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# **Outcomes for high-risk young people referred to secure children's homes for welfare reasons: A population record linkage study in England**

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## **Declaration of Competing Interest**

Declarations of interest: none.

## Abstract

**Purpose:** Secure children's homes (SCHs) restrict the liberty of young people considered to be a danger to themselves or others. However, not all young people referred to SCHs find a placement, and little is known about the outcomes of the young person after a SCH or alternative placement. The purpose of this paper is to understand which characteristics most likely predict allocation to a SCH placement, and to explore the outcomes of the young people in the year after referral.

**Design/methodology/approach:** A retrospective electronic cohort study was conducted using linked social care data sets in England. The study population was all young people from England referred to SCHs for welfare reasons between 1st October 2016 to 31st March 2018 (n=527). Logistic regression tested for differences in characteristics of SCH placement allocation and outcomes in the year after referral.

**Findings:** Sixty percent of young people referred to a SCH were allocated a place. Factors predicting successful or unsuccessful SCH allocation were previous placement in a SCH (OR= 2.12,  $p \leq 0.01$ ); being female (OR=2.26,  $p \leq 0.001$ ); older age (OR=0.75,  $p \leq 0.001$ ); and a history of challenging behaviour (OR=0.34,  $p \leq 0.01$ ). In the year after referral there were little differences in outcomes between young people placed in a SCH versus alternative accommodation.

**Originality/value:** The study raised concerns about the capacity of current services to recognize and meet the needs of this complex and vulnerable group of young people and highlights the necessity to explore and evaluate alternatives to SCHs.

*Keywords: secure children's homes, secure accommodation, secure estate, high risk behaviours, complex needs, administrative data*

## 1. Introduction

Young people placed in secure children's homes (SCHs) for welfare reasons in the United Kingdom (UK) are considered the most vulnerable children in the care system. Although the number of young people placed is relatively small - 89 children in 2020 for England and Wales (UK Government, 2021), very little is known about the histories of the young people or their longer-term outcomes after placement. Despite the disproportionately high cost of a SCH placement at roughly £1000 per day (*Authors*, 2020). The aim of this paper is to increase the knowledge of the experiences and outcomes of young people from England referred to SCHs.

SCHs in the UK provide care for young people aged 10-17 believed to be a risk to themselves or others (Goldson, 2002; Hart and La Valle, 2016; Warner et al; 2018). SCHs differ from other care residences in that they have approval to 'restrict liberty' or prevent residents from leaving (Children Act 1989, Section 25). Young people from England and Wales living in SCHs are placed due to serious welfare concerns or enter via the youth justice system. Some young people referred for welfare reasons cannot be found a place in a SCH and are instead placed in an 'alternative accommodation' (Walker *et al.*, 2006; Hart and La Valle, 2016; Williams *et al.*, 2019). Alternative accommodation is usually created reactively by local authorities (Williams *et al.*, 2019), but there is little data about the nature of these placements. What evidence exists, suggests placements tend to be highly staffed residential settings (Walker, 2006; Held, 2006). These placements will often be unregulated, and children may be placed on a deprivation of liberty order under the inherent jurisdiction to restrict their activity without the same safeguards and reviewing mechanisms as SCHs (Roe, 2022).

Evidence indicates that most young people referred to SCHs are seriously affected by abuse and neglect in their early lives (e.g. Walker *et al.*, 2006; Hart and La Valle, 2016; Williams *et al.*, 2019; Miller and Baxter, 2019) and tend to enter care late with a range of risky behaviours such as self-harm, aggression, associations with dangerous adults, and mental health, emotional or developmental problems or disorders (Ellis, 2015; Hart and La Valle, 2016).

Although a small body of knowledge of the experiences of young people from across the UK referred to SCHs exists (O'Neill, 2001; Browne, 2009, Ellis, 2012; Hart and La Valle, 2016, Williams *et al.*, 2019, Miller and Baxter, 2019), the understanding of outcomes after a SCH placement is based on young people from outside of England (Walker *et al.*, 2006; Kendrick *et al.*, 2008; Williams *et al.*, 2019).

This paper uses findings from the analysis of routinely collected data in England, linked for the first time. Data was sourced from the Secure Welfare Coordination Unit (SWCU), the Child in Need (CiN) census and the Child Looked After (CLA) returns held by the Department for Education (DfE). The paper seeks to answer three research questions:

1. What are the pre-placement social services histories of children before being referred for SCH placements?
2. Which specific characteristics or factors are the most significant predictors of a successful allocation to a SCH placement?
3. What are the post-placement outcomes, including subsequent care placements, substance misuse, criminal convictions, and mental health issues for young people referred to a SCH in the year following their referral?

Young people placed in alternative accommodation are used as a comparison group due to the similarities in risk factors and outcome trajectories, at least in the short term, if it were not for the SCH intervention.

## **2. Methods**

### *2.1 Study design*

A retrospective electronic cohort study was conducted using linked social care data sets in England.

### *2.2 Study population and setting*

All young people from England referred to SCHs for welfare reasons between 1st October 2016 and 31st March 2018 (n=527).

### *2.3 Data sources*

#### *2.3.1 Secure Welfare Coordination Unit*

The SWCU co-ordinates referrals to SCHs for welfare reasons. Local authorities complete a referral form which collates information about the young person's demographics, risk factors, history, and circumstances of the referral. The unit then try to find a placement that meets the young person's needs. If this is not possible, the form gives detail of the alternative provided.

#### *2.3.2 Child in Need census*

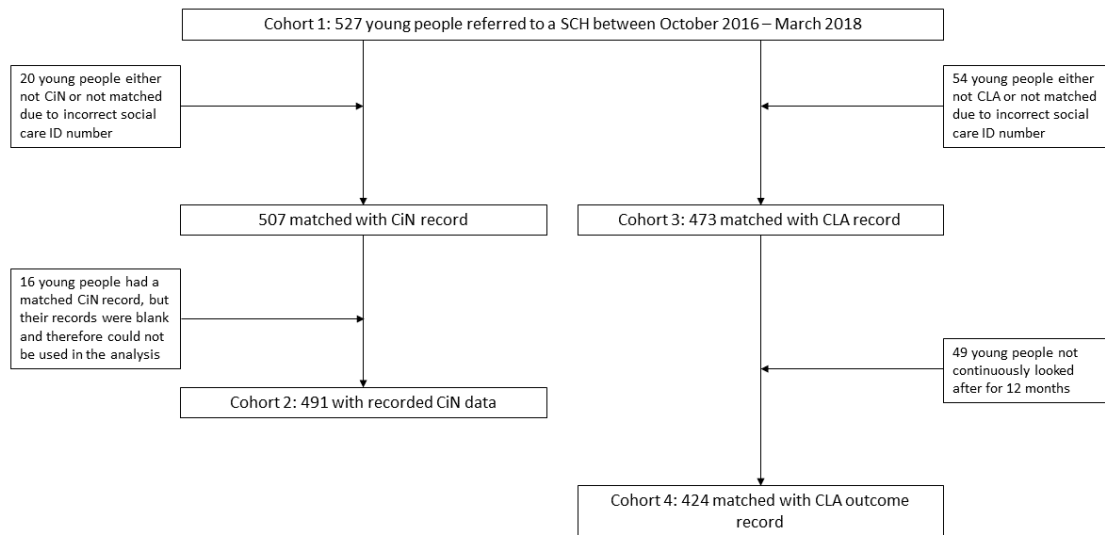
The CiN census is an annual statutory census submitted by English local authorities. It includes information about social services referrals, child in need status and child protection conferences.

#### *2.3.3 Children Looked After returns*

The CLA return is an annual statutory data return required of all local authorities. It collates information on every child looked after including placement type and duration. The return also records outcomes including convictions, substance misuse and mental health status for young people continuously looked after in the same local authority for 12 months.

#### *2.4 Record linkage*

The three data sets were linked deterministically using the young person's Social Care ID number, also known as their LA Child ID. As represented in Figure 1, a matching rate of 96.2% was achieved for the CiN data set and 89.8% for the CLA data set. In addition, 16 young people were matched to the CiN data set, but had blank data records, therefore these young people were excluded from the analysis. A further subset of the matched CLA cohort included young people with 12 months continuous follow up for whom outcome data was available. This left four cohorts on which the analysis is centred: (1) All young people referred to SWCU (n=527); (2) young people matched to CiN records (n=491); (3) young people matched to CLA records (n=473); (4) and young people matched to CLA records with outcome data (n=424).



**Fig. 1** Study flow diagram

*SCH: Secure Children’s Home; CiN: Child in Need; CLA: Child Looked After*

## 2.5 Primary outcomes

### 2.5.1 Secure children’s home placement

Whether a young person was accepted for placement in a SCH was recorded in the SWCU data set. The SCH placement associated with the referral was identified in the CLA data set by detecting the closest episode on the day of or after the referral date and marked as a SCH placement.

### 2.5.2 Alternative accommodation placement

Alternative accommodation placement information was recorded in the SWCU data set. To identify further details surrounding the placement (e.g., previous placement), attempts were made to identify these placements in CLA dataset. Alternative placements were identified in two ways: 1) if a new episode started within two weeks of the referral date that matched the alternative placement information provided by the SWCU; 2) the young person stayed where they were for longer than two weeks and this placement matched the alternative placement provided by the SWCU. Two weeks was deemed an appropriate cut off since on



average it took 11 days for young people to be placed in a SCH after a referral, with this pattern of placement timing echoed in consultations with social work practitioners.

### *2.5.3 Care trajectories*

To gain a sense of the journey of the young person's living arrangements up to, including, and after placement in a SCH or alternative accommodation, the number of placement moves, placement types and re-referrals to SCHs were calculated.

### *2.5.4 Substance misuse, convictions, and mental health*

Outcomes are recorded in the CLA returns annually (ending 31<sup>st</sup> of March) and the number of young people included within each year varies depending on when the young person became a looked after child or ceased to be a looked after child. As event dates are not recorded, three observation windows were created: (1) the three years pre referral to a SCH (years April 2013 to March 2016); (2) during the year of referral (years April 2016 to March 2017); and (3) in the year after referral (April 2017-March 2018). The outcomes included are substance misuse, convictions and the Strength and Difficulties Questionnaire (SDQ) as a proxy for mental health.

The DfE collects data on whether the young person has a substance misuse problem during the year as a binary "yes/no" variable. No further information is provided about the type or severity of the problem, the type of intervention received nor why the intervention was not received (unless it was refused). The term 'substance' refers to both drugs and alcohol but not tobacco. Substance misuse is defined as 'intoxication by (or regular excessive consumption or and/or dependence on) psychoactive substances, leading to social, psychological, physical or legal problems'. Substance misuse includes problematic use of both legal and illegal drugs, including alcohol when used in combination with other substances (DfE, 2019).

Convictions refer to whether the young person was convicted or subject to a youth caution (including a youth conditional caution) during the year, for an offense committed while being looked after. Similar to substance misuse, it is a binary “yes/no” variable with no further information provided.

The SDQ is recorded up to the age of 17. It is a screening tool to assess whether the child or young person has, or may develop, emotional or behavioural difficulties. The scoring range is between 0-40. A score of 13 or below is considered normal and 17 and above is a cause of concern (DfE, 2019). Data is recorded by the young person’s main carer; however, it is not known from the data at what point during the year the SDQ is recorded.

## *2.6 Other measures (or covariates)*

### *2.6.1 Age, gender, and ethnicity*

Age, gender, and ethnicity were recorded at the time of referral to a SCH by the SCWU. Ethnicity was grouped based on the recommended categories defined by the UK government and used in the UK census (UK Government, 2011).

### *2.6.2 Risk factors*

Risk factors were categorised into binary variables by the SWCU based on information provided by the local authorities at the time of referral. Please see Supplementary Table 1 for detailed criteria.

### *2.6.3 Child and Adolescent Mental Health Services referral*

Also recorded by the SWCU, this refers to whether the young person has been referred to Child and Adolescent Mental Health Services (CAMHS) at some point prior to referral to a SCH. It does not mean they have been seen or engaged with any service.

## *2.7 Statistical analyses*

The following analyses were conducted for each of the research questions. All analysis was conducted using STATA V.15 (StataCorp, 2017).

**1. What are the pre-placement social services histories of children before being referred for SCH placements?**

Pre-placement social services histories were explored in the three years prior to referral to a SCH with descriptive comparative statistics stratified by placement in a SCH or alternative accommodation after referral. It is worth noting that lead in times may vary between individuals as some children may enter care later than others or be older. This has implications for the types of placements children may encounter before referral to SCHs. All numbers less than six were suppressed to avoid identification of individuals.

**2. Which specific characteristics or factors are the most significant predictors of a successful allocation to a SCH placement?**

A logistic regression model (model 1) tested the factors most associated with placement acceptance in a SCH. Logistic regression is widely used to model binary dependent variables (Tran and Chan, 2021). It was decided that age, gender, and ethnicity would be included in the model due to their relevance in the prior literature about SCH placement allocation (Williams et al., 2019). Other variables were included in the model if, from descriptive statistics there appeared to be a difference between the SCH group and the alternative accommodation group. Inclusion of these extra variables were then tested statistically using Likelihood-Ratio Tests to determine if adding or removing them was justified based on the improvement in model fit as quantified by the Likelihood-Ratio statistic and associated p-value. Odds Ratios (ORs) from the logistic regression were reported. Cluster-robust standard errors for the estimated ORs were used to account for clustering within local authorities.

**What are the post-placement outcomes, including subsequent care placements, substance misuse, criminal convictions, and mental health issues for young people referred to a SCH in the year following their referral?**

*Subsequent care placements*

Subsequent care placements were explored with descriptive statistics and were stratified by placement in a SCH or alternative accommodation after referral. The follow up period was a full year for each individual. As mentioned previously, differences in lead in times may vary prior to a referral to SCHs which may have implications for the types of placements experienced after a SCH referral.

*Substance misuse and criminal convictions*

A logistic regression model for substance misuse (model 2) and criminal convictions (model 3) tested the factors most associated with placement acceptance in a SCH. It was decided that age, gender, and ethnicity would be included in the model due to their relevance in the prior literature about substance misuse and criminal justice experiences (Shillington and Clapp, 2000; Evangelist et al., 2017). The same approach to variable selection was used as for research question 2 (model no.1). It is essential to emphasise that the variables substance misuse and convictions function as both dependent variables and covariates in each model. However, as explained above, for the binary substance misuse and criminal conviction variables we cannot be sure when in the year after referral an event occurred. Therefore, a variable in the regression model was included that accounted for the time from referral to the start of outcome period (one year after), to see if this influenced the results. The variable made no significant contribution to the model so was therefore excluded. Furthermore, the follow up period may be longer than a year for some individuals if they had their referral to a SCH earlier in the financial year (see section 2.5.4 for more information). Differences in lead

in times, such as age of the child, may have implications for the likelihood of experiencing each outcome, however, including age as a covariate in the models, may help to account for its potential confounding effect. Odds Ratios (ORs) from the logistic regression were reported. Cluster-robust standard errors for the estimated ORs were used to account for clustering within local authorities.

### *Mental health*

Due the amount of missing data (between 36.1% to 51.7% depending on the year), it was decided only descriptive statistics, namely mean and standard deviation would be calculated collectively for the SCH and alternative accommodation group in the year prior to, the year of, and the year after a SCH referral. The research team attempted to track individuals before referral and after referral to a SCH, but the data availability was too poor.

### *2.8 Key stakeholder involvement*

Key stakeholders involved in children's social care included senior officials from the DfE and the third sector. Social work practitioners within the research unit and those who took part in interim report meetings were consulted in relation to study development and the interpretation of findings.

### *2.9 Ethics*

The project was approved by the University Ethics Committee and the Department for Education's data sharing approvals panel.

## **3. Findings**

The section will discuss the demographic characteristics of the study population, the reason for the secure order, the young person's risk factors on referral to a SCH, the social services histories of the young people, alternative accommodations, care trajectories after a SCH

referral, and substance misuse, criminal justice, and mental health outcomes. For a more detailed account please see the main study report (Authors, 2020).

### 3.1. Characteristics of the study population

In total 527 young people were referred to a SCH by 129 English local authorities between the 1st October 2016 and 31st March 2018. Of these, 60.5% (n=319) were placed in a SCH and 39.5% (n=208) in alternative accommodation.

There was roughly a 50/50 gender split, and the majority were aged 14-16 years old. Roughly two-thirds of the sample were of White ethnicity. Young people of Black and Mixed ethnicity were overrepresented compared to their representation in the general population (UK Government, 2018).

A higher proportion of young people placed in alternative accommodation were referred as they were considered a danger to others. They were also more likely to have a record of challenging behaviour, offending behaviour, gang association and sexually harming behaviour as risk factors at referral when compared to those placed in a SCH. See Table 1 for full break down of demographic characteristics and risk factors.

**Table 1**  
Study population demographics, reason for placement, and risk factors at the time of referral

	Placed in a SCH		Placed in AA		Total
	N	%	N	%	N (%)
<b>Gender</b>					
Female	176	55.2	86	41.3	262 (49.7)
Male	143	44.8	122	58.7	265 (50.3)
<b>Age, years</b>					
10- 12	14	4.4	5	2.4	19 (3.6)
13	40	12.5	16	7.7	56 (10.6)
14	69	21.6	42	20.2	111 (21.1)
15	97	30.4	64	30.8	161 (30.6)
16	73	22.9	58	27.9	131 (24.9)
17	26	8.2	23	11.1	49 (9.3)
<b>Ethnicity</b>					
Asian/Asian British	14	4.4	7	3.4	21 (4.0)

Black/African/Caribbean/Black British	29	9.1	33	15.9	62 (11.8)
Mixed/Multiple ethnic groups	48	15.0	32	15.4	80 (15.2)
Other ethnic group	*	*	*	*	10 (1.9)
White	223	69.9	131	63.0	354 (67.2)
<b>Reason for Order</b>					
Danger to others	38	11.9	45	21.6	83 (15.7)
Danger to self	125	39.2	85	40.9	210 (39.8)
History of absconding or likely to abscond from other accommodation	156	48.9	78	37.5	234 (44.4)
<b>Risk Factors<sup>a</sup></b>					
Absconding	314	98.4	203	97.6	517 (98.1)
Adoption breakdown	16	5.0	15	7.2	31 (5.9)
Challenging behaviours	259	81.2	193	97.8	452 (85.8)
Fire setting	38	11.9	24	11.5	62 (11.8)
Gang affiliation	82	25.7	66	31.7	148 (28.1)
Mental health	137	42.9	99	47.6	236 (44.8)
Offending behaviours	235	73.7	173	83.2	408 (77.4)
Self-harm	161	50.5	104	50	265 (50.3)
Sexual exploitation	200	62.7	93	44.7	293 (55.6)
Sexualised behaviour	39	27.5	30	29.4	69 (28.3)
Sexually harming	42	13.2	41	19.7	83 (15.7)
Substance misuse	267	83.7	164	79.2	431 (81.9)

Source: SWCU

SCH: Secure Children's Home; AA: Alternative Accommodation

\*Numbers less than 6 suppressed or secondary suppression applied to avoid identification of individuals

<sup>a</sup> Percentages refer to the percentage of those placed and not placed respectively for whom data is available

### 3.2 Care histories in the three years before the SCH referral

#### 3.2.1 Child in Need status

All 491 individuals who could be linked to the CiN data were a 'child in need' at some point in the three years before referral to a SCH. For many young people there was a lot of activity within children's services in this period, including new referrals, new assessments, and new child protection plans. Sixty percent (n=292) received one or more new referrals to children's services during this time period. These may have been their first referral to children's services, or new referrals for children who had previously been on a CiN plan that

had subsequently ceased. Of these 27.3% (n=134) received more than one referral and 10.4% (n=51) three or more. Furthermore, just over a third (n=171) of the young people were subject to a child protection plan. There were no apparent differences in the number of referrals or child protection plans between those placed in a SCH and those placed in alternative accommodation.

### *3.2.2 Care placements*

Of the 473 young people referred to a SCH with a CLA record, 94.9% (n =449) had an episode of care in the three years prior to referral. Of these, 72.9% (n=345) entered care for the first time or re-entered care after a period of not being looked after, suggesting that many of these children come into care late or had experience of going in and out of care.

The most common placements, for the whole sample within the three years before the SCH referral (Table 2) were children's homes (subject to regulations), followed by foster care.

Young people placed in a SCH were more likely to have previously been in foster care or a SCH than those in alternative accommodation. The alternative accommodation group were more likely to have previously been in a youth offender's institution (YOI) or an establishment providing medical or nursing care.

Immediately prior to referral, the most common placements were again children's homes (subject to regulations) and foster placements. Semi-independent living (not subject to regulations) and independent living were also commonly used (Table 2). More young people who were in children's homes (subject to regulations) immediately prior to referral were placed in SCHs, as opposed to alternative accommodation. Those placed in SCHs were also more likely to be placed in residential homes with an element of personal or nursing care immediately prior to referral. There were no further differences in placement type prior to a SCH referral for those placed in alternative accommodation.



**Table 2**

Placement type three years prior to referral to a SCH, immediately prior to a SCH or alternative placement, and in the year after referral to a SCH

	Three years prior to referral		Immediately prior to a SCH or AA placement		Year after referral	
	SCH N (%)	AA N (%)	SCH N (%)	AA N (%)	SCH N (%)	AA N (%)
<b>Placement type<sup>a</sup></b>						
<b>Semi-independent living (not subject to regulations)</b>	38 (14.0)	31 (17.4)	25 (8.8)	12 (6.3)	62 (21.8)	46 (24.3)
<b>SCHs</b>	67 (24.7)	26 (14.6)	6 (2.1)	8 (4.2)	42 (14.8)	48 (25.4)
<b>Children's homes (subject to regulations)</b>	220 (81.2)	137 (77.0)	129 (45.4)	53 (28.0)	160 (56.3)	70 (37.0)
<b>Placed with own parents or other persons with parental responsibility</b>	30 (11.1)	24 (13.5)	*	*	27 (9.5)	26 (13.8)
<b>Independent living e.g., in a flat, bed and breakfast or with friends, with or without formal support</b>	33 (12.2)	23 (12.9)	23 (8.1)	11 (5.8)	63 (22.2)	43 (22.8)
<b>Residential care home</b>	42 (15.5)	19 (10.7)	16 (5.6)	*	16 (5.6)	11 (5.8)
<b>National Health Service/health trust or other establishment providing medical or nursing care</b>	10 (3.7)	15 (8.4)	*	*	11 (3.9)	*
<b>YOI</b>	*	16 (9.0)	*	*	18 (6.3)	42 (22.2)
<b>Foster placement</b>	197 (72.7)	109 (61.2)	25 (8.8)	21 (11.1)	42 (14.8)	22 (11.6)
<b>Other placements</b>	9 (3.3)	9 (5.1)	*	*	7 (2.5)	7 (3.7)
<b>Unclear<sup>b</sup></b>	N/A	N/A	44 (15.5)	68 (36.0)	N/A	N/A

Source: CLA

SCH: Secure Children's Home; AA: Alternative Accommodation; YOI: youth offender's institution

<sup>a</sup>Categories with less than 6 individuals excluded

<sup>b</sup>Only applicable to placements immediately prior to placement in a SCH or AA, as it required successful identification of a SCH or AA placement in the CLA data set.

\*Numbers less than 6 suppressed or secondary suppression applied to avoid identification of individuals

### 3.3 Factors influencing placement acceptance in a SCH

A logistic regression model (model 1; Table 3) tested the factors most associated with

placement acceptance in a SCH. Odds ratios (ORs) greater than one indicate an increase in

odds, ORs less than one indicate a decrease in odds. The of odds being placed in a SCH after referral for females was more than double than for males. Placement in a SCH three years prior to a SCH referral also doubled the odds of placement. In contrast, the odds of being placed in a SCH significantly decreased with the child’s age at referral, with every year of age the odds of placement decreased by 25%. More strikingly, a history of challenging behaviour prior to referral reduced the odds of placement by 66%.

Sexual exploitation was also highly associated with successful allocation of a placement in a SCH (OR: 2.2, 95%CI 1.5- 3.2), but due to its strong correlation with gender, it could not be included in the model. Moreover, it is worth noting that being placed in a YOI in the three years prior to referral to a SCH was also strongly associated with being placed in alternative accommodation, but since few young people were placed in a YOI prior to referral (n=20) and less than six of these were in the SCH group, it could not be included in the model.

**Table 3**

The odds of being placed in a SCH after a referral to a SCH (compared to being placed in alternative accommodation)

	<b>Odds ratio (95%CI)</b> <b>n=464</b>
<b>Previously placed in a SCH in the three years prior to referral<sup>a</sup></b>	2.12(1.23-3.64)**
<b>Age<sup>b</sup></b>	0.75(0.64-0.89)***
<b>Female (Y/N)<sup>b</sup></b>	2.26(1.49-3.43)***
<b>White (Y/N)<sup>b</sup></b>	1.36(0.89-2.09)
<b>History of challenging behaviour<sup>b</sup></b>	0.34(0.17-0.69)**

Source: <sup>a</sup>CLA; <sup>b</sup>SWCU

SCH: Secure Children’s Home

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$ .

The key significant differences in the characteristics of the young people placed in the groups suggested those who were arguably perceived as harder to care for were much less likely to be placed in a SCH.

### *3.4 The nature of alternative placements*

The SWCU records where the young person is placed if they are not placed in a SCH. Most young people placed in alternative accommodation were housed in children's residential units (48.1%, n=100), followed by a YOI (9.1%, n=19), or were placed with parents (7.7%, n=16). Please note 15.4% (n=32) of the data was missing. For more information about the type of alternative accommodations and a detailed account of the decision-making processes regarding who is placed and not placed in a SCH, please see a companion paper (*Authors, 2021*).

### *3.5 Care trajectories in the year after referral to a SCH*

#### *3.5.1 Care placements*

In the year after referral to a SCH the average number of placement moves was three (SD=1.7), with no difference between those placed in a SCH and alternative accommodation found. The most common placement type in the year after referral to a SCH (excluding the SCH or alternative placement) for both groups were children's homes (subject to regulations). Again, the SCH group were much more likely to be placed in these than were those who had been in alternative accommodation. A high proportion of young people in both groups were also placed in a semi-independent living (not subject to regulations) and independent living accommodation (Table 2). Furthermore, placement in a secure setting, such as a YOI or a SCH, was much more common for the young people placed in alternative accommodation (41.8%, n=79) than those placed in a SCH (20.4%, n=58).

#### *3.5.2 Re-referrals to a SCH*

Thirty-seven percent (n=76) of those placed in alternative accommodation were re-referred to a SCH in the following year, compared to 30.1% (n=96) of those placed in a SCH.

### *3.6 Substance misuse problems*

Overall, 46.2% (n=196) of the young people referred to a SCH had a recorded substance misuse problem. When explored over the young people’s timelines, substance misuse levels were highest during the year of referral as compared to the subsequent three years or preceding year (Table 4). Substance misuse problems over the five-year observation period (three years prior, year of referral, year after referral) were higher among the group of young people placed in SCHs than those placed in alternative accommodation. Recorded substance misuse problems are lower here than those presented in Table 1 due to the broader definition of substance misuse used by the SWCU, to include tobacco and alcohol, regardless of if it was used in combination with other substances.

**Table 4**

The number and proportion of young people referred to secure accommodation with a substance misuse problem or conviction by year and group

Number of years from referral*	Substance Misuse <sup>a</sup>		Conviction <sup>a</sup>	
	SCH	AA	SCH	AA
	N (%)	N (%)	N (%)	N (%)
Three years prior	*	*	6 (11.5)	*
Two years prior	10 (13.0)	5 (9.6)	12 (15.6)	12 (23.1)
One years prior	43 (36.1)	19 (25.3)	37 (31.1)	32 (42.7)
Year of referral	74 (42.5)	45 (38.5)	76 (43.7)	67 (57.3)
Year after referral	83 (37.9)	41 (30.4)	67 (30.6)	51 (37.8)
<b>Total</b>	<b>124 (48.1)</b>	<b>72 (43.4)</b>	<b>129 (50.0)</b>	<b>98 (59.0)</b>

Source: CLA

SCH: Secure Children’s Home; AA: Alternative Accommodation

\*Numbers less than 6 suppressed or secondary suppression applied to avoid identification of individuals

<sup>a</sup>Proportions based on the number of individuals with outcome data each year

A logistic regression model (model 2; Table 5) suggested that placement in a SCH instead of alternative accommodation did not significantly change the odds of having a substance misuse problem in the year after referral to a SCH, even when historical substance misuse problems were controlled for. Other factors that were shown to increase the odds of having a substance misuse problem in the year after referral were prior substance misuse problems,

which increased the odds by 2.6 times; being on a child protection plan which increased the odds by 1.7; being placed in foster care or semi-independent living (not subject to regulations) prior to referral, which increased the odds by 1.7 and 2.2 respectively; or being convicted in the year after referral to a SCH, which nearly doubled the odds. Age and ethnicity did not significantly influence the outcome.

**Table 5**

The odds of having a substance misuse problem in the year after referral to a SCH

	<b>Odds ratio (95% CI)</b> <b>n=417</b>
<b>Placed in a SCH vs alternative accommodation<sup>a</sup></b>	1.28(0.78-2.11)
<b>Age<sup>a</sup></b>	0.90(0.77-1.06)
<b>Female (Y/N)<sup>a</sup></b>	1.24(0.7-2.21)
<b>White (Y/N)<sup>a</sup></b>	0.84(0.52-1.37)
<b>Substance misuse problem in the three years prior to referral to a SCH<sup>b</sup></b>	2.57(1.44-4.58)***
<b>On a child protection plan in the three years prior to referral to a SCH<sup>c</sup></b>	1.71(1.03-2.83)*
<b>Placed in foster care in the three years prior to referral to a SCH<sup>b</sup></b>	1.65(1.03-2.65)*
<b>Placed in semi-independent living (not subject to regulations) in the three years prior to referral to a SCH<sup>b</sup></b>	2.15(1.17-3.95)*
<b>Conviction in the year after referral to a SCH<sup>b</sup></b>	1.96(1.15-3.35)*

Source: <sup>a</sup>SWCU; <sup>b</sup>CLA; <sup>c</sup>CiN

SCH: Secure Children's Home

\* $p \leq 0.05$ ; \*\* $p \leq 0.01$ ; \*\*\* $p \leq 0.001$

### 3.7 Convictions

Over the five-year observation period, 53.5% (n=227) of the total number of young people referred to a SCH had a recorded conviction. A higher percentage of these young people were placed in alternative accommodation when compared to those placed in a SCH. More young people had a conviction at the end of the year they were referred, than in the years before and after referral (Table 4).

A logistic regression model (model 3; Table 6) suggested that placement in a SCH instead of alternative accommodation did not significantly change the odds of being convicted of a crime in the year after referral to a SCH, even when historical convictions were controlled for. Other factors that were shown to increase the odds of being convicted in the year after

referral were, displaying challenging behaviours in the lead up to a referral to a SCH, which more than doubled the odds; and having a substance misuse problem in the year after a referral to a SCH, which also doubled the odds. Factors that significantly decreased the odds of being convicted were, being female, which decreased the odds by 76%; and having a referral to CAMHS prior to referral to a SCH, which reduced the odds by 41%. Age and ethnicity did not significantly influence the outcome.

**Table 6**

The odds of having a conviction in the year after referral to a SCH

	<b>Odds ratio (95%CI)</b> <b>n=417</b>
<b>Placed in a SCH vs alternative accommodation<sup>a</sup></b>	1.02(0.62-1.68)
<b>Age<sup>a</sup></b>	0.96(0.81-1.14)
<b>Female (Y/N)<sup>a</sup></b>	0.24(0.14-0.41)***
<b>White (Y/N)<sup>a</sup></b>	1.13(0.68-1.89)
<b>Conviction in the three years prior to referral to a SCH<sup>b</sup></b>	2.03(1.13-3.65)**
<b>Substance misuse problem in the year after referral to a SCH<sup>b</sup></b>	2.11(1.26-3.55)**
<b>Challenging behaviours in the lead up to referral to a SCH<sup>a</sup></b>	2.35(1.14-4.86)*
<b>A referral to CAMHs prior to referral to a SCH<sup>a</sup></b>	0.59(0.36-0.95)*

Source: <sup>a</sup>SWCU; <sup>b</sup>CLA

SCH: Secure Children's Home

\*P ≤ 0.05; \*\*P ≤ 0.01; \*\*\*P ≤ 0.001

### 3.8 Strength and Difficulties Questionnaire

A SDQ score over 17 is considered a cause for concern. During the year of referral to a SCH, the mean SDQ score for the whole sample was 18.2 (SD=7.2). In the year prior to referral the mean score was 19.3 (SD=7.1). There were little differences in scores for those placed in a SCH and those placed in alternative accommodation.

For the year after referral, the mean score was 17.2 (SD=7.5). Those placed in alternative accommodation had a slightly higher score than those placed in a SCH (M=18.2, SD=7.7 vs M=16.7, SD=7.4). This suggests poorer mental health for young people who had been in alternative accommodation.

The research team attempted to track individuals before referral and after referral to a SCH. However due to missing or poor data quality, meaningful results could not be obtained.

#### **4. Discussion**

This study analysed and linked routine data pertaining to 527 young people from England referred to SCHs over a period of seventeen months to CiN and CLA records; to our knowledge this the first such study to date. Study interest lay in the profiles, backgrounds, and care histories of young people before referral to a SCH, and young people's outcomes afterwards. Throughout, differences between young people placed in a SCH and an alternative accommodation were of primary interest.

Some study findings such as young people's chaotic backgrounds, and the unstable placement pathways experienced on entering care reinforced established knowledge (e.g. Valentine, 2003; Creegan *et al.*, 2005; Walker *et al.*, 2006; Moodie *et al.*, 2015; Hart and La Valle, 2016) and echoed the high levels of adverse childhood experiences noted by Gibson (2020). Others gave important new insights.

When considering socio-demographic factors across the sample, the roughly equal gender split and higher prevalence of 14–16-year-olds referred to SCHs largely fit with that recorded previously across the UK (Williams *et al.*, 2019; Gibson, 2020). The overrepresentation of Black and Mixed ethnicity young people in this sample mirrored the over-representation of these young people in other secure settings, namely the criminal justice system (Youth Justice Board, 2010), despite levels of criminality being similar or lower to young people from White ethnicities (Sharp and Budd, 2005).

The study found that 39.5% of children meeting the criteria for a SCH placement could not find a place. This echoes another recent study which found that roughly 56% of children referred to SCHs were not offered placements (Hart and La Valle, 2021). When splitting the

sample by those placed and not placed in a SCH, key differences were found. Older, male individuals with challenging behaviours were significantly more likely to be placed in an alternative accommodation than a SCH. Moreover, this group had a higher prevalence of previous offending behaviours, gang association and sexually harming behaviours in the years immediately preceding the SCH referral. It was also of interest that the alternative accommodation group demonstrated greater experience of having been placed in a YOI, unlike the SCH group whose most prevalent previous secure setting, if experienced, tended to be a SCH unit. Hart and La Valle (2021) found that placement decisions can reflect cultural assumptions and prejudices, with White girls less likely to be given a custodial sentence and therefore more likely to be found in welfare placements than boys and ethnic minorities, even when the offending behaviour is very similar. This knowledge is likely to play a role in the different trajectories experienced by the two study groups on referral to SCHs. Overall, it can be argued that the most secure settings for children referred for welfare reasons in England feel unable to offer accommodation to vulnerable young people displaying such violent and socially dangerous behaviours, as they feel they do not have the capacity to meet and address their needs (*Authors, 2022*).

The role of SCH commissioning is also key to the placement process. Bach-Mortensen et al., (2022) found that commissioning practices in SCHs impact bed availability due to staffing issues and the complexity of children's needs. Variations in commissioning between local authorities and the Youth Custodial Service further complicate the situation. For example, the Youth Custodial Service uses block contracts for its justice beds, offering more financial security and flexibility compared to children placed by local authorities. The lack of national oversight and joint commissioning exacerbates these challenges, leading to a shortage of suitable placements for vulnerable young people.



This turns attention to the question, what is alternative accommodation? Although literature offers little knowledge of the nature of alternative placements, Walker *et al.* (2006) contend that the most likely alternatives are a residential unit or school, whereas other research cites highly staffed single bed residential units put together reactively in the circumstances (Held, 2006; Williams *et al.*, 2019). When reporting on similar ‘bespoke’ care placements created for children and young people with complex needs, Greatbatch and Tate (2020) note that the type of care provided is likely to be very expensive. Further, there is a growing concern about the use of Deprivation of Liberty Orders being used under the Inherent Jurisdiction with the number of orders tripling in the last three years and, at the same time, the number of Secure Accommodation Order Applications under Section 25 of the Children Act reducing (Waldegrave, 2020). This raises the possibility that these are being used by local authorities as an alternative to SCHs. This is concerning because little is known about use of deprivation of liberty orders, nor are they restricted to the same safeguards and reviewing mechanisms as placements in SCHs (Roe, 2022). The unknown nature of alternative accommodation; the environment, the levels of security, the quality of care and its financial demands calls for further exploration of this area.

The main differences in young people’s outcomes after a SCH or alternative accommodation placement were found in care settings. Lower numbers of the alternative accommodation group were placed in regulated children’s homes, suggesting that their histories and associated risk factors continued to form a barrier to care placements. Of further concern were the high numbers of young people re-referred to SCHs and placed or re-placed in a secure setting (YOI and SCH), especially those who had been placed in alternative accommodation. This suggests that these young people are not receiving the help they need so their behaviours continued to escalate.

A further concern is the high proportion of young people placed in unregulated semi-independent living and independent living placements, both before and after a referral to SCH. Unregulated placements tend to be in unsuitable accommodations ranging from apartments or hostels, to caravans and tents (Children's Commissioner, 2020). A local authority may use these accommodations if they cannot find a place for the young person due to their high level of needs and increasing pressure on regulated residential homes (Children's Commissioner, 2020). For those placed in a SCH, moving from a structured, secure setting with high supervision, to a placement with much less supervision and structure could put the young person at further risk and potentially undo any positive changes made in the SCH placement (Children's Commissioner, 2020; Williams *et al.*, 2019). For those not placed in a SCH, they are unlikely to receive the extra support and care they need from an unregulated semi-independent or independent placement (DfE, 2020), and leaves the young person more vulnerable to abuse and exploitation (Children's Commissioner, 2020). The Government in England have recently announced that unregulated placements will be banned for under 16-year-olds (DfE, 2021), but we hope this does not lead to increased numbers of high-risk young people aged 16-17 being placed in these settings. There are also concerns that banning these placements could make finding bespoke placements for young people with urgent, complex needs considerably harder (Preston and Samuel, 2021).

The other outcomes explored were substance misuse, convictions, and mental health, but the quality and the detail of the data were limited, and little differences between the two groups were found. Like other studies (Pates and Hooper, 2017; Van Dam *et al.*, 2010; Mooney *et al.*, 2007), the presence of substance misuse problems was high for young people referred to SCHs in both groups. The lack of difference could be due to the lack of specialist provision within the secure estate for young people requiring clinical treatment for substance misuse outside of the youth justice system (Warner *et al.*, 2018).

High levels of offending were found for both groups, but levels were higher for those placed in alternative accommodation. Hart and La Valle (2021) report high levels of offending for young people placed in SCHs on welfare grounds with many having ongoing criminal proceedings which led to transitions to youth justice placements. The lack of difference in offending found between the two groups in the year after referral to a SCH, may therefore be explained by criminal proceedings which may have started for many before the SCH referral. However, it could also add further credence to the suggestion that SCHs do not equip young people with the skills and resources to move away from the environments which may have led to the criminal behaviour.

Lastly, where data was available, high levels of mental health problems were present in both groups. However, young people placed in alternative accommodation had worse mental health scores in the year after referral to a SCH than those placed in alternative accommodation, thereby suggesting these young people are not getting the mental health support they need in their placements. Little is known about the mental health and emotional needs of young people in secure settings outside of youth justice where there has been extensive research (Beaudry *et al.*, 2021). In the wider secure estate, attention deficit hyperactivity disorder, autism, emotional dysregulation, and neurodevelopmental disorders are reported to be common (Hales *et al.*, 2018; Hughes *et al.*, 2012).

#### *4.1 Study strengths and limitations*

This study is the first to use and link data collected by the SWCU to CLA and CiN data sets, offering new insights into the prior histories of young people referred to SCHs, the circumstances of referral to SCHs, and the outcomes of and after the referral. Its key strengths are the English population level sample, allowing a level of generalisability to other high risk young people referred to SCHs, and the comparison group used, which is young

people with similar risk factors, who are likely to have similar outcome trajectories, at least in the short term, if it were not for the SCH intervention.

Study findings must be considered in knowledge of the project's limitations many of which stemmed from the quality and nature of the data available. Due to the relatively recent existence of the SCWU data, the sample size was relatively low. These numbers will improve over coming years and replication of the work conducted for this study promises to give more robust findings. Within the CiN data, missing closure intervention dates may have affected the validity of some analysis as assumptions that cases had remained open had to be made. Moreover, lack of event dates in the CLA outcome dataset meant that for analysis grouped under the year of referral it was not possible to determine if the event happened before or after referral to a SCH. This means that the follow up period could be slightly longer for some individuals if they were referred to a SCH earlier in the previous financial year. Furthermore, differences in lead in times prior to referral, for example differences in the length of times a child has been looked after or the age of the child, could have affected some of the outcome variables in the year following the referral to a SCH. In addition, the range and quality of the outcome data existing in the CLA returns was limited. For instance, the convictions documented within the year following referral might pertain to offences committed before the referral. This is due to the potential delay in obtaining a conviction after an offence has occurred. Without knowing the exact date of the offence, it is impossible to ascertain this. Further data linkage, particularly with health, criminal justice, and educational data sets, would greatly improve the current state of knowledge. Finally, further robustness checks of the results would enhance their reliability and credibility. This would help to evidence that the conclusions drawn from the models used are not simply due to chance or the specific modelling choices made, but reflect true relationships within the data.<sup>4.2</sup>

*Implications and conclusions*

Overall, the study raised concerns about the capacity of current services to recognise and meet the needs of this small, complex and vulnerable group of young people. Applying for a secure order is a serious matter and the subject of much debate in relation to children and young people's liberty and rights. It would be hoped, and perhaps presumed, that when deemed necessary a secure place would be found for each young person referred, and that the length and nature of care given within a secure setting was sufficient to recognise and begin to meet the young people's needs. Moreover, that this level of care continued afterwards on return to the community. However, this study's findings indicate that when a referral is made, many young people in great need are refused a place because of the risk they pose to the SCH. This warrants some revision of policy and practice related to the care offered in secure welfare settings and that provided afterwards. There is also a need for joint commissioning and national oversight to improve coordination among the different estates involved with these young people. However, any changes in the sector must address the current scarcity of supply and workforce, and the changing needs of children (Bach-Mortensen et al., (2022). Furthermore, the lack of knowledge of what alternative accommodation is demands further exploration to discover what is provided, whether it is appropriate and if it can be viewed as a real 'alternative' to SCHs.

More widely the lack of differences in the outcomes on leaving a SCH and alternative accommodation reinforces concerns that the current system, consisting of the care and intervention provided before, during, and after a SCH placement is insufficient to meet the needs of all young people referred there. Nonetheless further research is needed with a larger sample and longer follow up period.

Lastly, alternatives to SCHs should be explored. Norway and Sweden offer examples of alternatives to the current secure system in England. The key difference being the integration of welfare and youth justice provision, with care being provided based on the individual

needs of the young person rather than whether they had a custodial sentence (Dempsey, 2020). In Sweden, large multi-tiered centres house children with diverse needs, with security scaled up or down depending on the need of the child. In Norway, there are smaller, flexible units with multi-disciplinary teams tailored to the child's needs. There is a strong focus on therapeutic work involving the family (Dempsey, 2020). Welsh Government are also making key movements in this area, recently publishing their long-term ambition to become a nation that no longer requires the use of the Secure Estate for children placed on both welfare and youth justice grounds (Welsh Government, 2021). Close attention needs to be placed on what happens to these young people following this new approach, their outcomes and whether other nations could learn from them, or other approaches further afield.

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### **Declaration of Competing Interest**

None.

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### Supplementary Table 1

#### Secure Welfare Coordination Unit risk factor definitions

<b>Offending</b>	Charged with offences	Investigations pending	Previous offences which have had NFA				
<b>Self-harm</b>	Any of below within the last year.	Attempts to harm oneself, i.e. cutting, scratching, headbutting, ligatures, drowning etc..	Attempts to jump from buildings, bridges, windows etc..	Running in front of cars, trains	Non accidental Overdoses	Swallowing items	Deliberate mismanagement of essential medication
<b>Substance misuse</b>	Any use of substances, alcohol or tobacco within the last year.	misuse of prescription medication					
<b>Sexually harming behaviours</b>	Charges of sexual assault, rape.	Inappropriate touching which results in the harm of another person, i.e. grabbing, groping,	Repeated allegations of sexual nature by other young people, unless LA state that felt to be false / malicious	Any charges of sexual assault / rape that are dropped but evidence still suggests that incident did take place - seek clarification from LA if this is unclear.	Perpetrator of CSE, grooming others to be exploited.	Exposing younger / vulnerable young people to sexual acts	Distributing explicit images of other young people, with malicious intent and/or without consent

<b>Absconding</b>	Any evidence of absconding from placement within the last year.						
<b>Challenging behaviour</b>	Any evidence of aggressive or oppositional behaviour towards any individual.	Damage to property	Threatening behaviour	Any evidence of violent or aggressive behaviour			
<b>Mental Health</b>	Any diagnosed mental health conditions	Any suspected mental health conditions by mental health professionals	If they have previously been detained under the mental health act	If a mental health assessment has been carried out recently and the outcome states no mental health needs then needs to be recorded as 'no'			
<b>Sexual exploitation</b>	Any evidence of sexual exploitation by friends, associates, family, gangs, etc.						

<b>Fire Setting</b>	Evidence of fire setting having taken place, i.e setting fires, playing with lighters, matches etc. They do not need to have been charged with an offence.	Any charges of arson, fire setting	To be recorded if evidenced at any point apart from as a young child.				
<b>Adoption breakdown</b>	Evidence that the young person has been adopted and is now back in the care of the local authority						
<b>Gang affiliated</b>	Evidence that the young person is linked to gangs.	Young person states that they are a gang member and LA confirm young person is gang affiliated.	If the referral alludes to gang affiliation, i.e. involvement in county lines or drug dealing or has been victim of attacks from gangs then ask for clarification from local authority.				



<b>Sexualised behaviour</b>	Evidence that the young person displays sexually inappropriate behaviour, i.e. sexualised language, gestures, exposing themselves, touching themselves in public etc...	Sexual acts involving animals.	Sharing explicit photos of themselves	Inappropriate touching of others without the result of harm			
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Source: SWCU