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Introduction

This article is concerned with the placement of the small but important cohort of children referred to a Secure Children's Home for welfare reasons in England in the United Kingdom (UK). UK Secure Children's Homes (SCH) are residential homes licensed to restrict the liberty of children aged 10 -17 years old referred to them by either youth custody or welfare services (Goldson, 2002; Hart & La Valle, 2016; Warner et al; 2018). Since 2010 the total number of children placed in Secure Children's Homes in England and Wales has decreased by 33% (n =260-172) (Department for Education, 2010, 2021) with this decrease mirrored in Scotland where numbers fell 11% (232-194) between 2014-2020 (Scottish Government 2021). While the overall numbers have diminished, the percentage of children from England and Wales referred by welfare services has increased from 37% to 56.3% while YCS placements have reduced from 51% to 38% over the same timespan (figures do not include children placed by local authorities for criminal reasons).

Children and young people placed in SCHs for welfare reasons are amongst the most traumatised and neglected children in UK society. Typically, these children's lives are characterised by early experiences of trauma, abuse and neglect followed by displays of risky behaviours: going missing, aggression, violence, substance misuse, offending, sexual exploitation or perpetration, self-harm and/or suicidal intent in early adolescence (Falshaw & Browne, 1997; Van der Kolk et al, 2005; Rose et al, 2014; Andow & Bryne, 2017). Over time, these behaviours become more sustained; a development that leads to increased contact with welfare, health and police services, eventual care entry and within care multiple care breakdowns (Williams et al, 2020). These children's complex needs and behaviours eventually result in court applications for secure accommodation orders by local authorities who feel they cannot meet the child's needs and keep them and others safe by other means. If given, a secure accommodation order authorises a placement in a SCH (Hart & La Valle, 2016, Williams et al,

2019). A referral to a SCH for welfare reasons is a contentious issue as authorities and courts must balance a child's right for liberty with that of being kept safe. To ensure that secure accommodation orders are only made when absolutely necessary a set of strict conditions govern such decisions in the UK. In England and Wales a child can only be subjected to a secure order if they meet at least one of the criteria found in Section 25 of The Children Act, (1989) and Section 119 of the Social Services and Wellbeing Act (Wales), 2014. Specifically, the legislations demand that a secure order is only awarded if the child concerned

- Has a history of absconding and is likely to abscond from any other type of accommodation, and/or
- Is likely to suffer significant harm if they do abscond, and/or
- Is likely to injure themselves or others if kept in any other accommodation

When in a SCH the expectation is that a child will be kept safe (Hart & La Valle, 2016) with further belief that a SCH will reduce the incidence and extent of risky behaviours through complex holistic interventions that provide routine, structure and boundaries, as well as specific psychological interventions (Walker et al, 2005; Held, 2006; Sinclair and Geraghty, 2008) typically based on trauma informed care (Taylor et al, 2018; Pates et al , 2019). At present there is some opinion that SCHs offer the best available care, education and support for the children and young people placed in them (Ofsted, 2020). Regardless of this not all children and young people from England and Wales who receive a secure accommodation order for welfare reasons can be found a space (Children's Commissioner, 2020; Williams et al, 2019, 2020) a situation that has caused concern and outrage amongst authorities concerned including some of the judges and lawyers involved in such cases (England and Wales Family Court Decision (EWFCD) 2017, 2018, 2019, 2021). The children who have received a secure order but cannot be found a place in a SCH are provided with what is termed an 'alternative accommodation' that is sought and accessed by the child's home local authority as and when needed (Walker,

2005; Office of the Children's Commissioner, 2019; Williams et al, 2019). The experiences of children placed in alternative accommodation in the UK are little explored with recent comment on the lack of information about these children or the nature of alternative accommodation placements and observation that applications for a child to be kept securely outside of a SCH equals the numbers for secure orders (Children's Commissioner Office, 2020). While it has been suggested that the settings are likely to be residential units or schools (Walker et al, 2005) other descriptions of highly staffed single bed residential units put together by local authorities reactively as needed exist (Held, 2006; Narey, 2016; Williams et al, 2019). In addition to the uncertainty surrounding the nature of alternative accommodations little is known about the children placed in them; whether they have specific characteristics or behaviours and if these influence their placement.

This article seeks to explore these issues. To do so the study drew on routine data to describe the socio-demographic profiles and experiences of children receiving secure orders for welfare reasons, with particular interest in those not placed in a SCH. This analysis was conducted with the intent of answering the following questions

- Are any characteristics, attributes or behaviours associated with children placed in alternative accommodation as oppose to those placed in SCHs?
- What is the process of placing children in alternative accommodation and is this affected by characteristics, attributes and behaviours?
- What types of accommodation are used as alternative accommodation?

Detail of comparative outcomes can be found in a companion paper (Wood et al, under review) .

Methods

This article reports on findings from analysis of data routinely collected by the Secure Welfare Coordination Unit (SWCU); specifically data contained in SWCU referral forms

which collate information about children from England and Wales referred to SCHs. The data used was concerned with referrals between October 1st 2016 – March 31st 2018.

SWCU referral forms are filled in by local authorities when applying for a SCH placement and SWCU staff during the process of trying to find a SCH place. While the referral forms hold information about the children's family circumstances, risk factors, care plans, youth justice involvement, and mental health concerns, they also contain a free text communication log that records the progress of the applications made to SCHs. The logs are completed by SWCU staff for referring local authorities. The communication logs include statistical and textual records of attempts to place the child in a Secure Children's Home, and the outcome of the referral. While the quantity and quality of the data varies many free text sections provided rich detail of the child and the circumstances and progress of the referral.

Measures

Drawing on the SWCU referral forms the following variables were used to explore differences and similarities in the demographics, situations and histories of children referred to secure accommodation.

- *Placement type*: Drawn from SWCU referral forms and communications logs. Outcome of whether a child was accepted for placement in SCH or placed in alternative accommodation, the type of alternative placement. This included instances where no place was found for a child from England in England or Wales but a place was found in a SCH in Scotland. The Scottish SCH system is completely separate from that in England and Wales and is therefore for the purposes of this study viewed as an alternative placement
- *Age, gender and ethnicity*: As recorded in the SWCU referral form at the time of referral to secure accommodation. Ethnicity was grouped based on the recommended categories defined by the UK government and used in the UK census (gov.uk, 2021)

- *Primary Risk factors*: Risk factors categorised in the SWCU referral form based on information provided by the local authorities (e.g. Aggression, self harm)
- *Contributory risk factors*: Risk factors that contributed to SCH refusals as found in the communications logs in SWCU referral forms
- *Time taken to find a SCH or alternative placement*: Drawn from text in the communication log of negotiations between local authorities and SCHs as recorded by SWCU staff. This information was quantified by researchers to enable comparison between the two groups.
- *Primary reason for case closure when child was not placed in SCH*: Drawn from SWCU referral forms and records the primary reason as given by SCHs.
- *Contributory reasons for case closure when child was not placed in SCH*: Other reasons for case closure as found in the communication log

Data Analysis

Quantitative analysis was conducted using IBM SPSS v25. The descriptive comparative statistics were stratified by placement in SCH or alternative accommodation after referral. Chi-squared goodness of fit tests were conducted along with the Kruskal-Wallis test to test the hypothesis that there are differences between those in SCH and alternative accommodation. All numbers less than six were suppressed to avoid identification of individuals.

A combination of Excel and NVivo was used for the thematic analysis of SWCU free text data. For this article analysis was focused on the SWCU referral forms particularly the communication logs between local authorities, the SWCU and SCHs that record events as a placement in a SCH is sought. During this exercise interest was on the process of trying to place young people receiving secure orders in SCHs, the time taken for the process, the number of refusals generated, and factors that prevented placement. Analysis of the free text was conducted independently by two researchers.

Ethics

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

Results

Quantitative findings

Over the 18-month study timespan 527 children from England were referred to secure accommodation. Of these 60.5% (n=319) were found a place in a SCH with the remaining 39.5% (n= 208) placed in an alternative accommodation.

Using chi-squared Kruskal-Wallis tests bivariate analysis explored commonalities and differences between those placed and not placed in terms of demographic characteristics and risk factors where data was available. (Table 1)

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Table 1. Bivariate statistics exploring the commonalities and differences between those placed and not placed in a SCH

In sum, SCWU data indicated that the children placed in an alternative accommodation were significantly more likely to be older, male, with a history of challenging, offending, or sexually harmful behaviours. Factors associated with being given a SCH placement were being female, younger and having been involved in sexual exploitation. A more detailed analysis of

the risk factors associated with both groups can be found in the companion paper (Wood et al, forthcoming).

With little knowledge of the nature of alternative accommodations available the study explored the type of residences provided for the 208 children receiving a secure accommodation order but not placed in a SCH. Table 1 shows that most of this group were placed in residential units, the next most common residence being a youth justice setting. No further detail of the quality, size or nature of the accommodation or concurrent use of any Deprivation of Liberty orders was available. It was also of interest that collectively 18.3% (n = 38) of this group of extremely vulnerable children were either not looked after, placed with parents or placed in an independent living shortly after the secure order application.

Table 2. Number of children accommodated in different alternative placements

Qualitative Findings

The above analyses identified key factors that increased the likelihood of being placed in an alternative accommodation on receipt of a secure accommodation order. Qualitative analysis of the free text data in the SWCU communication logs allowed more exploration of this issue and gave some detail of the pathways into alternative accommodations as experienced by children on receipt of a secure order.

With study interest in the characteristics of and events affecting children from England who could not be found a bed in an English or Welsh SCH, analysis included children who could were only offered a SCH bed in Scotland. It must also be noted that study resources limited qualitative analysis to the records of the 194 children referred to secure accommodation between October 1st 2016 and March 31st 2017. Of this group 19 (9.7%) children were placed in a Scottish SCH and 68 (35.1%) in an alternative accommodation (n=68).

The following begins with a report of the time taken to find a SCH or alternative accommodation place in the 194 records explored. While the referral date and that when a

placement was found in the free text communication log of the children's SWCU records, researchers quantified the information as part of the analysis in order to allow easy comparison.

Time taken to find a SCH or alternative placement

Most young people placed in SCHs gained a place after up to three applications to SCHs across England and Wales (maximum of six applications). Within this group these placements were often made the same day as the referral went live, suggesting that the placement had been previously agreed and planned. This finding was not universal, the maximum time between the order being actioned and a SCH placement offer being 36 days. In contrast, young people placed in alternative accommodation had on average six applications (maximum 15) to SCHs made on their behalf before a placement elsewhere was found. While many alternative accommodation placements were recorded within ten days of the referral going live, there were multiple cases of this taking over 30 days the maximum time being 133 days.

Non-placement in a Secure Children's Home on receipt of a secure order

As previously described detailed the primary reason for non-acceptance was often (not universally) found in a free text section within the SWCU communication logs. Analysis of referral forms with sufficient data revealed five main reasons behind the lack of a SCH placement in an English or Welsh SCH. These consisted of

- Children who (according to legal or local government authorities) did not meet or no longer met the criteria for a secure accommodation order and therefore could not lawfully be placed in a SCH
- Children who entered different justice or health secure settings as a place was found and felt to be appropriate. It was also possible that a sentence was passed with subsequent mandatory placement in a young offender's institution
- Children who were not offered a place in a English/Welsh SCH but were offered a bed in a Scottish SCH
- Children who were placed in an alternative accommodation found and provided by their local authority while unsuccessfully waiting for a SCH bed
- Communication problems between Local Authority and SCWU

As described in more detail below there were also instances where communication problems between local authorities, the SWCU and SCHs delayed the progress of the application.

Unmet criteria

Five children were not placed in a SCH as the court decided that the criteria set by Section 25 of the Children's Act were not met. Despite this, the communications log prior to this decision (length of communication log 0 – 14 days) showed that all but one of this group of children had been refused a placement by at least one SCH. The reasons underlying the refusals included aggression, violence, and matching with other residents. An additional concern of a history of weapon carrying was voiced for one child.

Even when a secure accommodation order had been given by the court, local authorities must cease to impose the associated deprivation of liberty if the section 25 criteria (The Children Act, 1989) are no longer met. Eleven referrals were closed when their local authority informed the SWCU that the child no longer met the criteria for a secure placement. While some case records gave little detail of the reasons underlying these decisions, there were six reports of an improvement in the child's behaviours. Although, the time of the improved behaviours was short where recorded, comment available indicated that this change quickly led to local authority reconsideration of whether the child could still be placed in a SCH

'unsure whether [child] will now meet threshold as s/he has had a stable few days.' SWCU records

For this group, the time from the SWCU receiving the referral to the local authority decision to withdraw the application for a place in a SCH ranged from one – 39 days, with six of the 11 decisions made within a week of the referral being received by the SWCU. Despite this, during this time six children received multiple refusals. The remainder either were not refused or were offered a bed shortly before their referral was closed.

In line with the debate around whether children in this group should receive a secure accommodation order as evidenced by the court refusals to give secure accommodation order and the decisions of the local authorities not to implement them, the risks associated with this group appeared low with none recorded for four children. Amongst the rest of the group only one risk was noted per case. Three of these refusals were attributed to the mental health status of the child.

Entering other secure settings

The referrals of nine male children were closed because they entered a custodial setting before a bed in a SCH was found. This finding suggests that a youth justice court hearing was being processed alongside the secure accommodation order application. Within this group the time a SCH bed was sought ranged from one - 25 days and the number of refused applications from none - four. Few communication logs specified the reasons underlying these refusals, but those which did stipulated the child's aggression and violence. One refusal stated that they felt the child was "*more suited to a youth offending bed rather than a welfare one*" SCWU records, suggesting that the child was accused of a serious offence as the Legal Aid, Sentencing and Punishment of Offenders Act (2012) sets out the few situations that allow a child to be placed in a Youth Justice setting.

Two additional cases were quickly closed because the young people were placed in a mental health setting, with records indicating that at least one young person had been sectioned under the Mental Health Act (1983). Despite the short time the applications were open, both received multiple refusals. The records of one young person gave no detail behind the refusals, but the other mentioned the child's violence as well as problematic matching with existing young residents living with mental health problems "*unsettled group and cannot take any [more] aggression or mental health*". SCWU records. This statement suggests that mental health difficulties are high amongst young people referred to Secure Children's Homes. It also

indicates that the secure unit's resources and capacity in relation to mental health needs were fully stretched.

Placed by Local Authority

16 children were placed in alternative accommodations by local authorities after waiting for a bed in a SCH for between four and 105 days. Whether the application was closed because the children no longer met the criteria or as an alternative to a SCH place was not explicitly stated. Amongst the total group the records of seven children gave no further information of why residences elsewhere had been used. Five more merely stated that the child had been sent to a residential home. Of the rest, one individual stayed in the local authority placement already provided and one child had apparently settled in a supported living placement. Two were placed in residential settings with a 2:1 staff ratio (with at least one a sole placement) mirroring the nature of some alternative accommodations found elsewhere and reported earlier (Held, 2006; Narey, 2016; Williams et al, 2019). One of these children had previously been turned down by nearly every SCH across England and Wales with comment that they posed too great a risk to staff and other residents to be considered for a SCH.

The search for a place in a SCH for two additional children continued with no recorded resolution. One local authority was seeking a transfer from one SCH to another and the application was refused because of the perceived lack of efficacy of the time already spent in a SCH, the fact that the child would soon age out of care, and persistent risky behaviours. After a long period of refused application SWCU staff noted *'I will now close the case as no home would be able to support [them]'* SWCU records. The other child received ten refusals over a long period of time. For this young person a long history of aggressive behaviours was evident.

Placed by Local Authority outside of England and Wales

19 children were not accepted by SCHs in England or Wales but accommodated in a SCH in Scotland. Four of these children were 13 and one only 12. The time taken to place these

children in a Scottish SCH and the number of refusals from SCHs in England and Wales varied widely. 5 were placed in less than a week and nine within a month. The remaining 5 waited between 1 to over 3 months. Some records noted the negative effect of delays on the children *'[X] is becoming increasingly worried, anxious and frustrated about future plans and where he will move on to, this is impacting on his behaviour and level of aggression which is likely to escalate the longer this situation continues'* SCWU records

13 of the 19 records mentioned single factors that contributed to the refusal of a secure bed. These included aggression or violence, self-harm or suicidal intention, high drugs use and the fact that the child was missing. The remaining records talked of multiple risk factors: aggression, violence, mental health problems, offending, being at risk from other residents. Some referred to the unit resources and concern that the child's needs together with that of other residents would exceed staff capacity *"SCH cannot accept due to the swallowing of items, as have 3 others that self-harm in this manner and require hospital trips"* (SCWU records). There was also evidence of anxiety that the physical attributes of one child would make restraint within a SCH difficult *"unable to accept because of his physical sizeconcerns about how this would impact the need for physical intervention if required to manage his behaviours"* (SCWU records). There was also mention of how previous work with some local authorities had made some SCHs reluctant to accept a child from that area again, and another reference to the perceived failure of previous sustained SCH interventions.

Finances also paid a role. Some files indicated that a number of children were missing for much of the time a bed in a SCH was sought. A number of these records contained requests for a retainer if a bed was offered. In addition, there were two cases complicated by discussions of retainers until the result of the court order were known.

Communication problems

In many of the above cases, records spoke of insufficient information being supplied by local authorities and this appeared to slow the procedure. However, in seven cases the closure of the application was attributed by the SWCU to a lack of local authority response to requests for correctly completed referral forms and/or for additional information requested by SCHs.

“E-mail sent to placement team informing updated referral still not received and if not received by [specified date and time] we will be closing the referral.” (SWCU records)

Inspection of these case records shows that the time over which a place was sought was longer than the average for alternative accommodation places (range 28 -133 days), with a wide range in the number of refusals recorded (one -21). Detail of the risks associated with six of these children was available with suggestion that these were exhibiting extremely difficult behaviours. The records of four children reported multiple risk factors including serious violence or aggression, with sexual harming behaviour reported for child who received 21 refusals. Elsewhere, one young person was linked to sexual perpetration, and another to an alleged murder.

Discussion

As noted in the introduction, the criteria that allow children in England to be placed in a Secure Children’s Home for welfare reasons have been set to ensure that the children in receipt of a secure order are amongst the most vulnerable in society and/or pose a serious risk to themselves or others. This knowledge makes the discovery that two out of every five children receiving a secure order during the study time frame were not offered a bed in a SCH concerning, as is the finding that the children placed in an alternative accommodation are more likely to be older, male and classed as a danger to others than those placed in SCHs. Consideration of these findings in isolation suggests that this group of children are viewed by the SCH system as being too difficult to place in the most extreme form of care available in the UK. However further analysis suggests that while this may be true for a proportion of the

children the situation is generally more nuanced, with legal, organisational, and individual characteristics and factors contributing to the outcomes for the children involved.

As previously acknowledged, concern about secure applications in the UK has been evident within the legal system for years, with legal professionals calling for action due to the disparity between the number of secure order applications and SCH placements (e.g. EWFC 2017, 2018, 2019, 2021). While study findings support the demands made by legal professionals for increased capacity within the SCH system they also give insight into factors that influence this situation. Within the case records of the study sample five court decisions not to give a secure accommodation order were found. Although it can be argued that this is a sign that care and attention is given in court to ensure children meet the criteria for a secure accommodation order, these instances also suggest that local authority and court interpretation of the criteria that mandates whether a child can enter a SCH for welfare reasons can vary. Moreover, instances of judicial decisions being overturned in later hearings exist (England and Wales Court of Appeal (Civil Division) Decisions civ 2025, (2019) indicating that the complexity and difficulty of such cases causes dissension not only between local authorities and the court but within those working in the legal systems itself. Allied to this issue, the study was able to inspect limited information about local authority decisions to halt ongoing SCH applications. Secure accommodation orders are permissive rather than mandatory directives (S25(1) The Children Act 1989), and a child who is being looked after by a local authority in England or Wales may not be placed, or, if placed, may not be kept unless they are perceived to meet the stipulated criteria. Study findings indicate that local authority decisions not to progress the application were made in line with this statute even when improved behaviours had only been in place a few days with little knowledge of how long they would persist. The existence of such trajectories indicates the difficult and complex situation this can place local authority decision makers in as they try to stay within current legislation while still ensuring

the children receive the most appropriate type of care. The question of where these children are placed while they wait for the court ruling and when it is decided that they do not meet S25 criteria (The Children Act, 1989) is central for these children and others not placed in a SCH and will be returned to later.

When exploring possible reasons behind the lack of SCH acceptances for children referred for welfare reasons once the order has been given, study findings suggest that the characteristics of the children concerned, the commitments of SCHs and the capacity of local authorities to respond to requests for complex information at the time are all influential. While the impact of being older, male and having a history of offending, challenging behaviours has been discussed, analysis gave some detail of the nature of the challenging behaviours with aggression, violence, sexual perpetration and high mental health needs being common barriers either solely or often in tandem. Comment within communication logs such as concern about accommodating a child linked to sexual perpetration whilst the unit was caring for children previously subjected to sexual exploitation turns attention to the dilemma faced by SCH managers when asked to admit a child likely to have a detrimental effect on the unit and those already living there, a reference to a 'matching' issue; which refers to the risk a child is likely to pose to those already residing at the unit. The most common matching factor noted was a child's high mental health needs against a SCH already accommodating numerous children with similar needs. While this brings attention to the high levels of care needed for these children, it is also possible that SCH managers and carers are wary of accepting more children with mental health problems as suicidal intent amongst adolescents can become stronger when associating with peers with similar purpose (Bearman & Moody, 2004; Abrutyn & Mueller, 2014). Such comments return focus to the high levels of mental illness and need amongst the population of children referred to SCHs (Williams et al, 2019).

Regardless of the above, further questions around the capacity of the SCH system in England are elicited by the finding that 19 children were eventually placed in SCHs in Scotland rather than in their own country. This is an area needing further exploration as some children in this group were associated with multiple risk factors including relatively high levels of violence, offending and mental health difficulties as cited on referral forms as reasons for SCHs in England and Wales to refuse applications. As yet there is no knowledge of why Scottish units could offer support to these children when SCHs in England could not.

Within the study nine male children entered youth justice institutions. This group must have faced concurrent court appearances; one to deal with the criminal charges, the other for a secure accommodation order for welfare reasons. This situation reflects accounts of ‘cross over children’ (Baidawi & Sheehan, 2020); ‘cross over children’ being those who share a history of chaotic life histories and experiences and whose resultant behaviours lead to sustained entanglement in both justice and welfare systems. The finding of a group of children who had been involved with the police and subsequently entered a young offenders institute, married to the reluctance of SCH’s to offer a place to this group of children fits well with Rose’s (2014) observation that those referred to a SCH are often living with multiple problems and the associated argument that

As problems increase and behaviour becomes harder to manage more and more agencies are likely to become involved before a placement is finally made in a secure unit. Which particular agency first becomes involved with a child or young person may well determine their subsequent route into some form of secure accommodation’ Rose, 2014. P. 40.

It also suggests that these children have had prolonged involvement with the justice system and are subsequently perceived as offenders rather than children despite being minors. The suspicion that this perception extends to some of those managing SCHs is strengthened by the comment cited in which one SCH states that they felt the child of interest would be better suited to a justice setting than a SCH. This opinion was voiced despite the fact that children awaiting

criminal proceedings are legally in local authority care (The Children Act 1989 guidance and regulations Volume 2).

Although only two children were placed in mental health settings rather than a SCH, these instances alongside high numbers of children displaying self-harm and/or suicide intention (Wood et al, under review) and episodes where SCHs would not take children with mental health problems due to the presence of residents with similar difficulties returns attention to the high incidence of mental health problems in this population. It also reinforces accounts of the difficulties faced by social workers trying meet such children's mental health needs but being unable or finding it hard to find a place of safety whether that be in a secure mental health setting, a SCH or within the community (Williams et al, 2019).

It was also of interest that communication between SCHs and local authorities was often poor with the lack of provision of necessary information causing delay and on occasion case closure. While the detail of the reasons behind these events is unknown, the SCWU records suggest that the complexity of the characteristics and risk factors associated with some children lay behind the requests for further information and updates from SCHs, requests which could be hard for busy social workers to respond to quickly. It is also possible that the behaviours of some children improved and the place no longer needed. SCWU is still relatively new and as applications for SCH places are rare for many local authorities the question of whether further guidance for local authorities would help is worth asking.

Finally, but importantly, although the study was able to identify the number of children placed in alternative accommodations and the general type of accommodations offered, no detail of the nature or quality of the alternative accommodations was available. This knowledge gap together with court criticisms of the lack of SCHs for children needing such accommodation and the rising numbers of children being placed in non-approved residences (e.g. EWHC, 2017, 2018, 2021) calls for further investigation of the nature and quality of the

alternative accommodations provided while this form of care persists. This work is urgent as it is vital to ensure that the care given is sufficient to recognise and meet the needs of the children placed in them.

Study findings must be considered in knowledge of the project's limitations. The qualitative analysis was only conducted for a small sample of 87 children referred to SCHs over a period of seven months. The numbers will improve over coming years and replication of the work conducted for this study would give more robust findings.

Conclusion

This study is concerned with the process of obtaining a secure accommodation order for welfare reasons and finding a place in a SCH thereafter. It directs attention to the complexity of factors that contribute to non-placements in a SH and provision of an alternative accommodation. Study findings identify elements such as the difficult task of deciding whether a child should be given a secure accommodation order, the capacity of the current SCH services in England and Wales which cannot at present offer a place to all members of the group of children referred to them. More particularly the study increases disquiet about the care and help provided for the children placed in alternative accommodations the quality and nature of which is unknown as is full knowledge of factors that placed the children in the placement. Further knowledge of these issues is urgently needed as these children are in crisis and on average older than the children placed in a SCH and so closer to aging out of care. They are also more likely to exhibit challenging behaviours which, unless underlying determinants are identified and addressed, are likely to lead to later involvement with the justice system. Finally, the study highlights the high levels of mental health needs within the population of children referred to SCHs and the co-morbidity of mental health problems with violence, aggression and challenging behaviours which in turn leads to placement difficulties. These findings support wider calls for a system capable of meeting the psychological needs of this group of children

and thus alleviate the chaotic behaviours and troubled life trajectories that lead to SCH referral and further problems in later life.