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

Full report

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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].

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:

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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. DOI: 10.1108/SC-07-2018-0019

[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" (p.4) 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

[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

"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 support 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). 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. This is referred to as 'my story' to ensure language that is inclusive of children and young people is used.

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.

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.

To assess the implementation of the Framework for Integrated Care and the extent to which it transformed culture and practices in the children and young people secure estate to be trauma-informed, developmentally-attuned, and psychological-based, we examined a range of questions, organised by the following five overarching topic 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?

In the next section, we describe our methodology. We then detail findings for each topic question, with further context and rationale for the line of inquiry. We close this report by discussing our conclusions and recommendations.

[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. DOI: 10.1108/SC-07-2018-0019

Methodology

Approach

We conducted a prospective longitudinal mixed-methods realist process evaluation[9]. Realist process evaluation examines what works, for whom, in what context and to what extent [10]. It is appropriate for the evaluation of complex interventions that involve interactions between multiple systems, agencies, and individuals[11]. The *Framework for Integrated Care (SECURE STAIRS)* involves a number of interventions as part of a culture transformation and whole systems change[12].

The first step in a realist process evaluation is to develop a logic model identifying the different elements of the intervention and the processes by which change occurs. The logic model captured our pre-specified hypotheses of what the impact of implementing the *Framework for Integrated Care (SECURE STAIRS)* would be and how it would achieve these impacts. It explicitly recognised the complexity of the system within which the *Framework for Integrated Care (SECURE STAIRS)* is being implemented.

The five components of the logic model were:
1. The population targeted by the *Framework for Integrated Care (SECURE STAIRS)*;
2. A summary of the key components of the *Framework for Integrated Care (SECURE STAIRS)*;
3. The proposed mechanisms by which the *Framework for Integrated Care (SECURE STAIRS)* causes an effect;
4. The expected outcomes of the *Framework for Integrated Care (SECURE STAIRS)*;
5. The ongoing contextual factors moderating the effect of the *Framework for Integrated Care (SECURE STAIRS)*, which need to be continuously addressed for successful sustainability.

The logic model was developed in collaboration with national and local implementation teams during the set-up of the evaluation and is shown in Figure 1 below.

[9] Ethical approval for staff data collection: University College London (6087/007) Research Ethics Committee and Her Majesty's Prison and Probation Service (2018-335). Ethical approval for data collection from children and young people: Health Research Authority (18/LO/1569) and Her Majesty's Prison and Probation Service (2018-274).
[10] Pawson, R., & Tilley, N. (1997). Realistic Evaluation. London: Sage.
[11] HM Treasury (2011). The Magenta Book. London: HM Treasury. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879438/HMT_Magenta_Book.pdf
[12] At times, we refer to the Framework for Integrated Care as an overall intervention.

The ultimate outcome of the *Framework for Integrated Care (SECURE STAIRS)* is to improve life chances for children and young people. The timeframe of the evaluation was too short for the *Framework for Integrated Care (SECURE STAIRS)* to have been fully implemented and embedded (such as throughout an entire YOI), which was ongoing over the course of the evaluation, especially given implementation delays due to COVID-19. In any case, the timeframe of the evaluation was too short to expect evidence of the ultimate outcomes to be detected (e.g., reduced offending), as we would need to follow children and young people up for many years to observe change. Nevertheless, we examined evidence of promise that the *Framework for Integrated Care (SECURE STAIRS)* has the potential to improve life chances for children and young people in this report.

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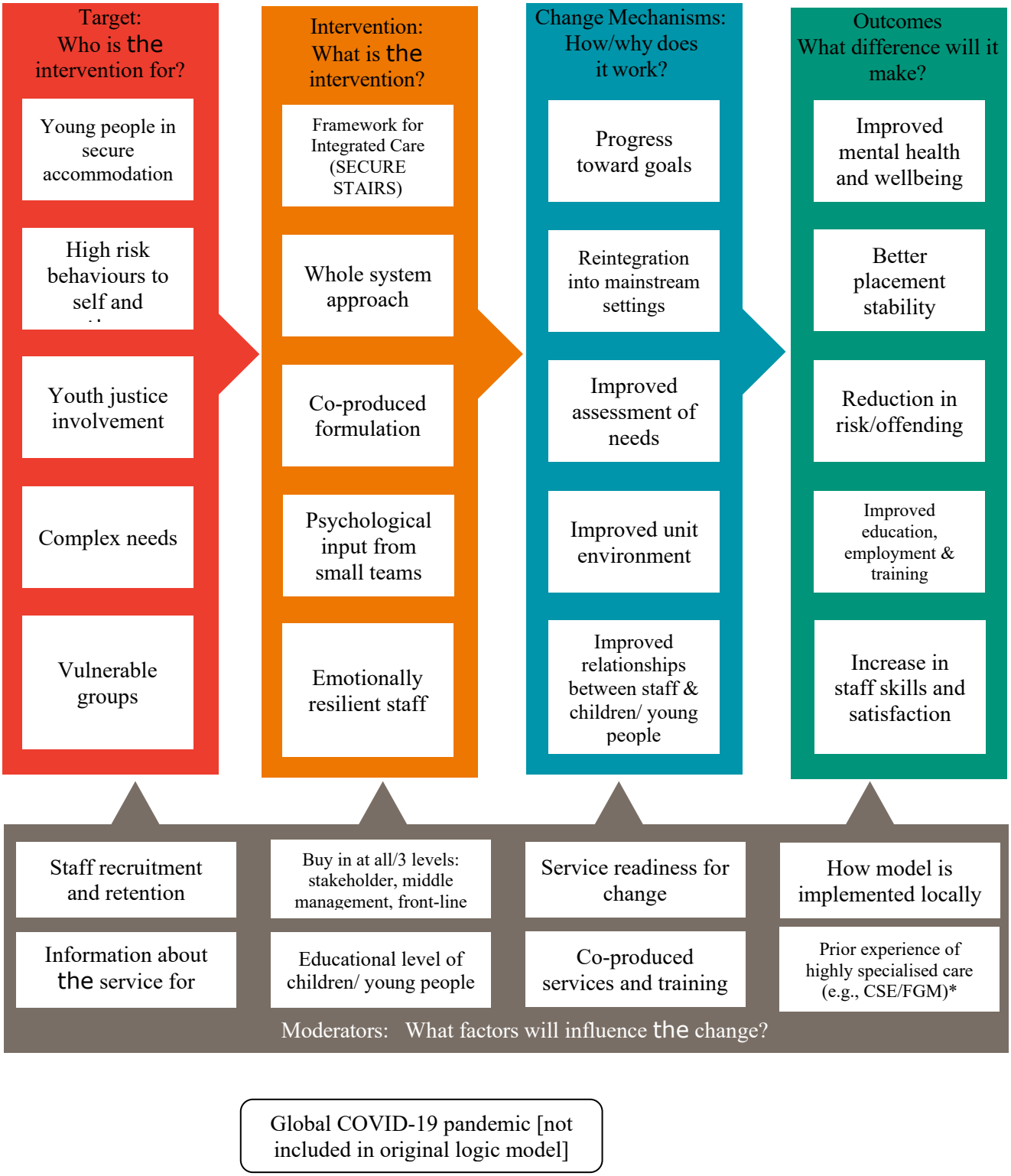
Figure 1: Logic model for the evaluation for the *Framework for Integrated Care (SECURE STAIRS)*



* CSE = child sexual exploitation. FGM = female genital mutilation.

Data sources

We collected quantitative data[13] from 18 settings that included young offender institutions (YOIs), a secure training centre (STC)[14], and secure children's homes (SCHs) in England. This included surveys with staff in year one, two, and three;[15] surveys with children and young people on a rolling basis across the three years;[16] and anonymised administrative data from sites. Table 1 below shows the amount of data collected by data source.

We collected qualitative data[17] 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. Qualitative data[18] were collected using interviews and focus groups[19] with staff and interviews with children and young people. We report illustrative quotes from staff by SCH or YOIs/the 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.

[intentionally blank]

[13] Quantitative data were analysed using descriptive statistics.
[14] 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 SECURE STAIRS 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.
[15] 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.
[16] Surveys from children and young people were completed on a rolling basis, rather than at separate points over year one, 2, and 3 (as in the staff surveys) to maximise data collection.
[17] 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.
[18] Interviews were either securely recorded and transcribed verbatim or the interviewer took detailed field notes (when recording equipment was not permitted in a site). Qualitative data were analysed using the framework method to first manage the data by dividing transcripts according to the evaluation question, or component of the logic model, they addressed. A thematic analysis was then applied to each part of the framework, which involves identifying patterns across participant responses.
[19] 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.

Table 1: Amount of data collected by data source

Staff surveys	
No. of respondents, no. of sites (year one)	383 staff, 17 sites
No. of respondents, no. of sites (year two)	281 staff, 16 sites
No. of respondents, no. of sites (year three)[20]	233 staff, 16 sites
Total no. of respondents and % (n) female	897, 59% (529) female
Child and young person surveys	
Total no. of respondents, % (n) male, mean age	160, 83% (132) male, 16.44 years[21]
Site administrative data	
Total no. of cases, total no. of sites	1,270 cases, 18 sites
Staff interviews	
No. of participants in year one	53
No. of participants in year two	41
No. of participants in year three	38
Total no. of participants	132
Child and young person interviews	
No. of participants in year one	13
No. of participants in year two	13
No. of participants in year three	4
Total no. of participants	30

First and foremost, it must be recognised that children, young people, and staff across all settings were instrumental in achieving the above amount of data. We are incredibly grateful for all of their support and hard work, without which the evaluation would not have been possible.

Box 3: Staff survey respondents' role across years (of those who entered their role)

- Residential staff = 29% (210/729)
- Managers and senior leads = 20% (143/729)
- Health staff = 19% (135/729)
- Youth justice staff = 15% (112/729)
- Education staff = 9% (69/729)
- Administrative staff = 5% (39/729)
- Social work staff = 3% (21/729)

[20] We were unable to collect staff surveys from the STC in year three due to the COVID-19 pandemic.
[21] 95% Confidence Interval of mean age = 16.29-16.69.

Data collection instruments

The main components of the staff survey were:
- Tailored questions on staff experience of the implementation and impact of the *Framework for Integrated Care (SECURE STAIRS)*;
- Job satisfaction using items from the NHS Staff Survey 2017;
- Burnout[22];
- Perceptions of team climate and functioning[23].

The main topics of the staff interviews were:
- Process of implementation of the *Framework for Integrated Care (SECURE STAIRS)* and enablers and barriers;
- Experience of formulations, training, supervision, and reflective practice;
- Impact of the *Framework for Integrated Care (SECURE STAIRS)* on: a) setting culture, b) care for and relationships with children and young people, and c) staff wellbeing;
- Life chances for children and young people in the secure estate.

The main components of the children and young people's survey were:[24]
- Child/Outcome Rating Scale to measure global mental health and wellbeing[25];
- Quality of life to measure the overall health status and impairment to functioning of children and young people[26];
- Perceptions of the social and therapeutic climate[27];
- Help-seeking behaviours[28];
- Satisfaction with experience and care[29].

The main topics of the child and young person interviews were:
- Relationships with staff in terms of whether or not staff understand and are interested in them;

[22] Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. Work & Stress, 19(3), 192-207. DOI: https://doi.org/10.1080/02678370500297720

[23] Kivimaki M, Elovainio M. A short version of the team climate inventory: development and psychometric properties. J Occup Organ Psychol 1999;72:241–6. DOI: https://doi.org/10.1348/096317999166644

[24] We attempted to collect surveys from an individual child/ young person at two timepoints, broadly three months apart. This was unfeasible due to child/ young person turnover and site capacity and resourcing.

[25] Miller SD, Duncan BL, Brown J. The outcome rating scale: a preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. J Brief Ther 2003;2:91–100. https://www.scottdmiller.com/wp-content/uploads/documents/OutcomeRatingScale-JBTv2n2.pdf

[26] Wille N, Badia X, Bonsel G, et al. Development of the EQ-5D-Y: a child-friendly version of the EQ-5D. Qual Life Res 2010;19:875–86. DOI: 10.1007/s11136-010-9648-y

[27] Schalast N, Redies M, Collins M, et al. Essences, a short questionnaire for assessing the social climate of forensic psychiatric wards. Crim Behav Ment Health 2008;18:49–58. DOI: 10.1002/cbm.677

[28] Chisholm K, Patterson P, Torgerson C, et al. Impact of contact on adolescents' mental health literacy and stigma: the SchoolSpace cluster randomised controlled trial. BMJ Open 2016;6:e009435. DOI: 10.1136/bmjopen-2015-009435

[29] See Brown A, Ford T, Deighton J, et al. Satisfaction in child and adolescent mental health services: translating users' feedback into measurement. Adm Policy Ment Health 2014;41:434–46. DOI: 10.1007/s10488-012-0433-9

- How, if at all, staff help children and young people to manage difficult times, emotions, and behaviours;
- Understanding of, involvement in, and impact of formulations;
- Life chances on leaving the children and young people secure estate.

Economic evaluation

We convened an expert panel of health economists, researchers, clinicians, and staff from the children and young people secure estate to oversee the economic evaluation and to inform key decisions. Similarly, to understand the value of the *Framework for Integrated Care (SECURE STAIRS)* from the perspective of children and young people, we sought advice and support from Peer Power experts by experience of both community mental health services and of secure settings. In addition to ongoing advice and support, Peer Power supported us to facilitate an expert by experience consultation with four children and young people.

One of the aims of the economic evaluation was to conduct illustrative threshold analyses – the point at which the *Framework for Integrated Care (SECURE STAIRS)* would be considered cost effective. We examined the illustrative threshold analyses in terms of the impact for staff and we explored illustrative thresholds analyses for children and young people.

The illustrative threshold analyses on child and young person impact were explorative because the three-year timeframe of the evaluation was too short for the *Framework for Integrated Care (SECURE STAIRS)* to have been fully implemented and embedded, which was ongoing over the course of the evaluation. At this stage in the rollout of the *Framework for Integrated Care (SECURE STAIRS)*, we did not expect to be able to detect significant long-term changes in outcomes for children and young people (e.g., reduced levels of re-offending). This was further complicated because, while outcome data for children and young people was collected, data was inconsistent in coverage of settings and numbers of children and young people. Therefore, over this period, there was insufficient quantitative data to confidently evidence improvements in the wellbeing of children and young people to inform the economic evaluation.

We conducted a large systematic review of published utility values[30]. Here, we looked for Quality Adjusted Life Years (QALYs) to identify estimates of the potential value of the *Framework for Integrated Care (SECURE STAIRS)* to children and young people. To help ensure we were using appropriate QALYs, we summarised the types of impacts of using interventions for children and young people that have been reported by the economic evaluations of included studies. We also assessed the cost of these impacts of using interventions for children

[30] "In health economics, a 'utility' is the measure of the preference or value that an individual or society gives a particular health state. It is generally a number between 0 (representing death) and 1 (perfect health). The most widely used measure of benefit in cost-utility analysis is the quality-adjusted life year, which combines quality of life with length of life." NICE (2022). Glossary. https://www.nice.org.uk/glossary?letter=u

and young people reported by existing UK economic evaluations. Together, this enabled us to identify relevant QALYs to illustrate the potential benefits of the *Framework for Integrated Care (SECURE STAIRS)* to children and young people and the potential of long-term cost savings. After examining the published literature, we analysed site administrative data to estimate the potential benefits of the *Framework for Integrated Care (SECURE STAIRS)* to children and young people.

We identified costs of delivering the *Framework for Integrated Care (SECURE STAIRS)* based on amount of staff time involved. Amount of staff time was estimated using expert opinion, and then the cost of this staff time was estimated using published unit costs, as is normal for economic evaluations. For the illustrative threshold analysis on staff impact, we used NICE guidance on *Wellbeing at Work* (2009)[31] to inform the cost saving estimates to employers we used.

The potential of long-term cost savings to staff and children and young people was also considered and discussed by the panel of experts of children, young people, front-line staff, and mental health professionals implementing the *Framework for Integrated Care (SECURE STAIRS)*.

To help us contextualise the economic evaluation to settings implementing the *Framework for Integrated Care (SECURE STAIRS)*, we conducted one-to-one consultations with staff from two spotlight SCHs that were further along their transformation journey to inform the process of change and the pathway to impact.

Based on the quantitative and qualitative data collected, the expert panel, and consultations with children and young people and with staff from spotlight SCHs, the economic analysis examined the potential for implementation to be of value in terms of outcomes for children and young people, benefits to staff, and costs to the children and young people secure estate. To consider the value and potential for change, the pervasiveness and depth of culture change in an exemplar SCH was also considered using consultations with staff to draw conclusions about how and why change has been successful at this stage of implementation.

Barriers to the evaluation

The anonymous administrative data from sites was one of the more challenging data sources. A huge amount of effort across the three years was made by the research team, NHS England and NHS Improvement, and sites. We had initially planned to collate and analyse data at year one, two, and three. A primary challenge reported by several sites was low staff numbers to engage with this element of the evaluation, which was in part due to experiencing delays in

[31] NICE (2009). Mental wellbeing at work: Public health guideline. https://www.nice.org.uk/guidance/ph22

recruiting staff with responsibility for this component (e.g., assistant psychologists, administrative staff).

The challenges caused by low staff numbers were further complicated, as expected, by the decentralised nature of data collection, meaning the data asked for were held on multiple and separate systems, including health, operations, and education systems. Although we co-produced our initial data specification with some sites, it was still a concern for sites, given the large number of items and the strict coding of values in the data specification. This feedback was taken on board and the data specification was revised to allow sites to submit data in the form it exists on their systems. We also provided sites with an enhanced level of practical support, whereby we visited them on-site (or remotely, due to COVID-19 restrictions) and discussed in detail the data they had available and their reporting systems. Again, we are incredibly grateful to sites for their ongoing hard work to support data collation.

The above mitigations resulted in a fuller amount of data being submitted in years two and three. However, due to differences in what data sites submitted, how much data they submitted, and data quality, we were limited in the data available to analyse. We therefore examined data combined across years. Still, the combined 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. Despite these mitigations, the barriers to collating and analysing site administrative data means/t that we have been limited in what we have been able to include from these data in this report.

Further considerations when interpreting the findings of this evaluation

The evaluation began in 2018. 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 (see Table 1 above for amount of data collected by source). This substantive change in context must be considered when interpreting the findings of this evaluation. In the light of the consistency of the findings of this evaluation we feel confident that the conclusions of this report remain valid despite the disruption to the evaluation caused by the pandemic.

Sites were also affected by other contextual and policy changes over the three years, and implementation of the *Framework for Integrated Care (SECURE STAIRS)* began before the collection of year one evaluation data. Finally, without a randomised clinical trial, inferences about the *Framework for Integrated Care (SECURE STAIRS)* causing changes cannot be made. Still, these considerations were known from the outset and were incorporated into the design of the evaluation but nevertheless, they should be borne in mind when interpreting the findings of this evaluation. Moreover, a randomised clinical trial was not suitable for the present study as the *Framework for Integrated Care (SECURE STAIRS)*

was a whole system culture change and therefore there were no eligible comparator systems to serve as controls.

Aims and structure of the rest of this report

The aims will be explored further with findings identified over the following chapters.

The five evaluation topics were:

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[32] 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? [33]

Each topic begins with further context, our rationale for why we examined that topic, and then detailed findings. We close this report by discussing our conclusions and recommendations.

[32] 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. DOI: 10.1108/SC-07-2018-0019

[33] Learning from the qualitative data collected from consultations with the expert panel and with expert by experience young people is for the most part integrated in Topics 1-4. Therefore, Topic 5 is relatively brief compared to Topics 1-4.

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

Topic context

"We all got to sit down in a group, write down what my story is […] and what's happened in my life and […] all the staff members got to read that bit of paper […] and it tell them a bit more about me […] so, I'm not just some criminal, I'm actually a person to them now." (Child/Young Person)

Formulation meetings are fundamental to the implementation of the *Framework for Integrated Care (SECURE STAIRS)*[34] as they reflect putting the training into practice[35]. Formulations are critical to enable staff to provide trauma-informed, developmentally-attuned, and psychologically-based care. The formulation process also encourages collaboration between agencies and with children and young people, allowing care to be 'done with, rather than done to'.

It needs to be recognised that the routine use of formulation meetings, and using 'my story' to underpin daily interactions, represents a substantive change in practice. While community child and adolescent mental health settings commonly underpin care using formulations, this is a fundamental cultural shift in the children and young people secure estate, albeit more so for young offender institutions and secure training centres (YOIs/the STCs) than secure children's homes (SCHs). Formulations have the potential to have important benefits for children and young people even beyond placement in the children and young people secure estate, for example by supporting the often destabilising transition process.

The *Framework for Integrated Care (SECURE STAIRS)* and the Youth Justice Reforms[36, 37] help to deliver the call for children and young people to be treated as a child first, in which they are seen as children and supported to understand their story ('My Story') and their trauma, developing a prosocial identity for positive child outcomes, in a manner that promotes collaboration between staff and children and young people.[38]

[34] The Framework for Integrated Care is also known as SECURE STAIRS.
[35] 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. DOI: 10.1108/SC-07-2018-0019
McKeown, A., Martin, A., Kennedy, P. J., & Wilson, A. (2020). "Understanding my story": young person involvement in formulation. Journal of Criminological Research, Policy and Practice.
[36] Youth Custody Service. Youth Justice Reform Programme Benefits Map.
[37] This report covers the welfare estate, however a similar reform programme was in place for this estate at the time of writing.
[38] Case, Stephen; Browning, Ann (2021): Child First Justice: the research evidence-base [Full report]. Loughborough: Loughborough University. Available from: https://hdl.handle.net/2134/14152040.v1

Topic 1(a): Implementation of 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 sites where multi-agency, co-produced formulations were new practices, implementation was led by healthcare staff, who trained operational staff in formulations in the first instance. 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 surveys collected from children and young people across the three years, 63% (100/158) said that they have at least somewhat had the chance to tell their story to staff. In the qualitative data, all five of the case study sites had some version of formulations taking place by year three, and they seemed to be most consistent in SCHs and the STC. However, not all children and young people had formulations within settings. Still, it was clear that all sites were working hard to ensure all children and young people had a formulation. By year three, reviewing and updating formulations (or re-formulating) was consistently described by staff across the five case study sites.

In some of the case study sites, formulations stopped or slowed down during the early months of the pandemic, although they were starting up again at the time of final data collection. Adaptations were made to how formulations were conducted during the period of the pandemic, for example holding virtual meetings or conducting red, amber, or green ratings for all children and young people to identify those most in need.

The transformation journey of implementing multi-agency, co-produced formulations was longer and more challenging in YOIs/the STCs than in SCHs.

Implementation was more challenging in YOIs and the STC compared to the SCHs. This was because of a range of reasons:

- Larger numbers of staff in the YOIs and STC need to adopt the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* to enact changes to culture and practices.
- 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.
- The increased organisational complexity of YOIs/ 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; e.g., "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)

- 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. For example:
    - In the YOI staff surveys, access to and engagement with formulations increased from 30% (20/67) of staff at least sometimes attending formulation meetings in year one to 56% (24/43) in year three, with implementation ongoing.
    - In the SCH staff surveys, access to and engagement with formulations remained relatively stable with 71% (161/228) of staff at least sometimes attending formulation meetings in year one and 78% (164/128) in year three, highlighting the higher levels familiarity in SCHs from the outset.

Topic 1(b): Involvement of children and young people in multi-agency, co-produced formulations

The indirect involvement of children and young people in formulation meetings was more consistently reported in staff interviews 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 to tell their story and to have a voice in their care and goals. The indirect or direct involvement of children and young people in their care and goals, through formulations, was described in staff interviews as being less common before the *Framework for Integrated Care (SECURE STAIRS)*.

Change in levels of involvement of children and young people[39] in formulations reported in staff surveys was less clear. There was an increase from 77% (173/225) of children and young people being at least sometimes involved in year one to 91% (135/149) in year three. However, the question did not differentiate direct and indirect involvement, which may partly explain there not being higher levels of change.

In the surveys collected from children and young people across the three years, 68% (108/158) said that they felt at least somewhat involved in their care. As one child/young person described in an interview: "Formulation is based around the young person, so you're heavily involved." (quote 1, box 1[b][ii], below).

The staff interviewed described that involving children and young people in formulations was empowering for children and young people, as they were able to see that staff were actively interested in their story.

[39] The survey asked about involvement of children, young people, or parents/guardians.

Box 1(b)(i): Illustrative quotes from staff on the involvement of children and young people in multi-agency, co-produced formulations

(1) "Things like 'my story' document being introduced as well, that gives the young person a voice into their formulation, into their goals as well. That maybe didn't happen so much prior to a year ago or so. So, definitely seeing improvement there." (YOIs/the STC)

(2) "Young people by coming to the [formulation] meeting can actually see that staff do care and are actually interested in listening to their story and their journey. It's a much more inclusive model." (SCH)

Similarly to staff, children and young people reported in interviews that being involved in formulations was empowering:

- They had their voice heard by professionals;
- They talked about who they were, their needs, and what was important to them;
- It built confidence in talking to other people about their story.

Box 1(b)(ii): Illustrative quotes from children and young people on their involvement in multi-agency, co-produced formulations from children and young people

(1) "Formulation is based around the young person, so you're heavily involved."

(2) "Every professional in that room listened to me and they were interested in my feelings and how I am and how I want to change it, rather than just telling me how I am, how I behave and how they want me to change it."

(3) "It has benefitted me and it will benefit me in the future because it has allowed me to gain more confidence around, kind of, speaking to people about my story…and how I have come on from that."

The above evidence suggests that efforts to involve children and young people in formulations directly or indirectly should be continued. As illustrated by quote 2 (box 1[b][ii]), the opportunity to hear the voice of the child or young person, and what they think is important, should be encouraged.

Topic 1(c): Impact of multi-agency, co-produced formulations on understanding needs and histories

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.

Across the three years, 61% (95/157) of children and young people surveyed said that they at least somewhat felt that staff had helped them to understand their current and past difficulties or needs, and 54% (85/158) said that staff at least somewhat knew their story. This may suggest that greater communication with children and young people about their formulation on an ongoing basis, whether they are directly or indirectly involved in formulation meetings, may help children and young people to feel that staff know their story (also see Topic 1[b]).

In interviews, children and young people described formulations as helpful because they increased their understanding of themselves, their story, their trauma and how to put an end to their current story and build a new one for their future, illustrated in quote 3, box 1(c)(i). Opening up through telling one's story was described as a release of "quite a lot of stuff that I've build up inside over the years" (quote 4, box 1[c][i]).

Box 1(c)(i): Illustrative quotes on the impact of multi-agency, co-produced formulations on understanding of needs and histories from children/young people

(1) "I learnt more about how I ended up here and that."

(2) "You will realise everything you have been through and understand more about yourself…you might not have had that chance to sit back and watch your whole life back."

(3) "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."

(4) "I think for me it releases quite a lot of stuff that I've built up inside over the years, and it kind of eases that a bit because it's in the open. And staff can look at that whenever they need to look at that, and stuff like that. And I think that helps."

In the surveys, staff reported that the *Framework for Integrated Care (SECURE STAIRS)* had increased their understanding of children and young people's stories, which rose somewhat from 52%[40] (190/368) to 67% (137/206) over the three years. In addition, 98-100%[41] of staff who attended formulations reported that they were at least sometimes helpful, and 91-95%[42] reported using the formulation when working with children and young people at least sometimes, across the three years. Staff, in interviews, described formulations as increasing their understanding of children, young people, and their stories. As illustrated in quote 2 (box 1 [c][ii]) the formulations being accessible and easy to draw on were described as facilitating use in daily work.

[40] Percentage of respondents agreeing or strongly agreeing.
[41] Year one = 100% (226/226), year two = 98% (178/181), year three = 100% (151/151).
[42] Year one = 95% (215/226), year two = 92% (165/179), year three = 91% (136/50).

Box 1 (c)(ii): Illustrative quotes on the impact of multi-agency, co-produced formulations on understanding needs and histories from staff

(1) "Sometimes you know you get some information coming in and the person arrives an hour later and you've just had a quick glance and then you start and build that relationship up with them and then you kind of just move on from there." (SCH)

(2) "I am able to go to one place to have all the information that I need about a young person, when it comes to making decisions or whatever kind of future care planning." (YOIs/the STC)

(3) "sometimes it feels like they're much more productive as in we come up with really clear ideas about what the kids need and how the staff can meet those needs. And how we as a mental health team can contribute to meeting those needs. And other times it is just a case of trying to map things out and make sense of things and help staff understand the behaviours." (SCH)

The above evidence suggests that the use and rollout of multi-agency, co-produced formulations should be maintained, in line with the current stage of the *Framework for Integrated Care (SECURE STAIRS)* and Youth Justice Reforms[43].

Topic 1(d): Impact of multi-agency, co-produced formulations on emotional and relational safety

It is critical to provide a framework for practice that is relationally based and provides a secure base for staff to work from, valuing and supporting them in what they describe at times as being an uncontained system, where risk is a feature of daily work[44]. The *Framework for Integrated Care (SECURE STAIRS)* appears to give staff a language with which to translate this attachment-based practice to children and young people, structuring positive relationships and de-escalation strategies that may have previously been performed on a more intuitive basis.

An understanding of the needs and histories of children and young people is critical to enable emotional and relational safety[45] in the relationships between

[43] This report covers the welfare estate, however a similar reform programme was in place for this estate at the time of writing.
[44] Bevington, D., Fuggle, P., Cracknell, L., & Fonagy, P. (2017). Adaptive mentalization-based integrative treatment: A guide for teams to develop systems of care. Oxford: Oxford University Press.
[45] 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.

children, young people, and staff. This was at the heart of enabling a child-centred culture change.

Staff described in interviews that better understanding of children and young people lead to staff being able to develop an open and caring relationship with children and young people. Some staff, more so in YOIs/ the STC, described the emotional impact of hearing children and young people's stories, which helped staff to understand children and young people and build emotional and relational safety (see Topic 2[b]).

Box 1(d)(i): Illustrative quotes from staff on the impact of multi-agency, co-produced formulations on emotional and relational safety

(1) "I suppose if I were forced to ground it into one goal, I would say it's to create emotional safety for everybody here through deepening the communication we have with each other." (YOIs/the STC)

(2) "I think it's more about as well is the keeping them safe, being cared, looked after, nurtured, reintroducing their boundaries, structures, and education but also equipping them with sort of better coping skills, better life choices, knowing that we can make them choices when they leave." (SCH)

(3) "it's just a bit of tolerance and a bit of understanding and then once you've got that it makes it easier. And they relax more as well because they can open up. It changes them, the way they deal with you as well." (YOIs/the STC)

Children and young people echoed this in interviews, describing staff as listening to them and understanding who they were and what their story was. This in turn enabled children and young people to develop trusting relationships with staff.

Box 1(d)(ii): Illustrative quotes from children and young people on the impact of multi-agency, co-produced formulations on emotional and relational safety

(1) "They'll understand where I'm coming from."

(2) "But most of the guvs here, they will actually listen you, like what's happening, and they'll resolve it in a matter of hours."

(3) "Staff do understand you and your story, yeah."

(4) "I think it's definitely helped, and it has made it a lot easier to build trust with members of staff that I probably should trust."

(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. DOI: 10.1108/SC-07-2018-0019

(5) "Some staff do. Staff here have been through the same, they understand you."

The impact of the *Framework for Integrated Care (SECURE STAIRS)* on emotional and relational safety is discussed further in Topic 2.

Topic 1(e): Impact of multi-agency, co-produced formulations on trauma-informed, developmentally-attuned, and psychologically-based care

The importance of trauma-informed, developmentally-attuned, and psychologically-based care was highlighted by the level of need for children and young people. Overall mental health and functioning was borderline for children and young people surveyed[46]. In contrast, children and young people surveyed[47] reported more positive levels of general health[48], with an average score of 76.05/100.

Better knowledge about children and young people, and increased emotional and relational safety, enabled staff to have a trauma-informed, developmentally-attuned, and psychologically-based understanding of behaviour (also see Topic 2[b]). In interviews, staff described the impact of this on working with children and young people in various ways:

- Increasing empathy (illustrated in quote 1, box [1][e]).
- Seeing behaviour as communication or a symptom of distress. Understanding why a child or young person might be behaving in a certain way in the context of their past experiences and trauma, rather than seeing the behaviour as directed at them personally (quotes 2 and 3).
- Understanding 'triggers' or situations that might elicit distress or other emotive responses from children and young people (quote 4).
- Helping children and young people to develop different strategies to manage distressing emotions (quote 5).
- Responding to children and young people's behaviour in a better way, de-escalating situations, and providing better care (quote 6-8).
- Tailoring education and care plans to the individual needs of children and young people (quote 9).

[46] 158 children and young people completed this measure. The average score was 27.65/40. Higher scores indicate higher levels of positive mental health and wellbeing and scores less than 28 indicate the experience of distress. Miller SD, Duncan BL, Brown J. The outcome rating scale: a preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. J Brief Ther 2003;2:91–100.

[47] 154 children and young people completed this item.

[48] Wille N, Badia X, Bonsel G, et al. Development of the EQ-5D-Y: a child-friendly version of the EQ-5D. Qual Life Res 2010;19:875–86. DOI: 10.1007/s11136-010-9648-y

[48] Schalast N, Redies M, Collins M, et al. Essences, a short questionnaire for assessing the social climate of forensic psychiatric wards. Crim Behav Ment Health 2008;18:49–58. DOI: 10.1002/cbm.677

Box 1(e)(i): Illustrative quotes from staff on the impact of multi-agency, co-produced formulations on trauma-informed, developmentally-attuned, and psychologically-based care

(1) "when you're[…]looking at what's happened to this child, you're far more empathetic, and I think you're less likely to take a negative impact from the behaviours[…]because you have a bigger understanding of what they're going through and why they're going through it." (SCH)

(2) "Stop staff seeing behaviour as personal to them but seeing it in the context that all behaviour is communication." (YOIs/the STC)

(3) "I have a much better understanding of young people's background and the impact of the background on behaviours." (YOIs/the STC)

(4) "a formulation before a [young person] comes to the landing is important. You need to know triggers otherwise you're going in blind every time." (YOIs/the STC)

(5) "So it can help you not necessarily sympathise 'cause I don't think it's necessarily positive to be constantly sympathetic but to be empathic to what it, like I can understand why you get angry and try and come up with ways to help them deal with that." (YOIs/the STC)

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

(7) "because you have better knowledge of the young person and what they've been through, you're able to care for them appropriately." (SCH)

(8) "the way we'd respond to a behaviour two years ago, with how you would respond to a behaviour now, it's like a world apart." (SCH)

(9) "I think we see a lot more individualised education plans for example, which maybe me, personally, I didn't see as much. Not just education, but management plans, behaviour support plans, I think it's a lot more collaborative, it's a lot more individualised towards the young person." (YOIs/the STC)

Children and young people described their experience of staff working with them in a trauma-informed, developmentally-attuned, and psychologically-based manner. They described being able to talk to staff when they were angry and how staff helped them to understand what they were feeling, why they were feeling that way, and how to manage and resolve the situation. They described how staff helped them to self-regulate in challenging situations by enabling them to, for example, think through the consequences of their actions.

Box 1(e)(ii): Illustrative quotes from children and young people on the impact of multi-agency, co-produced formulations on trauma-informed, developmentally-attuned, and psychologically-based care

(1) "Instead of getting angry I can just talk and got it out sort of thing."

(2) "They've got this way of breaking things down, like your emotions and things. So, say like I felt angry, so they'd be like, 'What made you angry? How bad do you feel? And then, is there a way to resolve it?' kind of thing. So, you actually go into depth on how to sort things out."

(3) "If I'm making a bad decision, there's been times I've nearly got into fights and stuff, [staff name] has pulled me aside and said, 'you're going to lose this' [….] and I'll be like, 'ah [****] wait a minute I shouldn't have done that then' […] they let you know what could happen."

The evident value and impact of understanding children, young people, and their stories reinforces the need for the roll out of the *Framework for Integrated Care (SECURE STAIRS)* in community settings, in line with the current stage of the *Framework for Integrated Care (SECURE STAIRS)* and related Youth Justice Reforms[49]. Considering carrying formulations with children and young people as they move in and out of the secure estate may enable better and more child-centred care across the system.

Topic 1(f): Enablers and barriers to changing culture and practices to underpin care for children and young people using multi-agency, co-produced formulations

Senior leadership support for changing culture and practices was critical to the success of the implementation of the *Framework for Integrated Care (SECURE STAIRS)*. In staff interviews, 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. Part of this role involved keeping the momentum of change: "[leader] has been really pivotal in moving things along" (Staff, YOIs/the STC). A lack of senior leadership support was described as a barrier to implementing change, as illustrated in quote 5, box 1(f)(i). 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[50]. As illustrated in quote 7, box 1(f)(i), a loss of this level of reflective practice impeded implementation across the organisation. In settings involving multiple sectors, there is a need for each sector to have a voice at all levels. Senior management levels need representation and buy in across operational, health,

[49] This report covers the welfare estate, however a similar reform programme was in place for this estate at the time of writing.
[50] 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. DOI: 10.1108/SC-07-2018-0019

and education sectors. As evidenced in this report, multi-agency working empowers staff and improves the quality of care children and young people receive. To sustain culture change, buy in across sectors at senior management levels is needed for strategic planning, training, and delivery.

Support from the Central Implementation Team at NHS England and NHS Improvement (NHSE&I) and from other settings (e.g., through regular meetings of staff from across the children and young people secure estate – SECURE STAIRS Professional Collaboration Network) were also described as important enablers (quote 6). These enabled settings to reflect on implementation barriers from a different perspective and to identify suggestions about enablers that had helped in other settings.

Box 1(f)(i): Illustrative quotes on the importance of senior leadership to change culture and practices to underpin care for children and young people using multi-agency, co-produced formulations from staff

(1) "We have a good Governor, [Business Change Manager], Head of Health and Team Lead – all positive and there is a great willingness from wider [setting]." (YOIs/the STC)

(2) "If your manager thinks it's gonna work. For [Landing Manager] to say he thought it went well, it gives you confidence" (YOIs/the STC)

(3) "you always find management within the formulations." (SCH)

(4) "it needs somebody who will push it, despite reluctance." (SCH)

(5) "the buy-in at the top is not there" (YOIs/the STC)

(6) "I mean being part of the Clinical Network [SECURE STAIRS 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 [NHSE&I] 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." (YOIs/the STC)

(7) "[The new leader] decided the [Senior Leadership Team 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." (YOIs/the STC)

A consistent barrier described in interviews with staff across the three years was challenges with the recruitment and retention of staff. This led to insufficient staff levels to enable implementation of multi-agency, co-produced formulations and other components of the *Framework for Integrated Care (SECURE STAIRS)*

(also see box Topic 2(d) and 'Voice of experts by experience related to Topic 2'). Challenges with the recruitment and retention of staff was described as reducing emotional and relational safety between staff and children or young people, especially as relationship building takes time. A lack of physical space was described in interviews as a barrier to implementation, such as a lack of rooms to use for formulation meetings, particularly in the YOIs/ the STC.

Staff interviewed in YOIs/ the STC and SCHs reported barriers related to insufficient internet connectivity or access to laptops for virtual formulation meetings, when working remotely during the initial stage of the pandemic.

Children and young people not trusting professionals, or not feeling confident to engage with a group of different professionals, was described in staff interviews as a barrier to the involvement of children and young people in multi-agency, co-produced formulation meetings (please see 'Voice of experts by experience related to Topic 1' below).

Some staff commented that it was challenging to maintain trauma-informed, developmentally-attuned, and psychologically-based practices at times of high stress. These included reduced staffing levels, incidents, when working with more high-risk cases, and competing priorities, such as time for mental health support vs. time outdoors during the initial stage of the pandemic. As the *Framework for Integrated Care (SECURE STAIRS)* becomes even more embedded over time, interactions and care characterised by emotional and relational safety should become more automatic to staff even during pressurised times.

Box 1(f)(ii): Illustrative quotes on barriers to sustaining psychologically-based, developmentally-attuned, and trauma-informed culture and practices from staff

(1) "I think relationships are warmer, I think staff being able to spend more time with young people getting to know them better inevitably results in them liking them more. But, under pressure and when there's something that threatens security everything freezes up, people stop thinking and revert to rule-bound processes." (YOIs/the STC)

(2) "getting mental health or emotional wellbeing or the space to talk back on the agenda when you're competing with outside time, boys just getting fresh air, is really, really difficult." (YOIs/the STC)

Staff should be encouraged to 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. This could include making sustainment during highly pressured times a standing agenda item for reflective practice and/or supervision meetings, or perhaps staff could work in supervision to create their own formulation about how they work with and respond to children and young people during different times and events.

Voice of experts by experience related to Topic 1

In the expert by experience consultation, children and young people gave their feedback on the *Framework for Integrated Care (SECURE STAIRS)*:

- The *Framework for Integrated Care (SECURE STAIRS)* could have made a big difference to them. They described that the support they had received, prior to the *Framework for Integrated Care (SECURE STAIRS)*, as insufficient.
- They liked the 'my story' concept and were amazed to see that children and young people could be involved in their own formulations.
- They felt that this would allow trust to develop with staff. They saw it as a chance for their voice to be heard and as being a way of allowing power to be more equal - they described power as important in the children and young people secure estate. One child/young person said that all they wanted to do was talk to someone but had not had the chance to be heard.
- They reflected that the *Framework for Integrated Care (SECURE STAIRS)* provided an opportunity to make a really big difference by understanding each child and young person and what had happened to them before they arrived in the children and young people secure estate.
- They wanted the same approach to be rolled out across community health and justice services (in line with the current stage of the *Framework for Integrated Care [SECURE STAIRS]* and related Youth Justice Reforms[51]). They particularly liked the idea that, in the fullness of time, all children and young people could have the opportunity to take part in 'my story'.

[End of Topic 1]

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

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

Topic 2(a): Context of the importance of emotional and relational safety

"Most staff of the, they don't really, they don't care what you're in here for. They care about you're doing now to improve your life when you get out." (Young Person)

Central to the *Framework for Integrated Care (SECURE STAIRS)* is increasing emotional and relational safety for children and young people with staff. 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 [52]).

Emotional and relational safety was described as crucially important for children and young people in the secure estate by staff in interviews. This was because children and young people had not often had such relationships but rather experienced unstable, untrusting, and insecure attachments. As illustrated in quote 3 (box 2[a]), children and young people also described the importance of emotional and relational safety due to negative expectations prior to entering a setting.

[52] 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. DOI: 10.1108/SC-07-2018-0019

Box 2(a): Illustrative quotes from staff and children and young people on the importance of emotional and relational safety for children and young people in the secure estate

(1) "[children and young people] come in with often very untrusting relationships with adults, to actually have been able to formulate relationships with even 2 or 3 people is significant." (Staff, SCH)

(2) "[young person's]'s finally said he feels safe in the placement, which he's never felt." (Staff, SCH)

(3) "There's always stories that float above any secure centre's head about how it's horrible and a mess and frankly nobody cares about the people that's in that place, like, but there's nothing that can be further from the truth." (Child/Young Person)

Voice of experts by experience related to Topic 2

In the expert by experience consultation, children and young people said that a trusting relationship changes everything and was the most important step in enabling positive change. The impact of a trusting relationship on them individually was felt across their whole life. This ranged from what they wanted to eat, when they got up, if they went to school, the respect they showed to others, doing the right thing, and how they interacted with other people.

Children and young people said that challenging behaviour stemmed from a lack of a trusting relationship "when there is no one in your life who believes in you" (Young Person, Expert by Experience Consultation).

Finding out that staff were trained and developed skills to be reflective and empathetic were crucially important, as part of the *Framework for Integrated Care (SECURE STAIRS)*, as entering the children and young people secure estate and perceptions of staff were "scary and daunting" (Young Person, Expert by Experience Consultation).

Children and young people highlighted that building a trusting relationship takes time both in the children and young people secure estate and in the community. They mentioned the importance of emphasising this - it is not one conversation but a journey.

The above evidence of the importance of emotional and relational safety for children and young people in the secure estate suggests that attempts to broadcast this culture to children and young people as early as possible should be encouraged, even before children and young people enter the setting.

Topic 2(b): What did emotional and relational safety look like?

The foundation of emotional and relational safety for children and young people was being able to talk to staff, feeling listened to by staff, and knowing the staff working with them. Across the three years:

- 84% (132/156) of children and young people surveyed said that they felt at least a little listened to by staff;
- 78% (123/157) felt it was at least a little easy to talk to staff;
- 71% (113/159) felt they at least somewhat knew the staff working with them.

Mutual trust and respect were described by children and young people in the five case study sites as another important part of the foundation of emotional and relational safety, characterised both by what staff said to them and how they said it. As illustrated in quote 2.2 below, communicating in a trusting and respectful style was described as different to experiences in other settings.

Box 2(b)(i): Illustrative quotes from children and young people on what emotional and relational safety looked like

(1) "They're just so nice, like, respectful and everything."

(2) The way that the Govs speak to you is different […] I've heard that it's like, in other YOIs I've heard it's just like… they open the door, they tell you what to do."

(3) "The staff member said to me, 'Look I don't want them doing this to you because I respect you'"

(4) "The relationships are good, you know like people can have a laugh with staff, staff tell you like their life, you tell them [yours], and it's like, yeah it's like I said before – it's all about the respect that you have with the staff."

(5) "Basically, any staff member is there to listen."

(6) "He asked me all the time 'Do you want to come and have a chat?'"

(7) "Most staff of the, they don't really, they don't care what you're in here for, they care about you're doing now to improve your life when you get out."

As illustrated in quotes 5-6 (box 2[b][i]), demonstrating that staff are interested in listening to children and young people and care about them, irrespective of how they came to be in that setting, was another way in which emotional and relational safety was characterised. Quote 7 illustrates how for some children and young people, more time may be needed to build emotional and relational safety.

Staff reciprocated these comments in interviews, describing the *Framework for Integrated Care (SECURE STAIRS)* as enabling them to demonstrate interest in children and young people, which in turn helped to build an emotionally and relationally safe attachment. This was characterised, as reported by staff, by children and young people wanting to talk to staff (and vice versa), trust, and having better relationships now than previously.

Box 2(b)(ii): Illustrative quotes on what emotional and relational safety looked like from staff

(1) "from a personal point of view I think it is 'cause you do like you say you do get to know a bit about the boy, what they were you know how they work, what they're interested in you know and you can build that rapport a lot easier" (YOIs/the STC; quotes from these two settings are combined to avoid the risk of identification, as there was one STC)

(2) "they want to come to us and speak to us as opposed to not. Whereas in the past, they might have considered not wanting to tell us about something because there isn't that relationship that we've used [the Framework for Integrated Care] to build." (YOIs/the STC)

(3) "the way that we've been taught by [the Framework for Integrated Care] to do things improves the relationships with the boys and the trust tenfold from what it used to be." (YOIs/the STC)

(4) "quite a few of the sort of staff will sit down with the boys and eat because […] they sort of sit down to talk to the boys." (YOIs/the STC)

(5) "a really strong positive staff culture on that landing. And I really think a lot of that is down to the formulations and just much more mutual understanding between the staff and the boys" (YOIs/the STC)

These findings were mirrored in the staff surveys where staff reported somewhat of an increase in positive changes in interactions with children and young people over the three years from 49% (182/372) to 63% (131/207)[53].

In year three, despite restrictions to contact and activities due to the COVID-19 pandemic, it appeared in staff interviews that communication between staff and children and young people stayed consistent or even increased in some settings. One reason for this was that a reduced daily timetable created more opportunities for communication and support, such as increased welfare and safeguarding checks.

[53] Percentage of respondents agreeing or strongly agreeing.

Topic 2(c): Impact of emotional and relational safety

Building on the above Topic 2(b), an increase in emotional and relational safety contributed to an increase in environmental safety. Across the three years, 61% (97/159) of children and young people surveyed said that they feel quite a lot or very much safe in this setting (64% or 39/61 for SCHs and 59% or 58/98 for YOIs/the STC). In interviews, staff described increased emotional and relational safety as facilitating a reduction in: a) conflicts, b) formal disciplinary processes, and c) the likelihood of violent incidents.

Box 2(c)(i): Illustrative quotes on the impact of emotional and relational safety on environmental safety from staff

(1) "there's less conflict between staff and young people and I think that the way they resolve issues on [unit implementing the Framework for Integrated Care] is much improved rather than resorting to formal processes" (YOIs/the STC)

(2) "I feel I can open a door to a cell without looking through, and not get worried about being punched" (YOIs/the STC)

(3) "We had to lock all the boys up after lunch yesterday - unheard of. They are out all weekend, boys feel safe, go in and out of their rooms and [we] don't feel like they will come out with a shank." (YOIs/the STC)

Emotional and relational safety were essential to changing the culture to one that was trauma-informed, developmentally-attuned, and psychologically-based (also see Topic 1[e]). In interviews, children and young people described staff as understanding them, wanting to help them, and supporting them with managing distressing emotions.

Box 2(c)(ii): Illustrative quotes on the impact of emotional and relational safety from children and young people

(1) "I think it's the relationship that you build up with staff helps them to understand you more."

(2) "The staff have been there for me quite a lot. They're easy to talk to with things like that."

(3) "Kind of building up that trusting relationship. To the point where if the [other] 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."

(4) "Yeah, the staff, they're the ones that wanna get stuck in and help you as much as possible really."

(5) "Not staff that help you, you have to help yourself."

The last quote (5, box 2[c][ii]) demonstrates that for some children and young people, more time is needed to build emotional and relational safety.

Topic 2(d): Barriers to sustaining emotional and relational safety

A consistent barrier to sustaining emotional and relational safety was staff turnover. Children, young people, and staff described having to start building relationships all over again and that doing so impeded children and young people's experience of emotional and relational safety and exacerbated past experiences of insecure and unstable attachments. Short placements and not being able to plan transitions in advance (e.g., not knowing when a child or young person might leave or where they might go to until the point of leaving) were also described as barriers to emotional and relational safety by staff.

It is recognised that certain transitions will be inevitable. Still, strategies for improving the continuity of staff in the children and young people secure estate should be considered, 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 opportunities, from reviewing the recruitment and retention of staff through to examining the rotation of staff to maximise the ability of staff in post to build emotional and relational safety with children and young people.

Box 2(d)(i): Illustrative quotes on barriers to sustaining emotional and relational safety from children, young people, and staff

(1) "Been here two years now, seen a lot of staff come and go." (Child/Young Person)

(2) "A relationship is developed and then they leave. And it's just sort of compounding and perpetuating this feeling that 'people aren't here to look after me'" (Staff, YOIs/the STC)

(3) "Most of our young people get absolutely no transitional work and they don't know where they're going." (Staff, SCH)

Children and young people in interviews also described turnover – of children and young people – as a barrier to sustaining the increased emotional and relational safety developed between peers.

Box 2(d)(ii): Illustrative quotes on increased emotional and relational safety between peers and sustaining this from children and young people

(1) "The atmosphere's normally quite…they'll have a laugh and stuff like that. But like I say recently we haven't really had much of one because this new lad's just not that kind of person."

(2) "First time I was here it was horrible. Everyone hated each other […] arguing over nothing […] but this time round it's a lot more settled […] it's a lot better of a place now than it used to be."

(3) "[...] an argument kicks off, it normally gets settled straightaway [...] they will shake hands and deal with it like adults, so it's better in that way."

The above evidence from Topic 2(d) suggests that, together with children and young people, staff should explore strategies to transfer emotional and relational safety, built between a child or young person and staff member, during times of staff turnover.

Topic 2(e): Emotional and relational safety between staff from different agencies

Improving multi-agency working was an explicit goal of the *Framework for Integrated Care (SECURE STAIRS)*. Initially, we conceptualised multi-agency working as working in partnership with other agencies and understanding the perspectives and needs of colleagues. In interviews with staff, there were parallels to descriptions of multi-agency working and emotional and relational safety (discussed further in Topic 3: Were staff cared for better?). There was clear evidence of emotional and relational safety between staff from different agencies progressing over the three years.

In year one, staff described a lack of emotional and relational safety. Colleagues working in different agencies within a setting were described as working in silos, which impeded communication and inter-agency working.

Box 2(e)(i): Illustrative quotes on emotional and relational safety between staff across different agencies from staff in year one

(1) "toxicity in systems really is about siloed working and pockets, you know that's when problems emerge" (SCH)

(2) "traditionally everybody worked in silo in truth they still do work in silo but we are getting there with the wellbeing team we are trying to work closer together." (YOIs/the STC)

By year two, there was a marked change in interviews with staff away from descriptions of siloed working toward a culture of multi-agency working beginning to emerge, as illustrated in Box 2(e)(ii), below.

Box 2(e)(ii): Illustrative quotes on emotional and relational safety between staff across different agencies from staff in year two

(1) "there's been several key impacts, I think first of all the multi-agency working. OFSTED did say it's seamless between agencies and they couldn't tell who was employed by who" (SCH)

(2) "I never worked well with psychologists in the [setting], where now it's different, we're all working together, which is quite nice, you do learn a lot of new skills." (YOIs/the STC)

By the year three staff interviews, a multi-agency and collaborative culture was embedded, characterised by emotional and relational safety. This was particularly described between operational or residential staff and healthcare staff, a dramatic contrast from year one. Emotional and relational safety and multi-agency working at all levels, including leadership, were in turn important enablers for implementing other components of the *Framework for Integrated Care (SECURE STAIRS)*. The common goal of staff across agencies was described as supporting children and young people. However, room to extend this culture was described, for example to include more frontline staff in some of the larger YOIs/the STC settings and to include more education staff in some of the smaller SCH settings. Still, greater multi-agency working was described as enabling staff to provide better care for children and young people, as illustrated in quote 4, box 2(e)(iii). Similarly, 78% (124/158) of children and young people surveyed agreed at least a little that staff in the setting are working together to help them.

Box 2(e)(iii): Illustrative quotes on emotional and relational safety between staff across different agencies from staff in year three

(1) "It kind of feels like we're all one team now." (SCH)

(2) "I just feel like we're part of a team for that young person." (YOIs/the STC)

(3) "something I've really noticed over the last eight months or so is just this push from the operational side, a push towards collaboration with our [healthcare] team and with other teams in the centre." (YOIs/the STC)

(4) "We couldn't have provided the level of care we have done without that partnership working." (YOIs/the STC)

Staff described the clear impact that increased multi-agency working had on care provision in interviews. In the SCHs, it facilitated care planning for transitions, for example incorporating the child or young person's future goals and plans and communicating important information about the child/young person to the Local Authority or future placement. In one case study, the staff interviewed described "multidisciplinary working around putting the care pathways together" (Staff, YOIs/the STC) and how this then contributed to a

decrease in hospital visits and a decrease in levels of self-harm for a particular child or young person.

In another case study, staff interviewed (who were part of the team implementing the *Framework for Integrated Care [SECURE STAIRS]*) described being more involved in different areas of children and young people's care, including transition to the community and placements. This team felt that operational staff valued their input into care planning, which was considered to be "a massive change recently" (Staff, YOIs/the STC).

The evidence from Topic 2(e) suggests that scaling up and spreading emotional and relational safety and multi-agency working across different staff groups should be continued.

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Topic 3: Were staff cared for better?

Topic context

"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." (YOIs/the STC; quotes from these two settings are combined to avoid the risk of identification, as there was one STC)

The *Framework for Integrated Care (SECURE STAIRS)* not only prioritises care for children and young people, but it also prioritises care for staff. It was clear throughout the three years that staff were very dedicated to their jobs, with for example 89-90%[54] of staff surveyed agreeing or strongly agreeing that they were enthusiastic about their job. This was despite it being a high stress environment, with for example high levels of burnout reported in the staff surveys[55].

The importance of creating emotional and relational safety for staff by empowering, valuing, and actively listening to staff cannot be underestimated. For staff to create an emotionally and relationally safe culture for children and young people, they need to experience this culture in the first instance. This importance is magnified because emotional and relational safety is vital to promote staff engagement and reduce turnover, which is critically important to the emotional and relational safety for children and young people, as discussed in Topic 2(d).

Topic 3(a): Impact of the *Framework for Integrated Care (SECURE STAIRS)* on staff feeling empowered and cared for

Over the three years, staff reported in interviews feeling more empowered in their roles through greater involvement in decision making, care planning discussions, and a more collaborative approach to working with children and young people. This was described as a marked change compared to staff experiences before the *Framework for Integrated Care (SECURE STAIRS)*. It was

[54] Year one = 90% (345/383), year two = 89% (249/281), year three = 89% (197/222).
[55] For example, respondents' average scores of work burnout were 45.96/100 (year one), 44.53/100 (year two), and 42.27/100 (year three), with benchmarks from another study being between 32.6-33. Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. Work & Stress, 19(3), 192-207. DOI: https://doi.org/10.1080/02678370500297720

particularly reported by healthcare staff, as illustrated in Box 3(a)(i). It was described as having a positive impact on staff confidence and wellbeing. Opportunities to build on approaches to involving staff in decision making (e.g., about the care of children and people or organisational processes), where appropriate, might be beneficial.

Box 3(a)(i): Illustrative quotes on the impact of the *Framework for Integrated Care (SECURE STAIRS)* on staff feeling empowered and cared for (from staff)

(1) "The more we're included in those very care planning-based discussions with young people, which we never previously were, I think it's a massive development." (YOIs/the STC)

(2) "we're [healthcare] involved in a lot of decision making that we never were before, and I think they value that." (YOIs/the STC)

(3) "I think they [frontline staff] feel less done to and more included in a…collaborative approach to working with young people." (YOIs/the STC)

(4) "And there has been a lot of really positive feedback from officers saying, 'Actually, I feel like my job has meaning now and I understand people on a whole new level. And it really means a lot to me because I feel like my voice as an officer is being heard in a way that it never was before'". (YOIs/the STC)

Building on the earlier Topic (2[c]), staff described increased emotional and relational safety in interviews. This was facilitated by feeling more invested in and valued by senior managers and management leads across sectors through the provision of training and support, which was part of the implementation of the *Framework for Integrated Care (SECURE STAIRS)*. The opportunity for staff to have their voice heard was described as validating, especially for operational staff, and staff felt that their colleagues valued hearing their perspectives during formulation and care planning meetings.

Box 3(a)(ii): Illustrative quotes on the impact of the *Framework for Integrated Care (SECURE STAIRS)* on increased emotional and relational safety from staff

(1) "the level of investment we are putting into the staff teams to get them trained I think then shows that we value them" (SCH)

(2) "with the implementation of [the *Framework for Integrated Care (SECURE STAIRS)*], everyone's understanding that we're a service, we're a team, yes we've still got a management hierarchy structure which is how the world works, but, you don't feel like people are kinda out to get you." (SCH)

(3) "support from our team [healthcare], and their support from their operational managers, those sorts of things equal a staff member feeling more

supported and feeling safer in their role. And I think when you do feel safer, you can hold those principles [the *Framework for Integrated Care (SECURE STAIRS)*] in mind more readily and you can implement them easier." (YOIs/the STC)

Topic 3(b): Caring for staff through training

A central component of the *Framework for Integrated Care (SECURE STAIRS)* was training staff in trauma-informed, developmentally-attuned, and psychologically-based theory, evidence, and practice. Training was typically co-delivered by health and operational staff. Building on Topic 3(a), health and operational staff reported in interviews feeling valued and appreciated by having the opportunity to work together with colleagues from their own and other sectors in training sessions. Training was also described as an opportunity to learn about one's own story and experiences and those of colleagues irrespective of sector. This greatly improved multi-disciplinary team relationships by fostering a culture of emotional and relational safety. Regular training was described as helping to sustain these positive learning, development, and relational outcomes.

Box 3(b)(i): Illustrative quotes on caring for staff through training (from staff)

(1) "I felt because it involved staff it would be quite good and quite important because for a long time the staff just felt undervalued and like no one and then all the sudden there's this little 'hang on what's this, this is for us.'" (YOIs/the STC)

(2) "when we started doing these [regular training events] and young people's reviews, […] it has really started to click. It feels like we're all working together now and we all want the same outcomes." (SCH)

(3) "it's quite an intense training I think and I think it brings the group closer together, certain aspects of it, you know, because it's quite open and deep some of it." (YOIs/the STC)

(4) "It was a bit of a moment in our group everyone was in tears" (YOIs/the STC)

(5) "it was really good sort of really got you involved and opened your mind to all the things you could do with the boys and so it sort of it brings it to the forefront of like their past, with the you go through with like your past and yeah it was good" (YOIs/the STC)

As illustrated in quote 5 (box 3[b][i]), reflecting on their own story gave staff a different perspective and insight about the stories ('My Stories') and trauma of children and young people.

Training rolled out across sites at different speeds, according to interviews with staff from the five case study sites. By the third year, four out of five had embedded training. Staff attitudes towards training also developed over the course of the evaluation. To begin with, less value was placed on training, with staff commenting that people cannot learn to work in these settings – it was something people could innately do or not do. In the second year, there were more views expressed by staff that the training they had completed was reinforcing what they already knew, rather than teaching them new concepts or practices. In contrast, in the third year, there was a much greater receptiveness to and moreover, eagerness for, training. This suggests that initial exposure to training may help foster buy-in for further training.

Box 3(b)(ii): Illustrative quotes on staff experiences of training

(1) "We did a whole centre approach training… it went down really well… they liked it so much that they're going to take that forward." (YOIs/the STC)

(2) "I think people are receptive, because they're eager to learn more, they want to understand more. And they believe that it is going to genuinely improve their practice and improve the outcomes for young people…I do believe that there's almost a stampede for the training, 'When can I do it? When can I do it?'" (SCH)

Training increased understanding of the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)*. Across sites, of those who attended training, staff surveyed consistently reported that it had increased their understanding of the importance of attachment and trauma; this somewhat increased over time from 75% (163/217) to 91% (118/130)[56].

In the case study sites, staff described training as increasing their curiosity about working with children and young people in different ways. Staff described the training as having given them new insights into why the children and young people they care for behave in the ways they do. Training was described by staff in interviews as increasing their understanding and use of trauma-informed, developmentally-attuned, and psychologically-based practices and correspondingly, increasing the quality of the care they provided to children and young people, as illustrated by the quotes in box 3(b)(iii).

Box 3(b)(iii): Illustrative quotes from staff on the impact of training on staff understanding and practice

(1) "Because not necessarily would we know the ins and outs of the brain functioning. Without that training, we wouldn't know anything, and we wouldn't be able to then put that into practice when we're on the units. So, I think it is a good thing that we continue to do that." (SCH)

[56] Percentage of respondents agreeing or strongly agreeing.

(2) "it helped me because you do end up understanding why they do behave in a certain way, the children. And you were able to ask questions and not feel stupid. It was really good." (YOIs/the STC)

(3) "there's a lot of lightbulb moments" (SCH)

(4) "It just better equips us to do a better job." (YOI/ the STC)

(5) "I think prior to (the *Framework for Integrated Care [SECURE STAIRS])*, we weren't really working in a very trauma informed way with the young people." (SCH)

The evidence of the impact of training in Topic 3(b) suggests that it would be beneficial to continue to roll out training in trauma-informed, developmentally-attuned, and psychologically-based practice. Ongoing refresher training should be a priority to ensure practices are maintained and developed.

Topic 3(c): Caring for staff through reflective practice and supervision

Reflective practice and supervision are key components of the *Framework for Integrated Care (SECURE STAIRS)* that were especially innovative in their multi-agency delivery, with staff from operational roles having for most a new opportunity for these practices delivered by healthcare staff.

In year one interviews, there had initially been some resistance to reflective practice and supervision for operational with staff for whom these were new practices or where 'supervision' had negative connotations around disciplinary action, particularly in the YOIs/the STC. By the second year, there was widespread recognition of the importance of reflective practice and supervision delivered by healthcare staff given the high pressure and challenging work environment.

Reflective practice and supervision were described as supportive for staff in terms of their practice and work with children and young people but also personally by having a safe space to discuss their wellbeing and challenges in their lives. Staff described reflective practice, and supervision was described as creating spaces for questions, curiosity, resolving challenges, and understanding particular situations and what could have been done differently when working with children and young people. Similarly, they felt that reflective practice and supervision space for staff to reflect on their own needs and stories.

By the third year, reflective practice and supervision were mostly consistently used, except in one YOI yet to implement reflective practice. Support for staff was a high priority across setting types during the first year of the COVID-19 pandemic. For some sites, there had been interruption to reflective practice and supervision due to the COVID-19 pandemic, whereas in other sites there was increased engagement over this period. Reflective practice and supervision were

more accessible for some online with increased remote working. There may be learning from this about how to increase accessibility to and inclusivity of reflective practice and supervision even as onsite working increases. Managers in some sites described planning a process by which common themes from reflective practice and supervision could be fed back to senior leads, informing ongoing service transformation, which may be helpful in spreading the culture of emotional and relational safety across the entire setting.

Box 3(c): Illustrative quotes on caring for staff through reflective practice and supervision from staff

(1) "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." (YOIs/the STC)

(2) "there are more safe spaces for staff to speak about that instead of things festering and growing, and people sort of want to sit down and address it and move past it in a healthy way" (SCH)

(3) "Reflective practice is something where you can unpick things, work out why that's happened, what could have happened differently." (SCH)

(4) "contributing really meaningfully and supporting each other and asking questions and becoming curious." (YOIs/the STC)

(5) "it's [supervision] worked out really well so far, I haven't had anyone refuse to come and when they do come, they talk a lot and in a very involved and curious way" (YOIs/the STC)

(6) "We've got reflective practice as kind of a regular feature within the work we do, people can explore that [organisational trauma] before it has difficulties and impacts upon the young people or upon themselves as adults." (SCH)

In quote 6 (box 3[c]), we see an example of a staff member describing reflective practice as enabling a wider perspective on organisational challenges and managing the potential impact of these on children and young people. This reflects an advanced trauma-informed approach through the consideration of addressing organisational trauma, in line with the aims of the *Framework for Integrated Care (SECURE STAIRS)*[57].

The evidence of the impact of reflective practice and supervision in Topic 3(c) indicates the importance of these forms of staff support, especially in relation to promoting emotional and relational safety for staff and enabling staff to understand and address the impact of trauma on them, their work, and the organisations they work in.

[57] 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. DOI: 10.1108/SC-07-2018-0019

Topic 3(d): Enablers and barriers to caring for staff through training, reflective practice, and supervision

It should be noted that enablers and barriers to training, reflective practice, and supervision will be different for different sites. Sites should be encouraged to examine local enablers and barriers and identify possible solutions.

The first of two main enablers described by staff across the case study sites in interviews was the co-delivery of training by staff from health and operational roles. 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. Tailoring of training to groups of staff working together was the second main facilitator described by staff – it increased the practical usefulness of the training and the ability to apply it to day-to-day work.

Box 3(d)(i): Illustrative quotes from staff on enablers to caring for staff through training

(1) "the combination of health and [operations] was really successful and positive because we brought different experiences and ideas to the conversation." (YOIs/the STC)

(2) "We've also included a lot of the residential staff in that training. So, they deliver some of that training. So, I suppose it makes them more approachable to new staff because they can ask them […] it's, worked really well for the residential staff" (SCH)

(3) "When people are delivering training, they're so knowledgeable about particular young people we're working with. There's a real credibility and integrity. It doesn't feel like training, it's like a professional discussion." (SCH)

(4) "everything is done via (Microsoft) Teams… I would say we get more people attending because of the use of the technology." (SCH)

Across the three years, sufficient capacity to release staff to attend training, reflective practice, and supervision was frequently described as a barrier across the five case study sites. For some case study sites, this was compounded during the initial stages of the pandemic. For other case study sites, increased flexibility of training, reflective practice, and supervision online facilitated accessibility and engagement. In some of the interviews, use of technical language was at times described as a barrier to the accessibility to and inclusiveness of training.

Box 3(d)(ii): Illustrative quotes from staff on barriers to caring for staff through training, reflective practice, and supervision

(1) "I think a big issue for me is the level of staffing on the units. Getting them to be able to come out of the units to come in to train them and things like that." (SCH)

(2) "I think they did feed that back after the training, that they were concerned about maybe some of the terminology or some of the information that was shared might not be quite relevant and might cause some confusion for some staff." (YOIs/the STC)

The findings of Topic 3(d) suggest that training being co-delivered by different staff groups, and being tailored to individual landings or units, should be encouraged. Approaches to increase the accessibility to training, supervision, and reflective practice should be encouraged. For example, training could include pre-recorded video content available for staff to view at flexible times. Discussion groups, based on the pre-recorded video, could then be held at different times in different formats (e.g., in person, online).

[End of Topic 3]

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

Topic context

"Like I want to get a job and that now. I've noticed this isn't the life I want to live, I want to get on with my life." (Child/Young Person)

The ultimate outcome of the *Framework for Integrated Care (SECURE STAIRS)* is to improve life chances for children and young people. The timeframe of the evaluation was too short for the *Framework for Integrated Care (SECURE STAIRS)* to have been fully implemented and embedded (such as throughout an entire YOI), which was ongoing over the course of the evaluation, especially given implementation delays due to the COVID-19 pandemic. In any case, the timeframe of the evaluation was too short to expect evidence of the ultimate outcomes to be detected (e.g., reduced offending), as we would need to follow children and young people up for many years to observe change. Nevertheless, we examined evidence of promise that the *Framework for Integrated Care (SECURE STAIRS)* has the potential to improve life chances for children and young people in this report.

This was further complicated because, while outcome data for children and young people was collected, data was inconsistent in coverage of settings and numbers of children and young people. Therefore, over this evaluation period, there was insufficient quantitative data to confidently evidence improvements in the wellbeing of children and young people. Nevertheless, we explore evidence of promise that the *Framework for Integrated Care (SECURE STAIRS)* has the potential to improve life chances for children and young people.

Topic 4(a): Pessimism over the life chances for children and young people in the secure estate

A common theme in interviews across the five case study sites; across years; and across children, young people, and staff was pessimism over the life chances for children and young people in the secure estate coupled with a frustration about this. This pervasive pessimism was not described as a failing of the *Framework for Integrated Care (SECURE STAIRS)*, rather a case for why the

Framework for Integrated Care (SECURE STAIRS) and related Youth Justice Reforms[58] are urgently needed.

A range of factors were driving this pervasive pessimism in interviews with children, young people, and staff:

- Complex needs resulting from adverse and traumatic life events requiring long-term, multi-agency support (illustrated in quote 1 and 2, box 4[a]).
- The contextual factors contributing to a child or young person's distress, to which on return to community living the child or young person may be re-exposed (quote 3).
- Being in the children and young people secure estate in and of itself constituting an adverse and traumatic experience or one not conducive to a child or young person's development (quotes 4-7).
- Stigma substantively narrowing a chid/ young person's life options and life chances, to the point that it cements them on a pathway back into the children and young people secure estate as there are no available alternatives (quotes 8 and 9).
- The need for much earlier intervention, before distress escalates to the point it manifests in behaviours that bring children and young people into contact with the secure estate (quote 9).

Box 4(a): Illustrative quotes on the pervasive pessimism and frustration over the life chances for children and young people in the secure estate from children, young people, and staff

(1) "I think we always have the challenge that actually, they still leave here quite complex people." (Staff, SCH)

(2) "I think for the boys it just feels like a repetition of the generally dysfunctional and neglectful context that they've grown up in. So, there's that all the time underneath." (Staff, YOIs/the STC; quotes from these two settings are combined to avoid the risk of identification, as there was one STC)

(3) "the leaving date has been put back simply because within the formulation meeting, we realised that the plan in place wasn't actually really a good plan. Basically, they were going to return somebody back to about a mile and a half from the danger zone, from where they'd come from [...] So, we ended up keeping him for another 6 weeks while they found a new placement for him to be placed." (SCH)

(4) "Being in [the children and young people secure estate] is pushing me back to that past." (Child/Young Person)

(5) "In here has ruined me…was well spoken when I arrived, I never used slang." (Child/Young Person)

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

(6) "[the setting has] made me worse, not made me more violent but my fuse is shorter." (Child/Young Person)

(7) "If I didn't have the mind to improve myself […] [the setting] would have done nothing for me.' (Child/Young Person)

(8) "We're sending people to jail to rehabilitate them but the reality is that people leave here and come back after a few weeks. You don't learn useful stuff; we have criminal records, so it'll be difficult for us to get a job." (Child/Young Person)

(9) "some of the young people go out and you can see some change in them. They ring up and they say, 'I'm doing really well, now.' But it's a few that that happens. A lot of them come in, and then they'll just go back to their old ways. And probably because we get them too late. They're coming through the system, should be picked up much earlier." (Staff, SCH)

Voice of experts by experience related to Topic 4(a)

In the expert by experience consultation with children and young people, conducted as part of the economic evaluation, children and young people described the path into the children and young people secure estate as being a difficult one, with an individual commenting that arriving there felt like "The end, there is no more hope." (Young Person, Expert by Experience Consultation).

The evidence in Topic 4(a) suggests that the scale-up and spread of the *Framework for Integrated Care (SECURE STAIRS)* and the related Youth Justice Reforms[59] should be continued. 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

Topic 4(b): Hope for improved life chances based on increased understanding of needs and 'my stories'

Despite the above pessimism, two sources of hope for improved life chances were described, facilitated by the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)*. Children and young people interviewed described hope arising from positive changes and experiences stemming from an increased understanding of their needs and histories or life stories. This ranged from receiving good advice and guidance, to a better self-understanding, to an understanding of their story and how they wanted to change it.

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

Similarly, staff described in interviews their hope for working with children and young people to make sense of their stories as a foundation for them then being able to make sense of the rest of their stories in the future (quote 5, box 4(b), below). Addressing children and young people's needs in the secure estate was described as an important opportunity to give hope to future life chances. As illustrated in quote 7 (box 4[b]), staff described the importance of building emotional and relational safety in the secure estate so that children and young people can take that with them, and replicate it, on leaving.

Box 4(b): Illustrative quotes on hope for improved life chances based on increased understanding of needs and stories from children, young people, and staff

(1) "They give me good advice and positive points on how to achieve and stuff like that." (Child/Young Person)

(2) "Getting out post-release there's nothing there. Jail doesn't rehabilitate, we have to choose to rehabilitate ourselves. Staff can give us guidance and push us in the right direction." (Child/Young Person)

(3) "Made me realise who I am instead of trying to be like someone else." (Child/Young Person)

(4) "There was quite a lot of aggression in my story […] so that's what I focused myself on […] I started to see how it impacted on everyone around me and I didn't like that." (Child/Young Person)

(5) "what we've got is a really golden opportunity to actually genuinely make sense with these young people so that they can make sense of the rest of their lives." (Staff, SCH)

(6) "for me it's about getting their needs met which hopefully then in turn will reduce their reoffending anyway but it's about them feeling cared for and it's about giving them opportunities for their release." (Staff, YOIs/the STC)

(7) "people who know them and have real therapeutic relationships with them is hopefully what will create that kind of emotional relational safety for them that would be much much more valuable in terms of their rehabilitation and their survival of this experience of being in [the setting] and thinking about their resettlement" (Staff, YOIs/the STC)

(9) "all of that work that has been done with us can carry on with them when they go out into the community." (Staff, SCH)

Voice of experts by experience related to Topic 4(b)

In the expert by experience consultation, children and young people talked about what hope for improved life chances would look like:

- Reassurance that being in the children and young people secure estate would be okay and that they would get through it and move on;
- Understanding your own past, and how it was influenced by experiences and context, to inform your future and help to avoid repeating previous patterns;
- Preparation for finding a place to live and a job when leaving the children and young people secure estate and knowing how to access support in the community;
- Leaving the children and young people secure estate and feeling confident to not re-offend.

Topic 4(c): Hope for improved life chances based on supporting children and young people to live in the community

The second source of hope arose from supporting children and young people to live in the community. Valuable examples of how to do this in practice were described in interviews. Staff reported supporting children and young people during times of challenge in transitions to the community, and staff reported effectively using formulation-based, advanced, and multi-agency transition planning.

A carefully planned transition was described by staff in interviews as crucially important to supporting children and young people to live in the community (also see box 2(d)(i), Topic 2(d) on the challenges of transition planning). Staff described examples of hope following times that transition planning worked well. For example, involving the successor placement during the transition planning stage, and working with the placement and the child or young person on reformulations ahead of transition (updating their formulation, such as to include anticipated placement needs), were described as helping children and young people to feel more involved in their transition planning (according to staff; see quote 1, box 4(c)(i), below).

Quote 3 (box 4(a), above) is an example of how formulations directly informed transition planning. Here, a child or young person's leaving date was delayed so that the setting could find a more suitable placement, as the original placement would have exposed the child or young person to the same contextual factors that had adversely affected them previously. Advanced transition planning ahead of transition to the adult estate was described as crucial, such as by reviewing formulations to understand changes and concerns (quote 2, box 4(c)(i), below). Support post-transition was also described by staff as helpful; for example,

support in periods of challenge during transition to the community, as illustrated in quote 3 (box 4[c][i]).

Box 4[c][i]: Illustrative quotes from staff on hope for improved life chances based on supporting children and young people's transitions to the community

(1) "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." (SCH)

(2) "we start the transition period for moving to a young adults' estate at about seven months before the 18th birthday…I feel like we'd almost need to review that formulation as we come up to that massive change to see what has changed, what's concerning you about release." (YOIs/the STC)

(3) "I worked with a young person…who was having difficulties settling in-in his new placement in the community. So me and this community team were actually able to devise timetables and routines, plans for this young person, which was actually obviously very helpful for that young person." (YOIs/the STC)

(4) "when people are due to be released if they're due to be released into the community they really need more um trips outside I don't it's called [Release On Temporary Licence] And I don't I really don't feel and there's so much red tape about why that doesn't happen" (YOIs/the STC)

(5) "Boys [on unit implementing the *Framework for Integrated Care (SECURE STAIRS)*] get to go on [Release On Temporary Licence] and go to work, which gives them more to look forward to, and more options." (YOIs/the STC)

As illustrated in quote 4 and 5 (box 4[c][i]), temporary release before transition was described by staff as helpful to children and young people, when possible and in line with local and national guidance, to gain some experience of living in the community again and hopefully, increasing their hope about doing so.

Hope for improved life chances based on supporting children and young people to live in the community was described by children, young people, and staff in terms of identifying and setting goals, developing education and employment skills, accessing education and employment, and building awareness and understanding about risk to improve future safety.

Box 4(c)(ii): Illustrative quotes on hope for improved life chances based on supporting children and young people to live in the community from children, young people, and staff

Goal setting

(1) "the keyworker […] are advocates for the young people and their goals" (Staff, SCH)

(2) "if you have the young people there with you, they can guide you as to what they want with their care plan in the future in terms of leaving." (Staff, SCH)

(3) "I feel that they are very supportive of future goals. Now that I've spoken to staff I wanna go out and get a job." (Child/Young Person)

Education and employment

(4) "I asked my [Custody Support Plan] Officer to get me work…and she did help me" (Child/Young Person)

(5) "Like I want to get a job and that now. I've noticed this isn't the life I want to live, I want to get on with my life." (Child/Young Person)

(6) "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." (Child/Young Person)

(7) "Some of them […] are doing the barista thing so which is quite good training for them for like I don't know like if they've first come out it'll be easy to get a job in like Starbucks or a caf or wherever." (Staff, YOIs/the STC)

Drug safety

(8) "Just because a young person comes to us and says 'I don't take drugs', doesn't mean they shouldn't have some awareness work around county lines, dirty needles, hidden harm, what is a drug, where do they come from? We've got a 10-week program we deliver, and every young person has access to that as part of their education curriculum." (Staff, SCH)

The evidence in Topic 4(c) suggests that involving staff from future placements in formulations for children and young people ahead of them leaving the children and young people secure estate should be encouraged. Options for enabling children and young people to gain experience of living in the community before transition (where appropriate and in line with local and national guidance) should be explored further. Efforts should continue to improve hope for the life chances for children and young people, when they are in the children and young people secure estate, through goal setting, accessing education and employment, and training to increase safety in the community.

[End of Topic 4]

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?

Topic context

Topics 1-3 discussed the impact of the *Framework for Integrated Care (SECURE STAIRS)* on improving the experiences and outcomes for children, young people, and staff. Topic 4 discussed the impact of the *Framework for Integrated Care (SECURE STAIRS)* on addressing the urgent need for hope for improved life chances for children and young people in the secure estate. Topic 5[60] discusses the important opportunity provided by the *Framework for Integrated Care (SECURE STAIRS)* to provide good value for money in terms of outcomes for children, young people, and staff.

Based on the quantitative and qualitative data collected, the expert panel, and consultations with children and young people and with staff from two spotlight SCHs, the economic analysis examined the potential for implementation to be of value in terms of outcomes for children and young people, benefits to staff, and costs to the children and young people secure estate. To consider the value and potential for change, we examined in detail the pervasiveness and depth of culture change in one of the spotlight SCHs using consultations with staff to understand how and why change had been successful at this stage of implementation.

We know that in the UK, the cost of crime reported in the studies included in our systematic review ranged from £550 (cybercrime) to £3,217,740 (homicide) per case. The annual cost of treating mental health disorders in a UK study (reported in Euros) ranged from €11,687 (anxiety disorders) to €19,238 (mood disorders) per patient.[61] The cost of the *Framework for Integrated Care (SECURE STAIRS)* per child or young person varied considerably across the secure estate and, at the time of writing, was estimated, on average, at over £6,000 per child reached.[62]

[60] Learning from the qualitative data collected from consultations with the expert panel and with expert by experience children and young people is for the most part integrated into Topics 1-4. Therefore, Topic 5, which presents the quantitative economic evaluation, is relatively brief compared to Topics 1-4.
[61] Please see Technical Annex 1.
[62] Financial comparison of work streams, November 2019.

Topic 5 (a): Value of the *Framework for Integrated Care (SECURE STAIRS)* to children and young people

Given the aforementioned considerations for the evaluation, there was unsurprisingly insufficient quantitative data showing significant improvements in outcomes for children and young people for the economic threshold analysis[63] to demonstrate that the *Framework for Integrated Care (SECURE STAIRS)* could be considered cost-effective at this stage of implementation. Based on the available data, the threshold analysis showed that the time that a child or young person would need to sustain an improvement in wellbeing ranged from five weeks (for the high-risk behaviour 'violent behaviours') to 72 weeks (for the high-risk behaviour 'oppositional')[64] to achieve cost-effectiveness for the investment in the *Framework for Integrated Care (SECURE STAIRS)* (please see Technical Annex 1 for more detail). Ongoing evaluation of wellbeing, and longer-term follow up data, is required to evidence how many children and young people sustain these levels of improvement and moreover, to examine the accuracy of these estimates for larger numbers of children and young people across a larger number of settings in the children and young people secure estate.

The expert panel considered the voice of children and young people with experience of the children and young people secure estate to be an important element in the assessment of value. The panel heard the feedback from the children and young people experts by experience; for example, see Topic 1(f) and 4(b). The experts by experience expressed hope and excitement about the child-centred approach enabled by the *Framework for Integrated Care (SECURE STAIRS)* and went on to report that having a person whom they could trust changed everything for them. The value of this potential for change at scale, as a result of the *Framework for Integrated Care (SECURE STAIRS)*, is important in what the children and young people described as an otherwise hopeless landscape (also see Topic 4).

To consider the probability of change in outcomes for children and young people, as a result of the *Framework for Integrated Care (SECURE STAIRS)*, the potential impact on staff and deep and lived culture change in settings also needs to be examined and we do so in the next sections.

Topic 5(b): Value of the *Framework for Integrated Care (SECURE STAIRS)* to staff and resource use in the children and young people secure estate

[63] Threshold analysis examines the point at which investment would be cost-effective in terms of monetized benefits.
[64] This used a complete case analysis of site administrative data on different high-risk behaviors across SCH sites with available data.

In light of the limitations of the analysis of change in outcomes for children and young people noted above, the economic analysis focussed on modelling the potential for changes in staff outcomes. This section summarises the change demonstrated in the qualitative interviews and consultations and goes on to quantify the cost and savings that might be attributed to these changes.

Evidence from published research shows that resource savings are achievable as a result of reduced stress, anxiety, and depression in the workplace, for several reasons:

1. Reduced staff absence: for example, as a result of fewer physical restraints. Our analysis suggest that this may be achievable within a short timeframe (18 months) where the *Framework for Integrated Care (SECURE STAIRS)* is being effectively implemented.

   "A simple example was we had a restraint that really didn't need to happen - I'm going back 2 years from now - in that a staff member twisted and broke his ankle in 5 places. How long do you think it took him to get over that and come back to work? And if you are doing that every day it has a cumulative effect on you, and you go off sick. Whereas if you are not doing it every day, the *atmosphere is different and you feel better to come into work and* then *you are not going to be off sick are you."* (Staff, SCH)

2. Reduction in presenteeism: Improved productivity may also be achieved in a relatively short timeframe. A Custody Support Plan Officer spoke about his recent experience of working with children and young people with complex needs and challenging behaviour on a care and separation unit.

"It was all about the *burnout. I felt I was doing a very good job, I got on well with* the *challenging young people, and spent time with* them *but because of that I came into contact with a lot of conflict."* After 6-9 months on the unit colleagues recognised the officer had "*a lot of burnout and it was affecting me*". He went on to say that "*SECURE STAIRS came along, and the timing was perfect time for me*". It confirmed how he treated the children and young people; it also provided psychological support around him and the other staff. (Staff, YOIs/the STC; quotes from these two settings are combined to avoid the risk of identification, as there was one STC)

3. Reduced staff turnover: An SCH with mature implementation and fully integrated rotas, across care, education, and health, took the step to change their recruitment process so that it was therapeutically informed and attributed this to their reduced turnover achieved over a long time period.

   "It's a fantastic place to work, lovely to see the *progress. I really enjoy working here".*

"*[We]adopted a therapeutic approach to recruitment as well. In secure there is a sink or swim environment (you can cope or you can't) and you lose a lot of good staff because of that thinking and culture. Staff need an extremely robust induction process [...] We rewrote the advert, had a coffee morning where [the manager], Head of Psych, Head of Education all speak, a tour of the building,*

and spend time with children. All our questions were psychologically driven. And for the first time we had a bench mark and we said if they don't reach this bench mark we won't offer the post because lots of staff are attracted to care with their own issues, unresolved issues and the home was triggering them and we wanted to explore that a lot more in our interview process. The other thing we did as well, we offered them *4 shadow shifts and the job didn't really get offered until they completed the 4 shadow shifts. We have recruited 14 full time equivalents since then and we have kept them, all bar one… so it's really been transformational."* (Staff, SCH)

Resource use and resource savings

We conducted a threshold analysis from a staff perspective. We estimated the 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. 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. Our 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. In Table 2, we summarise that at our mid-point estimates[65] the monetised value of the benefits (estimate £2,514.60) are more than double the resources used to support staff (estimate £1,200). Further evaluation is required to establish the rate at which these benefits are realised over time.

Table 2: Summary of the potential benefit to staff and cost savings to the employer.

Resource savings that may be achieved via less burnout, stress, anxiety, and depression in staff (£)	
Mid-point monetary value attributed to improved quality of life (QALY loss avoided) for one staff member in our threshold analysis	411.50
Mid-point monetary value of reduced absenteeism	17.90
Mid-point monetary value of reduced presenteeism	510.20
Mid-point monetary value of reduced turnover	1,575.00
Subtotal - monetised estimate of benefits	**2,514.60**

Note: QALY = quality adjusted life year.

[65] The mid-point estimate of quality of life was calculated using two QALYs (Quality Adjusted Life Years) of: 1) 0.0243 per worker derived from estimates of depression-free days, which were themselves derived from one of two depression scales (BDI and SCL-90) and 0.0406 per worker derived directly from the SF-12 Health Survey. Using the probability of burnout in our evaluation of 42.27%, our threshold analysis shows, at the mid-point estimate, £411.50 of the cost of support to staff can be attributed to improved quality of life. Please see Technical Annex 1 for more detail.

Absenteeism

The Health and Safety Executive[66] report rates of work-related stress, depression, or anxiety in the public administration and defence sector as 2.50%: "In 2018/19 stress, depression or anxiety accounted for 44% of all work-related ill health cases and 54% of all working days lost due to ill health". When 2.50% is applied to a site with 200 staff for example, five staff would be affected.

Evidence from a systematic review[67], suggests that workplace interventions can reduce the rate of absenteeism, due to work-related stress, depression, or anxiety, by between 5% and 46%. Using this efficacy range as a proxy for the *Framework for Integrated Care (SECURE STAIRS)*:

- If a 5% change were achieved £3.50 per employee on site would be saved.
- If a 46% change were achieved £32.20 per employee on site would be saved.

It should be noted that our analysis has not accounted for savings as a result of absenteeism from physical injury (identified in the staff consultations) and these savings would be additional to the amounts given above.

Presenteeism

In year 3 of our evaluation, burnout was reported as 42.27% in the staff survey. Evidence from the systematic review[68] reports that the impact on productivity ranges from 13- 36%, and the efficacy of interventions to improve it range from 2.40% to 22%.

- Using 2.40% as a proxy, the potential impact on productivity ranges from £38.67 to £107.10 per employee on site.
- If the 22% improvement is used as a proxy, then the range is £354.51 to £981.73 per employee on site.

Staff turnover

The costs of staff turnover can be categorised into: costs of exit of the employee, cover costs, costs of recruiting, knowledge transfer, and training. Recent research[69] reports the average cost in the UK of replacing a staff member who leaves is £30,000. About £5,000 of this is attributed to logistical costs of recruitment, the remaining £25,000 represent the productivity loss of an average of 28 weeks that it takes new workers to reach optimum productivity.

[66] Work-related stress, anxiety, or depression statistics in Great Britain, 2019, HSE Oct 2019
[67] NICE (2009). Mental wellbeing at work: Public health guideline. https://www.nice.org.uk/guidance/ph22
[68] NICE (2009). Mental wellbeing at work: Public health guideline. https://www.nice.org.uk/guidance/ph22
[69] The Cost of Brain Drain Understanding the financial impact of staff turnover, Oxford Economics, February 2014 Oxford

The Prison Pay review 2019[70] reports 10% turnover in all staff, including adult sites. A recent inspector of a YOI reported 40% turn over in less than a year[71] and this range was used in our analysis. No data on the efficacy of interventions to reduce staff turnover, as a result of improved levels of stress, depression, and anxiety, was available in the research literature and therefore we have assumed a range of turnover and efficacy rates at 10%, 25%, and 50%:

- If a 10% improvement were made, the potential saving range is £150 to £600 per employee.
- If a 25% improvement were made, the range is £375 to £1,500 per employee.
- If a 50% improvement were made, the range is £750 to £3,000 per employee.

Further evaluation is required to evidence the impact of staff retention as a result of the *Framework for Integrated Care (SECURE STAIRS)* and to establish the timeframe over which it can be achieved at scale. The extent to which it can be achieved will depend on not only improved retention, as a result of effective implementation of the *Framework for Integrated Care (SECURE STAIRS)*, but it will also depend on other factors such as local and national labour market forces. When compared to the baseline of 40% turnover in a YOI, then the potential for significant savings should not be ignored. The staff consultations suggest that the timeframe of success is medium to long term, but we also can report at this stage that it has already been achieved in an SCH where deep and lived culture change has informed how the site is led and organised at every level (please see Topic 5(c) below).

The voice and experience of staff also needs to be considered in the assessment of 'value'. The expert panel felt that staffing levels and consistency of staff were key to the successful implementation of the *Framework for Integrated Care (SECURE STAIRS)*. In year three of the evaluation, we conducted consultations with staff in two spotlight SCHs, one being an exemplar where the *Framework for Integrated Care (SECURE STAIRS)* had been fully embedded as a result of ongoing change. Staff reported deeply lived and pervasive culture change (discussed further in Topic 5[c]). This exemplar SCH had achieved stability in a fully integrated staff team where rotas and staffing were now integrated across social care, education, and health. The impact of the new resources, people, skills, and training that were provided by the *Framework for Integrated Care (SECURE STAIRS)* were a key driver that enabled and accelerated the change for staff, children, young people, and the organisation as a whole.

In light of this example and the staff consultations, we consider there is sufficient reason to suggest that the support given to staff may become cost

[70] The Professional Trades Union for Prison, Correctional & Secure Psychiatric Workers (2019). Prison Service Pay Review Body Eighteenth Report on England and Wales 2019 https://www.poauk.org.uk/news-events/news-room/posts/2018/july/prison-service-pay-review-body-eighteenth-report-on-england-and-wales-2019/

[71] HM Chief Inspector of Prisons (2019). HMYOI Werrington. https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2019/06/HMYOI-Werrington-Web-2019.pdf

effective and is an essential element of implementation that enables a virtuous circle of positive change within sites.

Topic 5(c): Value of pervasive and deeply lived culture change within the children and young people secure estate

To consider the 'value' of the *Framework for Integrated Care (SECURE STAIRS)*, an understanding of the process and factors that enable deeply lived culture change was investigated at site level.

Analysis of the consultations with staff from the two spotlight SCHs identified an important context of change. Both SCHs had moved towards 'a restorative approach' before implementation of the *Framework for Integrated Care (SECURE STAIRS)* began. This helps to account for why SCHs were advantaged in the process of implementation (also see Topic 1[a]). Staff described that they had already been on a trajectory of child-centred transformation, and they described that the implementation of the *Framework for Integrated Care (SECURE STAIRS)* had given them a set of principles, practices, and resources that had helped them to consolidate and accelerate these changes in the setting (illustrative quotations 1 and 2, box 5[c], below).

A key stage in the process of change within these settings, identified in our analysis, was that within a two-year timeframe both SCHs reported a substantive reduction in restraints: "Our restraints are down something like 70% or so now" (illustrative quote from staff, SCH). Staff also reported improvements in multi-disciplinary team morale (illustrative quote 10, box 5[c]). These are important early indicators of change (also see mechanisms, logic model, p.6). Encouragingly, this degree of change was echoed in some YOI units in the regular meetings of staff across the children and young people secure estate (the *Framework for Integrated Care [SECURE STAIRS]* Professional Collaboration Network meetings), as reported by staff toward the end of year three. This indicates that change is happening and YOIs can successfully progress implementation.

It was clear from the consultations that in one SCH an extremely deep and lived culture change was pervasive in all areas of the organisation and within *all* staff. Exceptional leadership in this exemplar SCH was cited as being essential to culture change, leadership that ensured there was a relentless prioritisation and focus on the needs of the child or young person. There was a clear and explicit challenge to siloed practice at all levels where integrated working was modelled and implemented at the most senior level. The leadership approach to challenges and problems was described as persistent, promoting analytical and group-level self-reflective thinking, testing ideas, and continuously enabling learning at all levels of the organisation.

It was clear in consultations with staff in this setting that transformation was an ongoing and dynamic process, with ways of working being described as

continuing to move, renew, and grow. Culture was regarded as a 'live' factor and the deeply therapeutic approach touched every part of the organisation. Achieving this level of embedded and deeply lived culture change was described as a long journey, which in this setting was reported as having taken seven years, as illustrated in quote 14 (box 5[c]). The resources of the *Framework for Integrated Care (SECURE STAIRS)* accelerated this change.

The transformed culture and practices of the exemplar spotlight SCH were in many ways similar to those previously discussed in this report:

- Underpinning care through multi-agency, co-produced formulations (illustrative quote 3 and 4, box 5[c]).
- Interpreting behaviour in the context of a child or young person's experiences and helping them to manage distressing emotions and behaviours to de-escalate situations (quote 5).
- Increased emotional and relational safety between staff and children/young people (quotes 5 and 6).
- Multi-agency working and emotional and relational safety between staff (quotes 7 and 8).
- Staff being cared for better (quotes 9-11).

Staff also discussed the time needed to ensure staff members in post were supportive of the culture and practices of the *Framework for Integrated Care (SECURE STAIRS)*, and how "that [trauma] ethos and narrative is now in recruitment" (quote 13, box 5[c]; also see quote 12).

Box 5(c): Illustrative quotes on pathways from implementation to impact from staff in the exemplar spotlight SCH

(1) "Before [the Framework for Integrated Care] I started to think about children much more therapeutically - what is the common denominator for all of these children? All the children have had some sort of trauma and it's usually abuse [...] At that point I realised that trauma was what we needed to think about as a [SCH]".

(2) "Funding for extra psychologist and CAHMS and other health roles trajected change far quicker than I had ever anticipated (we had been on a slow burn) and we now take an extremely therapeutic approach"

(3) "We had a new member of staff…she came to a formulation meeting. She sent an email thanking the CAMHS worker because what she had taken from it had helped and she immediately had a better outcome with the young person."

(4) "Psychological model will focus on the causes of the behaviour and the story of that child and then what interventions to do we have to put in place to resolve some of the causes of the behaviour."

(5) "Years ago, hands on a child would have happened if a child swore at a member of staff. But now, [new programme] and de-escalation stuff staff do is so good - they spend hours with them. They are accepting curiosity and

accepting of emotion (not behaviour) and reasons why - staff do it extremely well."

(6) "Patience thresholds for children is one thing but with other staff is another issue."

(7) "…start to pull us together and integrate us in a way we had not been before"

(8) "[Staff from different agencies] have a great relationship and that has enabled change at all levels, right thorough the home […]I really enjoy working here".

(9) "A key issue is valuing staff and support them more effective because they get the short end of it often."

(10) "We have staff wellbeing meetings here every week where we get to talk about how the kids are impacting us individually and as a group and they have been really successful"

(11) "Just in terms of transparency of conversation. I never thought I'd be in a room where staff say 'this kid is really effecting me' because 10 years ago that would not have happened and been seen as a sign of weakness but I see it as a sign of strength."

(12) "Looking back, it took a lot - in that first 4 years we lost 18 staff who just didn't believe in working with kids differently"

(13) "that [trauma] ethos and narrative is now in recruitment"

(14) "It's taken 7 years to change the culture".

The extent to which other types of settings are able to achieve pervasive and deeply lived culture change may also depend on resourced, persistent leadership and how processes and staff are organised within the setting. The pace at which this is enabled will determine the success of implementation and the extent to which it is cost effective. The evidence in Topic 5 suggests that the potential for change is realisable. Resources are required to achieve it and we regard the potential gain, that has been demonstrated qualitatively in this evaluation, as good value for money.

[End of Topic 5]

Conclusions

The aim of the Independent Evaluation of the *Framework for Integrated Care (SECURE STAIRS)* 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 them.

We answered five high-level evaluation questions (or topics):

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[72] 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?

Multi-agency, co-produced formulations have been widely implemented as part of the *Framework for Integrated Care (SECURE STAIRS)*. There were high levels of direct or indirect involvement of children and young people in formulations. This involvement was described by children and young people as empowering because it enabled them to have their voice heard and to talk about what they thought was important. In interviews across groups, formulations were described as increasing understanding about the child/young person and their story.

[72] 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. DOI: 10.1108/SC-07-2018-0019

Increased understanding about children and young people facilitated increased emotional and relational safety between children and young people and staff, characterised across groups by openness and mutual trust and respect. A foundation of emotional and relational safety, and the above increased understanding, enabled a change in culture and practices to ones that were trauma-informed, developmentally-attuned, and psychologically-based. This was characterised by staff understanding 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. It was also characterised by staff helping children and young people to manage distressing emotions and behaviours, which improved their capacity for self-regulation. Another key characteristic was children and young people experiencing staff as understanding what they were feeling and why. In terms of staff relationships with colleagues, over the three years, a transformation away from siloed working toward multi-agency working was evident, also characterised by emotional and relational safety.

The widespread implementation of staff training, supervision, and reflective practice fostered a culture of emotional and relational safety. These forms of investment in staff made them feel valued and increased their wellbeing. These practices facilitated learning about one's own (and colleagues') stories and experiences, which benefitted the personal lives of staff and also their work with children and young people.

Consistently over time and across groups, there was pervasive pessimism over the life chances for children and young people in the secure estate. However, there was hope for improved life chances through working with children and young people to make sense of their stories, enabling them to make sense of their future stories. An important source of hope came from identifying and setting goals, whilst in the secure estate, and supporting skill development for and access to education and employment. The findings of this evaluation suggest that the *Framework for Integrated Care (SECURE STAIRS)* and related Youth Justice Reforms[73] are needed for continued implementation through mobilisation, transition, and transformation to the end goal of embedding business and culture change. To fully realise the opportunities they afford, these initiatives will need to 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, promoting consistency of understanding and care and enabling the achievement of positive outcomes for more children and young people

Implementing the *Framework for Integrated Care (SECURE STAIRS)* has the potential to achieve substantive cost savings to the employer, as a result of reduced absenteeism, presenteeism, and staff turnover indicated through qualitative interviews and consultations with staff. To achieve this value,

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

pervasive and deeply lived culture change is required, which is reliant on persistent leadership and how processes and staff are organised within the setting. Resources are required to achieve pervasive and deeply lived culture change at scale, and we regard the potential gain, that has been demonstrated qualitatively in this evaluation, as good value for money.

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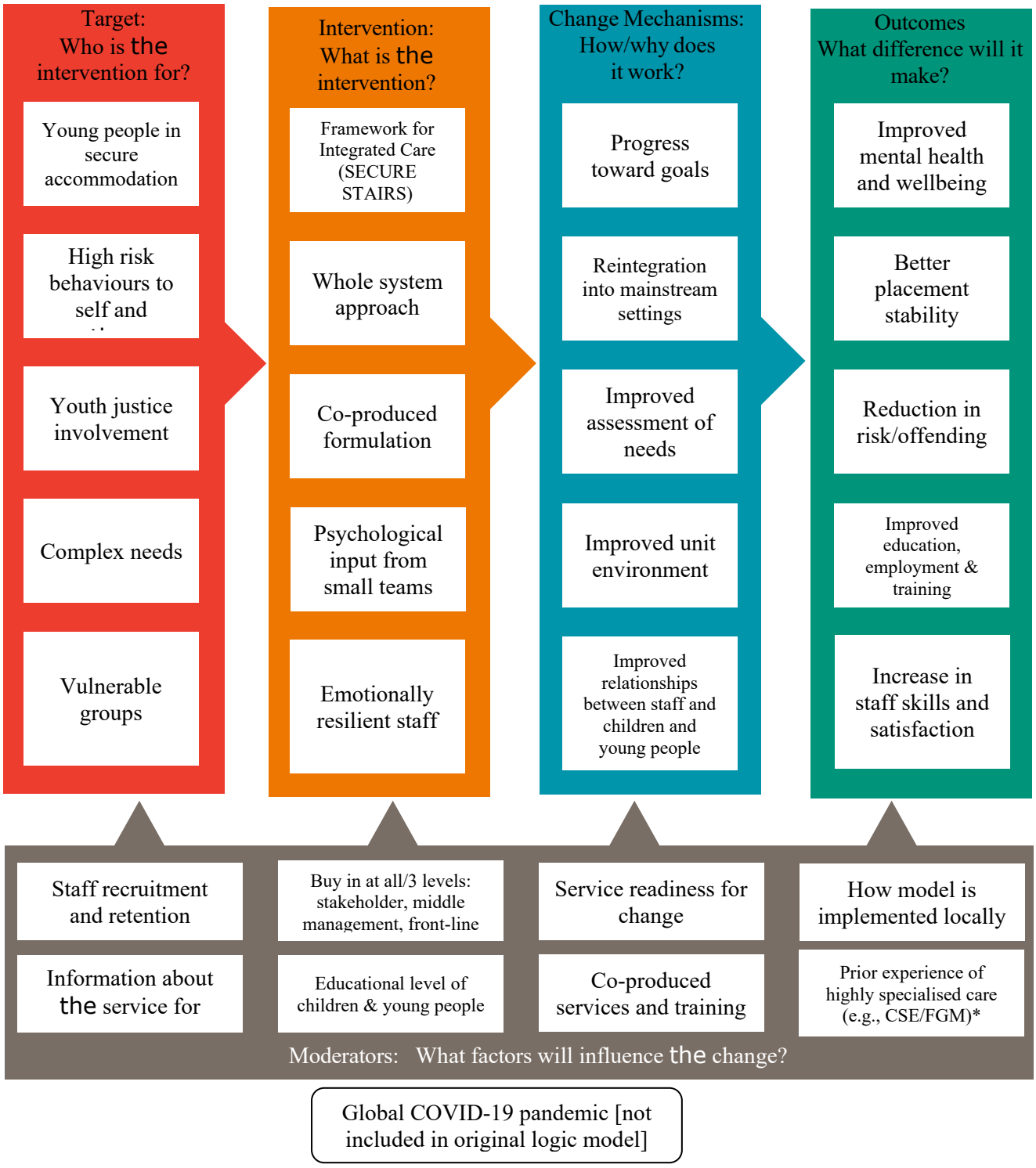
Concluding remarks

In this section, we revisit our findings against the original logic model.

Figure 2: Logic model for the evaluation for the *Framework for Integrated Care (SECURE STAIRS)*



* CSE = child sexual exploitation. FGM = female genital mutilation.

Multi-agency, co-produced formulations have been widely implemented as part of the *Framework for Integrated Care (SECURE STAIRS)*. They were described as increasing understanding about children and young people and their story, by (and for) staff and children and young people. In turn, emotional and relational safety between staff, and children and young people, improved. This enabled staff to care for children and young people better, in a way that meets their needs, instead of re-traumatising them by replicating previous patterns of unhelpful experiences. One of the ways in which staff did this was helping children and young people to better understand and manage challenging emotions and behaviours, which in turn helped to de-escalate situations and improve children and young peoples' capacity for self-regulation. Staff, children, and young people described how culture change had facilitated better unit environments and placement stability through a reduction in conflicts, formal disciplinary processes, and the likelihood of violent incidents.

The opportunity to be involved in co-producing formulations was described as empowering by children and young people and as helping them to put an end to their previous story and build a different one for their future. Similarly, co-produced implementation of staff components of the *Framework for Integrated Care (SECURE STAIRS)* (e.g., training co-delivered by staff from mental health and operational sectors) helped to encourage adoption. Mental health and operational staff also felt empowered by formulation meetings as it enabled them to have a voice in care, and this had not previously been available to different staff groups. Training, supervision, and reflective practice made staff across sectors feel valued, which in turn improved wellbeing. These activities also helped to build emotional and relational safety between staff, enhancing multi-agency working. Multi-agency working was important across levels and sectors in a setting, especially for senior leaders to support buy in from different staff groups and also to model inclusion and multiagency working.

Reviewing the contextual factors that moderate impact, it is important to note that these are ongoing factors that need to be addressed continuously in order to sustain change to the point at which it become business as usual. Staff recruitment and retention was an ongoing barrier to implementation across sites over the three-year evaluation. It particularly impacted there being sufficient staffing levels to enable individuals to take part in training, reflective practice, supervision, and formulation meetings. Staff turnover presented a challenge to developing emotional and relational safety with children and young people as limited continuity meant relationships had to be re-built. This was described as impeding children and young people's experience of emotional and relational safety and exacerbating previous experiences of insecure and unstable attachments.

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. This is particularly important after the implementation stage as culture change is most vulnerable when those involved feel as though the work has been done and culture change has been 'achieved'.

Settings with less previous experience of working to the principles and practices of the *Framework for Integrated Care (SECURE STAIRS)* had a more challenging implementation journey. These settings were more complex organisationally and they were much larger in size, meaning more staff needed to adopt new principles and practices to enact culture change and that implementation had to be staggered.

Although the ultimate outcomes for children and young people in our pre-specified logic model could not be robustly explored within the evaluation timeframe and with the quantitative data available, the qualitative data do point to these outcomes being potentially achieved and many of the mechanisms to these outcomes are evidenced. The logic model was developed with the target audience appropriately being children and young people. In so doing, the impact of staff being cared for better was, on reflection, under-represented; it was encapsulated only by 'emotionally resilient staff' under the intervention description section and 'increase in staff skills and satisfaction' under the outcome section. As demonstrated in the findings of this report, staff need to be valued, empowered, understood, and supported to make the children and young people they care for feel valued, empowered, understood, and supported. Staff being cared for better and experiencing emotional and relational safety should, in turn, improve staff retention and the consistency of staff-to-child or young person relationships. This is of utmost importance to sustaining emotional and relational safety for children and young people.

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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.

[End of document]