Independent evaluation of the *Framework for Integrated Care (SECURE STAIRS)*

Executive summary

Introduction to the *Framework for Integrated Care (SECURE STAIRS)*

The *Framework for Integrated Care (SECURE STAIRS)*[1,2] is intended to improve the quality of care and outcomes for children and young people in the children and young people secure estate. It aims to do this through culture change promoting consistent, trauma-informed, formulation-driven, evidence-based care, delivered within a whole-systems approach by well trained and supported staff[3]. It is being delivered in partnership by NHS England and NHS Improvement, Department for Education, and Her Majesty's Prison and Probation Service (HMPPS) Youth Custody Service. It is not in place for settings in Wales as it only cover settings for which NHS England and NHS Improvement commission healthcare services. The project governance is within the NHS England and NHS Improvement, Health and Justice, Children and Young People Programme and the Youth Custody Service Youth Justice Reform Programme[4], derived from the NHS England and NHS Improvement Children and Young People Mental Health Transformation Programme, which was an outcome of the Future in Mind Report[5], the Five Year Forward View for Mental Health[6], and Implementing the Five Year Forward View for Mental Health[7].

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[1] NHS England (2018). The Children and Young People Sure Estate National Partnership Agreement. London: NHS England. https://www.england.nhs.uk/wp-content/uploads/2018/09/the-cyp-secure-estate-national-partnership-agreement.pdf

[2] Taylor, J., Shostak, L., Rogers, A., & Mitchell, P. (2018). Rethinking mental health provision in the secure estate for children and young people: a framework for integrated care (SECURE STAIRS). Safer Communities, 17(4), 193-201.

[3] "The children and young people secure estate in England covers youth detention accommodation including young offender institutions (under 18s), secure training centres and secure children's homes. Some secure children's homes hold children placed for both justice and welfare reasons, others only hold children placed by local authorities under a Secure Welfare Order for the protection of themselves and / or others (welfare placements), under Section 25 of the Children Act 1989. http://www.legislation.gov.uk/ukpga/1989/41/section/25" https://www.england.nhs.uk/wp-content/uploads/2018/09/the-cyp-secure-estate-national-partnership-agreement.pdf

[4] This report covers the welfare estate, however a similar reform programme was in place for this estate at the time of writing.

[5] Department of Health, NHS England (2015). Future in Mind. London : Department of Health, NHS England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

[6] Mental Health Taskforce (2016). The Five Year Forward View for Mental Health. London : Mental Health Taskforce. https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[7] NHS England (206). Implementing the Five Year Forward View for Mental Health. NHS England London : NHS England. https://www.england.nhs.uk/wp-content/uploads/2016/07/fyfv-mh.pdf

Future in Mind (2015) was a Government report of the work of the Children and Young People's Mental Health and Wellbeing Taskforce setting the scene for culture change:

"We need a whole child and whole family approach, where we are promoting good mental health from the earliest ages. We need to improve access to interventions and support when and where it is needed… What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to, and invest in this challenge."

Implementing the Five Year Forward View for Mental Health (2016) was the roadmap for change:

"The Five Year Forward View for Mental Health has made an unarguable case for transforming mental health care in England… The opportunity of action cannot be ignored."
"By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment".

"[…] national programmes for vulnerable groups include: […] developing a framework of integrated care for the secure estate".

SECURE STAIRS is the national programme developing a Framework for Integrated Care for the children and young people secure estate, over the period 2016–2022.

There is a drive for multiple agencies, departments, and commissioners to work together, in an integrated way, to bring alignment to work with children and young people. At the heart of the *Framework for Integrated Care (SECURE STAIRS)* is transforming the culture and practices in the children and young people secure estate to be trauma-informed, developmentally-attuned, and psychologically-based. To achieve this, staff are trained and supported to better understand children and young people and their histories (or stories) and their trauma. This understanding then informs daily interactions between staff and children and young people and improves child-centred care. Multi-agency, co-produced formulations are the cornerstone to building this understanding.

Below, we outline the *Framework for Integrated Care (SECURE STAIRS)* by the different SECURE STAIRS elements, provided by NHS England an NHS Improvement.

S	**Staff** with the skill sets appropriate to the interventions that are needed.
E	**Emotionally** resilient staff who are able to remain child-centred in the face of challenging behaviour.
C	**Cared for staff:** through supervision and support.
U	**Understanding** across the secure setting of child development, attachment, trauma and other relevant key theories.
R	**Reflective system:** staff who are able to consider the impact of trauma at all levels.
E	**'Every interaction matters':** a whole system approach.
S	Scoping: The presenting situation is assessed with clarity around the child or young person's pathway and life narrative.
T	**Targets:** Staff, children and young people and the 'home' environment agree on the goals for the child or young person's time within the secure setting.
A	**Activators:** All children and young people have an agreed psycho-bio-social, developmentally informed, multi-factorial formulation (understanding not based on diagnosis) that clarifies what activates problems for them.
I	**Interventions:** Specialist and core interventions, driven by the formulation and incorporating the risk assessment. Ensuring interventions are tailored to each child or young person's risks and needs with content, intensity and timing of the intervention specified.
R	**Review and revise:** Clear 'real-life' outcome monitoring by the secure setting and 'home', including the frequency and severity of high risk behaviours and of movement towards goals, regularly evaluated using a formulation-based approach at multidisciplinary reviews.
S	**Sustain:** Sustainability planning from the outset around maintaining goals upon release and the transition to 'home' or other services.

Headline findings of the independent evaluation of the *Framework for Integrated Care (SECURE STAIRS)*

The *Framework for Integrated Care (SECURE STAIRS)* changed culture and practices in the children and young people secure estate to be more trauma-informed, developmentally-attuned, and psychologically-based.

- Changes to culture and practices were widely adopted, but not yet fully embedded in some settings. Implementation was more challenging in young offender institutions (YOIs) and the secure training centre (STC) compared to the secure children's homes (SCHs). This was for several reasons:
  - o From the outset, YOIs and the STC were less familiar with working to the principles and practices of trauma-informed, developmentally-attuned, and psychologically-based care.
  - o Larger numbers of staff needed to adopt the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* to enact changes to culture and practices in YOIs/the STC compared to SCHs.
  - o The larger size of YOIs/the STC meant that the only viable method of implementation was staggered, on a unit by unit (or landing) basis. This meant implementation was more susceptible to the impact of shifting organisational priorities and demands.
  - o The increased organisational complexity of YOIs/the STC (e.g., number of organisations involved in running a setting, number of senior leaders) required sustained change from a greater number of sectors and leaders.
- Change was enabled by providing staff with training, supervision, reflective practice, and opportunities for multi-agency working. This provision resulted in staff feeling more valued and empowered in their roles, which in turn increased wellbeing.
- Multi-agency, co-produced formulations have been widely implemented, although there is not universal coverage for all children and young people in all settings at this stage. Children and young people described the co-production of formulations as enabling their voice to be heard, which was empowering.
- The principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* increased staff knowledge about children and young people and their story. This enabled staff to:
  - o understand why a child or young person might be behaving in a certain way in the context of their experiences;
  - o develop mutual trust and respect with children and young people, improving relationships;
  - o help children and young people to manage challenging emotions and behaviours, which improved their capacity for self-regulation;
  - o ultimately provide better care.

- A pervasive pessimism was described across groups about the future life chances for children and young people in the secure estate. Although this pessimism remained, there was hope that the *Framework for Integrated Care (SECURE STAIRS)* could play a role in improving positive outcomes for children and young people.
- Across settings, the number of staff available to work and senior leadership support were key to determining the success of implementation. Senior leadership support, consistency of leadership, and positive relationships between leaders across agencies were described as crucial to establishing and modelling the culture of the setting, encouraging staff support and confidence to enact change, and continuing implementation in the face of barriers.

The findings of this evaluation suggest that the *Framework for Integrated Care (SECURE STAIRS)* and related Youth Justice Reforms are needed for continued implementation through mobilisation, transition, and transformation to the end goal of embedding business and culture change. Meaningful culture change requires ongoing resourcing and investment, not only to avoid reverting to previous principles and practices, but also to ensure culture is iteratively reviewed and refreshed as it is a dynamic and evolving construct. Given the scale of the task of fully reversing the pervasive pessimism over the future life chances for children and young people in the secure estate, complementary system changes across wider community services for children and young people and across society may be needed, promoting consistency of understanding and care and enabling the achievement of positive outcomes for more children and young people.

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Evaluation aims

Between April 2018 and March 2021, the Anna Freud Centre was commissioned to conduct an independent evaluation of the implementation and impact of the *Framework for Integrated Care (SECURE STAIRS)*.

The aim of the evaluation was to examine how far settings were along in their transformation journey to embedding the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* and to examine the impact of implementing it.

There were five evaluation questions:

1. Did culture and practices change to underpin care for children and young people using multi-agency, co-produced formulations?

2. Did emotional and relational safety[8] increase between staff and children or young people and between staff across agencies?

3. Were staff cared for better?

4. Does the *Framework for Integrated Care (SECURE STAIRS)* have the potential to improve the life chances for children and young people?

5. Is it possible for the potential impact of the *Framework for Integrated Care (SECURE STAIRS)* to provide good value for money in terms of outcomes for children, young people, and staff?

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[8] We define emotional safety as a shared understanding of needs and previous experiences so that distressing emotions can be discussed and regulated interpersonally in a manner that avoids re-traumatisation. We define relational safety as authentic and caring relationships, characterised by openness and trust, that avoid re-creating insecure and unstable attachments. We conceptualise the two as working symbiotically as part of a trauma-informed approach. These concepts are informed by the *Framework for Integrated Care (SECURE STAIRS)*; also see Taylor, J., Shostak, L., Rogers, A., & Mitchell, P. (2018). Rethinking mental health provision in the secure estate for children and young people: a framework for integrated care (SECURE STAIRS). Safer Communities, 17(4), 193-201.

Methodology

We conducted a mixed-methods realist process evaluation, which involved collecting different sources of data to test our pre-specified hypotheses of what the impact of the *Framework for Integrated Care (SECURE STAIRS)* would be and how it would achieve these impacts[9]. Overall, we worked with 18 settings that included young offender institutions (YOIs), a secure training centre (STC)[10], and secure children's homes (SCHs) in England.

We collected three types of quantitative data:
- 897 staff surveys at yearly intervals[11];
  - o 383 surveys from 17 sites in year one,
  - o 281 surveys from 16 sites in year two,
  - o 233 surveys from 16 sites in year three.
- 160 children and young people surveys on a rolling basis across the three years[12].
- Anonymous administrative data on 1,270 cases from 18 sites across the three years.

We collected qualitative data[13] from five case study sites in years one, two, and three. Case study sites were selected to cover a range of geographic locations, experiences of delivering the *Framework for Integrated Care (SECURE STAIRS)*, and size and type of site. There were two SCHs, two YOIs, and one STC[14].

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[9] Pawson, R., & Tilley, N. (1997). Realistic Evaluation, London: Sage.

[10] Oakhill Secure Training Centre was outside of the scope of the project due to not being within the operating regulations of NHS England and NHS Improvement and therefore not receiving NHS England and NHS Improvement commissioned Healthcare. Information is shared with Oakhill, leads from the site are invited to the bi-monthly Professional Collaboration Networks and have access to all information shared through the SECURE STAIRS Online Platform. Although discussion is taking place to include Oakhill in NHS England and NHS Improvement commissioning regulations, a date for transfer has not yet been agreed.

[11] Staff surveys were collected using a repeated cross-sectional design, which means that the same member of staff may have completed a survey in different years.

[12] Ethical approval for staff data collection: University College London (6087/007) Research Ethics Committee & Her Majesty's Prison and Probation Service (HMPPS) (2018-335). Ethical approval for data collection from children and young people: Health Research Authority (18/LO/1569) & HMPPS (2018-274).

[13] Interviews were collected using a repeated cross-sectional design, which means that the same person may have taken part in an interview in different years.

[14] We report illustrative quotes from staff by SCH or YOI/STC combined to minimise the risk of re-identification as there was only one STC. Similarly, we do not report illustrative quotes from children and young people by setting type to minimise the risk of re-identification.

We conducted:
- 132 staff interviews[15];
  - 53 in year one, 41 in year two, and 38 in year 3.
- 30 children and young people interviews;
  - 13 in year one, 13 in year two, and 4 in year 3.

The COVID-19 pandemic occurred during year three of the evaluation, which limited the amount of data collected, especially interviews with children and young people. This substantive change in context must be considered when interpreting the findings of this evaluation. In the light of the consistency of the findings we feel confident that the conclusions of this report remain valid, despite the disruption to the evaluation caused by the pandemic.

Key findings

Topic 1: Did culture and practices change to underpin care for children and young people using multi-agency, co-produced formulations?

Multi-agency, co-produced formulations have been widely implemented as part of the *Framework for Integrated Care (SECURE STAIRS)*.

In the administrative site data, 85% (503/589) of children and young people had a formulation and, on average, five different professional disciplines were present at formulation meetings.

In the YOI staff surveys, implementation increased from 30% (20/67) of staff at least sometimes attending formulation meetings in year one to 56% (24/43) in year three. In the SCH staff surveys, levels were higher and more stable: 71% (161/228) in year one and 78% (164/128) in year two.

Implementation was more challenging in YOIs/the STC compared with SCHs. This was for several reasons:
- From the outset, YOIs/the STC were less familiar with working to the principles and practices of trauma-informed, developmentally-attuned, and psychologically-based care.
- Larger numbers of staff needed to adopt the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* to enact changes to culture and practices in YOIs/the STC compared to SCH.

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[15] One-to-one interviews were conducted with children and young people and one-to-one interviews and focus groups were conducted with staff. We refer to interviews as covering both throughout.

- The larger size of YOIs/the STC meant that the only viable method of implementation was on a staggered unit by unit (or landing) basis. This meant implementation was more susceptible to the impact of shifting organisational priorities and demands.
- The increased organisational complexity of YOIs/the STC made buy-in and sustained change all the more important from a greater number of sectors and leaders.

"The difficulty is also being employed by lots of organisations. The differences in organisational philosophies is a challenge." (Illustrative quote from staff, YOIS/THE STC; quotes from these two settings are combined to avoid the risk of identification, as there was one STC)

Across settings, the number of staff available to work and senior leadership support were key to determining the success of implementation. In staff interviews, senior leadership support was described as crucial to establishing and modelling the culture of the setting, encouraging staff support and confidence to enact change, and continuing implementation in the face of barriers. Moreover, senior leadership support needed to be consistent across managers, demonstrating multi-agency working at all levels of a setting.

"it needs somebody who will push it, despite reluctance." (Illustrative quote from staff, SCH)

"if their time isn't protected for them to go to these things, it doesn't matter how much they want to go…it's the commitment across SMT managers" (Illustrative quote from staff, SCH)

Leadership was also key to enabling change in culture and practices to be implemented throughout an organisation through reflective practice at senior levels. This is in line with the need to reflect on the role of systems and processes in contributing to organisational trauma[16]. As illustrated in the quote below, a loss of this level of reflective practice impeded implementation across the organisation.

"[The new leader] decided the [SLT reflective practice] group should stop […] when people realised that that wasn't happening anymore at that level, they lost the energy and direction for it and were like, 'Well, if this institution doesn't really believe in culture change, then what are we even doing? We might as well go back to locking the boys up and doing things how we always used to.'" (Illustrative quote from staff, YOIS/THE STC)

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[16] Taylor, J., Shostak, L., Rogers, A., & Mitchell, P. (2018). Rethinking mental health provision in the secure estate for children and young people: a framework for integrated care (SECURE STAIRS). Safer Communities, 17(4), 193-201.

Support from the central implementation team at NHS England and NHS Improvement and from other settings (e.g., through regular meetings of staff from across the children and young people secure estate) were also described as important enablers. These enabled settings to reflect on implementation barriers from a different perspective and to identify suggestions about enablers that had helped in other settings.

"I mean being part of the clinical network (Professional Collaboration Network) has been essential in terms of training me in a way or helping me feel confident about what I am delivering, and having lots of contact with the central team has been really essential, and incredibly supportive, without them it couldn`t have happened, and without their continuing support I think it would be very difficult for it to continue the way it does." (Illustrative quote from staff, YOIS/THE STC)

Multi-agency, co-produced formulations were described as increasing understanding about children and young people and their story, by (and for) staff and children and young people. This increased understanding was the foundation of a trauma-informed, developmentally-attuned, and psychologically-based change in culture and practices. Below are some examples of changes to culture and practice:
- Staff reported that they understood why a child or young person might be behaving in a certain way in the context of their experiences, rather than seeing the behaviour as directed at them personally. This enabled staff to provide better care.
- Children and young people reported that staff better understood what they were feeling and why they were feeling that way.
- Staff and children and young people reported that staff were able to help children and young people to better manage challenging emotions and behaviours, which in turn helped to de-escalate situations and improve children and young people's capacity for self-regulation.

"understanding why they're acting that way helps me respond in a better way than what I might have." (Illustrative quote from staff, SCH)

Some staff noted in interviews that it was challenging to maintain trauma-informed, developmentally-attuned, and psychologically-based practices at times of high stress. Also, the indirect involvement of children and young people in formulation meetings was more consistently reported than the direct involvement. Nevertheless, some form of indirect or direct involvement was consistently described as important to give children and young people a voice in their care and goals.

In the staff survey across sites, there was a slight increase from 77% (173/225) of children and young people being at least sometimes involved in formulations in year one to 91% (135/149) in year three. However, the survey did not differentiate direct and indirect involvement, which may partly explain there not being higher levels of change.

Children and young people described the opportunity to have their voice heard and talk about what they thought was important as empowering, and they felt that it enabled them to put an end to their current story and build a different one for their future.

"It was extremely useful and extremely beneficial for me [...] to be able to move on from my story and putting an end on that story as I start going into being an adult and going out and being in the normal world." (Illustrative quote from a child/young person)

It is important to note that meaningful culture change requires ongoing resourcing and investment, not only to avoid reverting to previous principles and practices, but also to ensure culture is iteratively reviewed and refreshed as it is a dynamic and evolving construct.

Topic 2: Did emotional and relational safety increase between staff and children or young people and between staff across agencies?

By applying the principles and practices of trauma-informed, developmentally-attuned, and psychologically-based care, staff and children/ young people reported developing more open and mutually trusting and respectful relationships. This was described as increasing emotional and relational safety[17] by children, young people, and staff, with children and young people particularly noting that they felt listened to and understood by staff. Some staff noted a corresponding increase in environmental safety.

In the child and young person survey, 84% (132/156) said that they felt at least a little listened to by staff.

"Kind of building up that trusting relationship. To the point where if the young people are getting wound up by something the first people they want to talk to is the staff because of the relationship they have." (Illustrative quote from a child/young person)

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[17] We define emotional safety as a shared understanding of needs and previous experiences so that distressing emotions can be discussed and regulated interpersonally in a manner that avoids re-traumatisation. We define relational safety as authentic and caring relationships, characterised by openness and trust, that avoid re-creating insecure and unstable attachments. We conceptualise the two as working symbiotically as part of a trauma-informed approach. These concepts are informed by the Framework for Integrated Care; also see Taylor, J., Shostak, L., Rogers, A., & Mitchell, P. (2018). Rethinking mental health provision in the secure estate for children and young people: a framework for integrated care (SECURE STAIRS). Safer Communities, 17(4), 193-201.

A consistent barrier to sustaining emotional and relational safety was staff turnover because the process of building relationships had to start all over again, as described across groups in interviews.

In year one, staff interviewed consistently described siloed working and a lack of multi-agency collaboration. The *Framework for Integrated Care (SECURE STAIRS)* created more opportunities to build relationships with staff from different agencies (e.g., multi-agency formulation meetings, training, supervision, and reflective practice). There was a dramatic move away from siloed working toward multi-agency working across all levels of a setting underpinned by emotional and relational safety reported in the interviews with staff in year three.

Room for future development, which is part of the *Framework for Integrated Care (SECURE STAIRS)*, was described by some settings through extending collaborative working to frontline staff and also to staff from other agencies (e.g., education). Staff described the clear impact that increased multi-agency working had on care provision in interviews as staff were, for example, more involved in different areas of care planning and pathways.

"We couldn't have provided the level of care we have done without that partnership working." (Illustrative quote from staff, YOIS/THE STC)

Topic 3: Were staff cared for better?

It was clear throughout the three years that staff were very dedicated to their jobs, with for example 89-90%[18] of staff surveyed agreeing or strongly agreeing that they were enthusiastic about their job. The timeframe of the evaluation was too short for the *Framework for Integrated Care (SECURE STAIRS)* to have been fully implemented and embedded across the children and young people secure estate, which was ongoing over the course of the evaluation, although some settings especially SCHs did fully implement and embed. At this stage in the rollout of the *Framework for Integrated Care (SECURE STAIRS)*, we did not expect to be able to detect significant changes in longer-term outcomes such as changes in staff retention. However, there was qualitative evidence of improvements to staff retention in a SCH that had been implementing and embedding the principles and practices of trauma-informed, developmentally-attuned, and psychologically-based care over a period of seven years.

The opportunity to access training, reflective practice, supervision and a greater involvement in decision making (e.g., in multi-agency formulation meetings) were described by staff as making them feel valued, empowered, and cared for

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[18] Year one = 90% (345/383), year two = 89% (249/281), year three = 89% (197/222).

better, which in turn increased wellbeing. Staff reported in interviews that training was an opportunity to learn about one's own (and colleagues') stories and experiences, fostering a culture of emotional and relational safety. Similarly, staff interviewed described reflective practice and supervision as benefitting their work with children and young people and personally, as it was a safe space.

"I am happier now it's [reflective practice] been implemented because it improves the relationships. Me, as a member of staff, have got space to talk through my issues and how I think stuff is going." (Illustrative quote from staff, YOIS/THE STC)

Co-delivery of training by staff from different roles (e.g., health, operations) and tailoring training to specific groups of staff working together were described by staff as facilitating learning. This enabled different experiences to be incorporated, which increased learning and expanded the breadth of discussions. It was also described as increasing the relevance of training to staff when hearing from a trainer in the same role. Sufficient capacity to release staff to attend training, reflective practice, and supervision was frequently described as a barrier across case study sites. For some case study sites, this was compounded during the initial stages of the COVID-19 pandemic but for others it was lessened due to increased flexibility through remote working.

Topic 4: Does the *Framework for Integrated Care (SECURE STAIRS)* have the potential to improve the life chances for children and young people?

Pessimism over the life chances for children and young people in the secure estate was a common theme across settings, time, and respondents in interviews. However, two sources of hope for improved life chances were described, facilitated by the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)*.

First, staff interviewed described hope for improved life chances by working with children and young people to make sense of their current stories, enabling them to make sense of their future stories.

Second, supporting children and young people to live in the community was another source of hope. Valuable examples of how to do this in practice were described in interviews. Staff reported effectively using formulation-based, advanced, and multi-agency transition planning. This was particularly helpful for planning transitions to the community and bringing together children and young people and the successor placement ahead of transition. Staff in the children and young people secure estate also reported supporting children and young people post-transition during times of challenge in the community.

"placements are more involved in terms of coming to reformulation transitions meetings… young people are saying to us that they feel more involved in their transitions whenever their settings are coming to these meetings." (Illustrative quote from staff, SCH)

Staff, children, and young people also described the value of identifying and setting goals and accessing education and employment in the secure estate and after leaving it.

"college weren't going to take me back and then [the site] spoke to them, told them how well I am doing, explained loads of things [….] and now they want to take me back, so I think they did their job pretty well, you know." (Illustrative quote from a child/young person)

⚖ Topic 5: Is it possible for the potential impact of the *Framework for Integrated Care (SECURE STAIRS)* to provide good value for money in terms of outcomes for children, young people, and staff?

In the full report, we summarise that at our mid-point estimates the monetised value of the benefits (estimate £2,514.60) are more than double the resources used to support staff (estimate £1,200). At a willingness-to-pay threshold of £30,000 we used threshold analysis to show how this could be a cost-effective use of resources. This is based on an estimated cost of supporting staff, as part of the *Framework for Integrated Care (SECURE STAIRS)*, on one unit in a YOI as £1,200 for each operational staff member, at an early stage of implementation.

The above threshold analysis suggests that the investment made would need to achieve resource savings (e.g., via reduced absenteeism and improved productivity) to be considered a cost-effective use of resources. Therefore, the threshold analysis indicates that the investment in supporting staff as part of the *Framework for Integrated Care (SECURE STAIRS)* has the potential to be cost-effective. Further evaluation is required to establish the rate at which these benefits are realised over time.

As described in Topic 3 above, we did not expect to be able to detect significant changes in outcomes for children and young people. Therefore, unsurprisingly, there was insufficient quantitative data showing improvements in outcomes for children and young people for the economic threshold analysis to demonstrate that the *Framework for Integrated Care (SECURE STAIRS)* could be considered cost effective at this stage of implementation. The anonymous administrative data were inconsistent in what data sites submitted and how these data were coded, meaning there was little overlap in information available across multiple sites. This was despite a huge amount of effort across the three years made by the research team, NHS England and NHS Improvement, and sites. The number of staff available to work and the de-centralised nature of data collection in settings, where information is held on different health, operations, and education

systems, were the main challenges. More information on Topic 5 can be found in the full report.

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Recommendations

The nine recommendations below are based on the evidence from this Independent Evaluation of the *Framework for Integrated Care (SECURE STAIRS)*:

1. **To fully realise the opportunities offered by the *Framework for Integrated Care (SECURE STAIRS)*, embedding culture change must remain a priority for the long term.**
   Given the scale of the task of fully reversing the pervasive pessimism over the future life chances for children and young people in the secure estate, complementary system changes across wider community services for children and young people and across society may be needed. Therefore, promoting consistency of understanding and care and enabling the achievement of positive outcomes for more children and young people.

2. **Embedding the principles of the *Framework for Integrated Care (SECURE STAIRS)* needs senior leadership buy in to establish and model culture change, encourage and support staff to enact change, and maintain momentum despite obstacles**. To enable this, systems of leadership support need to be in place to enable organisational and external trauma to be discussed, understood, and addressed. Such systems are vital to support leaders across agencies in a consistent way, given the importance of multi-agency collaboration at leadership levels to sustain change.

3. **Central implementation support is also vital to enable local and national implementation, and opportunities for peer support for staff across the children and young people secure estate should be continued.**

4. **Staff should involve children and young people in formulations directly where possible, or indirectly if direct involvement is not possible, as this is beneficial to both the child or young person and the process.**

5. **Formulations should move with children and young people as they transition in and out of the secure estate, to maximise 'shared understanding'.**

6. **Staff must work together at all levels within the system (i.e., strategic, on-site leadership, and care delivery) in order to understand how trauma-informed, developmentally-attuned, and psychologically-based practices can be sustained at times of high pressure.** For example, this could be a standing reflective practice or reflective supervision agenda item, or staff could in supervision create formulations about how they work with and respond to children and young people during different times and events.

7. **Secure settings should continue (and be supported to continue) the consistent use of ongoing multi-agency training, reflective practice, and supervision, co-delivered by staff from different sectors.** These

opportunities are a priority to ensure practices are maintained and developed. Sites should identify local enablers, examine barriers to these practices, and explore how they could be flexibly delivered based on local need to maximise accessibility.

8. **Strategies for improving the continuity of staff in the children and young people secure estate should be prioritised, to minimise the system's role in potentially re-traumatising children and young people through the reinforcement of experiences of relational non-safety.** This could involve a range of approaches, from reviewing the recruitment and retention of staff through to examining the rotation of staff to maximize the ability of staff in post to build emotional and relational safety with children and young people. Staff should also work with children and young people to explore and implement strategies to transfer emotional and relational safety, built between a child or young person and staff member, during times of staff turnover.

9. **Ongoing evaluation of the implementation and impact of the *Framework for Integrated Care (SECURE STAIRS)* is needed, especially on the long-term outcomes for children and young people.** This would enable reflective practice on the process of culture change, which is crucial given the dynamic and evolving nature of culture. Systems that integrate data around a child or young person, rather than around a sector, would facilitate ongoing evaluation.

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Authors and acknowledgements

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