provide support both within the community and by reaching out to people, arrangements can often break down without enough options to support children, young people, and families in crisis. A useful additional element linked to the hubs is the provision of discrete temporary accommodation (safe space) for times when children or parents need temporary relief and professional support from familiar and trusted professionals.

These spaces would focus on addressing the causes of the crisis, repairing the breakdown in relationships by finding the right interventions, supporting families to find their own solutions, and working collaboratively with the family. This approach reflects an individualised, flexible response to maximise effectiveness for each person, considering their family context through following the [10 family support principles](#).

Community designed, peer-led and place-based support: The workforce within the hubs could consist of both a range of professionals and non-professionals, creating a diverse environment that encourages collaboration and learning. Individuals and groups from the community are enabled to take on leadership roles and contribute actively to the services provided. This approach not only recognises but also harnesses the wide range of skills, knowledge, and experiences available, fostering a shared learning culture. Central to this collaborative dynamic are shared values and a unified vision, which are essential for effective service delivery and community engagement.

Promoting peer-led networks can also support the strengthening of social ties and mutual support, building capacity within the community. Offering opportunities for community members to engage through volunteering, encouraging active participation and strengthening community bonds.

Community-designed and locally embedded assets and activities within the hubs can help to create awareness, understanding, and empathy for children, young people, and families' needs.

Community Hubs: Identified Limitations

The consultative group provided insightful feedback aimed at improving the implementation of these proposed opportunities. They pinpointed several critical areas that require deeper analysis and thoughtful consideration to effectively guide and optimise future development efforts.

Resourcing: To enhance the effectiveness and meaningful development of the community hub model, it is essential to provide sufficient resources and capacity. Ensuring physical accessibility and fostering emotional and psychological safety is crucial for embedding services and supports that, at a minimum, do no harm and, at best, promote recovery from trauma and adversity while fostering resilience. Examples within Scotland (Henderson et al., 2018) can provide learning in terms of similar approaches to developments of hub-based spaces and service provision across health and social care, as well as recent research into community spaces and cultivating social infrastructure that may have applicability.

Sustainability: Resourcing and capacity emerged as recurrent themes throughout the project. Exploring potential funding partnerships with businesses already present within local communities could leverage corporate philanthropy and social responsibility, supporting community sustainability and growth. Such partnerships could provide financial contributions and opportunities for volunteering and mentoring by both corporate employees and community members as well as creating opportunities for access to expertise and sharing learning e.g. digital learning and skills. There is also potential for social business enterprises to be developed within the hubs which could contribute to sustainability. Whilst these approaches may not fully resolve the issues of sustainability and resourcing, further exploration is surely merited. Alongside this is the critical ability to understand the impact of services and what is effective at the local level.

Keeping What's Effective: There are many examples of effective service provision within local authorities that should be integrated as we move towards the future world. The review of children's services plans ([Scottish Government, 2022b](#)) underscores the need to harness what is effective locally to ensure developments tailored to regional and local needs, avoiding a one-size-fits-all approach. Adapting existing services to integrate within the hub and spoke model, shaped by demands, can enhance service integration and accessibility.

Stigma: Promoting the hub and spoke as versatile community assets for activities, learning, and social support which are accessible to everyone can help reshape public perceptions, enabling others to see these hubs as beneficial for all, not just a select few. These spaces must be designed as welcoming and inclusive centres that serve a broad spectrum of community needs, not just specialised social care.

Multi-Disciplinary Teams (MDTs)

Overview

The MDTs offer additional skills, knowledge and expertise from a diverse range of professions for children, young people and families as part of the support which may be required. These teams form part of the responses on the continuum of care for children, young people and their families, offering 24/7 'reach in' support to them wherever they are. The composition of the MDTs must reflect the broad spectrum of expertise required to address the complex needs of children and their families. In addition, a key person from within the MDT will act as main contact and core relationship holder for the child and their family and will remain with them throughout their involvement with the MDT to ensure good communication and accessibility. This requires close coordination with the lead professional to ensure that the child and family are not overwhelmed, while keeping their inclusion central. They must be kept informed, have a choice in who they prefer to engage with, and ensure that all professionals are working together in a coordinated manner. It is important that the MDTs follow the child, and do not cease to be involved because of service or geographical boundaries. The MDTs could be pan-authority depending on local contexts where this would promote service delivery and meet local needs.

The MDTs use relational-based practice, building emotional and relational safety essential for establishing trust and effective relationships between children, their families and those working with them. Embedding a formulation approach helps professionals understand the child's experiences, needs and family context. By seeking out and listening to their stories, professionals can demonstrate care and concern, fostering a trauma-informed, developmentally attuned, and psychologically based care approach. This is also supported through daily discussions between members of the MDT to ensure they are considering and responding to the child and their family based on current information and ensure this informs any necessary changes to interventions or style of engagement.

The MDTs can offer both a consultative role and direct intervention with the child and family, depending on what is required to meet their needs. Additionally, support can be provided to help undertake interventions/assessments rather than introducing additional professionals. This flexibility in approach can support upskilling, practice development across the workforce, and enable the MDTs to be focused on where and how their input would be most meaningful.

However, when the consultative approach is not sufficient, the MDTs can provide direct support and interventions with the child and family, though they do not replace the team around the family. This close co-ordination with the lead professional and team around the family is critical as the MDT is intended to gradually withdraw as the needs of the child, family reduce, and their strengths and capacity increase. Thus, the lead professional and team around the family provide consistent, longer-term support throughout their journey beyond the involvement of the MDT.

In such circumstances, the MDTs would work closely with all parties to ensure a coordinated approach to care, maintaining strong links and good communication.

Multi-Disciplinary Team: Additional Experience Components

Referring in, not referring on: The key person from the MDT will coordinate with the lead professional as well as with the child and family, in the delivery of the agreed care plan. In coordination with the lead professional, they will ensure children, young people and their families are included and informed at all points and stages of their journey and involvement with the MDT.

This core relationship stands beside the child or young person throughout their journey, 'referring in' additional expertise to the relationship, rather than 'referring on'.

At the point of access, the MDTs integrate into the existing wider support network for ongoing engagement within a whole family approach. Consultation and information sharing with the existing team around the family reduce the need for the potentially triggering and re-traumatising re-telling of life stories. It also provides a more seamless partnership working when the MDT is required to provide direct support and immediate access to specialist services. For those specialisms which are not directly integrated within the MDTs such as specialist physical or mental health, it is critical that access and pathways are incorporated into the MDT's structures. In addition, the MDTs, in line with confidentiality and data protection, can share narratives, information, assessments and formulations developed with the child and family to inform these more specialist services as appropriate.

The MDT will follow the child, alongside the team around the family, into whatever setting or placement they move from or to. This enables the incorporation of plans ahead of any moves such as a new home, school or college placement. This will aid in shaping how that should look and feel for the child and what is needed to support a successful transition. This would assist in ensuring that any child moving from a restricted environment does so with thought, planning and care (Independent Care Review, 2020).

It will be necessary to establish clear plans for adjusting the level of MDT involvement, with mechanisms to scale support up as needed to prevent any lapse or breakdown in care continuity and to step back when appropriate. This method aligns with GIRFEC principles by providing the right support at the right time, with the support structure flexibly "scaffolding" around the child and the family's changing needs and situations. The level of support from the MDT is informed by an ongoing review of needs rather than adhering to rigid timelines or predefined criteria. This responsive approach allows support to evolve seamlessly with and around the child and family.

Building Skills in families and communities: It is important to understand that a reduction in distressed behaviours such as frequency, nature and severity on their own are not sufficient to inform the reduction of any restrictive strategies in place. Such observations must be accompanied by evidence of growth and development in how the child can respond to situations, which would have triggered their distress behaviours. This requires all those in the child's support system, including the child and their family, where appropriate, to actively observe and monitor how their behaviours and thinking are adapting across the different contexts. Thus, it will be important to create safe opportunities in different contexts for the child and their family to

practice the new skills they are learning. This should be regularly evaluated with the MDT, child and family, and team around the family to inform any changes to restrictions, strategies and interventions. This approach also creates the platform for a sense of shared responsibility and accountability among the team, parents, as well as children and young people themselves

The collaboration between the MDTs and the team around the family acknowledges that the latter often has existing relationships and in-depth knowledge from working with the family before the MDT's involvement. This ensures that expertise is shared, and skills are cross-fertilised, leveraging the team's prior engagement with the family to enhance the overall support and outcomes. This is crucial for developing consistent, community based and tailored interventions around the child and their family and have the expertise to ensure interventions are age-appropriate and contextually relevant. The composition of the MDTs is flexible and includes not only professionals but wider family and non-family members which could be neighbours or trusted adults from the child's community.

Whilst inclusion of the child's peers or friends may not always be appropriate within the MDT, it is important to understand the dynamics of positive peer relationships and look to incorporate these where appropriate. These individuals can play crucial roles, aligning with family-focused, multi-dimensional therapy models which recognise families as experts in their situations. The role of mentors within the MDT could provide essential support, helping the child and family navigate the processes and offering information and advocacy as needed. This provides a holistic approach to care that responds to all aspects of a child's life and includes the support systems around them, their family and others important to them.

Round the clock support: As a 24/7 team, the MDTs would provide support alongside the team around the family, if appropriate, when a child and family may experience a point of crisis, and it would be helpful to access the safe space accommodation within the community hub. As outlined in the community hub option, the intention is that these spaces are utilised for a short period to enable an appropriate intervention by people they trust to prevent more serious or long-term family breakdowns.

Integrated Assessments: A comprehensive, strengths-based framework is essential for assessing children and young people at risk of harm, of any nature. This framework must integrate various principles across different theoretical and practice fields, providing a multi-disciplinary approach, which includes the child, young person and their family as key participants. It must also reflect the national practice model, inform the child's plan, and be future and outcome focused. As with the existing integrated assessment framework within the national practice model it must be adaptable to different settings, including community-based settings or Flex Secure (detailed later). The integrated assessment will be versatile enough to address all types of behaviours and potential harms, such as self-harm, suicidal intentions, victimisation, violence and sexual harm, ensuring interventions are relevant and effective. It may indicate that more specialised assessments are required, and in such cases provide valuable information that is accurate, and reflective of children and their family's experiences and views.

At the core of the MDT approach will be the co-production of multi-disciplinary formulations working with children and their families understanding the importance of their narratives to inform

the development of supports, interventions and plans. This ensures that children and families are heard and valued, directly sharing their needs and views with professionals. The aim is to embed the creation of safe spaces and practices where children and families can actively participate in formulation sessions.

Formulations must be dynamic, regularly updated, and follow the child who as a result will have a sense of ownership of their formulation. If a child should move to a different setting, such as Flex Secure, the formulation and supporting MDT must follow them to facilitate continuity and consistency of care. This consistency aids those involved, including parents and carers, to respond in ways that meet the child's needs, avoiding responses that may inadvertently escalate situations. In addition, formulations can support the child to understand their reactions and feelings, promoting self-awareness and co- regulation skills.

National Model and Shared Resourcing: The creation and development of MDTs requires shared acceptance of responsibility for resourcing in terms of financing as well as organisational structures. There will be a necessity for local flexibility as to how these are implemented. However, there should be core components that will be integral to a national model and approach to ensure consistency and a holistic response that avoids a 'postcode lottery'.

Multi-Disciplinary Teams: Identified Limitations: The consultative group provided insightful feedback aimed at improving the implementation of the MDTs. They highlighted the following areas that require deeper analysis and thoughtful consideration to effectively guide and optimise future development.

Shared responsibility and commitment: Ensuring all members of the MDT are equally committed to the child's welfare will require the development of clear roles and responsibilities, recognising the value of the expertise each profession brings. Multi- agency training is well established across Scotland, particularly in terms of child protection; this approach can be used to support implementation of MDTs both for the MDT teams themselves and for sharing with the wider workforce.

Sustainable Funding Models: There are several examples of successful implementation of the MDT approach with children and young people in Scotland that could provide learning and models, which could be adapted to fit local needs. There is a need for dedicated funding and resources to ensure the long-term viability of such teams. Allocating specific, long-term funding is crucial for recruiting and retaining professionals across various disciplines.

Coordination and integration: To maximise the effectiveness of the MDT it will be important to develop an integrated service plan that involves all the professional disciplines represented within the team. Establishing clearly defined roles and responsibilities helps each team member understand their specific contribution to service delivery. This clarity supports the MDT's structure and ensures alignment with the broader organisational framework, various professional standards and codes of conduct. This provides oversight whilst building strong connections to relevant professional bodies, enhancing overall team function and accountability.

Information Sharing: Effective information sharing requires all team members to have access to

the same information system in real time, which has been a long-standing issue in multi-disciplinary work and multi-agency collaboration. There were concerns that this limitation would have a significant impact on the effective functioning of the MDT as envisioned. However, notwithstanding this gap, opportunities to overcome some of the issues stemming from this could involve the development of clear communication processes and protocols detailing how the team members communicate with each other including guidelines for urgent and routine updates. The intended daily discussions regarding children and families the MDT are supporting would also help to ensure new information is integrated into the team's understanding of the care and interventions provided.

Joint Decision Making: To ensure no one profession within the MDT is given undue weight it will be important to evaluate the decision-making process, the evidence and information used. Decisions must be based on all available information and aligned with the needs and goals of the child and their family. It is important to acknowledge that this is not only relevant to the MDT but to all involved with the child and family whose views and feedback on how included in decision-making they feel will also be critical in developing processes and practices.

Trust and continuity: The role of a key person from the MDT will be instrumental in developing trusting relationships with children and their families to provide continuity and stability in the care they receive promoting their confidence and meaningful inclusion. This individual will act as the primary contact for the child and family, ensuring they are well informed, and actively included throughout their involvement with the MDT. This role provides a consistent and reliable point of contact during the family and child's involvement with the MDT who may also be available as an initial point of contact should they seek future assistance. They will always be accessible to both the child and family with clear parameters of how and when they will respond to their enquiries or contact, as well as maintaining close collaboration with the lead professional as outlined.

Holistic and multi-disciplinary: To ensure the integrated assessment is holistic and integrated, a multi-disciplinary group should be established with expertise across a range of professions such as psychology, social work, education, and healthcare (mental and physical health) with specific consideration of neurodiversity and speech, language and communication needs. As well as developing the assessment and framework to ensure it is accessible for children and families there will be a need to promote their engagement with a range of materials.

The Co-design group were keen that MDTs is only a placeholder and that a new name co-designed with children, young people and families is required. Whilst this component involves multiple disciplines, the vision is of a fully integrated approach where every element such as oversight structures, processes, resourcing, financing, practices, and information sharing, are seamlessly aligned. This level of integration requires a cohesive strategy to ensure all aspects work together effectively learning from the issues and challenges from examples of existing MDTs. For the purpose of this report and for simplicity, the term MDTs will be used.

However, potential alternative names proposed in the interim were "Liberty and Safety Action Team" and "Community Action Team".

Flex Secure

Overview

The Flex Secure concept is designed to meet the changing needs of children providing intensive 24/7 care in small home-like environments for 2-4 children embedded within communities. Families will have the opportunity to visit children living here, with the potential for overnight stays or visits. These home-like settings will offer adaptable levels of security dictated by the assessment of needs and potential harm and allows the space to develop around the child to minimise moving from one service to another. This opportunity focuses on providing a supportive, flexible, and rights upholding care approach that actively involves families and integrates with local community resources while focusing on safety, education, and personal development. This provides more support for families, in the communities where they and their children live.

The flexible nature of these spaces, coupled with the relational approach and use of formulation, enables the use of the minimum level of restriction required to ensure the safety of the child and others as necessary. As the approach is underpinned by holistic, individualised responses this prevents blanket measures from being applied, ensuring only proportionate and appropriate restrictions are in place. Families will be included in the development and implementation of the supports and interventions, working alongside the staff within these spaces, the wider team around the family, and the MDT.

By introducing adaptive spaces which maximise the use of discrete technology, the Flex Secure concept minimises restriction of liberty with the ability to increase access to areas within the property as well as access to the wider community when safe to do so. The appearance of physical safety measures are as discrete as possible where they are required. Integrating technology can also help reduce intrusive and/or disruptive practices like observations, particularly during the night. This could also minimise noise, such as that from door hatches and alarms, that may cause distress. The use of technology throughout the service will also support safe, frequent communication with family and friends, helping children to stay connected with the people in their lives.

Flex Secure: Additional Experience Components

Connection to the MDT and Team Around the Family: The staff within these spaces should work closely with the MDT as well as the team around the family to enable consistent approaches in the implementation of interventions and supports. This also promotes closer collaborative working in reviewing the impact and effectiveness of interventions and support. This effective communication facilitates dynamic responses to reduce or increase the level of restrictions and protections around the child. These responses are informed using formulation, which is integrated into the child's plan, and a collective understanding of what evidence will inform any changes in restrictions or approach.

Continuum of Care and Ongoing Approach: The use of adaptive spaces means that children can be supported safely, at their own pace, and can move between flex secure and the community

more gradually, preventing unnecessary moves that may not provide the right level of support. The flexible levels of restriction and security allow children to access community support and activities with appropriate supervision, which may be provided through the hub and spoke model, whilst still living in the Flex Secure accommodation. Collaborative work between the team around the family, the MDT, and Flex Secure staff means this process is seamless and can reach children where it suits them best. As a child prepares to move on to live in the wider community, ongoing support should be provided for 12 months after they leave to ensure stability and safety.

Co-designed Spaces and Services: The Flex Secure service and its spaces will be co-designed with children, young people and families to ensure that the services delivered and the environment in which they are delivered can successfully meet the individual and collective needs of the people they support. Meaningful participation will be embedded in the design, naming, implementation and operation of the service. This ensures that the physical space meets the needs and wishes of children and that the space and service can be adapted and updated according to the preferences of the children living in the space at any given time. Continued opportunities for influencing the service, such as child-centred feedback mechanisms, mean that the service providers are held accountable throughout the design, development and provision stages.

Whole Family Support: This concept offers a supported space where children and their families can meet together in a safe environment to work towards stability and safety. The integration between staff in 'flex secure', MDTs and team around the family ensures a collaborative, focused plan of support consistently implemented from a strengths based perspective. When children are living within the 'flex secure' space the support for family members and those important to the child forms is integral to the support offered and reflects a one family, one plan approach as proposed by the promise. Quality relationships between children, families and the workforce are promoted through providing autonomy and agency for children and families to determine who they work with and inclusion in all decisions affecting them.

Education: Education/training is an important aspect of these home-like settings, with learning plans tailored to each child's needs. This approach promotes both academic and personal development, allowing children to engage with education/training while receiving the necessary care and support.

Flex Secure: Identified Limitations

The following issues were identified by the consultative group as requiring further investigation and planning.

Physical infrastructure: The Flex Secure spaces must be designed in a way that enables adaptation to meet the changing needs and levels of security that may be required for different children. This could be achieved through design elements such as movable walls and reconfigurable furniture. The building's design will need to be able to facilitate this so that each child can access the areas as required, and where temporary restrictions are necessary, they can be scaled up or down as needed. Engaging with specialist designs and learning from the development of similar models in Scotland and the Netherlands may provide insight (see literature review).

Rural vs urban needs: To meet the needs of different communities, the Flex Secure design has to be intentionally flexible to enable adjustments based on the specific context in which each facility will operate. Adaptations should be informed by a thorough understanding of local nuances, including geographical challenges and resources. This will require active engagement with local communities, professionals, children, and families. This collaboration would help to identify context-specific needs and opportunities so that the model is effective and relevant to local needs.

Managing risk safely in the best interests of the child: Further exploration and development will be required to ensure that the Flex Secure service, and indeed the opportunities presented within this paper, can ensure that children can live safely with as minimal physical restriction as possible whilst also keeping others safe. As stated by the promise and UNCRC, we must move towards services that uphold children's rights to freedom, autonomy, and recovery.

Achieving a delicate balance between protecting children from potential harm and fostering their autonomous development is essential for ensuring they lead healthy, independent lives. The design of the Flex Secure space must accommodate varying safety needs throughout a child's time living there. Additionally, the care workforce must be knowledgeable and confident in maintaining everyone's safety, including the wider public. This should be done without imposing undue restrictions, restraint, or isolation upon the children, ensuring they remain integrated with both those they live with and the broader community.

Piloting and test sites: Future implementation of the Flex Secure concept will require scoping of potential test sites to gauge the effectiveness of the model. This will provide an opportunity to test how it functions and determine what is needed to support implementation across both rural and urban contexts. The testing of Flex Secure should be aligned with testing of the other aspects of the future vision to ensure an understanding of how they connect and interact.

Cultural and societal shifts: There is a need for significant public and workforce engagement to create the cultural and societal shifts necessary to support this concept. This will include active engagement with communities to understand and respond to their concerns whilst enhancing their

understanding of the wider benefits of responding to children in a holistic, child-centred way. It will be vital to convey that this approach does not minimise the harm that aspects of a child's behaviour may have caused but seeks to address and prevent harm from occurring or recurring through developmentally, systemically, and trauma-informed responses that are non-punitive, and actively integrates restorative approaches.

For Flex Secure, as with the MDT, the co-design group strongly believes that the name should be viewed only as a placeholder. The primary focus must be on maximising liberty through a flexible approach, rather than emphasising the deprivation of children's liberty and reflects the vision for when no child is deprived of their liberty. It is essential that the final name be co-designed with the active involvement of children, young people, and their families to truly reflect this commitment. Interim names proposed were:

- Care Plus Homes
- Care Plus Residential Services.
- Wrap Around Homes.
- Extra Care Residential Services.
- Care Plus Community Residential Services.
- Safety and Liberty Residential Services.

Anticipated Impact

The intertwining of the key principles through the opportunities creates a continuum of care that is overlapping and interconnected, providing holistic and individualised responses with relational practice at the foundation. This provision of care and support provides the child and their family with the right support to meet their needs when and where they need them. The vision offers an opportunity for *“holistic family support and individualised planning with the principles of ‘one family one plan’ wraparound support for all families in and on the ‘edges’ of care”* (Independent Care Review, 2020, p4) and across the continuum of care.

The opportunities collectively enhance accessibility to services, promote wellbeing and strengthen community ties holding children, young people and their families at the centre of decisions about their lives. They represent an evolving vision from the SOFI report to the promise, with the intervening progress laying the foundation for this future iteration.

The options presented have the potential to have the following impacts:

Community hubs: By integrating the key principles into the hub and spoke model, they have the potential to engage with communities to design and deliver the services they want and need.

The community hub will provide increased accessibility in the provision of services that can meet a range of diverse needs and promote emotional, psychological, and physical well-being. It enables a range of organisations and services to come together with a shared vision and principles as to the delivery of holistic services not just to children and families but the wider community. The flexibility in how such spaces can be used promotes the individualisation of responses and supports to meet

needs, which can be delivered individually or in group-based settings. It can support shifts in societal and cultural mindsets by overcoming stigma and othering to promote community cohesiveness and leverage strengthened social networks and capital.

Multi-Disciplinary Teams: The provision of MDTs could go some way to actualising the implementation of GIRFEC and aspirations of the promise through maintaining stable, continuous relationships with children and their families, promoting autonomy and reducing the need for them to repeatedly tell their stories to new professionals. This approach embeds a holistic approach underpinned by a range of theories and evidence with relational practice at the core of how professionals build positive relationships and manage distress behaviours effectively. MDTs can facilitate early intervention and preventative strategies as well as intervention where the potential and impact of distressed behaviour require a more intensive level of scaffolding.

Through providing consistent support, MDTs can help children and their families understand their past and empower them to make changes for their futures, disrupting cycles of behaviour that may affect future opportunities. This approach not only meets immediate needs but also strategically plans for future moves, ensuring interventions are compassionate, respectful, based on evidence, and ultimately reducing the need for more restrictive care settings.

Flex Secure: Flex Secure provides tailored responses and interventions by understanding each child's circumstances, which promotes equal opportunities for children to reach their potential, leading to improved long-term outcomes and enhanced well-being. The focus on a whole family approach seeks to minimise disruptions to relationships that are important to the child and places children and their families at the heart of decision-making processes. This also ensures active family involvement in the development of interventions and supports. The use of relational-based practice promotes safety for both children and staff creating a stable and secure environment significantly reducing the occurrence of distressed behaviour. This focus on relational practice and reduced focus on physical security can also reduce workplace stress, which can contribute to a healthier, more supportive work environment for everyone.

There is recognition that the vision will depend on the continued commitment of the workforce to building on existing skills and knowledge, embedding trauma informed practice, and developmentally informed care. Such a workforce that places children at the centre, prioritising their rights has the power to be transformative. By creating safety and security through relational approaches, this workforce enhances children's emotional and psychological well-being, supporting them to respond in more positive ways, and creating strong, trusting relationships. It helps children develop essential social and emotional skills, and provides inclusive, responsive individualised care to foster self-efficacy, resilience and capacity that children will take into their futures. This approach not only mitigates the long-term impact of trauma but also supports the professional development of staff, creating stable, nurturing environments that promote healing, growth, and resilience for children, their parents and the professionals working with them.

Next Steps

Priorities for Effective Systems Change

To build momentum for transformative systems change, it is essential to engage in comprehensive strategic planning. To support the integration of the Reimagining Secure Care opportunities into practice, the following next steps have been identified. However, it is important to recognise that these options will require further exploration to be fully appraised. This will necessitate a whole-system approach, with careful consideration given to their viability and alignment with broader government priorities, including potential policy and legislative changes.

These next steps are presented with the understanding that they will not be viewed in isolation but rather connected across the spectrum of broader system change and development work already underway across Scotland (see Appendix 2). This approach will help avoid duplication of efforts and, importantly, ensure that the ambitions developed within this project can be effectively embedded into wider strategic planning initiatives.

Communication and alignment: Communicating the plan more widely, targeting system stakeholders, children, young people, families and carers, as well as the wider public. Identifying where other national programmes of change align with the ambitions, principles and values described within the Reimagining Secure Care programme of work to align resources and integrate plans.

Open communication is required to help support societal shifts in culture and mindsets: Public debate is needed around the deprivation of children's liberty to support a shift in societal culture and mindsets regarding restrictions, risks, harms, and rights of the child. Moving mindsets from a deficit model to one that is strengths-based requires a broader reframing of child protection and children's rights to support equity of access for all children and young people, ensuring they all have access to the same opportunities.

Engage stakeholders: Involving a diverse group of stakeholders in the co-planning, service design and implementation process. This ensures that multiple perspectives are considered and that the change is inclusive and equitable. Collaboration with multi-agency partners to capture priorities to identify areas of alignment.

Mapping and analysis of geographical, structural and resourcing differences: To help support informed decision-making and collaborative designing for system change, systematic mapping is required. Beyond creating a deeper understanding of system complexity, mapping could also include current system change programmes and activities, and examples of good practices in Scotland. A better understanding of what works well for families across different localities would also provide rich insights and local examples of good practices that could be integrated and refined within the ongoing design of a reimagined system.

Policy and legislative changes: More flexible responses for children facing restrictions or deprivations of liberty will require redefining the threshold criteria for risk of harm assessments and revising decision-making processes within the courts and children's hearing system. More flexible future responses may mean that fewer children will require restriction or deprivation of liberty.

Integrated strategic planning and accountability: Creating more integrated, cross-governmental plans for change. Regularly assessing the progress and impact of initiatives to support ongoing, informed decision-making and adjusting strategies as needed.

There is a need to co-design with children, young people, families, practitioners and other stakeholders to define more specific service blueprints for prototyping and testing for the full suite of opportunities outlined in this paper.

Prototyping and testing: Creating small system change/service delivery pilots to test new ways of working for community hubs, multi-disciplinary teams, Flex Secure, and the workforce. Prototyping and testing will help to identify challenges and barriers to change so that blueprints can be iterated and better adapted for wider rollout at scale.

Better understanding of system and organisational readiness for change: In terms of understanding organisational readiness for change, the National Trauma Transformation Programme offers some useful framing for a readiness checklist within A Roadmap for Creating Trauma-Informed and Responsive Change (NHS Education for Scotland, 2023). Applying the same questions to creating a more trauma-informed reimagined secure care will help system leaders, consortiums and organisations to better understand their readiness for change.

Workforce restructuring and building capacity: Investing in capacity building at all levels to equip individuals, organisations and systems with the skills and knowledge needed to navigate the transitions required for system change.

We Do Not Have Time to Waste

From the contributions of everyone involved, this vision for a reimagined future has taken a form that reflects a whole system approach, proposing interconnected opportunities that could create positive change across the continuum of care. This future will guide the professionals who work across the continuum in how best to collectively understand, respond and reduce distress behaviours and the harm they may cause. The integrated, holistic approach prioritises relationships and the nurture and care that children, their families and the workforce require, whilst keeping people and communities safe. However, to enact and embed meaningful, lasting change, cooperation and commitment from cross-government departments and corporate parents is required, coupled with a national agreement of shared, proportionate responsibility to take the next bold steps towards a better future for all of Scotland's children.

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Appendices

Appendix 1. Engagement/timeline throughout the project

Phase 1: Discover

This phase was important to support the development of relationships and create a shared appreciation of the iterative nature of the design process. Collaborating with children, young people, their families, secure care centres and all stakeholders to undertake an initial scoping exercise:

- Reviewing existing publications, sense checking themes and information with stakeholders as to what is still pertinent about the future landscape.
- Requesting access to existing consultation information to minimise duplication and inform any gaps that may have specific relevance to the current project.
- Analysis and definition of key stakeholders, including those with lived experience of secure care and practitioners most likely to be engaged in the delivery of changes.
- Development of a communication plan to engage key stakeholders during the initial stage, with flexibility around how this might adapt over the lifetime of the project.
- Gathering information from children, young people and their families/carers, and stakeholders who support children before, during and after secure care to develop bespoke consultation workshops to ascertain what children, families and stakeholders want and need in the redesign of secure care.
- Analysis and synthesis of the learning within this phase to inform our understanding of what will be effective, meaningful, and sustainable to meet the needs of all children and young people, and their families/carers.
- Condensing learning into a series of initial design briefs to support engagements with stakeholders in the next phase of the project.

(December 2022 – May 2023)

Established the Reimagining Secure Care team and commissioned Dartington Service Design Lab to support service design.

- Established Reimagining Secure Care Governance Group.
- Stakeholder and thematic mapping.
- Introductions with stakeholders and visits to secure care centres and HMP Lillias.
- Data Sharing Agreements are shared with relevant stakeholders.
- Synthesised desk research and introductions with academics working on a similar secure care project in England.
- Designed and commenced virtual stakeholder sessions.
- Recruited an Advisory Group of young people with lived experience to co-produce materials for sessions with children and young people.

Phase 2: Define

This phase determined the areas deemed most important by children, young people, their parents/carers, and key stakeholders:

- Co-facilitated a range of bespoke engagements with children, young people and all relevant stakeholders involved in supporting children before, during and after secure care, to gain insight into what was working, areas to improve/change, and gaps in services available.
- Stakeholder-guided engagements to best meet needs and opportunities.
- Worked with secure care centres to define the areas they feel work well and areas to change/develop.
- Refined and agreed on key areas required to re-design, to better meet the needs of children, young people and their families.
- Outputs included a clear set of design priorities and the identification of a core co-design team of engaged professionals working in the sector and other key, relevant and active stakeholders, including children, young people, and their parents/carers.

(June - September 2023)

- Attended Children (Care and Justice) (Scotland) Bill Implementation Group meetings led by the Scottish Government, to further consider views of partners regarding YOI and Secure Care provisions.
- Participated in a seminar in the Netherlands and visited secure care and non-secure centres in the Hague.
- Met with Kate Crowe, Churchill Fellow, regarding her international research of alternatives to secure care.
- Met with Scotland Excel regarding current and potential secure care contract arrangements
- Four questions regarding contingency planning sent to secure care centres; results analysed.
- Co-produced information sheets for children within secure care.
- Sessions were undertaken with 61 children and young people across all four secure care centres and HMYOI Polmont.
- An online questionnaire was launched to obtain the views of parents/carers.
- Stakeholder sessions completed (17 virtual, 24 in person, and 383 participants in total – with children, young people, and professionals from across sectors).
- Analysed and synthesised information from sessions into overarching themes culminating in three final design briefs.
- Invited key stakeholders to online co-design sessions to form co-design groups to progress to the next phase.
- Developed a design process visual to be shared with stakeholders.

Phase 3: Develop

Developments include areas for adaptation, and those likely to require additional time and investment are sense-checked with design session participants, then refined, adapted, or discarded in response to feedback, ensuring proposed changes meet the needs and address the problems identified through the Discover and Define phases:

- Collaborated with a range of stakeholders, from different disciplines and roles within the current system to co-create innovative ideas and opportunities to better meet the needs of children, young people, and their families.
- Co-design sessions explored and generated ideas, with a series of co-design groups for senior-level professionals and practitioners where each theme was explored.
- Concurrent workshops for children and young people in secure care, YOI and their parents/carers, with information and ideas shared across and in between each cohort as the sessions progress.
- Potential testing and prototyping of change options sense checked with co-design teams and refined, adapted, or discarded in response to feedback to ensure proposed changes meet the needs and address those issues identified through the discover and definition phases.
- Development of a blueprint informing the longer-term aims of legislation and the Promise until 2030 and beyond.
- Culminating in a report with options and opportunities for the Scottish Government to consider regarding what a future reimagined system should look like.
- Completion of this report in March 2024 would have resulted in the Reimagining Secure Care project ending.

(October 2023 – January 2024)

- Published Reimagining Secure Care Interim Report - providing updates on the first two phases and coincided with the launch of the project [webpage](#) housing links to governance group documentation and outputs from virtual sessions from the development phase, providing an open and transparent feedback loop.
- [STARR](#) supported the development of an accessible version of the interim report.
- Attended Secure Care Group providing project updates to sector strategic leads.
- Met with Scottish Government Residential Childcare strategic leads to provide project updates.
- Attended the Four Nations Secure Care Symposium webinar focusing on the secure care workforce.
- Provided a project update to the Kibble Safe Centre Management Development session.
- Attended a seminar by Dr Diana Johns on the 'Abolition of Youth Detention.'
- Met with secure care providers to consider the aims and objectives of the online sessions within the development phase.
- Presented a project update to local authority leads at the Whole System Approach event chaired by the Scottish Government.

We planned and delivered the following online sessions with stakeholders. They were separated into two groups consisting of senior managers and practitioners from across the sector. The information and ideas gathered from each session analysed and synthesised to provide feedback and inform subsequent sessions:

- One introductory session with both groups together to establish the group purpose and objectives of the design process (29 participants).
- One session with senior management level professionals on the theme of 'Model of Care' (17 participants).
- One session with practitioners on the 'Model of Care' (12 participants).
- One session with senior management level professionals on 'Preventing Children being Deprived of their Liberty' (20 participants).
- One session with practitioners on 'Preventing Children being Deprived of their Liberty' (8 participants).
- One session with senior management level professionals on the theme of 'Mindsets and Culture' (14 participants).
- One session with practitioners on the theme of 'Mindsets and Culture' (six participants).
- One session with senior management level professionals to integrate ideas gathered across all sessions (15 participants).
- One session with practitioners to integrate ideas gathered across all sessions (7 participants).
- One final session held with both groups to reflect on the work undertaken so far and the next steps (17 participants).

Appendix 2. Wider Developments to Support the Sequencing of Changes

The following areas of work need to be considered when sequencing any changes highlighted within this report. These are not listed in order of importance or priority.

Keeping The Promise [Implementation Plan](#).

[Implementation of](#) the [GIRFEC Refresh](#).

Developments of Getting It Right for Everyone (GIRFE) have resonance in terms of supporting a whole family approach.

Financing secure care to ensure Courts always have a bed available.

Contract arrangement for secure care with Scotland Excel.

Recognition of the recruitment and retention issues across the social care workforce (Miller & Barrie, 2022).

Developments of Community Forensic and Secure Outreach Child & Adolescent Mental Health Services (FCAMHS) with guidance around service specification being developed based on scoping of need and stakeholder advice. Key functions will be:

- Provision of specialist mental health assessment and treatment.
- Contribution to risk assessment and management.
- Advice to the Children's Hearing and justice systems.
- Consultation and Training.
- Building capacity across the whole system to improve lifelong outcomes for children.

Foxgrove – National Secure Adolescent Inpatient Service (NSAIS) is scheduled to open in 2024 to provide specialist forensic expertise. The criteria for detainment in Foxgrove is directed by Mental Health and Criminal Justice legislation. There is not expected to be a significant crossover with children deprived of their liberty in secure care.

Implementation of the recommendations from the [Children's Hearing Working Group](#).

Developments of [Bairns' Hoose](#) as well as consideration of how this can include child accused. Scottish Government [Vision and Priorities](#) for Children in Conflict with the Law.

Review of the National Performance Framework.

Integrating learning, knowledge, and skills to ensure future developments have trauma transformative practice embedded by utilising the [Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce](#) NES (NHS Education for Scotland, 2023) and the Trauma Responsive Social Work Services Partnership work.

The outcome of [National Care Service](#) considerations as to the inclusion of children's, justice services, and potential implications.

Implementation of recent legislation:

- [UNCRC \(Incorporation\) \(Scotland\) Act 2024](#)
- [Children \(Care and Justice\) \(Scotland\) Act 2024](#)

Age of criminal Responsibility (Scotland) Act 2019

- Review of the age of criminal responsibility in progress.
- Place of Safety: significant development work taking place across Scotland to prevent children from being taken to police stations in all circumstances other than those directed by legislation in terms of child accused.

Attempts to address Child Poverty ([Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026](#); Scottish Government, 2022c).

Appendix 3. Secure Care Preparation for Removal of Children from YOI

On 28th August the Children (Care and Justice) (Scotland) Act 2024 (Commencement No.1 and Transitional Provision) Regulations 2024, came into force. This resulted in no more children under 18 being remanded or sentenced to YOI and the children in YOI were moved to secure care by 30th August 2024.

Contingency planning

Through discussions with the four secure care centres, it was highlighted that there are a small number of children, who at certain points or under certain circumstances, cannot be cared for alongside other children because of the potential harm aspects of their behaviour may present to themselves or the safety of other children or staff. Presently, there have been occasions when a placement in secure care has become unmanageable and broken down, resulting in a secure care centre requesting to terminate the placement as they consider they can no longer meet that child's needs safely or manage the safety of others. Through removing children from YOI, there is also the possibility that bespoke provision may be required for a sentenced mother under 18 and her baby. In reimagining secure care, these specific circumstances all need to be planned for.

Within this context, the four secure care providers were asked by the project team what changes they were currently making, planned to make, or hoped to make to keep the promise and ensure the needs of all children are met when YOIs were no longer used for children under 18 years, and what if any additional supports they required to implement these plans fully.

“Ensuring that all 16 and 17-year-olds are placed in Secure Care rather than a Young Offenders Institute will change the nature and provision of Secure Care. There must be careful planning around the type of provision required to cater to the diverse needs of the population requiring that care” (Independent Care Review, 2020, p 82).

Placement Breakdown

Concerning placement breakdown and the need to move children from one secure care centre to another the following process has been implemented and a Memorandum of Understanding (MoU) is being developed to formalise this process. When a placement in secure care is at risk of breaking down an initial emergency discussion will be held between all the secure care centres, the local authority responsible for the child and/or the Scottish Government officials for children who are Scottish Ministers' responsibility; and other essential key partners, to agree the best alternative placement for that child. When a placement in YOI is no longer an option, Scottish Ministers need to ensure that appropriate contingency accommodation is available to manage the full range of these rare cases, and extraordinary developments within the context of some of the lives of the children in their care.

Any contingency provision should be delivered by those organisations currently approved to deliver a secure accommodation service in Scotland, who have a strong track record in caring for our most vulnerable and distressed children. The measures taken to prevent placement breakdown for children placed in secure care through the court should be mirrored for all children in secure care.

Separate provision

Should an alternative placement within the other three Scottish secure care centres not be possible, rather than creating a standalone contingency provision, the project team believe it would be preferable for each centre to have a house, wing or area, which could be utilised when required in such 'exceptional' situations. The Promise is clear that Scotland must limit the number of moves a child in care experiences. It may not be known the reasons why a child needs this type of care when they are placed initially - but any such provision should only be for the shortest time possible in recognition of the potential impact of isolation to cause or compound trauma. Thus, all efforts must be taken to minimise such circumstances from occurring, and the impact should they be necessary by ensuring a caring and relational, response to distress behaviour is embedded. In addition, any such restrictive practices are used for minimal timeframes with brief review periods planning for the child to access opportunities to engage and mix with other children as quickly as possible. As well as the accommodation itself, there is also a need to ensure children removed from their peers would have access to health, education, vocational activities, and the range of therapeutic support services available to not just other children within secure care but children in general. This includes contact with family and their ability to participate.

Secure Care Centre Responses

The four secure care centres were asked a series of questions about the issues highlighted above through various discussions at different points throughout the project:

1. Whether you agree with the formalisation of an emergency meeting approach for when a placement breaks down or a placement cannot be accepted in one of the centres.
2. Whether additional contingency provisions could be accommodated within the existing configuration (and, if so, what adaptations would be required).
3. Whether additional provisions would need to be created and what this might look like.
4. What would the likely costs and timescales be?

While there is a strong commitment by all four secure care centres not to end a placement, if the need arises, all four agree that an initial emergency discussion as proposed above is the best and most effective way to plan for the child. The Scottish Government, through their role in supporting the four secure care centres, could co-ordinate and chair such meetings, but it has been stressed that all partners including social work, health/CAMHS and education, should be present and contribute to contingency and safety planning of all children. However, a clear position from stakeholders evident through Phases 1-3 of the project was that irrespective of a child's pathway into secure care no placement should end as secure care must be able to meet the needs of all children.

With regards to contingency provision, again all four secure care centres are planning how they can use their current resources to accommodate a child/a child and their baby. For example, one secure care centre has a house within its centre not currently in use that they could utilise; another can separate half a centre of three beds, for one child when required, and another can repurpose an area on a short-term basis. All four centres also have an emergency bed, in a separate area, that they can use for up to 72 hours (as per the care inspectorate guidelines), which under some exceptional circumstances can be extended for a further 48 hours allowing time for other plans to be actioned. All centres advised that they could meet the individual needs of a child on an emergency basis, relatively quickly using their emergency bed. Their aim, except for a specialist provision for a mother and child, is not to isolate any children, and they would do everything in their power to prevent this.

The centres have all advised that such plans will impact staffing levels and a need for additional training, to ensure they have a confident, highly skilled, trauma-informed well-supported workforce.

On a longer-term basis, to meet the needs of children in secure care, as outlined in the Promise for small trauma informed spaces, all four secure care centres have advised that they either have plans to re-design their current provision, re-purpose parts of their centres/buildings or create a new resource. This of course will take time and significant investment, to ensure it meets the requirements and the needs of the children in their care and the future needs of Scotland's children and they are in discussion with Scottish Government regarding the support they require to do so.

On a short to medium-term basis to ensure they are meeting the needs of older children, staff training, 'smart' technology and additional education/vocational skills are all being explored by the centres, as well as more trauma-informed resources, for example, spaces designed around needs related to neurodevelopment conditions that offer quiet zones, sensory rooms, and outdoor areas.

Appendix 4. Detailed Methodology

Following from the previous work completed in Phase 1 Discover (Dec 2022 – May 2023) and Phase 2 Define (June - September 2023), Phase 3 Develop (October 2023-May 2024) has built upon the key learning and ambitions explored during the earlier phases.

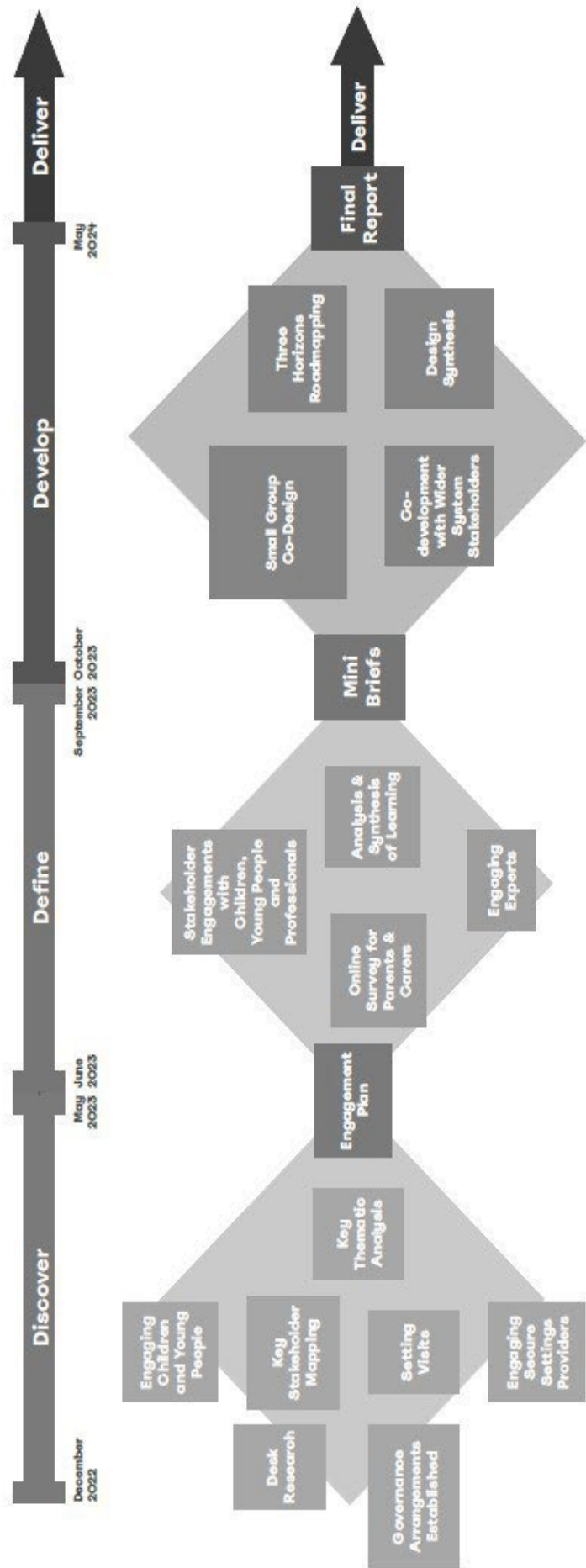
Please see the visual on the next page to better understand how these different phases of work integrate and reflect the Scottish Approach to Service Design, with adaptations to reflect the systems change and reimagining aspects of the project ambitions that move beyond service design and into more strategic, systemic, and speculative futures thinking.

During this phase, we have delivered two key rounds of stakeholder engagements:

1. **Co-development:** The first round targeted a broad range of system actors, through a series of online workshops offered to practitioners and senior leaders. This also included engagement with children currently in secure care as well as young people in HMPYOI Polmont some of whom had experience of secure care. Limited engagement with parents during this phase.
2. **Co-design:** This second round of engagements enabled us to work with a smaller co-design team to actively collaborate and design our future reimagined alternatives to secure care and the community systems and supports required to scaffold these alternatives.

The key principles used to frame our co-development and co-design work have come from the work of McKercher (2021), who sets out the following mindsets for co-design:

1. Elevating lived experience.
2. Practising curiosity.
3. Working together with care and consideration.
4. Being in the grey and being comfortable with uncertainty through the design process.
5. Learning through doing.
6. Valuing many perspectives



Co-Development Phase

Co-development sessions delivered October 2023 – January 2024:

	Date	Session Focus	Attendees	Numbers
1	10/10/2023	Introductory/Group Forming Session	Practitioners & Senior Leaders	29
2	25/10/2023	Session exploring 'Models of Care'	Senior Leaders	17
3	25/10/2023	Session exploring 'Models of Care'	Practitioners	12
4	02/11/2023	Session exploring 'Preventing Children being Deprived of their Liberty'	Senior Leaders	20
5	02/11/2023	Session exploring 'Preventing Children being Deprived of their Liberty'	Practitioners	8
6	27/11/2023	Session exploring 'Mindsets and Culture'	Senior Leaders	14
7	27/11/2023	Session exploring 'Mindsets and Culture'	Practitioners	6
8	11/12/2023	Integration Session	Senior Leaders	15
9	11/12/2023	Integration Session	Practitioners	7
10	09/01/2024	Final Integration Session	Practitioners and Senior Leaders	18
			Total	146

The main intentions for the co-development phase of the work were:

- To build relationships with a diverse range of system stakeholders and actors.
- To share our insights from the previous phases to sense-check our understanding. To explore the themes that we represented to the groups through the 'mini briefs'. To surface any gaps and areas for development to help strengthen our final designs. To support co-development and co-ownership of the design work.

Pre-Engagement Phase

Before co-development sessions began, the project team clarified the themes that would require the most attention, through analysis and synthesis of the research conducted, input from the Governance Group, and sense checking with colleagues.

From this, we developed five mini briefs on the following themes and design research questions:

1. Infrastructures

How might we create fully 24/7 multi-agency supports and resources that wrap around children, families and carers?

How might we create trauma-informed services and settings that are geographically accessible and available for all children, families and carers?

2. Trauma-Informed Models of Care

How might we be better at creating trauma-informed formulations for all children, young people, families and carers?

How might we create trauma-informed interventions that are accessible and available for all children, families and carers?

3. Continuum of Care and Whole Family Approaches:

How might we better support parents and carers throughout the whole system, including when families are separated, and throughout children's journeys (pre-birth - adulthood?)

How might children, young people and their families/carers be best supported when their liberty is deprived of more meaningful intervention and support?

4. Whole System Approach:

How might we ensure that the justice system is fully integrated?

How might we more fully integrate police responses for children, young people, their families and carers concerning welfare and justice?

How might court decision-making around deprivation of liberty be integrated within a trauma-informed system (e.g. CYP being placed on remand)?

How might we more fully integrate mental health services and support for children, young people, their families and carers?

How might we more fully integrate physical health services and support for children, young people, their families and carers?

How might we more fully integrate education services and support for children, young people, their families and carers?

5. Culture Shifts and Sustainable Transitions:

How might we support the transitions to these preferable futures and ensure that they are sustainable?

Delivery

In planning and designing our co-development workshops, the project team included various stakeholders, ensuring the representation of a diverse range of services and organisations from across Scotland.

To support inclusion, a wide and diverse list of stakeholders were invited to the sessions. To help mitigate any inequity in power dynamics between senior strategic leads and practitioner stakeholders, the delivery of the sessions was split into two groups, creating separate sessions for strategic leads and practitioners. This helped to create sessions where there was more equity and similarity of experiences between attendees.

However, delivering sessions online to relatively large groups of people also made it challenging to ensure that all voices were given space and to support people if the conditions or discussions were challenging to engage with.

To mitigate the potential challenges and risks to the success of the project, the sessions were designed to be as participatory as possible, using the following tools and methods:

- Online delivery to support inclusion and access.
- Use of icebreakers and small group work/working in pairs to support relationship building. Thematic mapping and visualising insights to help communicate our learning and analysis.
- Participatory workshop design to help engage people through activities.
- Time for individual reflection to support people to process their thoughts for more confident and nuanced knowledge sharing.
- Use of Speculative/Futures Design tools.
- Future World Building through identifying preferred outcomes.
- Use of back casting to develop potential road maps to preferred futures. Use of Systems Thinking Tools to engage with complexity.
- Causal Layered Analysis (The Iceberg Model).

Within the co-development phase of the work, we surfaced a wide range of additional insights and learning and built a stronger, collaborative understanding of the different elements of a possible preferred future for secure care.

As we reached the end of this phase, there was consistent agreement across stakeholders on where to focus and what to develop. However, a lack of concrete details remained, leaving the need for a blueprint that goes beyond the recommendations of previous reports unmet. Thus, the project team were clear that the high-level ideas required refinement to provide a level of detail not yet evident. This necessitated embracing, at the potential perception of excluding some, a service-design approach to refine these ideas within a smaller co-design group, where the conditions for more active collaboration, debate and design could be created.

Co-Design Phase

Co-design sessions delivered March 2024 – May 2024:

	Date	Session Focus	Numbers
1	27/02/2024	Introductory / Group Forming Session (online)	8
2	12/03/2024	Landing into the Design Work Together (in person)	8
3	26/03/2024	Designing future community-based resources (in person)	5
4	16/04/2024	Designing future assessments and developing our understanding of 'risk' (in person)	9
5	30/04/2024	Future deprivations of liberty (in person)	7
6	14/05/2024	Integrating our design ideas (in person)	8
7	29/05/2024	Final Integration Session (in person)	8

Within this phase of the work, a smaller closed group (or co-design team) was formed to describe a preferable future system more fully. This smaller co-design group was created to help the project team focus on the details, suggest solutions, opportunities, enablers, and challenges, to provide more specific and detailed options for the Scottish Government.

The intended aims for this small, closed-group co-design team were to help:

- Streamline discussions. Generate detailed outputs.
- Identify areas of uncertainty/gaps in knowledge/experience.
- Focus on overall future goals.
- Provide a range of professional perspectives to support needs-led design work.

A wider consultative group made up of a broader range of professional stakeholders who had been involved in the earlier stages of the project or were identified as having particular skills and experience that might benefit the project supported the smaller co-design team. This group was intended to provide challenge through a 'critical friend' type role to help strengthen the design ideas originating from the co-design team at planned review points.

Due to time and resource limitations, we had to make decisions with the Governance Group to prioritise the questions and areas for further design to help frame and contain the co-design work.

From our learning from delivering the sessions online in the co-development phase, we decided that in-person sessions were preferable. To ensure we had the right people in the room, the project team analysed the stakeholders to define a core representative list for recruitment. Due to the limited group membership, not all organisations could be represented. However, we sought to invite candidates who represented a range of views and perspectives.

Our final core group invited to participate included stakeholders from:

- Local Authority Social Work Services.
- Third sector.
- Education.
- Mental health services for children and adolescents psychological services.
- Police Scotland Care Inspectorate.
- Speech Language Therapy Lived Experience.

However, it should be noted that due to difficulties with attending in-person sessions, there was no direct mental health service and limited lived experience input to the co- design group. Representation and advocacy of lived experience were reflected in the co- design group through members of CYCJ's participation who led the engagement with children and young people aspect of the project and integrated this into the co-design phase.

This group also represented a range of interests and expertise, encompassing:

- Understanding the needs of neurodiversity working with children, young people and families.
- Trauma-informed and responsive practice. Children's Rights.
- Responding to and reducing the risk of harm from distressed behaviour
- Lived experience and advocacy of lived experience.
- Representation and advocacy of lived experience from children and young people deprived of their liberty.

To support a participatory approach, the following methods and tools were used within the co-design sessions:

- Small, closed group work to support trust building for meaningful engagement and open discussion.
- Participatory workshop design to foster active engagement through activities.
- Use of icebreakers and small group work/working in pairs to support relationship building within the group.
- Visual elicitation (ethnographic research method) using postcards to check in with mood and surface more reflexive thinking at the start and end of sessions.
- Shared values and intention setting to support group forming and to surface commonalities and differences, so that multiple values can be held in the space.
- Time for individual reflection before diving into discussions to help ensure that a range of viewpoints and opinions are surfaced.
- Use of the Three Horizons Framework (Sharpe, 2013) to support complex modelling for transformative change.

Use of Speculative / Futures Design tools:

Future Worldbuilding and visioning using creative methods such as collage, Lego and tabletop mapping.

Use of Systems Thinking Tools to engage with complexity:

Causal Layered Analysis (The Iceberg Model).

Use of visual analysis and prioritisation tools:

Diamond Matrix and Impact Matrix.

Use of creative methods:

Non-dominant hand drawing to explore concepts and ideas.

Use of poster making to help visualise and communicate ideas with the group.

Futures Thinking

The Three Horizons Model for Transformative Systems Change

Within the co-design group, we also started to think through how our preferred future of secure care might be fully implemented. To do this, we used the Three Horizons Model to help inform our thinking. The Three Horizons Model is a strategic framework designed to guide organisations, systems and communities in navigating complex change over time. By considering the present about an imagined preferable future world, this model helps people to plan for more sustainable and impactful systems change.

Within Scotland, it is also important to note how much is already happening to help progress systemic change for children, young people, their families and wider communities.

Our Reimagined Secure Care vision is aligned to and could be embedded within the following legislative, strategic, policy and practice embedding activities as described in Diagram 1. Each horizon provides also provides some prompts to support system actors to identify mechanisms of change and make decisions to create a practical and realistic roadmap to support complex systems change.

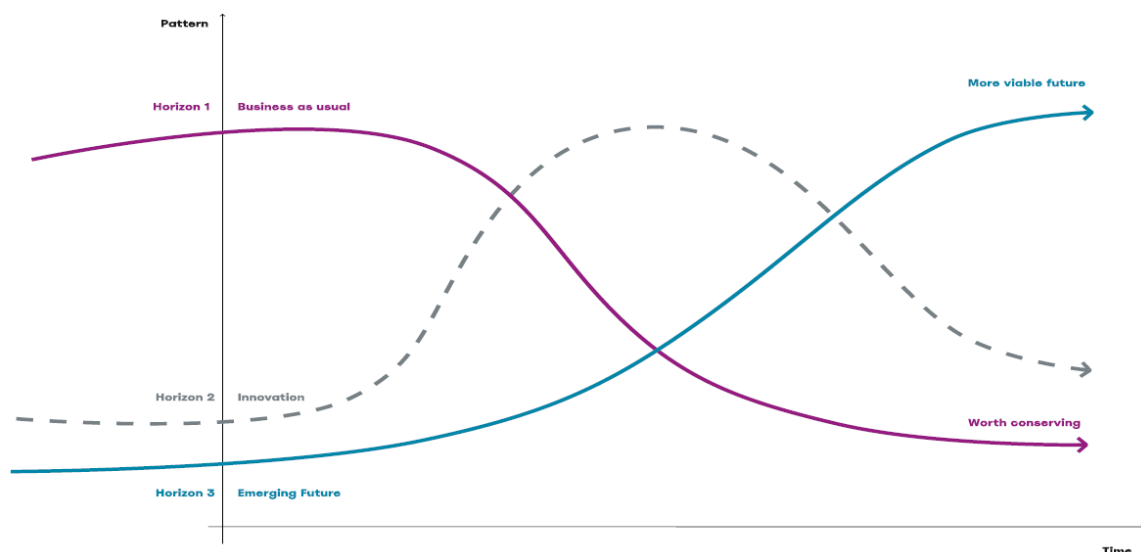


Diagram 1

Horizon 1: Business As Usual (Maintaining the Present System)

Horizon 1 represents the current state of the system and how continuing with 'business as usual' will phase out over time as new ideas and innovations disrupt and change the system. At the point where the graph line begins, it includes the existing structures, processes, and practices that define how the system operates today.

Application to Systems Change

Identify Challenges: Reflecting on this horizon helps us to recognise the limitations and issues within the current system that necessitate change, such as inefficiencies, inequities, or unsustainable practices (such as those impacted by the Children (Care and Justice) Bill). This includes current cultures and mindsets that will also need to be transformed within the system and wider society for the more ambitious elements of the plan to be reimaged. In the earlier stages of the project, in our workshops and co-development phase with wider system stakeholders, we identified the current services, processes, systems, cultures, and mindsets that represent the current system (see Reimagined Future World Iceberg Model on page 60).

Priorities: Focusing on immediate improvements that can help stabilise and improve the existing system while preparing for future transitions. (See the Next Steps section for where we have identified priority activities to support systems change for a reimaged secure care).

This helped us recognise the key limitations and issues within the current system that provide challenges to transformational change. These have been repeatedly discussed within the co-development and co-design phases and are captured here to help identify the aspects and elements that require more detailed unpacking and more concerted collaborative work to tackle to help create our preferred future world.

- Lack of long-term, flexible and sustainable funding, budgets and resourcing to support transitions to new models and ways of working.
- Resistance to change across all sectors, and at all levels within organisational structures. Geographies and boundaries – creating inconsistent and inequitable supports for children, young people and families.
- Lack of suitable spaces.
- Lack of accountability and responsive outcomes measurement for effective decision-making.
- Compartmentalised / siloed professions and sectors.
- Rigidity around roles and responsibilities (e.g. mental health, education etc.).
- Staff recruitment and retention.
- Competing frameworks and ways of working between different professional paradigms. Including different views and understanding of risks and harms.
- Disconnected systems – such as recording/case management systems, creating barriers to information sharing and integrated multi-agency working.

Horizon 2: Emerging Innovations and Disruptions

Horizon 2 represents how innovations entering a system create a pattern of exponential growth and disruption, followed by a decline in impact until the next technological/societal advance emerges, prompted by new emerging needs or challenges arising in the system. System innovations challenge the status quo and offer glimpses of potential future states. This horizon often involves experimentation of new forms of technology, service models and ways of working – for example, how remote working increased in response to the restrictions to movement during COVID-19 but now led to a hybrid model of remote and in-person working. Remote working is now a much more common and expected practice but is much reduced in usage compared to during the pandemic.

Applications to Systems Change

Experiment and Innovate: Encouraging the exploration of new methods, technologies, and approaches that address the shortcomings of Horizon 1. This stage represents the piloting of new projects and testing new ideas.

Bridge the Gap: Develop strategies that connect the present system (Horizon 1) with the envisioned future (Horizon 3). This involves managing resistance to change and leveraging emerging trends.

Identified Enablers / Emerging Trends: Across all opportunities, several systems change enablers were identified through the co-development and co-design phases of the project. These include key enablers that support the transition to the new approaches to working for multi-disciplinary teams, community hubs and 'flex-secure' as described in the opportunities.

These include:

- Existing use of community spaces in localities Co-located Co-working spaces.
- Online working/ online intervention offers Workforce wants change and wants to learn.
- Skilled workforce – current staff and their level of training/knowledge.
- Shared multi-agency training between teams e.g. PACE, managing risk, CYCJ and Local Authorities hosting multi-agency training etc.
- Expertise already within LAs to providing peripatetic teams Legislation and principles of continuing care already exist.

Particular Innovations / Developments that support new models and ways of working

Technological developments creating more flexible and affordable options to support safety e.g. fobs that are easier to programme and less expensive, higher resolution CCTV that's also less intrusive.

Example of Deprivation of Liberty Orders being used in England, which are very specific around what restrictions are permissible i.e. what can be legally done to restrict freedoms. Potentially could allow for a more flexible approach across different settings and within 'flex-secure' + within different

contextual situations and responses.

MDTs embedded as an approach, which contributes to the prevention of deprivation of liberty (Glasgow, Perth and Kinross).

- Consultative support from CAMHS to social work on an informal basis.
- Use of hub model to provide support and intervention bringing services together (Anchor Hub Highland, Dundee City).
- Developments and piloting of Bairns' Hoose concept. National Trauma Transformation Programme.
- National Care Service development work. Interventions for Vulnerable Youth Project (IVY).

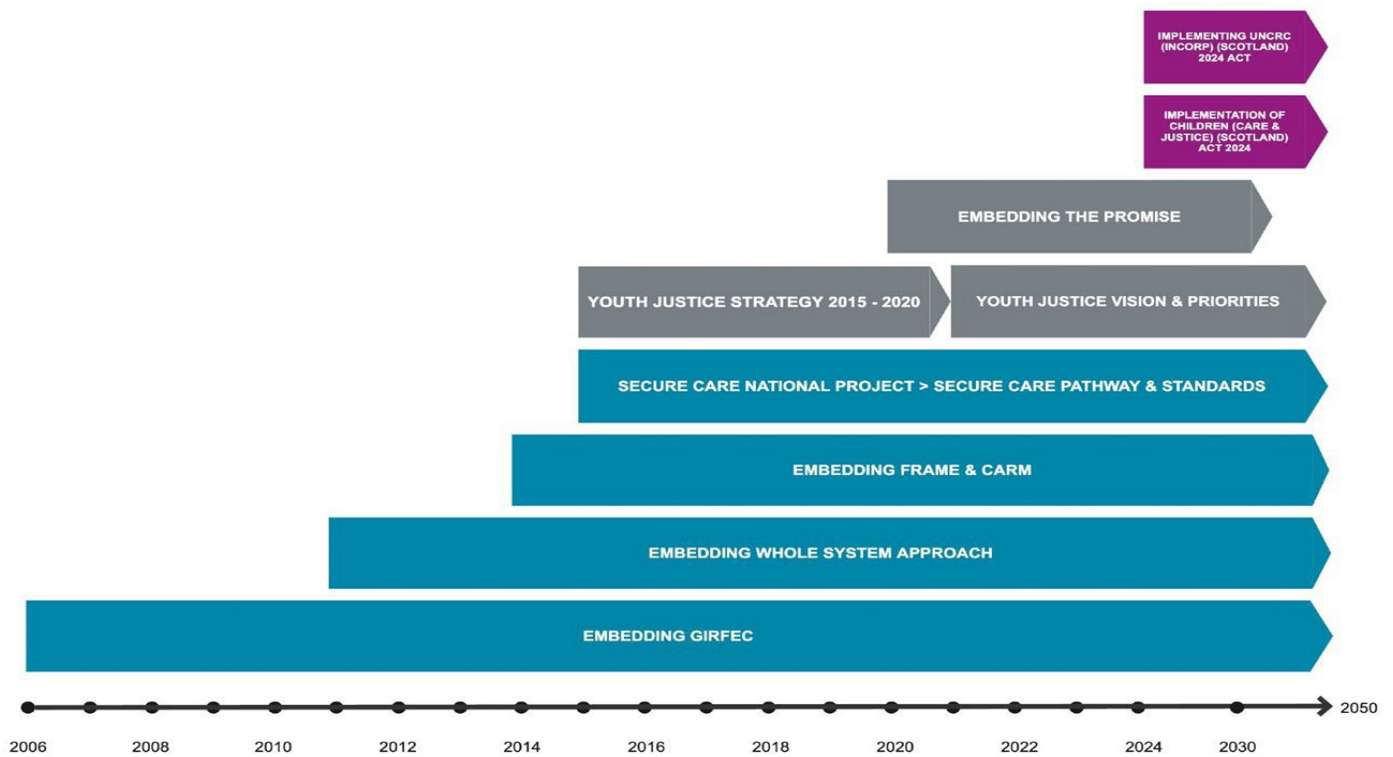
Horizon 3: Envisioning and Realising the Future System

Horizon 3 represents the long-term vision of a transformed system. It embodies the aspirational goals and radical changes necessary for achieving sustainable and impactful systems change. This horizon is marked by entirely new paradigms and models of operation, such as those described in the five future world opportunities shown in the previous sections.

Applications to Systems Change

Vision and Goals: Defining a clear and compelling vision for the future. This vision reflects the ultimate goals of the 'Reimagining Secure' project, addressing the root causes and achieving transformative outcomes. These have been identified within each of the opportunity areas in the previous section.

Strategic Planning: Developing long-term strategies that align with the Horizon 3 vision. This includes identifying how best to integrate current activities within the system that will support this reimagined world (as described in Diagram 1 above), helping to foster a culture of innovation, and providing a clear roadmap for all stakeholders to see how our work within this project area aligns with broader system goals. The final strategic roadmap for transformative change should identify current cross-cutting activities within Scotland that align with the ambitions held within this work – providing opportunities for this work to feed into different programmes of transformational change already at play within the system.



Reflections from the Co-Design Phase: Positive

The session design using reflective and creative activities helped support team members to work together and effectively collaborate. Discussions were lively, and different perspectives and professional approaches surfaced in the group, with space given for all views to help bring richness to our design work.

The group was able to generate a range of ideas and innovations through a range of activities that helped to capture thoughts and cultivate a deeper understanding and idea development. Group members shared the benefits of intention setting, collaging, non-dominant hand drawing, reflective writing, walking and talking in pairs and Lego building as all helping get them to think more laterally and explore ideas with more nuance and sensitivity.

Intention setting and paying attention to the framing at the start of each session were also key in supporting the group in identifying commonalities. Whilst professional approaches and competing agendas were given space to help drive discussion, the group did appear to have core values that aligned in terms of centering children, young people, and families, wanting to be bold and ambitious in our design work to reduce and where possible eliminate restrictions and restrictive practices for children and young people, the importance of connection to family and friends and creating environments and supports that were trauma transformative in practice-informed environments and supports. These core common values helped to support group cohesion and positive working together within the sessions themselves.

Reflections from the Co-design Phase: Limitations

Some challenges within the co-design sessions involved the necessity for the group membership to be small and the number of sessions to be limited. This meant that the group could not include representation from all system stakeholders (most notably, physical health, and people with lived experience and all secure setting providers).

The shift to in-person sessions also created challenges in terms of accessibility and availability which impacted upon attendance of mental health representation and lived experience particularly but also as not all attendees could attend all co-design sessions.

Keeping the session numbers to five in-person sessions also meant that the focus of the design work had to be prioritised. This was done by identifying priority areas from the previous co-development phase, prioritising what aspects would be focused on and reviewing the ideas as they evolved through the sessions to see where more engagement would create the most impact for the final designs.