

JUSTICE COMMITTEE

SECURE CARE PLACES FOR CHILDREN AND YOUNG PEOPLE IN SCOTLAND

SUBMISSION FROM ST MARY'S KENMURE SECURE CARE UNIT

What is the current provision of secure accommodation in Scotland?

Currently there 84 beds across Scotland. 6 beds are funded by Edinburgh Local Authority and the remaining 78 are provided by Independent providers; Good Shepherd secure unit(18), Kibble secure unit(18), Rossie secure unit(18), and St Mary's Kenmure(24). All secure units provide secure placements for young people up to the age of 18 years of age. Young people are placed in secure care via the criminal justice system or children hearing system.

Secure units respond to emergency placements from all 32 Local Authorities, however not all Local Authorities require or access secure beds.

What is the current level of cross-border placements in secure care units?

As Director of Services at St Mary's Kenmure, I can only respond to this question for my unit, as I do not have the number of cross border placements currently occupying beds in other units. St Mary's currently has 11 young people from outside Scotland (45% of the capacity). The number of beds occupied by cross border placement is continually decreasing as we see a rise in referrals for places in Scotland.

What are your views on the structure, funding and sustainability of the secure care units in Scotland?

Without the use of cross border placements in the last few years, it likely that St Mary's Kenmure, and in my view, one other 18 bedded unit would have closed. Being able to provide placements out with Scotland allowed income to be generated that kept the secure unit open. It is in my view that without these cross border placements we would not be open today to now respond to an increase for Scottish referrals.

It must be pointed out; St Marys Kenmure's only source of income is through the purchasing of secure beds. Unlike all other independent secure units, St Mary's does not have another source of income and therefore is much more vulnerability and susceptible to closure when numbers of beds fall.

With exception of the 6 bed unit in Edinburgh, all the independent units are part of the secure care framework and for St Mary's this presents many challenges not faced by other

units. St Mary's is not only the largest secure unit, it is also the oldest. Significant investment is required to maintain the unit to be fit for purpose.

The secure contract is in my view, an extremely restrictive commissioning model that requires Directors of Service and others to attend yearly fee negotiation meetings if there is a need to increase the bed rate to either pay staff salary increase, invest in capital refurbish, maintain or renovate the unit, increase in heating and lightening costs etc. but most importantly additional costs to diversify the range of therapeutic interventions on offer to our young people. These meetings are extremely anxiety provoking as panel members are more often than not inexperienced in directly delivery services and are stakeholders who have a focus on cost over quality.

The contract also does not allow for any surplus that is generated to be invested towards diversifying the service. This is particularly challenging for St Mary's. As stated, St Marys currently only has one service provision and that is secure care. If St Mary's future is to be more secure, it must diversify services and generated other sources of income if it is to continue to compete for places.

This year Scotland Excel, who are the lead commissioning authority for the contract, proposed that the uplift to St Mary's bed rate be accepted by Local Authorities, however, this was rejected and a lower offer put forward. St Mary's felt they had little choice but to accept this revised offer but it meant that the budget that was proposed has to be reduced to ensure that the lower uplift accepted is not detrimental in meeting the needs of young people. Reductions in some key budget areas was made but this is not sustainable. If St Mary's cannot get the fee it needs future costs may have to be made that is more directly impacting on care and this would be unacceptable to myself and The Board of Directors. As previously stated, St Marys' has no source of additional income, therefore there is no income to offset budget cuts in secure and because Scotland Excel won't allow any surplus to be invested into new services, the situation may not be sustainable in the long term.

In my view, a commissioning model is not congruent with the delivery of a service that meets the needs of vulnerable and/or high risk young people. The contract has significantly impacted on relationships across all the units with a tone of competitiveness and rivalry preventing sharing of good practice.

I have already raised the issue of funding for young people placed on remand. At various forums. Prior to 1996, young people where more than likely placed in secure unit if a court places a young person on remand as this was funded by Scottish Government. When funding for remand places changed to a Local Authority responsibility, I think this influences not using the much more costly option of secure as young people aged 16-18 years of age are placed in YOI's.

If the contract continues to be place financial restrictions on St Mary's then achieving a quality service for our young people will undoubtedly be impacted on and that would be devastating for the service.

What are your views on the development of services and training at HMP&YOI Polmont?

Unable to make any comment as my understanding of services and training at Polmont is very limited due to a lack of cross working between the agencies.

How does HMP&YOI Polmont interact with secure care units in Scotland in terms of the transfer of young people in custody?

In my view the interaction could be improved. I have experienced good transitions for young people but I have also experienced poor transitions for young people. I think it's important to get better consistency and not experience it either being very good or very poor. I think it's extremely important when transferring a vulnerable young person to Polmont that there are robust preparation meetings that share concerns and issue that the staff in the secure unit have assessed. It is even more importantly that the concerns are issues are integrated into action plans that ensures the risks and concerns are made fully aware to all staff in the new environment.

A protocol on transferring from secure to Polmont would be useful as this would hopefully lead to a consistent approach for young people when transferring to the prison environment.

How has the NHS/Scottish Prison Service developed youth mental health and wellbeing strategy in secure care units or in prison custody?

At St Mary's we have our own wellbeing team who link in with NHS about accessing mental health provision for our young people. The support from FCAMHS is extremely important but is often not adequate in terms of providing mental health screening upon admission and follow up mental health assessments. In order to ensure this crucial element is included and integrated into the young person assessment, St Marys privately purchase the services of a clinical psychologist. There is currently an advert out for a full time clinical psychologist but this may be a difficult post to fill. St Marys' also has in post and assessment officer who undertakes the assessments on admission of our young people. This staff member is a qualified CBT therapist and offers invaluable insight into identifying risk and needs of our young people. The assessment officer co-ordinates service to meet the young person criminogenic and non-criminogenic risk and needs and work closely with psychological services.

How are Scotland's international human rights obligations under the UN Convention on the Rights of the Child being met in relation secure care units and HMP&YOI Polmont?

We are subjected to inspections by the committee who assess St Mary's Kenmure's adherence to the UN convention against torture and other cruel, inhuman or degrading treatment or punishment, as ratified in 1988.

All our policies relating to the care of young people are enshrined in primary and secondary legislation and are closely monitored through our care inspections.

What are your views on the work of the expert review of mental health and wellbeing for younger people in custody?

The importance of this review can never be over stated. At a recent conference on secure care some input on the review and the work of the mental health task force. It will be interesting to see the findings and any subsequent recommendations that follow on from this.

It will be important for secure care to consider the findings and recommendations and implement any adjustments to practice that is deemed appropriate.

Any other issues you may wish to comment on in relation to mental health care provision and secure care and HMP&YOI Polmont?

I hold a very strong view that young people who are extremely vulnerable should, following a vulnerability assessment be in secure care as opposed to a YOI. I have had initial discussions about the possibility of creating a hybrid model of care. This could mean that SPS would license one of St Marys' units but it would be run by care staff trained in using a trauma informed approach. Young people who have high levels of vulnerability assessed to be at risk of completing or attempting suicide could be placed in a therapeutic environment.

Another issue which consistently alarms me is that young people who spend a majority of their sentence in secure care are transferred to complete their sentence in YOI and this can sometimes be just a couple of months but they have reached the age of 18 which prompts the move. Practice many years ago was for young people to remain in secure care with permission if they were either in the middle of a specific piece of work or the extension of a few months could mean young people being released on license from secure care. Can we not look at re-introducing this practice? It is child centred and will likely result in positive outcomes for young people. Why should becoming 18 years old serve as such a barrier to remaining in a child care facility? The transferring or placing of vulnerable young people in a YOI could impact significantly on their mental health and tragically we have seen the outcome of this to serve as a reminder which should prompt us to rethink how we do things.