REPORT

Centre for
Mental Health

Out of sight

Girls in the Children and Young People's Secure Estate

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Contents

A note on terminology regarding race and ethnicity

We are aware that the terminology used to discuss race and ethnicity in policy and research contexts (including the term 'Black, Asian and Minority Ethnic') are highly problematic. For this reason, wherever possible we have used the term 'racialised communities'. Whilst this is still a homogenising term, we are unable to be more specific about ethnicity due to the small populations and to preserve the anonymity of the girls.

Executive summary

The Children and Young People Secure Estate (CYPSE) provides placements for children aged between 10 and 17. These can be for a young person's welfare (under the Children Act) or through the youth justice system. It includes secure children's homes (SCHs), which take young people on both welfare and justice placements, and secure training centres (STCs) which only take young people on justice placements. It also includes young offender institutions. At the time of writing, girls were placed in twelve SCHs (six of which admitted girls on justice placements) and one STC (Rainsbrook).

Evidence suggests that girls placed in the CYPSE are a highly vulnerable group. Their pathways into these settings are closely linked with histories of exposure to multiple traumatic events – particularly physical and sexual abuse and ongoing victimisation in interpersonal relationships. They also have very high levels of a wide range of mental health difficulties, neurodevelopmental problems and physical health difficulties – often experiencing multiple conditions at the same time.

Centre for Mental Health was commissioned to deliver this review by NHS England and NHS Improvement in partnership with the Youth Custody Service (which has responsibility for girls on justice placements, runs the public sector CYPSE and commissions private sector sites) in March 2020. We reviewed relevant literature and data and we interviewed both girls and professionals with experience of the CYPSE. Our findings are drawn from the CYPSE as a whole, and are not specific to individual sites.

The number of girls in the CYPSE is small compared with boys, especially those in justice placements. This means that some data is based on small numbers of children. We have therefore taken care to ensure that no individuals can be recognised from the data shared in this report.

Our key findings from this review were:

Girls entering the CYPSE (both welfare and justice placements) are **highly likely to have complex trauma** resulting from prolonged and pervasive experiences of abuse and adversity.

Girls are especially likely to have been sexually abused (often with ongoing sexual exploitation by older males) or to have faced persistent gender-based violence.

Complex trauma means that children have severe difficulties soothing themselves and managing their behaviour, anger and emotions – particularly when highly anxious, stressed or frightened. Girls' complex trauma is worsened by their transition into the CYPSE, by some experiences in these settings and by uncertainty surrounding release/discharge.

Girls find **coming into the CYPSE** 'petrifying' and re-traumatising. Many feel 'terrified', 'confused', 'isolated', 'lost' and 'sad'. Some girls entering secure welfare placements through child protection legislation (e.g. due to concerns about sexual or criminal exploitation and running away from placements) felt punished, and confused about why they had been locked up when their perpetrators were not.

Girls from **racialised communities** are overrepresented throughout the youth justice system, in the CYPSE and especially in larger justice secure settings. But they are less likely to have their mental health needs or risks recognised.

There is evidence from academic studies that **LGBTQ+ girls** are likely to be overrepresented in the CYPSE and face a greater likelihood of victimisation. At the time of writing, data was not available in the UK.

Girls are much more likely than boys to be placed in a justice secure setting **away from their local area**. This is because they are far fewer in number than boys and there are fewer establishments available for girls. In 2019, eight out of ten girls were more than 50 miles from home, compared with just under four out of ten of boys.

Family support and communication was really important to girls. Many said that they did not have enough links with family, especially when placed far from home. Some girls did not have family and felt especially isolated.

Most girls who enter justice secure placements are there for short periods: for example on remand or short sentences. This is a dislocating and disrupting experience that can cause significant difficulty for girls. Some describe becoming institutionalised within a very short time – making release a shock.

The Framework for Integrated Care (**SECURE STAIRS**), a whole system trauma-informed therapeutic approach, is currently being developed in the CYPSE. This approach prioritises the development of strong and authentic relationships between staff and children, focusing on their stories of their journeys into the CYPSE and supporting therapeutic work to help children better understand and manage responses to ongoing stressors.

Gender-responsive approaches (GRAs) are an effective means of meeting the needs of girls with experiences of gender-based violence and abuse. Staff working in the CYPSE told us that gender-responsive approaches had often been developed through learning 'on the hoof', through intuition, through research and as part of SECURE STAIRS practice.

Several girls described positive and nurturing **relationships with staff** in the CYPSE. A few described 'bad staff' who eroded their trust. Girls wanted more support from staff – particularly with the huge amounts of anxiety they experienced as they came in.

Many girls felt **'forgotten', 'neglected' and voiceless**. They generally expressed not feeling listened to and not feeling able to shape the environment they were in or how they were supported.

Some girls said they felt much safer in these settings than in the community and that they were able to develop and grow through educational opportunities. Others felt unsafe and found the environment unpredictable and volatile.

Girls felt incredibly disempowered and re-traumatised by being restrained (sometimes by male staff) or by witnessing restraints. Staff said that many restraints involve attempts to intervene and prevent girls from self-harming. When restraint occurred, trust was said to be much more difficult to repair among girls.

Staff working with girls in CYPSE settings should have good listening skills, be non-defensive, be patient, have a positive attitude, enjoy working with girls and be reliable. Very importantly, they should be committed to avoiding the perpetuation of victimising, controlling and bullying behaviours.

Self-harm is an issue for girls throughout the CYPSE. Staff wanted more detailed and bespoke training and resources on the management of self-harm. Any training should include young people's voices on what helps prevent crises, what helps them move forward, and on collaborative risk decision-making with young people.

Girls had mixed views on whether settings for girls should be mixed or single gender. Most girls preferred mixed gender settings; but a few said that vulnerable or younger girls needed to be protected from boys who might abuse them. Professionals working in the CYPSE felt that grouping very vulnerable girls together was risky at this age due to the greater risk of clustering or spreading of self-harming. Academic evidence backs up this concern. So there should be a mix of options (mainly mixed but some single gender settings) with girls' placements ideally driven by girls' preferences.

Many girls participating in this review felt that **smaller settings** were generally better than larger settings. Most staff echoed these views, saying that smaller 'homely' settings allowed staff to keep all children 'better in mind'.

There is a clear need for more effective integrated support and **early intervention** for girls entering the secure estate. Without it, girls' difficulties are left to fester and escalate into crisis.

Transitions out of CYPSE settings were often chaotic and confusing, especially for girls in welfare placements. This often 'unravelled' important progress that girls had made as they became overwhelmed by anxiety and frustration. This deterioration in girls' progress then led to further delays in finding accommodation.

Introduction

Evidence suggests that girls in the Children and Young People Secure Estate (CYPSE) are a highly vulnerable group. Like boys, their pathways into these settings are closely linked with histories of childhood exposure to multiple traumatic events (Broidy and Thompson, 2018; Baglivio, 2014). However, studies suggest that girls in secure and residential child protection settings have the very highest levels of exposure to childhood adversities and developmental trauma (Baglivio, 2014; Kerig et al., 2009; Dierkhising et al., 2013; Fischer et al., 2016; Lüdtke et al., 2017) with particularly higher experiences of physical and sexual abuse and ongoing victimisation compared with boys (Johansson and Kempf-Leonard, 2009; Leve and Chamberlain, 2005; Dierkhising et al., 2013)

Runaway behaviour is particularly significant as part of a chain of interlinking events that increases girls' chances of having contact with justice, care and secure care settings. Girls tend to run away from home or from care more often than boys (Johansson and Kempf-Leonard, 2009; Leve and Chamberlain, 2005). Childhood victimisation and abuse (particularly sexual abuse) increase girls' likelihood of running away from abusive home environments, often as a survival strategy (De La Rue, 2018; Lederman et al., 2004). This then leads to additional adversity and exposure to risk (Broidy and Thompson, 2018).

Girls' entry into care was also noted to make a unique contribution to the risk of criminal justice involvement, with many international studies documenting associations between placement in residential care and girls' justice involvement (DeGue et al., 2009; Goodkind et al., 2013; Malvaso et al., 2017; Ryan and Testa, 2005; Ryan et al., 2010; Fitzpatrick et al., 2019). Fitzpatrick and colleagues (2019) observed that girls were four times as likely to have contact with the youth justice system if they were living in a children's home compared with other girls in care. Girls' own stories of their experiences in care note how they were often criminalised in these settings for incidents which in other circumstances would be dealt with in the confines of a family home (Plan International UK, 2020).

While boys join negative peer groups for protection and financial gain, girls join for protection and social support (Maxson and Whitlock, 2002). Lopez (2011) saw girls' engagement in sexual relationships as a key means by which they coped with feelings of depression and enhanced their self-worth. Furthermore, whilst romantic relationships are protective for boys, helping them adapt to adult responsibilities and move away from risky behaviours, they are destabilising for girls and increase chances of prolonged involvement throughout adult years in risky behaviours – particularly where relationships involved older partners (Sampson et al., 2006; Steffensmeier and Allan, 1998; Bright et al., 2011; Haynie et al., 2005; Rebellon and Manasse, 2006). These relationships are often characterised by conflict and violence (Leve et al., 2015).

Girls also have very high levels of a wide range of mental health difficulties (particularly trauma) and substance misuse difficulties. Because girls were more likely to push down and internalise distress related to childhood trauma, substances also became a way of numbing and self-medicating to escape from trauma symptoms and manage poor mental health (De La Rue, 2018). Studies also note that girls with neurodevelopmental problems and physical health difficulties are overrepresented among populations in secure and residential care settings (Odgers et al., 2008; Beaudry et al., 2020).

Research suggests that girls facing such high levels of adversity, trauma and multiple needs require support that is gender-responsive and trauma-informed. Gender-responsive approaches provide wraparound and holistic support and work with girls' unique psychological, developmental and social needs, taking into account the interconnected nature of girls' victimisation experiences and their particular pathways into vulnerability and risk

(Garcia and Lane, 2010; Bloom *et al.*, 2005; Corston, 2007). Gender-responsive approaches also recognise the systemic realities of girls' lives, acknowledging that they are subject to gender-based inequalities, violence and dynamics within society that increase chances of female disempowerment, victimisation and social exclusion. Strong, authentic, nurturing and trusting relationships with workers, which promote empowerment, aspiration and strength-based approaches, are at the heart of these ways of working (Chesney-Lind, 2001; Farruggia and Germo, 2014).

A keystone of gender-responsive approaches also includes girls having a voice in and determining the nature of the help they receive (Belknap *et al.*, 2011; Javdani and Allen, 2016; Raviora *et al.*, 2012). Lanctot and colleagues (2016) saw this as an essential element of effective support to overcome feelings of disempowerment and victimisation. An intersectional trauma-based approach is also advocated (Bright *et al.*, 2014), recognising that girls often have intersecting identities and experiences of discrimination (e.g. based on ethnicity, class, sexual and gender identity) which may amplify trauma and oppression. Finally, creating a sense of safety for girls is imperative with every effort made to avoid retraumatising all girls in the CYPSE (Zelechoski *et al.*, 2013; Wilton and Williams, 2019).

Concerns have been raised that CYPSE settings (particularly those that are not therapeutic but rather overly controlling and punitive in approach) can be inherently harmful, re-traumatising and unhelpful for girls who have already experienced multiple traumatic events in their lives (Office of the Children's Commissioner (OCC), 2011; Goodfellow, 2019). There has also been disquiet about the different ways that girls are judged, compared with boys, in the system (sometimes being dealt with more harshly than boys and men; sometimes being dealt with more leniently) (Goodfellow, 2019). Investigations by the OCC also point to significant variability in pathways for vulnerable girls involved in the care system with more extensive use of 'unregulated' placements and a lack of effective early support (OCC, 2019a; 2019b; 2020). There has been a longstanding call for a more strategic and proactive approach to supporting girls' needs and progress in the CYPSE (Goodfellow, 2019).

Centre for Mental Health was commissioned to deliver this review by NHS England and NHS Improvement in partnership with the Youth Custody Service (YCS) in March 2020. It aims to review the existing needs and pathways, producing recommendations and a report that will provide an understanding of the needs of girls and young women held in the CYPSE in England.

This review does not cover girls in NHS-commissioned inpatient secure settings, for example those in low and medium secure hospitals or in psychiatric intensive care units (PICUs).

Methodology summary

The review adopted a mixed methods approach and included:

a. A comprehensive international literature review.

b. Descriptive analysis of data provided by the Youth Custody Service (YCS) and the Secure Welfare Coordination Unit on the needs and characteristics of girls in the Children and Young People Secure Estate (CYPSE). Information from this analysis has been included within the body of this report. As the number of girls in the CYPSE is much smaller than the number of boys, some of the data must be read and interpreted with caution.

c. A partnership with Leaders Unlocked, an organisation with expertise in lived experience peer research and consultation to promote system change. Leaders Unlocked digitally interviewed thirteen girls in the CYPSE from seven units using convenience sampling. The methodology involved use of peer researchers (supported by the CEO of Leaders Unlocked) who were involved throughout the process and debriefed afterwards. A member of CYPSE staff sat in on each interview and consultation, and girls' involvement was supported through clear participation and consent processes. (When safeguarding concerns emerged, based on girls' comments, these were dealt with through liaison with the individual CYPSE unit safeguarding lead, in line with Leaders Unlocked and Centre for Mental Health's safeguarding policies. A document was produced summarising action in response to each concern and logging follow-up action by each individual setting.)

d. Consultation with 68 professional stakeholders including policy leads, 27 staff working in all 13 CYPSE settings holding girls, experts in the field, academics, key voluntary sector representatives and other specialists with an interest in gender-responsive services for girls. Consultation was mostly via digital interviews but also through a digital focus group with seven CYPSE staff.

e. Detailed notes were taken of all interviews. Interviews were analysed using narrative analysis creating an overarching framework of key themes.

f. A final report triangulating all data and themes, addressing key lines of enquiry (coproduced with commissioners for this review) and making recommendations for improvement.

How does the CYPSE work?

This review focuses on girls placed in the Children and Young People Secure Estate (CYPSE) in England on both welfare and justice placements. Girls are currently (at the time of writing) placed in:

- Rainsbrook **Secure Training Centre (STC)** (for 12-17 year olds; on justice placements only)

- 12 **Secure Children's Homes (SCHs)** for children aged 10-17 in England.

Six of the SCHs took girls and boys placed on a welfare basis only. Five accommodated children entering via both justice and child protection routes, and one took girls and boys on a justice basis only. Just one setting held girls only (although one other had recently switched from just holding girls to a mixed gender population). One larger home included both a girls' only unit and mixed gender units.

On the back of recommendations made by the Taylor Review (MoJ, 2016), plans are also currently under way to develop a Secure School on the site of one former STC (Medway) which aims to be an education-focused alternative to justice secure settings. This site aims to hold both girls and boys.

Prior to January 2020, girls included in the data analysis forming part of this review were also resident in Medway STC, which closed as part of plans to convert the space into the Secure School. Only girls from Rainsbrook STC were included in the consultation for this review.

Children enter the CYPSE either through child protection legislation or through youth justice legislation.

Child Protection pathways

Children aged 13-17 can enter the CYPSE via Section 25 of the 1989 Children's Act and are placed only in SCHs.

This Act stipulates that a child being looked after by the local authority can only be placed in secure accommodation where they have a history of absconding and are likely to abscond from anything other than secure accommodation; and:

- If they abscond they are likely to suffer significant harm, or

- If they are kept in anything other than secure accommodation, they are likely to injure themselves or other people.

Where a child is placed in these settings on this basis, no finite timescale is placed on the length of residence, although legislation states that children should not be 'kept' in secure accommodation on this basis. Local authorities also have additional options of placing a child aged 13-17 in secure welfare placements on a 72-hour emergency basis. Furthermore, a child under the age of 13 can also be placed in secure welfare placements but this requires approval from the Secretary of State (for local authorities in England) or the Welsh Ministers (for local authorities in Wales).

Youth justice pathways

In the youth justice system, girls aged 12-17 can be placed in an STC (at the time of writing, only Rainsbrook; housing up to 76 children in mixed gender settings). Girls aged 10-17 can be placed in smaller (generally mixed gender) SCHs, accommodating children in settings ranging from 5 to 38 beds. Girls can be placed in these settings on remand or:

- On a Detention and Training Order (DTO) in the Youth Court or Crown Court. This is a custodial sentence lasting between four months and two years. (This sentence is only available for 12-17 year olds).

- Through the Crown Court under Section 250 of the Sentencing Code 2020 (formerly Section 91 of the Powers of Criminal Courts Sentencing Act 2000) which provides for longer term detention for specified serious offences (other than murder). This sentence can apply to 10-17 year olds.

- Through the Crown Court under Section 259 of the Sentencing Code 2020 which is a mandatory life sentence for those convicted of murder, with a minimum term to be served in custody. This sentence can apply to 10-17-year olds.

- Via a sentence of detention for life or an extended sentence of detention under Section 254 of the Sentencing Code 2020 (formerly under 226b of the Criminal Justice Act 2005). This sentence is used more rarely where the Crown Court considers there is a significant risk of serious harm to members of the public from further specified offences. This sentence can apply to 10-17 year olds.

International law stipulates that these settings should be used as a last resort for children.

Admissions and placements

The Secure Welfare Coordination Unit is a small unit, grant-funded by the Department for Education (DfE), which administers placements and collects data on children accessing secure welfare beds. It acts as a single point of contact for local authorities in England and Wales, to arrange secure welfare placements and streamline the process of finding the most suitable place for children entering through child protection legislation. The final decision on making a welfare placement remains with both the placing local authority and the manager of the receiving SCH. Stakeholders interviewed during this review described consistently large waiting lists of referrals (a few of those consulted talked of around 30-40 children waiting for each place that was allocated).

For children in the Youth Justice System, the Youth Custody Service (YCS) Placement Team has a legal responsibility to arrange the placement for girls into the CYPSE. The team acts as a single point of contact with SCHs and Rainsbrook STC to identify the most appropriate placement for each individual girl. Detailed information on a child's risks and needs is submitted by Youth Offending Teams (YOTs) to the team 24 hours before a likely placement. The YCS Placement Team will consider all information about the child when sourcing the most appropriate placement to meet their needs.

In line with the Children's Regulations 2015, Registered Managers have a responsibility to ensure that decisions relating to accepting new admissions take into account both the individual risks and needs of a child, as well as the complex nature of the current cohort of children within their homes.

At the point of this review, the population of children in each SCH ranges from 4 to 30 children. Although DfE data (2019) shows that SCHs are often not at full capacity, interviews with key stakeholders revealed that this was often an active choice by SCHs when they were accommodating children with particularly complex needs (e.g. with very high risk of self-harming or of violence to others). In these circumstances they might need to 'block off beds' to free up staff and increase staff ratios to 2:1 to support these children effectively.

SCHs are subject to a minimum of twice-yearly inspections by Ofsted (supported by the Care Quality Commission [CQC]) based on criteria in the Social Care Common Inspection Framework. In some circumstances, frequency of inspection visits can increase (e.g. if a home is judged to be 'inadequate', or is seen to be declining in effectiveness by inspectors). The Secure Accommodation Network is the body responsible for the development and promotion of SCH services. Its membership is made up of representatives from all SCHs. Ofsted inspects STCs jointly with Her Majesty's Inspectorate of Prisons (HMIP) and the CQC under the Education and Inspections Act, 2006.

This review found that SCHs managed the placement of girls in quite different ways, often shaped and dependent on the physical accommodation and layout of the home. In some homes, girls lived and were educated in mixed settings and slept in locked rooms along mixed corridors. In others, there were areas of the accommodation that were reserved for girls (e.g. corridors with girls' locked sleeping accommodation) but with mixed living and education in other areas of the home. One larger unit had a blended approach

with discrete girls' units (and single gender education for girls on that unit), and a mixed unit, as well as having separate boys' units and a specialist learning disability unit. One twelve-bedded unit placed girls in groups of four, with separate sleeping and living areas. These girls rarely mixed with girls in other living quarters – although the exception was in education (where groupings were ability-based) and in visits.

Sometimes these arrangements were dictated by the layout of the home.

Rainsbrook STC, on the other hand, accommodated girls in four female-only residential units but girls mixed with boys in education and at mealtimes. Rainsbrook also contained the only Mother and Baby Unit in the CYPSE.

Data on the number of children in CYPSE settings (2017–2020)

The overall population of children and young people placed into justice or welfare settings is difficult to report accurately. The closest metric for estimating the number of children and young people who are placed in CYPSE settings is from new admissions (although this will underestimate the actual population for a given year, because there will be a number of children who are already placed in a particular setting). New admissions include both sentenced and remand placements. These do not include new admissions being transferred between settings.

Please note that this is operational management information. These figures have been drawn from administrative IT systems, which, as with any large scale recording system, are subject to possible errors with data entry and processing and can be subject to change over time.

Since 2017, the overall estimated population in the CYPSE has been steadily decreasing for both girls and boys.

The total number of all children and young people, both boys and girls, newly placed in the CYPSE reduced from 2,541 in 2017 to 1,956 in 2019. While the number of welfare placements has remained consistent, at around 220 a year, justice placements have steadily decreased year on year since 2017 (from 2,312 in 2017 to 1,736 in 2019).

The total number of new admissions for girls placed in the CYPSE between January 2017 and May 2020 is 624:

- 372 girls were on a welfare placement

- 152 were placed in a Secure Training Centre (STC)

- The remaining 100 were placed in a justice placement in a Secure Children's Home (SCH).

Girls made up 56% of the total welfare population during this period and 4% of the total justice population.

Between 2017 and 2019, there was a 29% decrease in the number of girls and boys in SCHs in justice placements. There has been a 20% reduction in girls entering STCs. While the number of boys being placed in SCH welfare beds has marginally increased (by 6%), there has been an 11% reduction in girls entering SCHs on welfare placements.

The highest recorded monthly population for all justice placements for the period 2017 to 2020 was 1,027 in July 2017. The highest recorded number of girls in justice placements was 42 and occurred in the same month. (Note, from April 2019 onwards these figures are a monthly snapshot of the custodial population, taken on the last day of the month. Prior to April 2019 these figures were a monthly snapshot of the custodial population, taken on the nearest Friday to the last day of the month. Please note that this is a further breakdown of the published **Youth Custody Population Report**).

In terms of the overall flow of girls and boys through the system, since 2018 there have been slightly more releases/discharges from the CYPSE than new admissions for both boys and girls.

In 2019, girls from racialised communities (described in the data analysis as ethnic minority communities) made up 38% of girls' admissions to secure justice placements and 23% of girls on secure welfare placements. (These include small numbers of girls whose ethnicity is not known/recorded.) Further analysis also identifies the following trends:

- Overall, the proportion of 'Ethnic Minority' girls being placed in justice settings increased from 23% in 2017 and 2018 to 38% in 2019

- Conversely, there has been a decrease in the number of girls from racialised communities in welfare placements by almost one-third in 2018 (31) and by two-fifths in 2019 (27), compared with 2017 placement levels.

Placements

Placement of girls from racialised communities in the YCS

Between 2017 and May 2020, girls from racialised communities accounted for some 55% of the total population of girls in an STC.

Because of the small number of girls in the YCS, it is difficult to analyse data by subgroups of children from different racialised communities. Findings from any analysis must be treated with caution because of small sample sizes. However, one difference that can be seen within the data is that Black girls tend to make up the largest proportion of girls from racialised communities placed in STCs. Between January 2017 and May 2020, 60% of new admissions of girls recorded as coming from 'Ethnic Minority' groups were Black, 24% were 'mixed' and the rest were Asian or 'Other'.

Additionally, 'mixed race' girls were the highest proportion of children from racialised communities in welfare placements.

Girls' YCS placements: distance from home

Data on distance from home was only available for girls in justice placements, using monthly population data. Data relating to 2020/21 is tracked up until May 2021 for both girls and boys.

Girls in justice placements are placed further from home than boys in justice placements because there are fewer placement options available for them. A thematic report by HM Inspectorate of Prisons (2014) found that placing girls long distances from home undermined girls' and CYPSE staff's ability to maintain contact with families, carers and professionals. It also created additional challenges when girls and staff were trying to facilitate transitions and continuity of care back into local communities.

Figure 1. Average number of girls in custody by distance from home
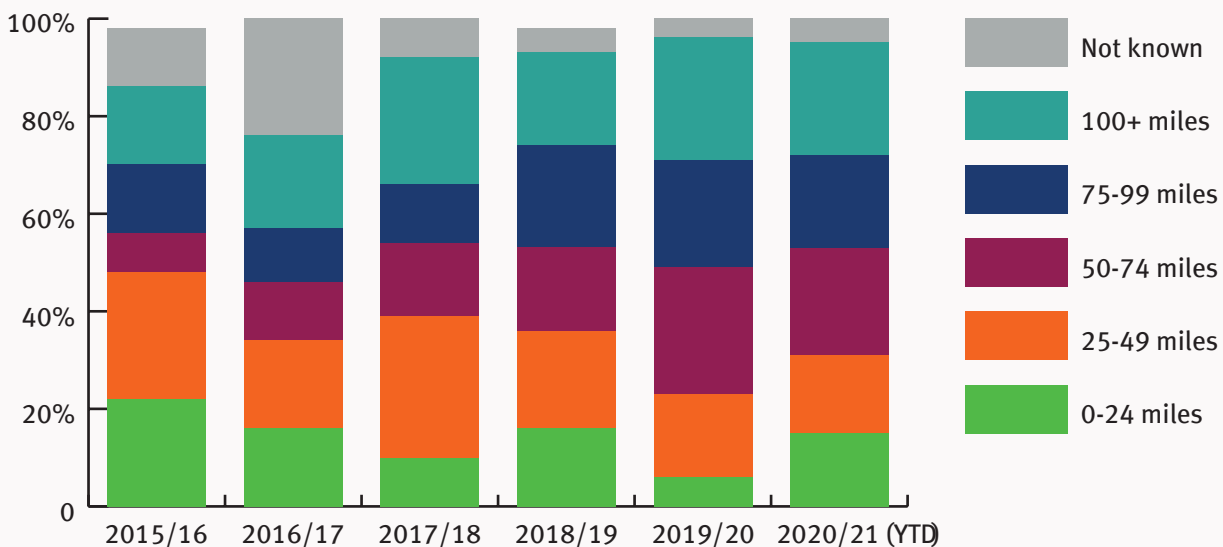
Typically, the majority of girls in justice settings were placed 50 miles or further from their home address (see Figure 1). Data is based on monthly snapshots and not new admissions. It shows the distance in miles, as the crow flies, between the child or young person's home address and the establishment address.

On the other hand, most boys in justice placements were placed within 50 miles of their home address (see Figure 2).

Due to the smaller number of girls in justice placements, and the smaller number of establishments that admit them, they are more likely to be placed further away from home and to face additional challenges and inequities, particularly in terms of continuity of contact with key relationships in their lives and in terms

of the quality of transitions (Bateman and Hazel, 2014; Goodfellow, 2019). This is concerning as girls consulted during this review stressed the importance of family contact to their wellbeing and progress.

Furthermore, almost all of those working in the CYPSE, interviewed as part of this project, raised the significant challenges of trying to mobilise plans for girls' transitions into the community. These challenges sometimes led to delays in sourcing community-based home placements and were then observed by staff to lead to a significant deterioration in girls' mental health, self-harming behaviours and behavioural problems, borne out of frustration and distress at ongoing uncertainty.

Figure 2. Average number of boys in custody by distance from home
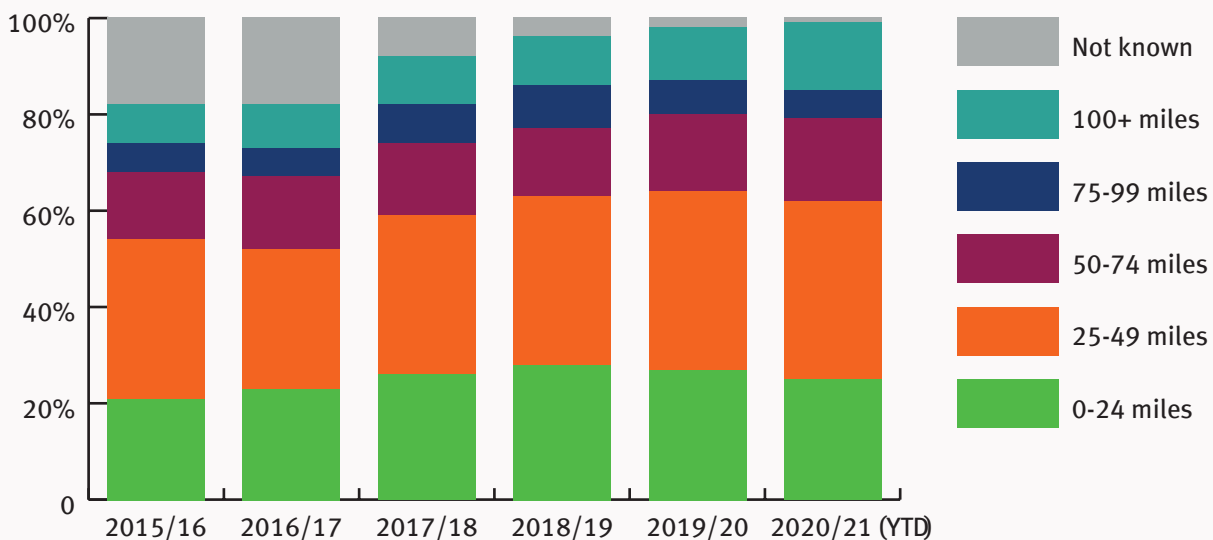
The placement process in the YCS

In the YCS, placements are coordinated by the YCS Placements Team who aim to match each girl referred with the most appropriate SCH or STC placement. SCHs then consider each referral from the central YCS team and review the mix of children currently residing in their settings. If a girls' referral was deemed as a risk of destabilising the placement mix in the home (due to the perceived complexity of their needs weighed against the needs of the current mix of girls), then SCHs do not have to accept that referral.

> *"We'd never say we can't consider a young person, but we've had to say to them please send us kids in a staggered way. Because there is this potential for the home becoming unstable. So, we need to make sure that kids come in and have that time to get to know people."*

On the other hand, STCs were contractually obliged to accept every girl referred to them:

> *"When we are looking at placements of young women, there are lots of instances where some young women could more appropriately be placed in alternative settings – where there is more therapeutic care, where there is potentially a higher ratio of staff. For example, it may be that a SCH would be a more appropriate setting for a particularly vulnerable young woman; but SCHs can turn down a girl whereas we can't do that because we have to accept every girl who is referred to us. They have the right to say 'We can't accommodate this young woman' whereas we are the entire remaining estate."*

These different ways of dealing with referrals in justice placements may have a number of unintended knock-on effects which may be contributing to patterns of overrepresentation of girls from racialised communities in larger STCs as opposed to SCHs. For example:

a. This type of decision-making, based on professional assessment (rather than more objective and culturally validated risk-assessment processes and tools) has been associated with an increased likelihood of unconscious bias playing out in the justice system, particularly for people from racialised communities (Nanda, 2010). For example, Nanda noted how chains of decision-making involving police, courts, justice experts etc. lead to cumulative inequalities in the justice system, affecting some children from racialised communities.

b. Such patterns may also reflect Epstein's findings (2017) which demonstrated how white people and professionals systematically 'adultified' Black girls from an early age, underestimating their vulnerability and overestimating their risk and 'agency'. This may also be affecting patterns of overrepresentation in larger STCs.

A different risk associated with this chain of decision-making was that it could, ironically, lead to girls with the most troubling presentations and greatest needs ending up in larger, less homely STC settings, where those consulted said staff ratios struggled to compete with those in SCHs – potentially hampering girls' chances of moving forward.

The small size of the justice estate was also raised as a challenge in terms of being able to appropriately place girls. Those consulted said there was sometimes limited flexibility within the system to move girls to a more suitable setting. This could cause problems when there was a need to house co-defendants separately.

> *"There's not the capacity for movement in the estate – this can increase the vulnerability of girls with complex needs."*

A few staff also raised problems faced by girls from racialised communities from big cities (particularly from London), being placed in rural areas where they lacked common conversational reference points, where families struggled to visit and where everything felt very alien – increasing feelings of isolation:

> *"Young people have their own phraseologies and their own unique way of communicating with each other. I've come from London and that's particularly the case across London. So, for young people who have been placed out of borough and so far away, it's just feeling a bit more isolated from your reference points, your family traditions and family values."*

The placement process for secure welfare beds

Many of those consulted during this review raised a common theme of significant waiting lists for welfare placements in SCHs. For every girl who entered the secure welfare estate, it was not uncommon for 30-40 children to be on the waiting list. Placements in the secure welfare estate must be considered in the context of this demand, and of the increasingly well-documented chaos that has been highlighted in Family Court rulings (OCC, 2020) and by the Office of the Children's Commissioner (OCC, 2020a; 2020b; 2019). These reports point to the lack of safe and stable placements in the sector (and increasing use of unregulated placements).

Focusing on how decisions are made when girls access the secure welfare estate, the people consulted described an individualised process of decision-making as follows:

> "Decisions on where a girl may go tend to be made by the social care professional referring her and can be made based on a variety of factors. Each referral goes through the Secure Welfare Coordination Unit but decisions are made between the home and the social care professional."

> "The home, I believe, control all the referrals – they send the referrals to the hub and they pick who they would like to take."

As highlighted earlier, such referral processes, where homes carefully select who they take, help maintain a stable and manageable population of children with complex needs in each setting. However, according to Nanda (2011), such individualised decision-making processes in the justice system can also carry with them a risk of unwittingly reinforcing, through unconscious bias, inequities affecting children from racialised communities.

One stakeholder raised concerns about another potentially perverse outcome of the current referral system, whereby social workers research and identify homes with the best Ofsted scoring first and approach them. Higher ranking Ofsted homes then often choose girls best suited to their mix of girls first. In the stakeholder's view, this sometimes resulted in the most skilled homes 'cherry picking' girls, leaving girls with the most complex needs in homes assessed as having lower capacity to maximise their outcomes.

Length of time in justice placements

Most girls enter justice placements on a Detention and Training Order (DTO) and remain in justice placements for less than three months. This is similar for boys. Roughly the same proportion of girls stayed longer than a year in justice placements compared with boys (9% versus 10% respectively).

Remands

Evidence suggests that nearly two-thirds of boys and girls remanded to justice beds do not ultimately go on to receive a custodial sentence, with 27% being acquitted and 36% receiving a non-custodial sentence (Gibbs and Hickson, 2009; Seymour and Butler, 2008). Furthermore, there have been concerns about rises in the use of remands because of the very short length that children stay (and the limited time to support change and progress). In addition, there are concerns about the lack of follow up support if children are eventually acquitted, and the huge disadvantage caused in terms of children's ability to recover from this separation from families, education, and accommodation stability, and to move forward (Gibbs and Hickson, 2009).

Since 2017, the number of new admissions of girls on remand has remained similar, ranging from 39-41 girls annually. However, the total number of new admissions for girls each year has decreased since 2017, meaning that the proportion of girls who are admitted on remand increased from 46% in 2017 to 59% in 2019.

Note: these figures are drawn from data on the child or young person's most precedent legal basis at the time of their admission; and in some cases this will change over time. The small numbers involved also mean that caution is needed when interpreting them.

Length of placement in welfare settings

The length of placement within welfare settings is only provided as a combined average for boys and girls. The average length of placement was 151 days in 2019.

From a total of 665 placements in welfare settings, 493 (74%) of children entered through 72-hour emergency orders between 2017 through to the end of 2019. Such orders are used to support emergency placement where there are significant safeguarding concerns. The majority precede an application by the local authority for a full secure care order through the family courts.

Characteristics, vulnerabilities and needs of girls in the Children and Young People Secure Estate (CYPSE) on admission

Age and placement

Girls aged 10-15 accounted for 305 placements in the years 2017 through 2019 and represented the majority of those placed in welfare or justice placements. This age group was accommodated in 34 Secure Care Home (SCH) justice placements, 249 SCH welfare placements and 22 placements in a Secure Training Centre (STC) during that three-year period.

Of the 169 girls aged 16 placed in the CYPSE between 2017 and 2019, the majority (95) were in welfare placements in SCHs. By contrast, 77 out of 124 placements of girls aged 17 were into STCs and 19 were into justice placements in SCHs.

Needs and vulnerabilities identified at point of admission

Findings in this section are based on:

a. Youth Custody Service (YCS) data on the needs and vulnerabilities of girls and boys at the point of admission to justice settings, analysed for the period 2018 to May 2020. (NB: sample sizes for girls are small, undermining the ability to draw robust conclusions)

b. Data provided by the Secure Welfare Coordination Unit on assessed needs at the point of referral and admission (2017-2019)

c. Discussions with a range of stakeholders.

Data collected from two different national sources covers different domains and different timescales. For example, YCS data covers the financial years between April 2016 through to May 2020 for Youth Offending Institutions (YOI), STCs and justice placements in SCHs. The Secure Welfare Coordination Unit provided data covering calendar years 2017 to 2019 for children entering the CYPSE through child protection routes.

The figures listed here (Tables 1 and 2) give the minimum number of children and young people assessed as having a specific risk and need. They do not include those children and young people where information is reported as 'unknown' (i.e. reported as 'yet to clarify' or missing data).

Table 1. Needs and vulnerabilities identified in children admitted to justice placements for period 2018 to May 2020[1].

NB. '--' redacted as 5 or less children and young people recorded.

Needs and vulnerabilities	Girls		Boys	
Physical health concerns	36	22.1%	867	20.5%
Self-harm concerns	89	54.6%	819	19.3%
Mental health concerns	28	17.2%	647	15.3%
Pregnant or could be pregnant	6	3.7%		
Diagnosed with social communication difficulties	9	5.5%	413	9.7%
Special Educational Needs or Disabilities	47	28.8%	1,251	29.5%
May commit offences and/or behave in ways that hurt/harm others	128	78.5%	3,261	76.9%
Escape risk	--	3.1%	91	2.1%
Signs of extremism or radicalisation			10	0.2%
Risk of sexual exploitation	70	42.9%	688	16.2%

[1] The proportion stated is equal to the minimum number of children and young people assessed as having a specific risk and need. Figures do not include those children and young people where information is reported as 'unknown' (i.e. reported as 'yet to clarify' or missing data).

Table 2. Needs identified at point of admission to secure welfare placements by gender for the period 2017-2019.

NB. '--' redacted as 5 or less children and young people recorded.

	Girls		Boys	
Mental health	194	52.2%	128	43.7%
Self-harm	262	70.4%	81	27.6%
Substance misuse	301	80.9%	267	91.1%
Offending behaviour	242	65.1%	278	94.9%
Sexually harming behaviours	37	9.9%	51	17.4%
Absconding	368	98.9%	287	98.0%
Challenging behaviours	318	85.5%	272	92.8%
Sexual exploitation	326	87.6%	73	24.9%
Fire-setting	45	12.1%	59	20.1%
Supporting pregnancy	--	0.5%	0	0.0%
Adoption breakdown	16	4.3%	13	4.4%
Gang affiliated	92	24.7%	102	34.8%
Sexualised behaviour	87	23.4%	51	17.4%

An overview of both sets of data reveals many similarities between girls entering justice and welfare placement beds – but some key differences.

Self-harm

Girls in welfare beds were more likely to be identified with risk of self-harming on admission (70%) compared to girls in justice placements (55%). Both rates are significantly higher than those found among girls in the general population (NHS Digital, 2018).

Offending, challenging behaviours and risks to others

Nearly eight out of ten girls in the justice system (roughly similar rates to boys) were assessed with risks of re-offending and risk of harm, based on YCS data. Risk of re-offending may be overestimated for girls (if YCS rates are compared with those in the literature where re-offending is deemed less likely among girls, even for those committing violent offences) (Cauffman *et al.*, 2017).

Just over two-thirds of girls in welfare placements (and nine out of ten boys) were identified with offending-related needs. This reflects the fact that welfare settings said they were increasingly being used to divert and safeguard children at risk of criminal exploitation.

For girls in welfare placements, nearly nine out of ten were identified at the point of admission with challenging behaviours, and 12% were identified with fire-setting risks.

Data on the number of girls identified as gang-involved at the point of admission was only available for welfare placements and suggested that around 25% of girls are entering SCHs with these concerns (as opposed to nearly 35% of boys). One member of staff interviewed during this review did not think that they were seeing an increase in the numbers actually involved in county lines activity, but they did think that there was greater awareness now of these risks than three years ago.

Finally, YCS data told us that girls were much less likely than boys to be identified with signs of exposure to extremism or radicalisation.

Child and gender-based sexual exploitation

Girls in welfare placements were twice as likely to be identified with concerns relating to sexual exploitation than girls in justice placements (87.6% versus 42.9%). Girls in both settings were more likely to be identified with these concerns than boys (3.5 times more likely in welfare settings and 2.7 times more likely in justice placements). Just under 25% of girls in welfare placements were also identified as presenting with concerns about 'sexualised behaviours' (compared with 17.4% of boys).

Risk of absconding or escape

Almost all girls (and boys) in welfare beds were identified with a 'risk of absconding' or running away. This is an essential criterion for the use of welfare beds in the CYPSE under the Children Act 1989.

Mental health problems

Girls in welfare placements were three times more likely to be identified with mental health problems at admission compared with girls entering justice placements. Findings in both placements suggested that professionals had marginally higher levels of concerns about girls' mental health than they had about boys'.

It is interesting to consider findings from this data analysis in the context of what we know from international literature on the prevalence of mental health difficulties among girls in residential care and in justice placements (see Table 3). Although we lack prevalence studies of girls in secure welfare placements (who are likely to have the very highest levels of complex needs), we know that girls in broader residential child protection settings and girls in justice settings present with more similarities in terms of their mental health profiles than differences. Both groups of girls have high levels of trauma and maltreatment exposure and are likely to have more than one mental health difficulty (and more so than is the case with boys). Girls in justice settings are more likely to present with severe and persistent behavioural difficulties and girls in residential care are more likely to present with emotional problems (see Khan, 2021).

Based on this international evidence, the identification of mental health conditions among girls in welfare placements in this data analysis appears to be consistent with what we would expect, whereas levels of identification for girls on justice placements are much lower.

Table 3. Overview of international studies investigating the mental health needs of girls in residential settings compared with girls in custodial settings

	Girls in residential care[2]	Girls in secure justice settings
Any diagnosable mental health difficulty/mental health need	70%	44% (but lacking up-to-date data broken down by gender)
Conduct disorder	14.8%	59%
Major depression	Info not available	25%
Maltreatment histories	Between 75% and 80% identified with 'maltreatment histories'	Comparable information not available
Adverse Childhood Experience (ACE) exposure	Comparable info not available	92% of girls report at least 2 ACES 80% report at least 3 ACES 63% report at least 4 ACES 46% report at least 5 ACES
PTSD	Info not available	18.2%
Psychotic illness	Info not available	2.9%
Emotional difficulties	63%	Not available
Multiple mental health difficulties	Girls in the sample had a mean number of diagnoses of 2.4.	Overall sample average for girls in custody is 3 different co-existing conditions.

(Euler *et al.*, 2015; Greger *et al.*, 2015; Fischer *et al.*, 2016; Baglivio, 2014; Lüdtke *et al.*, 2018; Lueger-Schuster *et al.*, 2018; Beaudry *et al.*, 2020; Dixon *et al.*, 2004; Chitsabesan *et al.*, 2006.)

[2] These studies largely identify the needs of girls in residential child protection care rather than secure care.

We compared YCS data on rates of identification of mental health need as girls enter justice placements, with findings from broader academic evidence. From such comparisons, it appears that practitioners may be underestimating girls' mental health needs at the point that they enter the CYPSE. This may be because conduct disorder is not routinely recognised and included in assessments of mental health need before children enter justice settings. Severe and persistent behavioural problems are a common mental health difficulty among children and are often an outward communication of psychological distress and exposure to ongoing and complex trauma (Gutman *et al.*, 2018). Childhood behavioural difficulties are important for services to log as they can be a marker for a wide range of longer term physical, mental and social vulnerabilities (Gutman *et al.*, 2018; Broidy and Thompson, 2018; Parsonage, 2014.) They are important in helping to pinpoint which children may face the greatest likelihood of longer term poor outcomes without additional support.

A much smaller group of girls than boys present with such early behavioural difficulties (e.g those that start before secondary school). This is thought to be because girls are more likely to suppress, mask and internalise distress and neuro-disabilities (resulting in a higher likelihood of experiencing self-blame, emotional and relational difficulties, mental health problems, self-harming, suicidality and other vulnerabilities later on) – whilst boys are more likely to externalise distress from an

early age (Leadbeater *et al.* 1999; Broidy & Thompson, 2018). So girls are more likely to slip under the radar until crisis.

Both academic evidence, and stakeholders consulted as part of this review, identified complex trauma (resulting from prolonged maltreatment and relational victimisation) and emerging personality difficulties as key issues affecting the mental health, day to day functioning, and distress of children in these settings.

> *"They are often so traumatised with ambivalent attachment and their relationships are so skewed that we don't know what to do with them, particularly those that end up with borderline personality disorder."*

Complex trauma and borderline personality difficulties can often go under the radar for these girls and remain unrecognised in many community settings (Vitopolous, 2019; Fossati, 2014).

Many girls consulted as part of this review also talked of having significant concerns about their mental health and wellbeing. Some of these concerns clearly pre-dated their entry into CYPSE settings and some were worsened by fear on entry, their powerlessness while in these settings, and anxiety and uncertainty about returning to the community.

Social and communication difficulties

In justice admission data, low numbers of girls and boys were identified with diagnosed social and communication difficulties (clarified by YCS guidance as those predominantly identified as having autistic spectrum conditions rather than those with broader speech, language and communication difficulties).

Around 6% of girls and 10% of boys on justice placements were identified with 'social and communication' needs. This is low compared with prevalence studies of youth justice populations but higher than rates identified in the general population (NHS Digital, 2018). For example, the most recent national child and adolescent mental health survey noted 1.9% of boys and 0.4% of girls were presenting with

pervasive developmental disorders or autistic spectrum conditions.

No equivalent data was available for girls in secure welfare placements. There is currently very poor academic evidence on the prevalence of autistic spectrum conditions among girls in the CYPSE, and this requires urgent attention to ensure they are not being under identified and left unsupported.

During stakeholder interviews, a theme emerged of girls being under-identified with autistic traits in the community – suggesting that the scale of these needs at the point of entry does not reflect the actual prevalence among girls in CYPSE settings.

> *"We have a lot of young females coming through who would meet the criteria [for Autistic Spectrum Disorder (ASD)]".*

> *"Girls are much less likely to be picked up [with ASD] – sometimes wating until middle age to be picked up."*

Under-identification was attributed to poor community pathways for children on the autistic spectrum and poor skills among clinicians in picking up the different way that ASD manifests in girls:

> *"There isn't the skillset across ASD services to pick up ASD – you need specialists in female ASD because it's so easy to not pick it up. Because they are so much better at masking than males. And the stereotypical behaviours are different and can go unnoticed –so things like girls twiddling their hair repetitively – these can go unnoticed and get dismissed. 'Oh, they're just being a girl'".*

> *"...people get diverted by different expectations of girls' and boys' behaviour – for example if a boy makes a fart joke it's funny; if a girl does it's not funny."*

Some professionals working in the CYPSE also voiced concerns about the number of girls presenting with quasi-autistic traits – traits linked to autistic spectrum presentations and which were thought potentially to be linked to neural damage following experiences of profound maltreatment and abuse.

"There is such a big overlap between identifying what is trauma and whether they are autistic and you get these girls who just don't get diagnosed, either with PTSD or with ASD, and the likelihood is that they have probably got both. That's a huge area where the system falls down. And when they get caught up in the [Criminal Justice System] it's so much more challenging for them, because there are so many sensory triggers for them."

Longitudinal studies tracking the progress of adopted Romanian orphans exposed to pervasive neglect, lack of stimulation and maltreatment noted significantly higher rates of autistic and hyperactive traits (as well as wider mental health difficulties) in a proportion of this cohort of children. These symptoms were thought to be linked to poverty of early care and were more likely the longer a child had lived in orphanages. Authors concluded that these traits were associated with early neuro-developmental damage (Humphreys *et al.*, 2015).

Special Educational Needs and Disabilities

Information on Special Educational Needs and Disabilities (SEND) was available through YCS admission data (but not via welfare data). This data category also covers children with autistic spectrum conditions as well as those with a wider range of needs potentially interfering with their educational progress, including learning difficulties, communication and other neurodevelopmental needs, and physical impairments.

In YCS admission data, girls and boys on justice placements presented with roughly equal rates of SEND needs (both just over a quarter – see Table 1 on page 17).

In Hales' and colleagues' (2018) census of identified needs in children in the wider secure estate, 28% of children in the YCS were identified with neurodevelopmental conditions and 49% of children in secure welfare placements were identified as having such needs. In their international review, Beaudry and colleagues (2020) showed roughly equal proportions of girls and boys being identified with ADHD – with around 1 in 5 girls and 1 in 6 boys meeting the criteria for diagnosis. This rate is significantly higher than those found among girls in the community.

One US study of girls aged 13-17 noted that more than 20% of girls in custody were identified as language impaired (Sanger *et al.*, 2001). This is lower than rates identified among boys in UK studies (Bryan *et al.*, 2015). There are currently no studies of this need among girls in UK residential care and justice systems.

In analysis of US administrative data, Chesney-Lind and colleagues (2008) also found that 15% of girls in custody met the criteria for traumatic brain injury. Once again, we lack UK research on prevalence rates among girls in CYPSE settings.

No data on neuro-disabilities were available through welfare placement admission data.

Substance misuse

Around 9 out of 10 girls and boys entering welfare placements were identified with concerns about substance misuse needs. No admission data was available for girls in the YCS system on substance misuse.

Teplin and colleagues (2005) found intertwining risks between substance misuse, sexual exploitation and sexual risk taking, with 96% of girls reliant on substances in custody being sexually active, 62% having had multiple sexual partners in the past three months, and nearly two thirds having had unprotected sex in the past month. Substance misuse among girls was also associated with self-medicating to address psychological distress and to manage the co-existence of multiple mental health difficulties (Douglas and Plugge, 2006).

Substance misuse was associated both with girls' relationships with (often older) romantic partners and with generally poorer sexual, physical and mental health (Odgers *et al.*, 2010; Leve *et al.*, 2015). Some studies found greater links between PTSD symptoms among girls using substances than among boys, with these girls being over three times more likely

to meet criteria for a current diagnosis of PTSD compared with substance misusing boys (Belenko *et al.*, 2004). Another study identified higher risk of subsequent substance exposed pregnancies for girls in the justice system who were substance reliant (Parrish, 2020).

In studies, substance misuse was identified as a significant risk factor influencing further offending for girls – more so than for boys (Andrews *et al.*, 2012).

Pregnancy

These data also tell us that between 2017 and May 2020, 3.7% of girls entering justice placements were pregnant at the time of entry compared with 0.5% of girls entering CYPSE welfare settings (see Tables 2 and 3).

Some challenges were raised relating to supporting girls who were pregnant in the CYPSE – particularly occasional bureaucratic barriers in STCs affecting mobility visits to support key mother-infant milestones. The evidence review suggested a need for multi-disciplinary ownership of girl-centred policies and practice for girls in Mother and Baby Units (an approach that recognises the distinct risks, needs and strengths of pregnancy during teenage years) (Hufft, 2004; Hufft, 2008).

Ethnicity: needs and vulnerability

NB: Numbers of girls calculated for ethnicity are approximations as percentages provided were rounded to nearest whole number.

Within justice settings, the proportion of girls identified from racialised communities as having a particular need or vulnerability was consistently lower than for white girls.

Once again, this reflects findings from other studies which have noted a reduced tendency to identify vulnerabilities and support needs for some girls and boys from racialised communities. In one US study, Bright and colleagues (2014) noted that despite presenting with some of the highest risks and needs, these girls were least likely to get the support they needed. Epstein and colleagues' US study (2017) found that adults generally perceived Black girls to be developmentally older, less vulnerable, less in need of protection, to need less support and comfort and, as they mature, to know more about adult issues and sex, to be louder and more aggressive than white peers, and to be more culpable for their actions. This is seen to translate into girls being treated more harshly than white peers and receiving less support.

Promising practice example

Rainsbrook STC includes a small Mother and Baby Unit for girls in the YCS. The setting has been positively recommended by a recent HMIP, Ofsted and CQC joint inspectorate report.

'The mother and baby unit is a bright, homely and nurturing physical environment, both for young mothers and for babies. The needs of young mothers and babies are well understood and met. Clear resettlement plans are in place that develop parenting skills and provide experiences of 'real-life situations' in the community. […] The support and training delivered by nursery nurses on the mother and baby unit for expectant and new mothers are of an exceptionally good standard'. (HMIP, 2019)

In YCS data the following patterns were noted:

- 63% of new admissions of white girls (56) were identified with risks of self-harm, compared with 32% (13) of girls from racialised communities – meaning that white girls were almost twice as likely to have concerns raised about self-harm than girls from racialised communities

- The proportion of white girls with identified mental health concerns was nearly three times higher than for girls from racialised communities, at 20% and 7%, respectively

- White girls were nearly three times more likely to have physical health concerns identified than girls from racialised communities, at 27% and 10%, respectively

- The proportion of white girls where special educational needs were identified was more than two times higher than for girls from racialised communities, at 34% and 15%, respectively

- The proportion of white girls assessed to be at risk of sexual exploitation was also slightly higher than for girls from racialised communities, at 54% compared with 39%.

(NB Extreme caution must be applied to drawing premature conclusions from this data due to the tiny sample sizes.)

A similar pattern is found when comparing the girls from racialised communities and white girls placed in secure welfare settings:

- In relation to self-harm, 46% of white girls were identified with this need in comparison to 27% of girls from racialised communities

- The proportion of white girls with identified mental health concerns was higher than girls from racialised communities, at 33% of a total of 145 and 25% of 49, respectively.

- In contrast, sexual exploitation is reported as a presenting need among 51% of white girls and 52% of girls from racialised communities.

Children's transgender and LGBTQ+ needs

Information was not available at the time of writing from YCS or welfare data on LGBTQ+ children in the CYPSE. However for children on justice placements, this information is now being recorded in the Youth Justice Application Framework (YJAF), an online platform created for the YCS Placement Team, youth offending teams and the CYPSE to communicate effectively. The YCS information team has plans to incorporate this information into wider products once information is suitably updated.

Recent emerging research indicates that children from LGBTQ+ communities are overrepresented in CYPSE settings (Irvine-Baker *et al.*, 2019). It also highlights higher experiences of victimisation in CYPSE settings compared to non-LGBTQ+ peers (Beck *et al.*, 2013). Irvine-Baker and colleagues (2019) also raised concerns that the needs of LGBTQ+ children were neglected in justice delivery, which was rooted in binary and more normative understandings of gender and sexuality.

Some stakeholders had experience of managing trans children within the CYPSE, describing decisions needing to be made in ad hoc ways. Children's location in the CYPSE was influenced by children's choice of where they wanted to be located and where they felt comfortable and affirmed, where children were most likely to be supported by peers and also taking into account safeguarding factors.

Although developments presented new challenges to the system and to staff thinking and practice, staff generally felt that decisions had worked well. Some had concerns about these children's later transfer to adult settings where we were told wishes for where they might get placed were not taken into consideration. Given the high concerns about greater likelihood of victimisation of LGBTQ+ children in US studies (including sexual victimisation) these transfer difficulties relating to adult settings require further consideration and attention. New guidance supporting trans children in the CYPSE is currently under development by the YCS and NHS England and NHS Improvement.

Many of those consulted felt that there was a need for more training and focus on LGBTQ+ issues and for a more strategic approach supporting both LGBQ+ and trans children. Many described the need for the workforce to adapt to a more non-binary way of thinking:

"The challenge for us has been not about that but about the non-binary way of thinking and thinking about something that's more gender fluid and thinking about gender terms. That is the issue for us when people are coming in and asking the right questions and we're having to really train ourselves differently – and now we have."

Another person we consulted observed a general tentativeness among some staff of raising issues linked to sexuality:

"One of the things that I found in most of the secure units I worked in and that includes the hospitals is that there is very little conversation about sexuality in these scenarios and when we do talk about sexuality it will refer them to another group."

Other key thematic issues

A trauma-based approach

In a study of the exposure of children in custody to Adverse Childhood Experiences (ACEs) and trauma, Baglivio (2014) noted that overall risk profiles for both girls and boys were four times higher than risk profiles found in those in the community (Felitti *et al.*, 1998). Girls in Baglivio's study had the very highest ACE risk profiles, with significantly higher chance of having multiple ACEs and with higher prevalence than boys on every single ACE indicator. A broad body of academic studies also notes high rates of exposure to trauma for girls in residential care (80%), with associations emerging between experiencing multiple traumas and being more likely to engage in rule breaking, to present with attentional problems, hyperactivity and severe and persistent behavioural problems, compared with girls with no such history of interpersonal trauma (Fischer *et al.*, 2016; Lüdtke *et al.*, 2018; Lueger-Schuster *et al.*, 2018; Euler *et al.*, 2015).

Complex trauma, resulting from experiences of cumulative maltreatment and victimisation emerged as a major theme in consultations with girls and staff during this review.

A considerable concern raised by almost all professionals in the CYPSE was the extent to which children arrived showing signs of complex trauma resulting from experiences of exposure, often from an early age, to sustained and developmentally damaging abuse, neglect and exposure to family conflict. For girls, historic and ongoing sexual abuse were commonly disclosed issues – again, a pattern confirmed by wider studies (Baglivio, 2014; Dierkhising *et al.*, 2013). These experiences are also linked to longer term physical, emotional, neurodevelopmental and immunological damage (Odgers *et al.*, 2010).

Most staff agreed that the 'intensity' of girls' needs were greater than for boys, largely due to the persistence of gender-based violence and abusive and sexually exploitative interpersonal relationships during adolescent romantic relationships – often with older men.

"I think it's three to one girls to boys with ambivalent attachment plus complex trauma – which is essentially a power imbalance trauma, usually interpersonal. So actual abuse is very relevant."

"There is a particular need for trauma-focused work. And the particular experiences of trauma for girls tends to be to do with sexual exploitation and abuse and tend to be repeated and tend to be pervasive and tend to be committed by the same person."

"Girls tend to come in with more emotional problems. They might have a lot of self-harm, they might be a lot more emotionally scarred than some of the young men that come in, they tend to have a lot more trauma that's gone on in their lives before they've got here."

Some staff felt that there were broad similarities in exposure to trauma but that boys and girls often communicated trauma-related distress in different ways (e.g. boys being largely more likely to communicate through their behaviour

and girls being more likely to manifest distress through internalising and self-harming):

> "On the girls' units, there does tend to be violence but it's mostly inwardly focused with self-harm or ligatures; whereas with the boys it tended to be standoff behaviour and having a go at each other."

> "When we do initial formulations it's very easy to look at the history of [...] girls and you see significant traumas and you see sexual exploitation and a history of neglect [But...] I think there's a tendency for boys not to talk about it so much [and...] when you start to unpick it there is as much trauma there. And I think we still get drawn into stereotypes and think it's an unconscious [...] process. I just don't think it's spoken about with some of our boys – but unpicking it, it's all there."

Some also felt that girls in welfare beds generally presented with higher trauma-re-enactment behaviours than girls in justice placements.

One girl also recognised the important part played by trauma in children's journeys into the CYPSE:

> "Every kid in secure has gone through some type of trauma in their life. If you have someone to help you deal with your emotions that would help a lot (both prevention and inside)."

Girls also described being petrified and further traumatised as they entered the CYPSE: feeling powerless and uncertain about what to expect; feeling alone without the contact they needed from family and friends; by witnessing restraint or being physically restrained; and by the uncertainty of planning for their return home.

Experiences of complex trauma were observed to significantly damage and undermine girls' ability to manage uncertainty, 'fight or flight' stressors, to regulate emotions and behaviour, and to self soothe and trust others. This led to a routinely hypervigilant and anxious state, characterised by emotional and behavioural volatility.

Vitopolous and colleagues' findings (2019) confirmed the importance of helping children to address trauma and stabilise associated patterns of emotional and behavioural dysregulation as an important first step before they were able to focus on other (particularly offending-related) risks. Many staff also emphasised the need to help girls move forward by listening to their story, and helping girls stabilise their emotions and coping skills, so that they could develop healthier survival skills.

> "You need to first of all get them into a place where they are ready to do this [trauma recovery] work rather than just doing this offence-related work straight away. Most of the reasons they're here are linked back to some form of trauma and you need to get them in a place where they're ready to do that work. They need to be in a better place emotionally in order to manage themselves better here and in the community, and if we can do that piece of work then the other stuff will sort itself out in a way, really."

This core trauma recovery work was described by workers as sometimes conflicting with expectations of external workers who wanted CYPSE home staff to focus more directly on the risks that had brought girls into the estate (e.g. offending risks, anger management, exploitation risks).

Many staff said that girls generally needed much more intensive engagement and quality time compared with boys:

> "Relationships in here are important to girls – they adore that nurture and care; that mothering. The older boys, they can embrace what's on offer but they are not attached to it in the same way; and often here it becomes dominant in that girls' attachments overshadow everything so that they can't manage without those key relationships, or it splits people from the rest of the team."

"Girls need more staff interaction than boys and they need that time; the level of need is higher and they need more input to distract themselves from the things they want to do; boys will play football and can keep themselves busy whereas girls struggle to keep themselves busy."

During this review, girls echoed their strong need for more relational support before they came in, in the CYPSE, and when they left. Girls were generally positive about the quality of mental health care in the CYPSE:

"Good support here and CAMHS staff are very understanding, they help you."

They were also very clear that they wanted more support with their mental health and wellbeing – with someone to listen, to help them with their emotions and anxiety, and to help them develop:

"Mental health – it can feel really low, like… low mood, self-harm, depression."

"I would have a unit that makes you feel heard, for your emotions to be listened to and helped."

"As kids we're all still developing, and we will need more help and support."

Promising practice example

Aycliffe Secure Children's Home (SCH) has introduced Cognitive Analytic Therapy (CAT) as an approach for children and young people. Girls have responded particularly well to this relational therapeutic approach. CAT is a relational integrative approach to understanding repeating patterns in girls' relationships and survival approaches adopted to deal with these patterns. CAT brings together understanding from cognitive psychotherapies (e.g. Cognitive Behavioural Therapy) and from psychoanalytic approaches into one integrated therapy. It is a collaborative approach to help people think about the way they think, feel and act. It is individually tailored to develop manageable goals for change. The approach is time-limited, typically taking place over 16-24 weekly sessions.

It starts with girls' stories, to develop a shared understanding and joint formulation with the therapist. This activity identifies repeating relational patterns and procedures (traps, dilemmas, snags) that may be maintaining unhelpful behaviours. During the recognition stage, girls use diaries and track reccurrences of difficulties to become more aware of relational patterns and of when behaviours and emotions may escalate. CAT maps are used to plot and clarify links between triggers and responses. During the revision stage of the therapy, 'exit' strategies are explored with girls and practiced with a review of what does and does not work. At the end of the therapy, girls and the therapist each write "goodbye letters" which they exchange, summarising what has been achieved in the therapy and what remains to be done. After the end of the agreed number of weekly sessions, planned follow-up sessions take place to monitor and support changes that have been made.

At Aycliffe, CAT-informed approaches are also adopted in team formulation. These approaches aim to be collaborative and containing, to help understand the young person, and to explore team relational responses to them.

Perceptions of girls' and boys' risks

Evidence suggests that girls are less likely to re-offend than boys (even those with violent offences) (Cauffman *et al.*, 2008). But some staff also said that it was easy to underestimate girls' risk to others which staff said could get masked by perceptions of their vulnerability:

"Because there can be a tendency to fall into the 'girls are the vulnerable ones and boys are the perpetrators' and actually more and more we are trying to hold in mind that girls can be as risky as boys and that boys can also be vulnerable. And I think we have actually seen that [...] in that we have seen girls who present very much a risk to others through sexual allegations and claims of being sexually assaulted and we have boys who present sexualised risks to others as well as having vulnerabilities. And thinking about it I don't think that there is a clear differentiation."

Some staff we consulted noted broad differences in the way that girls and boys responded to the CYPSE environment. Boys were generally more predictable and transparent in how they responded to stresses, whereas girls' trauma-enactment brewed and was less visible until a crisis or conflict occurred.

Girls felt that staff sometimes missed early signs of incidents brewing between girls and on units – suggesting scope for a collaborative problem-solving reduction of flash points. To reduce unconscious bias resulting from stereotypical views of girls and boys, one unit had begun to use case studies where gender had been initially hidden, to increase awareness of how risk assessment can be affected by beliefs about gender.

Physical health care

There are well documented associations between exposure to persistent maltreatment, sexual abuse, trauma and childhood behavioural problems, and girls' increased chances of co-existing and sometimes serious physical health problems (Pajer *et al.*, 2006; Piqero *et al.*, 2007; Shepherd and Farrington, 2003). Evidence also tells us that although girls are more likely to approach health care services for help, they are also more likely to have put up with longstanding physical health problems (Butler *et al.*, 2008). As such, health care provision in CYPSE settings provides a golden opportunity for early intervention to identify and address neurobiological impacts of childhood adversity and improve girls' physical health.

Most girls did not comment on physical health care. However, in one setting, unprompted, a few girls expressed dissatisfaction with their physical health care services. Concerns related to not being listened to, delays in treatment, feeling dismissed or being seen as manipulative:

"They really don't listen; they brush everything off."

"They assume everyone's faking, and that's why they don't listen."

Gender-responsive approaches: awareness and girls' experiences

There is a strong body of literature pointing to the desirability of using a gender-responsive wraparound practice, including trauma-informed care, to promote the outcomes of girls in the CYPSE (Watson and Edelman, 2012; Garcia and Lane, 2012; Bloom *et al.*, 2005). Gender-responsive approaches include:

1. Working in a trauma-informed way

2. Being relationship-driven and person-centred in approach

3. A clear emphasis on proactively building trust and on maximising girls' feelings of safety

4. Placing girls' voices at the heart of how they move forward

5. Having in place a 'wraparound facilitator' who builds a strong relationship with girls and who seamlessly glues the multiple interconnected areas of girls' lives, needs and strengths together – planning with girls and other professionals, ensuring linkages, availability of resources and effective connections across all the complex intertwined areas of a girl's life

6. Promoting, restoring, sustaining and supporting healthy relationships (e.g. romantic, peer, family)

7. Being strength-based: building on girls' assets, aspirations and promoting wellbeing as well as strengthening coping and life skills

8. Focusing on girls' goals and aspirations (and also on parenthood)

9. Providing practical and material support with housing as well as facilitating educational, recreational, vocational and employment goals and resources – particularly mobilising concrete and safe opportunities for moving forward

10. Developing female empowerment and self-efficacy as a means of promoting positive self-esteem and growth

11. Encouraging critical awareness and appraisal of gender roles and norms

12. Working proactively with girls' intersectional experiences of oppression and discrimination.

The majority of staff consulted in the CYPSE were very open to discussions about gender-responsive approaches. A small number had developed their awareness of such approaches through previous roles and employment. Some said that it was the first time they had reflected on the strengths and areas for development in terms of their gender-specific practice.

Most staff talked about their formulation-based, relationship-driven and person-centred approach (focused on children's stories, needs and strengths) as the primary reference point for working with girls. Most agreed that strong relationships with staff (both female and male staff in some instances) were a critical need for girls to build trust and start to repair psychological difficulties linked to past abuses.

Overall, responses suggested that gender-responsive approaches had often been developed through learning 'on the hoof' and through intuition. For example, a previously girls-only unit that had recently begun to take in boys realised that the relationship-driven culture and more nurturing way of working they had developed for girls was unsuited for many boys. Conversely, a few teams had developed their thinking on this issue in response to specific challenges encountered when managing girls. A few with more experience of working in gender-specific environments were aware of current strengths and limitations in terms of whole system gender-responsive approaches in CYPSE settings:

> *"There's no space to have conversations about how the experience in here might be different for girls in these settings – and that needs to be back on the agenda. For them to be able to describe the individual needs of girls in these settings."*

Many thought it would be helpful to access training and share thinking in a more collaborative and strategic way, talking about how girls were best supported to thrive. Some feared that a girl-specific and gender-responsive approach could send out a message that boys' journeys into the CYPSE were not characterised by trauma – which would not be accurate. A few feared the over-binary nature of thinking about girls' and boys' needs.

Most CYPSE settings said that the Framework for Integrated Care (SECURE STAIRS), a trauma-informed whole system approach currently being implemented and evaluated in the CYPSE, was the main way in which they sought to support girls' needs. The approach emphasised investing time in developing trusting, therapeutic and authentic relationships with children. Based on children's stories of how they had ended up in CYPSE settings, a whole system plan was formulated with the child on how they might move forward and thrive. Roll-out was described as being at different stages of development across the CYPSE.

Wraparound and trusting relationships with girls in CYPSE

All staff recognised the central role played by relationships in helping girls move forward:

> "[Young people need to have...] that sense that staff are going out of their way to help them and could really de-escalate situations. Feeling understood by staff could help boys and girls to understand themselves more and to understand why they engaged in certain behaviours."

> "We have a team of intervention workers who we mix around and the health team do different bits of work – and they might be better to deliver this or that bit of work. It's definitely relationship-based, if you don't have the relationship to do that piece of work then girls can sometimes give you the answers they think you want, whereas the relationship allows workers to support and challenge safely."

In terms of wraparound relationships, several girls described having key workers with whom they had built strong relationships:

> "[It] helped me overall because it's got the support that I need coming in, 'cos I've got good relationships with the girls and some of the staff."

> "A lot of staff here are so nice and kind."

> "I can calm down by speaking to members of staff in here."

> "I was forced to build relationships here; relationship building is very important and having someone to talk to."

> "When I first came here, I was like 'fuck this, I'm not staying here'. But now I don't want to leave here after nine months! Staff are nice here."

> "Definitely there's bonds in here, it is going to be sad when I leave. I won't be able to have contact with the staff in here."

Several girls also talked positively about the mental health support they received in the CYPSE:

> "Here there's amazing staff, loads of mental health people, just the staff in general are very good."

> "Mental health team on site so you get the help you need, when you need it."

> "Good support here and CAMHS staff are very understanding, they help you."

Some also talked about the importance of staff mobilising resources, helping them navigate through their time in the CYPSE and coordinating activities, as well as addressing practical difficulties linked to life in the estate:

> "If you ask to do an activity, staff try [...] to facilitate stuff for you."

> "[A girl in a secure setting needs to have] ...one to one sessions with [a] key worker or personal officer to express her views – reviews she's having, how much support she's got and talking to her on a level."

"There should be people who manage everything, e.g. you have a ripped mattress, sorting that out, sorting out your court date."

However, a few girls also said they did not get the help they needed and were unable to build meaningful and trusting therapeutic relationships:

"Some staff are nice, some horrible. Some listen to you."

"Some of them have one-way thinking, not much sympathy, not very understanding."

"It's difficult because how are you supposed to build relationships with someone who doesn't understand you? In this place they just pick staff that are good at restraining, they don't pick staff that are good at relationships."

Some girls said there was not enough staff time to meet girls' emotional needs:

"Some people need more support than others and they might not get it".

"[A girl in here needs] more support off people, people there she can ring or speak to".

Many girls also highlighted gaps in what was on offer in terms of supportive relationships – particularly a lived experience navigator who could see and explain things from her point of view when girls first came in and as they moved forward and/or transitioned.

"Need a strategy for girls – my brother got a mentor and he was treated as a man and he had that support. With girls it's 'suck it up and deal with it'. Girls [have] been through hell and then have liberties taken."

"Someone to talk to and someone to actually listen to her issues and feelings. It could be someone who has experienced it, they could tell her it's not as bad as what she thought."

"I think it should be another young person, they could try to cheer her up as well as telling her about the unit."

"There's a member of staff who was in secure when she was younger. She knows and she fights for us. Easier for her to relate to us."

One other girl talked of witnessing unequal treatment of girls:

"Some staff members are critical and rude and sometimes sexist; pick the certain kids they want to defend."

She also spoke of girls being left out of 'treats' handed out by a 'bad member of staff' to other girls (NB: this member of staff was subsequently dismissed).

"It feels personal because her and the staff member used to be close but then staff goes sly and blanking her – feels like the young person being the adult over the adult."

This girl talked about feelings of panic and distress at witnessing these dynamics, and about returning to her living area, and a sense of relief when this staff member eventually left.

"A bad member of staff wrecks the whole day, knowing they're there."

Unchecked dynamics such as these, that replicate patterns of grooming, victimisation and bullying which we know have often characterised many of these girls' lives before they enter the CYPSE, are not only re-traumatising but also undermine girls' environmental and therapeutic trust and their ability to move forward.

Feeling safe

Feeling safe is considered an important element of trauma-informed care, and of supporting girls to better manage distress-based responses linked to experiences of maltreatment and trauma.

Some girls talked about feeling much safer within CYPSE units than they had out in the community:

"[You feel] safe – feel like secure, like safe, nothing's going to happen to you, you're looked after."

"Re-build relationships from on the out – in my experience I am re-building the relationship with my mum which I haven't had for 2 years, because I'm in here and I feel safe."

"There's not like them gangs that beat you up."

"I can't think of anything else that's positive – apart from Mr X (abuser) not being able to get into the building."

But other girls described continuing to feel unsafe in the CYPSE environment for a range of reasons. Some said they had been separated from key relationships that made them feel safe:

"I've been here for a few months and haven't spoken to best friend/ boyfriend, completely isolated and taken away from everyone I trust and feel safe around. Expected to behave, it doesn't matter if you're in pain."

Other girls described the CYPSE environment as 'unpredictable' and 'always changing'. One girl described feeling very unsafe after witnessing a violent incident suddenly escalating, concluding that:

"I don't think they take safety seriously."

More frequently this was due to conflict between girls:

"The dynamics change every single day. One person could be best friends with another one, and the next day the opposite."

"There might be a new girl that comes in and they don't get along and arguments and all that."

Finally, one girl raised concerns about safety based on men being in the vicinity of girls' sleeping areas and about not being able to relax in these circumstances.

"For the [room] checks it does need to be a female – makes me feel uncomfortable, my bedroom is supposed to be a safe space, but I can't relax or wear what I want to bed. Don't feel comfortable because being watched."

An environment which feels unsafe and that prompts discomfort in this way would not be consistent with the principles of gender-responsive approaches.

Use of force and restraint

Many girls, staff and other stakeholders consulted as part of this review talked about the impact of the use of force and restraint on girls' sense of safety and their general incompatibility with gender-responsive approaches.

The rate of use of force was substantially higher for girls, at 226 incidents for every 100 girls per month, compared with 79 for boys (see Table 4). These findings must be approached with caution as sample sizes are small, and rates may be volatile as girls come in and out of the CYPSE.

The guide to **Safety in the Children and Young People Secure Estate** and the **Youth Justice Annual Statistics Guide** provide further details on the counting rules.

Table 4: Use of force incidents by gender, year ending March 2020

	Average per month	
	Incidents	Incidents (per 100 in custody)
Boys	608	79.2
Girls	40	226.0
Total	648	82.5

Qualitative interviews during this review indicated that restraint is often used both in response to violent incidents directed at other young people or staff but also, in around half of instances, to prevent self-harming behaviour.

YCS figures on use of force are concerning when considered within the context of:

a. Government guidance driving reductions in the use of restraint (HM Gov, 2019)

b. Girls' rights as set out in international law

c. The guiding principle that residential care should do no further harm

d. That physical interventions are described both in the literature and (importantly) by girls as re-traumatising (Apland *et al.*, 2017; Berelowitz and Hibbert, 2011).

There was a lack of equivalent data to assess whether use of force was as prevalent among girls accommodated in welfare placements (who arrive with higher identified risks of self-harm).

Girls consulted during this review emphasised the damaging impact use of force had on their levels of anger, trust in staff and feelings of safety. A few girls described their distress at being restrained:

"Staff are horrible, when they restrain, they treat me bad."

"They restrain you, proper grab you."

For one, restraint further fuelled their anger rather than helping them to regulate their feelings and emotions:

"When I first came in, I refused to go to my room, got restrained and got angry. Custody does make you an angry person."

Others talked about the trauma of witnessing others being restrained.

"The other girls, you have to watch people get physically restrained."

Several members of staff also talked about the damaging effect that restraint had on trusting relationships and how this trust was very difficult to win back:

"To do it, it's not trauma-informed, and you can tell someone 'We will have to…' but ultimately restraint is about being done to and not with. There's a Dutch proverb about trust – it's as slow as a tortoise to come in, but as quick as a horse to leave…You work really, really hard to establish trust and to establish safety with these girls and then one episode of restraint with kids and it all collapses…"

Some girls involved in this review felt there was a lack of early action to prevent and de-escalate some incidents:

"Lack of preventive activity to nip things in the bud."

"[Staff] not good with altercations, leave things to happen, not good at seeing an issue and sorting it, they just wait until it's gone. Neglectful when it comes to issues and problems."

Promising practice example

A few settings had introduced specific strategic approaches to reducing restraint. These include PRICE accredited restraint training for children in residential care and the Promoting Peace approach, which included a strategic whole system approach, based on the Six Core Strategies framework, adopted by Rainsbrook STC. Both of these approaches reinforce the importance of whole system ownership, prevention, early intervention and of planning proactively with children to understand what helps them de-escalate when they feel overwhelmed and distressed. For instance, Aycliffe SCH had made changes to the acoustics and physical environment with subsequent reductions noted in incidents.

In some inpatient psychiatric units, in the face of high numbers of restraints, a whole system 'Six Core Strategies' approach was adopted to reduce restraint and separation. This approach has shown some promise in evaluation studies (Putkonen *et al.*, 2013). A small-scale trauma-informed pilot, backed by a collaborative learning approach (like the Framework for Integrated Care SECURE STAIRS, currently being implemented in the CYPSE) also showed promise in reducing use of restraints and increasing girls' feelings of safety (Elwyn *et al.*, 2015).

Promoting supportive family/carer relationships

Both professionals and girls talked about girls 'missing family' and reinforced the importance of contact and support from family.

"Psychologically, girls have higher emotional needs – generally more tied to their family (even if the relationships are unhealthy) and severing those ties has a big impact on girls. Their emotions go up and down much more than boys, and girls hold on to their thoughts much more too."

This was particularly important when girls first came in and when they felt very frightened and disorientated, and when levels of trust in support workers was low:

"You definitely need your friends and family, you don't want to talk to YOT [Youth Offending Team], you feel like local authority are snaking you."

"You need as much time around your family and friends as you can."

"[A girl] should have had contact with her family whenever she wants, phone calls etc."

For girls from a generation brought up on virtual communication, some staff noted the additional isolating and potentially 'damaging' impact of having phones and social media removed as they came into the CYPSE – particularly in terms of their lack of ability to distract themselves from distress and feel connected:

"They've arrived here because they are at risk and they've been on periphery of gangs. But taking away their communication [...] is necessary, but possibly damaging to them."

Some staff and girls welcomed creative ways that had emerged during Covid-19 restrictions to keep in touch with families using virtual tools. However, others felt that further flexibility and creative options were needed to help girls more routinely keep in touch with and feel supported by key family contacts.

Both research literature and interviews highlighted staff concerns about managing ongoing potentially negative relationships with former peer groups. For girls in justice placements, evidence rather perversely suggests that high satisfaction with peer relationships on returning to the community was associated with a higher chance of later re-offending (Van Damme, 2016).

However, being removed from previous peer friendships, when they entered the CYPSE, increased girls' sense of isolation – especially if they did not have family support. A few girls talked about the loneliness of girls who did not have good links with family and the unaddressed isolation that this caused:

"One thing that is very hard is that every other girl in this unit gets a call to their family every night. I don't get to speak to my boyfriend because we're not blood. Only get calls to my vegetable social worker and solicitor. They make assumptions [about my relationship]– teens, sex, drugs, alcohol. I have no family to call on."

"I've been here for a few months and haven't spoken to best friend/ boyfriend, completely isolated and taken away from everyone I trust and feel safe around. Expected to behave, it doesn't matter if you're in pain."

For these girls, finding other ways of providing pro-social peer support should be a priority.

Family contact and therapeutic work

Many girls felt that they did not have as much contact with their family as they would wish:

"We're only allowed one call in and one call out each day with family – I've got 4 people on my contact list, every day I have to go without speaking to 2 of them, it would be better if we would be able to ring more to our family or suitable friends, aunties, nans, grandads – we should have more contact with them – I've been dying to tell my mum that I've passed my exam today."

"Me, I'm just 'family, family, family' – anything possible with family should be involved with the secure unit"

A few girls described a strong desire to reconnect with and repair relations with family:

"[A girl needs to] re-build relationships from on the out – in my experience I am re-building the relationship with my mum which I haven't had for two years, because I'm in here and I feel safe"

Warner and colleagues' (2018) census of the CYPSE noted that only a quarter of SCHs and STCs offered 'family therapy' in 2016 (compared with 89% of secure hospital placements).

A few staff talked both about the difficulties of delivering therapeutic work with families far away from CYPSE units, and of ensuring continuity of such work once girls were back in the community. Some external stakeholders consulted as part of this review saw this lack of wraparound family work as a significant missed opportunity, both before girls came in but also when they were in and leaving the CYPSE:

"If we know that there are [...] unsupported needs with parents and carers, then there needs to be a way for an [...] intensive therapeutic network that works with a family where that's possible and starts to address some of those gender-specific needs that girls have – and that should be before they come in but that could potentially be in a residential setting. But they need that intensive support.

For girls in the youth justice system, it's only when they get remanded or sentenced to custody, particularly then placed in a secure children's setting, that they'll actually get the intensive support they need and that feels really punitive rather than the support being there to keep them out of custody in the first place."

One girl also specifically described the need for earlier family-based help:

"On the out, maybe she could have had not a secure family tie, more security within your family and where you are, having a plan of life, being excluded from school can lead to not having a plan."

Distance and travel were seen as major barriers in facilitating therapeutic work with families and in maintaining good quality contacts between girls and families – deepening girls' sense of isolation.

"Girls have distinctive needs, and they have to be somewhere specialist to their needs – it is very important that they are kept close to their support network in their community if they have one. If they are too far away from home, then their family may not be able to visit. Ideally it would be similar to the model of the SCHs."

Mobility visits could be enable girls to maintain family contact, and some girls talked about this happening:

"They do mobilities – you get to go out with staff or key worker, whoever you get on with the most, go to the shop and go to park and pick where you want to go. If you wanted to go see your family, you're allowed to see family."

However, a few staff in STCs talked about bureaucratic and institutional barriers to using mobilities.

Finally, for those homes that had invested in resettlement posts, follow-up links with families were also made through outreach work when girls returned to their home area – but again, distance prevented in-depth therapeutic work.

Work with girls promoting safe and healthy relationships

Staff were highly aware of experiences of relational, family- and gender-based victimisation experienced by girls. Some girls felt unsafe in the community as a result of this victimisation; some arrived unaware of the risky nature of their previous romantic relationships. Others were strongly resistant to the idea that their relationships were abusive and remained angry about this suggestion.

Overall, staff talked about work promoting healthy relationships taking place on a number of different levels; in a staged and, ideally, whole system way:

- Through staff building trusting and authentic healthy relationships with girls

- Through staff modelling healthy relationships with each other:
  - Non-bullying or dysfunctional management styles and staff dynamics
  - Problem-solving and non-blaming organisational cultures
  - Effective conflict management

- Through whole system work in mixed settings, raising awareness among both boys and girls of pro social, safe and non-abusive relationships

- Through bespoke gender-specific work with individual girls (and sometimes in groups if enough 'settled' girls were in a unit) exploring female identity, how gender gets shaped, etc.

Many thought that bespoke gender-specific work with boys was also essential to address the culture impacting on girls.

Social workers and local authorities often saw work on healthy relationships as a priority when girls entered SCHs. However, some staff emphasised that there was a limit to what could be achieved when girls entered these settings. There was, therefore, an important sequencing of activity – something that is supported in emerging evidence on children affected by maltreatment (Vitopolous *et al.*, 2019).

"[A core activity here is to help children] start to manage their own emotions and develop healthy relationships – because once these kids have healthy relationships with people, they tend to flourish a little bit. [...]

For a kid who was an absolute problem for everyone in the community, because she was running away, she was incredibly violent etc – she's come here and her ability to develop relationships and engage with people is absolutely amazing. And it's because she feels safe and contained enough to do that. [...] and that needs to happen before any child can start to think about developing skills in terms of emotional regulation or self-identity, or education or problem solving.

And in fact, what services do [on the outside] is they dump all of the emotional regulation problem-solving on the child when they're in a place of such chaos - they can't use it. And actually, if you said to someone who had been raped a few days ago 'Would you go to work'? Well probably not. 'And if you did go to work would you function well there?' No probably not."

A number of those consulted felt strongly that responsibility should not just be placed on girls 'to keep themselves safe' without recognition of the wider things that need to happen for this to be feasible.

A gender-specific approach also needed to be cognizant of the different gendered experiences that boys and girls might have had in terms of power and gender-based victimisation.

Girls seemed attuned to (and potentially further traumatised by) what they saw as organisationally and environmentally dysfunctional behaviour, such as bullying behaviours on the part of some staff, staff conflict, and 'blaming' management styles (rather than listening and problem-solving approaches).

"Management need to stop making decisions and then suspend staff that are deployed [here], staff can't afford to be suspended because of what management did. [Staff] get blamed for everything."

"I'd definitely change the management, the way they treat the officers and us in here, they don't listen either."

Gender-responsive approaches also reinforce the importance of girls and women being supported by organisations with flatter, more collaborative organisational structures to support girl's self-efficacy, agency and empowerment – all of which are considered critical to their ability to move forward and survive traumatic experiences.

Some academics question the extent to which gender- and trauma-responsive approaches can be effectively implemented in CYPSE settings – particularly in secure justice placements with overly 'control and command' approaches (Bloom *et al.*, 2002; Smith and Smith, 2005). One stakeholder with significant experience of working with vulnerable girls felt that some CYPSE settings lacked 'readiness', the appropriate culture and the flexibility to implement such approaches in a way that was likely to promote girl's outcomes.

"These environments are risk orientated. That's their prime priority and primary focus. These environments don't take a gender lens, they take a risk lens, and all decisions are based on that. And that can be quite tricky and sometimes counter to young women's growth and needs – so I think that's quite interesting."

In this staff member's opinion, better community-based wraparound and fostering approaches required more investment as an alternative.

Agency and identity

Promoting girls' agency and opportunities were also areas for development in terms of gender-specific practice in the CYPSE. A few staff, with specific experience of working in gender-responsive ways, talked about concerns about language – for example, the extent of victim language (as opposed to survivor language) being used systematically. One stakeholder talked about use of words such as 'bossy' to describe girls which she routinely challenged in discussion about girls:

"I have banned the word bossy, they are expressing leadership skills; it's semantics but it's really important that we don't classify and it then becomes fact."

"There's a lot of narrative about girls needing to be protected. But I think often it's overbearing; it doesn't help them to develop their own personality or their own kind of voice or visions of what they would like their life to be."

One stakeholder felt that girls' identity was more likely than boys' to be stripped away when they entered CYPSE settings:

"I think girls are stripped of their identity. It actually came out of interviews with girls and young people and their experiences of admission [...]. So, there are lots of restrictions on what girls can and can't wear... how much makeup is appropriate or isn't appropriate ...these are conversations that take place in respect of girls but not in respect of boys. We had one young girl that talked quite openly about the process of admission into the secure children's home and she talked about how her fake nails were removed, hair extensions were removed, and she talked about how that was such a really massive part of her identity. It stripped her of a sense of who she was."

One girl similarly raised frustration at the pressures on her to 'change' who she was:

"[This place is] not really gonna help because they are trying to change me, change who I am."

Another girl noted an ironic link between being deprived of, and facing long delays in, accessing important belongings, impacting on her sense of self and who she was, and at the same time having to complete work on her 'self-identity':

"I've been here for three months and I still don't have my belongings. Yet they want me to do self-identity work!! It's very conflicting."

A few staff also talked about the culturally narrow and stereotypical way in which girls were unconsciously encouraged to express their identity and how this could disadvantage

some girls. For example, one setting in a more rural area described staff struggling with the unfamiliar communication style of one girl from a racialised community:

"We've got a new female and she's really loud…nice, she's lovely and hilarious with it and she is in your face and some staff have been heard to tell her to calm and quieten down…'you don't need to shout'. Another staff member raised with me that if you look at her family background and her dynamics, you understand that if you want to get heard it's the one who raises their voice the loudest who gets heard… so she's not doing it to be disruptive or to annoy you, she is doing it to get heard. And she's also doing it because it's her culture. And we need to respect that and not tell her to shut up. A lot of our girls tend to be white so whether it's unfamiliar behaviour – but it has thrown some staff dealing with girls who haven't encountered that."

Girls' comments suggested that new ways of being and new ways forward were closely linked to repairing family relationships, feelings of safety, and having a safe space to reflect in. But they were also linked to having opportunities to grow and learn, feeling stimulated, empowered and valuable, doing activities, developing life skills and feeling hopeful about being able to move forward in a different way.

"It's given me time to reflect, that self-reflection space."

"You learn how to do a lot of stuff that you couldn't do before you came here – didn't know how to use a washing machine, cook, iron my clothes – you get taught a lot of stuff, a lot of life skills."

For some, a fatalism (observed previously in interviews by Bateman and colleagues in 2013) was very sadly there:

"Kids don't leave here and become successful."

One stakeholder, with considerable experience of working in a gender-specific way, talked about how 'routine institutional anxieties take away choice'. They also felt that the underpinning ethos and aims of the CYPSE were not ready for the shift needed to make environments more conducive to promoting girls' agency.

"I think all of these agencies are very much control and command and there would need to be very much an organisational shift, and I don't think that these places are culturally ready for that. Maybe we're not at the right stage of readiness to be able to take those steps?"

This concern about whether CYPSE settings can flex sufficiently to promote gender-responsive practice has also been raised in academic studies.

Participation and empowerment

Overall, girls' responses suggested low levels of feeling able to influence or shape the environment they were in, or to direct and challenge how their needs were met.

Several girls felt 'forgotten', 'neglected' and voiceless. These girls felt they lacked a say in many aspects of their lives, including:

- Being unable to address practical problems like getting pillows or broken mattresses replaced
- Not being able to get the right level of educational input to stimulate them and help them grow
- Feeling powerless as incidents began to brew
- Witnessing or being physically dis-empowered or restrained
- Not being able to get the amount of emotional support they needed
- Not being able to contact friends and family
- Not feeling able to complain and co-shape solutions in the environment.

"They need to just listen more and get more resources."

"Asking us how we feel about this person moving to the unit."

"There is a way to complain, but you've got to complain to the staff who care."

"Staff don't really say anything unless they hear it themselves, they don't take our word into consideration – some do, some don't."

Some girls feared being punished in some way if they spoke up and talked about experiences of feeling disempowered, not feeling listened to and feeling out of control:

"[It made me feel] exhausted – it is a battle every day, I want to say this but I can't say this because there's a consequence. Like it took me two months to get a new pillow – it takes it out of you."

"Things need to change, [it] kills a part inside of you."

Some staff described specific work being completed on 'gender empowerment' issues but this work was often in a wider organisational context where girls felt dis-empowered in many ways.

This lack of influence was a pattern of their experiences with workers before they entered CYPSE settings. Girls felt 'voiceless' and disempowered during their journeys into CYPSE settings:

"Stop trying to control her life without giving her a say. Social worker is trying to take over life."

"[I'd] like to have a say in the things that happen to me."

"Social worker doesn't listen – she's got all of the problems, come up with something different e.g. saying I've been sexually abused – things that ain't true – really starts annoying me."

"My social worker doesn't really listen to me, I can say things to her but she doesn't take it in."

A few girls actively wanted to get involved in influencing system change. For example, the consultation with girls used for this piece of work involved a methodology designed and delivered by those with lived experience of care and justice settings, whose work is focused on mobilising young people's voices with lived experience to influence system change. A few girls interviewed as part of this consultation expressed a desire to become involved in this work. Another talked about wanting to share learning from her experiences to help others.

"It makes me want to help others too – it's not worth getting involved. I really want to help young people to get through to them."

Some girls were passionate about becoming more empowered:

"I would have a unit that makes you feel heard, for your emotions to be listened to and helped."

Some positive examples were encountered where girls felt more actively involved.

One girl during this consultation referred to the Youth Council 'which got things done'. Atkinson SCH described how girls, through their own initiative, had come up with ideas to re-design the layout of the children's home to make it more appealing and comfortable for those living in the setting. This had become a well-developed technically sophisticated activity by the girls involved including research and the creation of mood boards – with ideas subsequently being taken forward by the manager. One other unit described proactively consulting girls on their experiences of CYPSE care and on what could be improved.

Figure 3: Hart's Ladder of participation
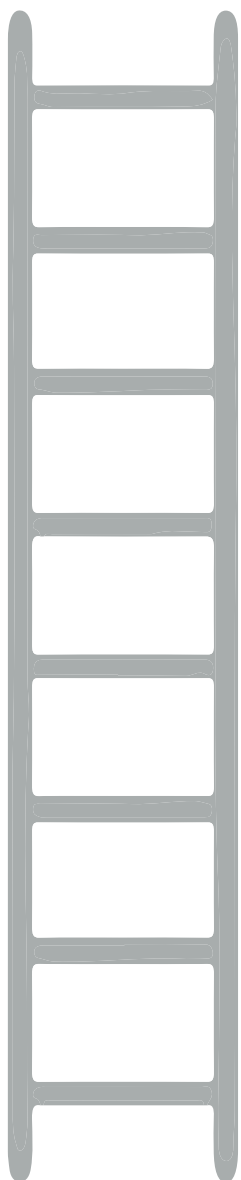
Rung 8 – Youth initiated shared decisions with adults: Youth-led activities, in which decision making is shared between youth and adults working as equal partners

Rung 7 – Youth initiated and directed: Youth-led actitivites with little input from adults

Rung 6 – Adult initiated shared decisions with youth: Adult-led activities, in which decision making is shared with youth

Rung 5 – Consulted and informed: Adult-led activities, in which youth are consulted and informed about how their input will be used and the outcomes of adult decisions

Rung 4 – Assigned, but informed: Adult-led activities, in which youth understand purpose, decision-making process, and have a role

Rung 3 – Tokenism: Adult-led activities, in which youth may be consulted with minimal opportunities for feedback

Rung 2 – Decoration: Adult-led activities, in which youth understand purpose, but have no input in how they are planned

Rung 1 – Manipulation: Adult-led activities, in which youth do as directed without understanding of the purpose for the activities

Another setting described starting a process of co-developing some diversity training with young people:

"We've just created a group to try and restart some equality and diversity training for staff and also for the young people and we are involving the young people in developing that. Just to give them a bit more of a voice. And we're hoping to work with them so if there's any particular special day or special tradition... they can therefore use that to teach staff about what should happen."

One unit described a strategic approach to reviewing and iteratively refining what was on offer to girls in terms of therapeutic support, to try and ensure that it was better suited to their needs and that they felt less 'done to' (see box overleaf).

Promising practice example

In Aycliffe SCH, staff described how the SECURE STAIRS approach had improved girls' involvement in individual care planning and participatory decision-making:

"In terms of the formulation work that was happening, that was actively involving the girls, they would be invited and they would attend their meetings and they would become a more autonomous and empowered participant through [SECURE STAIRS] than was previously the case. And they were directing what they felt was most important to them. Girls were being part of that process of decision-making."

However, feedback from girls about the limitations of the work they were doing led to a broader collaborative review with girls, and to a refining of therapeutic work and resources:

"It's moving away from being 'done to' and the agency being taken away from them; and actually, what we think might be best for girls, they can think is completely ridiculous – and they might be right, actually. So, it was really trying to actively engage girls with our understanding of 'My story' [resources] and workbooks. And the girls had a lot of input into developing that. Both the girls and the boys. Saying to us 'This doesn't make sense to us [...] these big words like 'maintaining factors'. We don't really get that.' So, they developed it all and the girls were instrumental in that. So, they completed that and were coming to their meetings and then telling us what they wanted to happen, both in terms of their journey and in terms of what they needed from staff teams."

Conversely, other professional stakeholders voiced concerns about 'unconscious awareness' relating to issues of empowerment and gender, and questioned the extent to which these issues were routinely considered by organisations:

"[There is] unconscious awareness of things like power relationships, empowerment, structural things affecting females – how does that get addressed? Could we do more? Yes, probably we could."

Finally, in terms of Hart's ladder of participation (see Figure 3) (1992), overall evidence suggested that the CYPSE performed poorly in terms of whole system empowerment of girls. There is a need for a whole organisational approach to promoting girls' empowerment and participation, with girls being integral in problem solving how their involvement might be improved. This is important, as gender-responsive and trauma-informed approaches intrinsically advocate flatter hierarchies and a constant process of checking and reviewing with girls whether what is provided is in tune with their needs (Wilton and Williams, 2019).

Strength-based personal development and opportunities for growth

There is limited research evidence on girls' ambitions on re-entry into the community. One US study of 1,576 children suggested that almost all were keen to engage with education even when it had not been an altogether positive experience before entry into custody (Toldson *et al.*, 2010). Factors that promoted educational success on re-entry to the community were family and community support; factors that inhibited success were higher levels of depression and greater experience of trauma.

Several girls considered educational provision in the CYPSE to be one of the more positive aspects of their experiences. Some said that they had struggled with school previously, or they had not been to school, and therefore they felt it was good to have a chance to go back to their education.

"Getting the right support now – education has worked well for me, everything, when I was out of here I didn't go to school, when I came here I can go back to education."

In particular, one participant mentioned the benefit of gaining qualifications and functional skills.

> "Education helps, because you can get the qualifications you need while you're in here, functional skills."

Another said she found small class sizes helpful:

> "There's 3-4 people in your group, nice small group."

However, a few girls said that education was too basic, not stimulating enough, not functionally useful and not meeting their needs. There was a general sense that young people in CYPSE units are 'not expected to become successful'.

> "The education system isn't designed for people who are academically smart. Basic level education."

> "Education is shocking – still doing AQA even though I'm 17, just GCSE and functional skills because we are kids."

Some girls also wanted more scope for flexibility, and for bespoke and needs-led curriculum planning, so that they could learn in keeping with their ability and in ways that better promoted their learning:

> "Education – I find it hard to sit with a group, I don't get on with the girls, so education creates issues in the house. I used to have my tutor work with me and that was better for me. If a girl starts on me, I'm not going to sit there and take it."

Some staff said that Covid-19 had increased consideration of and accessibility to a number of online courses. Some homes had become more creative and flexible in using these to support children's learning.

From a staff perspective, managing education in CYPSE settings for girls with very mixed abilities, and in the context of some conflict between girls (an issue also raised by girls themselves), was described as challenging:

> "It's difficult with girls in education as they hate each other, they love each other, they hate each other, they love each other – so having people in classes together can be volatile. So, anything specifically aimed at girls is not doable for us in education."

There were mixed views from staff on whether girls benefitted from being educated separately, with one experienced head of education feeling very strongly about the downsides of teaching girls in an unnatural environment that doesn't reflect the reality of life. On the other hand, another unit who had made the decision to teach girls separately had seen significant improvements in girls' ability to concentrate, relax, learn and achieve since making these changes.

Finally, both stakeholders and a girl talked about the importance of a broader focus on useful competences and skills, and also on personal development and life skills:

> "You learn how to do a lot of stuff that you couldn't do before you came here – didn't know how to use a washing machine, cook, iron my clothes – you get taught a lot of stuff, a lot of life skills."

Vocational and other opportunities

Toldson and colleagues' study (2010) also noted that girls (and particularly girls from Black communities) had higher educational and vocational ambitions than male peers when in custody. In one US study, common career choices for girls from a Black background in custody included medical (including doctors and nurses), the beauty industry, law and teaching.

Many professional stakeholders in our study noted limited vocational opportunities available for girls to support their development and progress. Opportunities were often limited due to:

- Security restrictions intrinsic to CYPSE settings
- Placements often being distant from girls' home areas
- Homes varying in size with varying access to resources
- Covid-19 restrictions
- Variation in girls' needs and preferences.

"Sometimes they are like 'this is girls' stuff, this is boy's stuff'. We've had some girls who want to do their fitness; they're more into the boys' stuff and the boys' activities and we are able to just facilitate that. Whereas at the moment the girls are more into 'girly' stuff so they've been doing more setting up a nail bar and we were able to just move with needs. I imagine bigger homes might meet that need in a different way."

The most commonly raised vocational opportunities described by staff (and said to be popular with many girls) involved hair and beauty.

Some of those consulted described trying to be creative in what they could offer through girls supporting administrative work within CYPSE settings (supervised by staff). However, many felt there was not the range of activities, creativity or investment in sourcing broader opportunities. Some staff in CYPSE settings described struggling to be creative about how opportunities might be broadened:

"[They're] not readily available, these opportunities – it's a lot of work to set these things up… We have an unnecessary amount of obstacles."

Despite facing difficulties from her past, staff described one girl as 'blossoming' when she went into the adult female estate and was able to start working in a café and garden centre there:

"Those things are overlooked here because the numbers are small, but it shouldn't be that you have to access an adult prison to access that sort of thing."

Promising practice example

Rainsbrook STC was considering the introduction of a vocational strength-based assessment process which involves a life coach – an approach that has also been adapted to support neurodiverse children. Once completed with girls, it involves co-designing a plan forward and potential resources to help girls build on strengths and move forward.

"We are looking at Genius Within. It's a positive strength-based assessment and approach. Because you see really spiky profiles in both boys and girls in here. They will have areas of weakness, but they'll also have areas of strength – and no-one focuses on those strengths. So, in school they might be struggling but no-one works with them to say 'This is what you excel at and this is what would help'. And for girls, longer term this impacts on the kind of relationships they have in later life; low self-esteem; low self-worth; poor choices; [feeling] that they're not good at anything; being in relationships with the wrong men and part of that revolving door back into custody."

Many girls interviewed during this review also talked about their desire to fill their time more productively and reduce boredom and to do more activities.

> "So boring, nothing to do depending on your unit."

> "In our one they have a swimming pool that's good, but it gets boring that there's only a handful of things to do."

> "More activities as well to keep our minds off things – I like to go to gym, our gym is not that good, I'll be leaving by the time it gets done."

However, a few staff also felt that it was more difficult to motivate girls to get involved in activities compared with boys.

A few stakeholders also talked about the overall lack of a systematic strength-based approach employed in the CYPSE:

> "There would need to be a massive shift in the structures, the system, the thinking, the language, because all the conversations when they come in are problem-saturated again. So, you take a completely different view if you were taking a feminist perspective."

Gender-insensitive practices

Some stakeholders talked about feeling discomfort at potential inequalities and gender-insensitive practices – particularly in relation to girls. For example, a few said that tampons and sanitary towels needed to be paid for by girls and some voiced concerns about girls' privacy and about open discussions about periods.

> "I think that's interesting about how conversations about the menstrual cycle take place openly, a lot of young girls would be quite embarrassed about talking about that openly. It's kind of up for conversation. With no consideration of how that might feel to young people."

In one instance, on the back of concerns about a girl self-harming using tampons, a decision had been made to manage that risk through prohibiting access to tampons and through her needing to openly ask staff for sanitary towels.

> "Some of these conversations are insidious and reflect unconscious bias. The whole conversation was about risk and vulnerability. Her choice was to wear tampons but what she was given was pads. She wasn't involved in thinking about that risk conversation. 'This is what we've done to you' is what it felt like. She wasn't a collaborator and I've done a lot of work in terms of collaborative risk management. Because young people do have ideas about how harm might be minimised. And she was able to have those conversations – but the focus was on her vulnerability and on her not making the best choices. So, others make those decisions for her. But if someone else makes that decision about whether you wear tampons or pads, it's private, humiliating and disempowering. And there's so much of a focus on the risk lens in these settings and this inequitably affects young women. And has a different impact on their human rights."

Cultural affirmation, sensitivity and awareness of intersectional trauma

Some stakeholders raised concerns about the ways in which some CYPSE settings risked not operating in a culturally affirming and aware manner. This could result in girls from racialised communities facing additional cultural disorientation, barriers to feeling that their cultural or religious identity is affirmed, isolation, inequalities and unconscious bias:

> "I think that it must be absolutely horrendous [...]. Our staff group is not diverse at all. You know the menu is not diverse at all. We had a girl in here who lived with her grandma who was from Jamaica and she was very used to eating African Caribbean food and grandma would get her certain products for her skin, in her hair, and then she came in here and there was nothing. And it must feel so alien."

> "I also think that there's a real challenge about considering the needs of girls who come from diverse backgrounds and that's a massive area that's completely neglected. I wondered if we had a young girl who came in from a Muslim background and wanted to wear a headscarf how that would

be experienced. I think we would take a completely risk orientated lens thinking about that as a ligature rather than a cultural and gender-responsive approach and it would be a complete denial of her religious needs. So, I'd be interested if there has ever been a young girl who has come in with a headscarf."

"Even girls who request a Bible or Koran are described as being at risk of radicalisation rather than actually thinking that they're wanting their religious needs to be met. So, I think it's interesting, the conversations that happen."

In some homes, staff questioned why girls (and boys) had to actively request familiar food rather than this being proactively catered for. Furthermore, in the case of African Caribbean hair products, another member of staff queried why all homes could not hold such products in store, rather than girls having to request and/or buy these products themselves.

Having a diverse workforce was seen as a strength which could help affirm girls' cultural identity and reduce some of the potential isolation faced by girls. Some homes felt better able to meet these needs than others:

"It's the cultural stuff, the cultural references, the ability to relate to the young people, having the hair and make-up and having a really diverse staff group which we are lucky enough to have which really helps with that.

The cultural elements can be talked about here and if someone is doing your make-up, then someone knows how it works and how you style hair etc. I think we can meet their needs because of our diverse staff group but I'm aware it may not be the same in areas where a staff group may not be so diverse."

Some staff also talked about the importance of having a diverse staff group in terms of LGBTQ+ community representation – and gave examples of where this had worked well to help children who were struggling with their sexual or gender identity. Of course, with a small workforce, having staff who all young people can relate to is not easy to achieve.

De La Roux (2019) and Nanda (2011) highlight the importance of staff being aware of and sensitive to intersecting experiences of trauma that some girls might face. The evidence was unclear on the extent to which an intersectional trauma approach (one that routinely explores any trauma associated with experiences of racism, homophobia, class, and gender-based power dynamics) was adopted systematically as part of the discussion of girls' journeys and as part of formulations.

There was a recognition of the need for more training relating to diversity and for joint problem solving with girls, about how needs of girls from protected groups could be better met in CYPSE settings.

Workforce

Several studies on gender-responsive approaches suggested the need to recruit professional, specialist, trauma-aware, supportive staff, who are enthusiastic about working with girls. Staff should be well-supported and trained in girls' general pathways to vulnerability, intersectional trauma, broader trauma-informed approaches, strength-based approaches and in girls' development. They should have good listening skills, be non-defensive, patient, have a positive attitude, enjoy working with girls and be reliable. Very importantly, they should be committed to not perpetuating victimising, controlling and bullying behaviours which have traumatised and disempowered many girls. They should also have a commitment to reflecting with girls on where things are going well and where things aren't quite working for them (Wilton & Williams, 2019).

Studies also highlight therapeutic challenges when staff without a passion for working with girls are forced to do so (Baines and Alder, 1996; Lanctôt *et al.*, 2012). They also note difficulties in the quality of support offered if staff switch unconsciously, and in an unsupported way, between working with girls and boys. These challenges were most apparent if staff had predominant professional experiences with boys (as will be the case with rotating staff in STCs) and when they had developed a set of principles they unconsciously used when working with boys (Baines and Alder, 1996). When these principles and skills did not work with girls, their lack of experience with girls could often lead them to consider girls 'difficult' or 'manipulative' (Betances, 2019).

Girls consulted during this review wanted a more blended skill mix and workforce, with access to more young women with lived experience who could act as buddies or advocates and who had knowledge of the system. They could:

- Help foster hopefulness about the future
- Help girls navigate the system
- Advise on what helps girls survive and thrive during and after such adversity.

Another key point raised both by girls and staff was that girls needed more time with staff and higher staff-to-girl workforce ratios. High staff ratios on the ground were also considered critical to minimise self-harming.

A number of challenges and areas for development were identified relating to workforce and gender-responsive approaches in the CYPSE. These included:

- The workforce often working by instinct, based on girls' presenting needs and crises, rather than adopting a conscious and strategic gender-responsive approach
- Secure Children's Homes being small and having a mixed and often changeable population in terms of gender, and settings lacking the luxury of being able to ring-fence staff for gender-responsive work
- Staff 'unthinkingly' needing to switch between working with boys and girls
- A lack of diversity or cultural relatability in the workforce in some areas (this is important if children are travelling some distance to be in these settings)
- A systematic lack of recognition of the depth and breadth of skill needed by workers to support some of the most vulnerable children in the country – with an inadequate accreditation process to support the development of skills.

Many staff said that SECURE STAIRS (and its whole system formulation, trauma-informed and reflective practice approach) had improved awareness of gender-based differences and needs-led responses. It had also helped most settings reframe girls' behaviour and self-harming as an expression of their need for

greater nurture – rather than being seen as 'manipulative'. However, a few people talked about the difficulty of keeping the whole staff group consistently on board with gender-responsive ways of thinking:

> *"We have a challenging girl on the mixed unit at the moment and I recognise that she's being seen as manipulative instead of being seen as care-seeking – and I guess that supports that idea that you need specialist staff. And some staff get it immediately and some staff struggle to get it, and I guess that's where that improved awareness needs to come."*

A few girls felt some new staff lacked sufficient training:

> *"New staff don't get trained properly, haven't got a clue what they are doing, they ain't got a clue."*

A few also saw a particular need to improve staff ability to identify and de-escalate brewing tensions early:

> *"When you can see tension – having those conversations before conflict gets too much – training staff to spot when tension's happening."*

> *"[Staff] not good with altercations, leave things to happen, not good at seeing an issue and sorting it, they just wait until it's gone. Neglectful when it comes to issues and problems."*

In one unit, girls felt that physical health care staff started from an assumption that girls were being manipulative rather than listening and responding sympathetically to concerns.

Girls were highly vigilant and sensitive to members of staff who worked in unhealthy ways (both with colleagues and with girls in the unit) and one girl in a larger unit felt that some staff were insufficiently supervised and regulated. Although girls could see these dynamics, they did not feel they had the power to do anything about these concerning practices and

dynamics. They described lack of faith in the complaints system and fears of being targeted if they did complain. Girls said this sometimes led to delays in action being taken to address poor practice, sometimes with the effect that inflammatory issues were not nipped in the bud. One girl described her panic in the face of unhealthy and victimising behaviour by one member of staff on her unit – something that was eventually resolved when the staff member was dismissed.

Overall, findings from this consultation suggest that:

- Gender-responsive approaches require whole system strategic capacity-building to ensure that staff are adequately supported to help girls move forward and thrive. A more strategic and proactive approach should be adopted (rather than unconscious responses adapted in an ad hoc manner)

  > *"You can't just unthinkingly switch workforce from boys to girls."*

  > *"The staff are struggling with mixed units; because staff on the girls' unit know what to expect [with] girls' behaviour, but now we [have] mixed the units, the staff that used to work with the girls are coping fine but the other staff who used to work with the boys, they are faced with girls getting undressed in their rooms while they are doing checks and the staff have struggled with it."*

- Staff should be able to choose if they work with girls (and should be well supported and supervised when doing so).

- There is a need for training and awareness-raising – including bitesize learning opportunities (involving girls' voices) and backed up by ongoing reflective supervision to support change:

  > *"Staff working with females tend to access that [reflective] support more than those working with males – [they] proactively seek it out."*

"It will be interesting – I'm hungry for guidance. It's at the front of my mind now and when I'm doing training ... I hope what comes out of it is how can we train everybody, small videos and films for the staff as a working package. Bitesize answers – for supporting gender-responsive approaches."

"Workforce, workforce, workforce. We've got to educate our workforce and we've got to support our workforce and we've got to be aware of trauma in our workforce."

- Girls should also be able to choose, as far as possible, who works with girls (both in terms of recruitment and, where possible, on an individual level)

- Girls should be supported by female-only members of staff in areas where they are sleeping

- A gender-responsive oversight group should be established in each home – including an active representative from girls in that setting

- An enhanced and anonymous complaints and care improvement system should be co-developed with girls to support more gender-responsive approaches

- Having a system of rotation for staff on girls' units may be important:

"It can feel quite draining for staff [to be constantly on the same unit] and [it...] helps us broaden the skills but also provide some respite."

Experiences prior to custody

Some staff consulted as part of this review felt that girls' vulnerabilities had been left to fester for too long before arriving in CYPSE placements, making it more difficult at this late stage for girls to recover and move forward.

Some talked about pervasive 'austerity-related' gaps in the pathway of care for girls. They described the impact of disinvestment in early intervention services which might have supported vulnerable girls at an earlier stage (e.g. parenting support, youth work, school support, early support for girls who had been sexually abused, wraparound voluntary sector support, services focused on working with girls to reduce absconding, Multi Systemic Therapeutic (MST) approaches and Intensive Fostering, access to engaging mental health care).

"We've been doing this for a couple of decades now and to be honest we are seeing the outcome of austerity in this."

Some also highlighted the lack of a broader range of early intervention options across a robustly commissioned pathway to meet girls' needs:

"There aren't the places in the community to hold them before they come in. So it's down to us."

"The Government took away funding from youth clubs – and I think that's where work could have been done and I think if you look at the figures there will be a link between youth clubs' closures and increases in people coming into services. Multisystemic services should be more widely available – they get pulled because they are too expensive. I firmly believe that that is the best chance and the research shows that that's the best way of diverting."

"Community support is inadequate, girls with complex and mental health needs end up in the secure estate for this reason. We don't have what is needed in the community – girls are boomeranged between welfare and justice."

"There is a lack of a single pathway for girls [which] means that there is no oversight of what is appropriate for them"

"[We need a] nuanced approach – with more individualised options – working collaboratively as organisations and with girls to promote girls' steps forward."

"Children are often so traumatised with ambivalent attachment and their relationships are so skewed that we don't know what to do with them, particularly those that end up with borderline personality disorder."

Having a more nuanced range of options for girls was highlighted as a need, both for girls entering SCHs from the justice system and for those entering through welfare routes.

Many of those consulted felt strongly that girls' risks and needs were overlooked – particularly girls with neurological disabilities in schools:

"There is something about that pathway [...]. They get into secondary schools, there are more social demands [...] and they struggle to manage and fight, flight or freeze is triggered. There's not enough Educational Psychology there and no-one's asking why [girls are struggling].... If these kids drop out of education, there needs to be greater scrutiny about what that's about, and what can we put in place to change the trajectory."

Girls' needs were also overlooked when getting involved in gangs, and if behaviours or risk taking did not fit stereotypical views of how girls were expected to behave:

"[There is a] tendency not to see risk or vulnerability – by the time they get to us they are... screaming."

Some stakeholders felt that there were perverse incentives for welfare girls to be kept in secure children's homes, rather than moved back to the community. For example, one stakeholder said:

"It's cheaper to keep them in a secure home than to find a place in the community – and money becomes part of the equation".

Others talked of increased variability in the quality of placements for girls, with more use of privatised and unregulated placements. Use of such accommodation was said to increase the chance of girls' risks and needs escalating as they transitioned back out into the community. The negative impact of some unregulated placements has been the focus of Office of the Children's Commissioner investigations and broader campaigns (OCC, 2020a; 2020b; 2019). On 9 September 2021, the Government made it illegal in England to house children up to the age of 15 in unregulated accommodation although it chose to exclude 16 and 17 year olds from the same protection.

Girls consulted as part of this review also said there was too little good quality and early intervention to prevent them escalating into the CYPSE.

"If there is anyone you get on with, like an old teacher, your social worker should help with that, or they should promote Childline so you have someone to talk to."

Some girls said there was insufficient early intervention to protect them in their family home – with some saying they weren't listened to early enough when they raised concerns:

"Early intervention, take me off my mum from earlier and not let it happen to me."

Reflecting findings in the literature, one girl said that more use should be made of intensive fostering rather than unregulated placements and CYPSE care in the community:

"What they do, social services, if they see a kid acting bad they just treat you like you're an animal. It's not about keeping you safe, it's about covering their own asses. What they can do is show them care, love, put them in places which are going to be good for them. Girls that have been put in foster placements have done much better than people in here."

Multi-dimensional treatment fostering (MTFC) has been specifically tested with girls, comparing outcomes for this intervention with those for girls in care homes (Leve *et al.*, 2005; Chamberlin *et al.*, 2007). These studies also included significant follow-up studies tracking a range of outcomes. Outcomes for girls on MTFC were superior to outcomes for girls in care homes as measured by days in locked settings, number of criminal referrals, and self-reported delinquency. MTFC girls spent over 100 fewer days in locked settings during the 2 years following the intervention than girls in residential group care.

Previous analyses found that placement in MTFC costed from one third to one half less on a daily basis than placement in residential group care (Aos *et al.*, 2001). A further similar study compared 85 girls in residential group care with 81 in MTFC, tracking impact on depressive symptoms. Harold *et al.* (2013) found that MTFC girls showed greater reductions in depressive symptoms across a two-year follow up than girls in group care settings. A further analysis (Kerr *et al.*, 2014) followed girls into early adulthood with a nine year follow up and looked at MTFC impact on suicidal ideation – finding a significant reduction. So, a key message is that these community interventions show significant promise in terms of effectiveness compared with group home care for girls.

A few girls said they needed to have more warnings before they came in, with clear conditions set out about what is expected of them if they are to avoid entering CYPSE settings. For a few, entry seemed to come as a shock:

"If I actually knew what a secure was actually like. I don't know what it was like before I got here. I feel like you should have at least 3 warnings, chances, before you get put in places like this"

"For you to have this chance, attend a meeting e.g. with safer London, every week for example"

"To be informed before you come here, let [girls] know what's going to happen if they carry on with their behaviour. I didn't listen to my mum and kept continuing. If someone sat down with you and told us what might happen."

Lack of community integrated trauma-informed approach

A significant theme emerging from stakeholder consultation was the lack of an integrated trauma-informed approach to support both girls and boys in the community before they enter CYPSE settings.

For example, although the quality of such care varied from one local authority to another in England, many stakeholders noted that it was still common for social care to be in conflict with children's mental health services about who should support some vulnerable girls ('is it a mental health need or is it a care need?'):

"CAMHS say they haven't got a mental health problem, it's a behavioural problem – but the behavioural problem is so enormous that no-one can handle it – so the young person has no other option than to keep escalating, escalating, escalating until it becomes a compulsion and then become a mental health problem. And it feels that we go round and round in circles…"

Consequently, girls were often passed unsuccessfully from service to service with many often slipping between the margins, and into greater distress and risk, as disputes went on. One stakeholder felt that these disputes and fragmentation had worsened as resources dwindled in local areas.

Often these difficulties came down to the lack of a shared understanding, a collective lens through which they saw girls' strengths and needs, and a common language.

"The people charged with the care of girls need to work as a team and I know that's quite obvious but it's quite a difficult thing to do because of all the different backgrounds of people involved in their care. And it seems to me that the agencies that are brought together such as health, youth justice, the local authority – they speak very different languages. They have to work together and there is an awful lot of time wasted – spent on trying to understand how each other talk. And that makes the process very slow."

"When doctors talk about emerging personality disorder to a social worker or a care worker or to a YOT worker they're thinking 'what are you talking about?' And the same happens when I hear a social worker talking about issues of welfare. We're spending a lot of time deciphering language."

A few stakeholders made the point that when 'algorithm-based' health approaches failed to work for children, there was little appetite to come back together and review what else might help a girl moved forward.

"They go down the ADHD pathway, and treatment follows an algorithm, but when it's not working no-one thinks 'this isn't working and let's re-formulate this.'"

Another commentator saw too little integration between voluntary sector services (often better able to engage girls) and statutory sectors – with this voluntary sector also being given little local commissioning involvement and powers to support innovation and system-change.

Many girls consulted as part of this review talked about 'loneliness', not having someone to listen to their concerns and to talk to, and of lacking support in the community before they came in:

"If kids in care had more support on the out then they might not get here."

"Sometimes I feel really on my own, had to tell my friends rather than someone who could actually help me"

"Before she went to unit – she could be running away because she's in a care home, doesn't like the place she is living, doesn't like situation and doesn't feel she could open up to anyone"

"…More security within your family and where you are, having a plan of life. Being excluded from school can lead to not having a plan"

Many professional stakeholders also reinforced the need for a community-based wraparound and trauma-informed approach for girls (and for many boys) – an approach such as the Framework for Integrated Care (SECURE STAIRS), but in the community. Many professionals recognised that by the time girls got to them, 'both girls and local authorities are at their wit's end', with girls feeling out of control and psychologically distressed, and workers feeling enervated and vicariously traumatised by having carried huge levels of responsibility and anxiety about girls' safety and wellbeing.

"Everyone breathes a huge sigh of relief and backs off [when girls come in]."

Systemic anxiety and concern about child sexual exploitation (CSE), and the huge feelings of responsibility held by workers, was described as taking its toll both on the workforce and on systems. This created a preoccupation with safety (at the expense of a strength-based approach that places girls' voices and wellbeing at the centre of work on how they might move forward). Professionals stakeholders felt that this made the system very 'intolerant of risk' and sometimes created dysfunctional dynamics:

"Some girls have had 3:1 [three staff for every girl] placements in a flat or in hotels before they come in. But everyone focuses on their physical safety which of course cancels out any thinking about emotionally what they might need which then stops people thinking about the triggers for their reasons for running away. So, if there is that wraparound care, it needs to be more therapeutically led and thought through rather than staff being provided by an agency where they are trained in stopping kids escaping through the window. There has to be a trauma-informed model to support young people but there has to be way, way, more focus on supporting the system and the staff."

"[There's] enormous workforce anxiety that's being held… I don't think it's just the workforce; I think its organisational. I think there's something about the system being, and organisations being, quite traumatised. And there's been regional high-profile cases of girls that affect our senior management which then trickles down to the staff teams; because if our senior managers are affected by girls' self-harm and risk, then that's going to affect the workforce. And I think that needs to be acknowledged – the organisational trauma and the helplessness that's felt when it comes to girls. But also, some of the scandals that might have happened that have driven national debates and of what needs to happen to change this."

Following on from this preoccupation with girls' safety and risk in the system, many stakeholders felt that too much responsibility was apportioned to girls about keeping themselves safe when they were still in the midst of recovering from trauma:

"You get people saying to these girls 'you have to keep yourself safe' – and what the whole system misses is 'how can we keep you safe – what have we been missing in terms of a pathway to help keep you safe?' There is too much responsibility placed on these girls to 'fix themselves' with a therapy when they haven't even got the developmental skills. When in fact, what really needs to happen, is that they need to come into secure care and do a little bit of work to understand how they function in relationships with other people."

Furthermore, a few stakeholders working in the CYPSE talked about the real discomfort at girls being dealt with in more severe ways than their perpetrators in the interests of keeping them safe:

"It's really difficult because a lot of the language used is very victim blaming – 'they can't keep themselves away from risk in the community'. The onus is on the girl. And they're quite angry and they're quite rightly angry because 'Why am I locked up and I'm

the victim and the police are coming in and interviewing me and asking me to take the stand in court and yet people who perpetrated this are on bail?'. That is very difficult. We welcome those girls; we will work well with them and we have some really positive outcomes, but it is incredibly difficult and ethically quite hard to square. And we'll keep the girls safe and do work around self-esteem and around the fact that they've been victims of abuse. We stay away from saying CSE. Because it doesn't call it what it is in a lot of respects – and it minimises it."

In recognition of some of these current gaps in community-based, trauma-informed and integrated responses, some promising developments have been emerging. In some areas, forensic CAMHS teams are increasingly taking on a role supporting trauma-informed approaches in the community supporting and working alongside other agencies. In Wales, the Enhanced Case Management approach (Cordis Bright, 2017) is being rolled out but has so far largely been trialled with a majority of boys and the evaluation had not made recommendations to specifically look at gender disaggregated outcomes. The Attachment Regulation Competences (ARC, 2020) approach is also being rolled out in Hertfordshire for both boys and girls. Finally, the South of England are exploring a trauma-informed pathway for girls and boys which includes a combination of the 'No Wrong Door' approach (Lushey *et al.*, 2017) and also linking together local children's homes with CYPSE provision to integrate support and learning. However, these developments require further robust testing and promotion of learning to foster more consistent improvement across the country.

Lack of community-based understanding of the bespoke needs of girls

Many stakeholders felt that there was a lack of awareness and availability of gender-based early intervention approaches in the community for girls, such as:

- The need, from an early age, to take a gender-based lens, raise awareness of and challenge the discourses in society that shape female identity

- Services that adopt a girl-centred, strength- and empowerment-based approach

- Services that understand how girls communicate trauma and are confident about how they help them move forward

- Gender-responsive provision in Youth Offending Teams

- System awareness of the part played by 'unconscious bias' relating to female stereotypes (e.g., seeing girls simply as victims and lacking agency, or as not conforming to gender stereotypes and being dealt with more harshly)

"I think things would be different if we took a gender-based lens from the start in how society experiences girls and the discourses that need to be challenged. I think the whole discourse is around vulnerability and it impacts on girls from a very young age. This idea that they're powerless, they have no agency and then become more vulnerable to being exploited. And I think there's a change in language that needs to take place in early education, in early prevention, in school and in colleges. There's a lack of agency encouraged in girls."

Some voluntary sector organisations are leading this work for girls – but provision is very patchy across the country. Research is also lacking into the effectiveness of interventions disaggregated by gender.

Transitions

Girls in the Children and Young People Secure Estate (CYPSE) experience a range of transitions including moving:

- Into CYPSE settings in the first instance
- Within the system if there is a need to move from one type of setting to another (either because of assessed risks, not coping well with a particular environment or if there girls need to be separated)
- To inpatient placements under the Mental Health Act
- Back out into the community – with different pathways for girls in justice and welfare placements
- Into the female custodial adult estate.

Mirroring findings in other studies (e.g., Bateman *et al.*, 2013), both girls and staff consulted during this review told us how transitions were often deeply disorientating and challenging experiences:

> *"Even a few months can make you a bit institutionalised, you get used to the regime, so you're shocked on the outside"*

> *"Generally young people become quite anxious about leaving; and we try to work with them to help them understand that it's more normal to be outside than inside and that they can carry on the work to regulate their emotions."*

Transitions will be particularly challenging for those with neuro-disabilities (who appear overrepresented in this population) and who struggle with uncertainty and changes in routine. Professional stakeholders also talked about challenges experienced by girls who have been affected by complex trauma, attachment difficulties, feelings of abandonment, and family and placement instability.

Transition into CYPSE settings

When girls were asked about experiences of being admitted to the CYPSE during this review, a significant theme emerged of girls being 'terrified', 'scared of everything around them', 'lonely', 'sad', 'shocked', 'lost', isolated and bewildered. Often girls did not understand why they were in these settings:

> *"[It]…gives you anxiety coming in a place like this, I've got no one and my co-ds are together."*

> *"First arrival – very anxious, scared, worried about [what] people are going to think of her."*

> *"Sad, not used to being in a room and being locked out. It's weird. She's not used to it. She feels a bit shocked that her actions have led her to this situation, and she's got a lot to process."*

A few girls in welfare placements described being bewildered and confused with "no idea what's going on":

> *"When I came here, I had only been in care for a month, it was so confusing."*

> *"What have I done to be in here?"*

Some professional stakeholders suggested that difficulties processing these experiences may well reflect underlying neuro-disabilities.

Girls said that any girl entering justice placements would feel confused and shocked about their situation – either not realising how serious their offence was or focused on the court process and not considering where they might end up.

> *"Being arrested can be a big thing, you can get so focused on judge and court, you don't think about what you might go into."*

> *"Lost – that's how I felt when I came here, it was the first time I was in trouble with the police, I felt really lost when I came in here."*

Some said girls were afraid of "getting into fights and arguments" with other people in the unit, or of being judged by people on the outside.

One girl felt that the experience heightened anxiety and challenged girls' mental health:

"[It] …gives you anxiety coming in a place like this."

Many girls highlighted the loneliness and isolation that they experienced upon arrival. Some described having 'no one to talk to' and others talked about being separated from family, friends and co-defendants. One participant talked about additional hardships if your placement is far away from home:

"Isolated, lonely, no one to talk to, by herself, sad. If it's in your area you feel better. I was placed eight hours away from home."

Most said that girls would need someone to sit down with them to talk and listen to them when they first arrive. They felt that this person should help them to understand the reasons why they were placed in a CYPSE unit, where they are and what they can expect. Girls wanted to be given an accurate picture of the unit. They also wanted to know their timeline, key dates for court and review meetings, and when they could expect to speak to family.

"Someone to sit and talk to her, let her know some of the reasons she is in there, rather than wait till she gets out to tell her the reasons."

"I think she needs to know where she's at and what she's come into. Sometimes when people come in they're not made aware of where they are."

"She needs advisors to talk to you about the place, she needs to know when her court date, meeting, next review [is], when she can speak to her parents."

Some girls said that it would be helpful if the person who spoke to them on arrival was someone with lived experience or a peer who could 'talk on their level'. Others felt it should be a staff member from the unit who they could expect to have a consistent relationship with. Most importantly, they said, it should be someone who cares, not someone who feels 'like a stranger'.

"Someone to talk to and someone to actually listen to her issues and feelings. It could be someone who has experienced it, they could tell her it's not as bad as what she thought."

"I think it should be another young person, they could try to cheer her up as well as telling her about the unit."

"Main thing would be someone to explain where she is, what's going on, someone who shows they care, and someone who's genuine, not someone who feels like a stranger."

Many girls consulted through this review mentioned the importance of having contact (calls and visits) with friends and family when they first arrive, to reassure them and to help them settle. They felt that contact should be for 'as much time as possible' or 'whenever you want'. They emphasised the benefits of communication with family and loved ones in preference to contact with Youth Offending Teams (YOTs) and social workers, who girls may not always trust.

"Should have had contact with her family whenever she wants, phone calls etc."

"You definitely need your friends and family, you don't want to talk to YOT, you feel like local authority are snaking you."

"You need as much time around your family and friends as you can."

Another felt so completely overwhelmed by her experience of arriving that they wanted a more phased approach into everyday life in CYPSE settings:

"You're shoved straight in the deep end and you don't know what to expect, it would have been better to be gradually introduced to everyone."

Justice estate transitions

Data on transitions from justice placements were only available for those exiting the CYPSE and not for those who were transferred between CYPSE settings. This review cannot, therefore, comment on the scale of internal 'churn' within

the CYPSE, and who this might be affecting. A deeper analysis of this data is recommended to understand whether girls (and if so, which girls) are disproportionately affected by any churn within the system and how this compares with boys.

Most girls in justice placements transitioned from the CYPSE to the community, with smaller numbers transitioning to the adult estate or to a mental health unit.

The biggest challenges raised by staff about justice transitions related to maintaining links effectively with YOTs when girls were such a distance from home, and the availability of safe and appropriate accommodation (mainly linked to the lack of step-down placements and 'approved premises' specifically for girls):

> "There's a lack of accommodation – approved accommodation. We don't see any of it."

> "The main trouble that we have [...] is that nobody can find them a placement that is right for them when they leave."

Due to gender stereotypes about girls' and boys' behaviour, some staff also said that it was more difficult to find accommodation for violent girls, than for violent boys:

> "The absence of any placements particularly for girls, and particularly for girls who are violent, because a violent girl frightens people more than a violent boy because it's more unusual."

Movements back to the community were also highly stressful for girls who were aware of becoming 'institutionalised', with one girl saying that she was more frightened of being released to the community than she was of moving to an adult prison because she had started to think that 'prison is where I am supposed to be'.

A number of girls involved in this review said they would want 'preparing', to have a 'resettlement' plan, and to be involved in the development of this plan. One participant in a justice placement said that she would want anger management sessions before transitioning, to avoid her getting more charges in the future.

> "A bit of preparing, she needs somewhere to go, depending on how she was in her area she might not be able to go back there, she will need a lot of resettlement"

> "[She needs] support from her resettlement meetings so she's got a plan in place before she leaves"

> "Depends on each person, everyone's different. Some people might need mobility, some might need to talk to someone who was in secure once they've gone. Some people might need help with money. Some might just want to get on with their life."

Some did not feel that this personalised planning was always available:

> "I feel like they make everyone do the same thing when they're leaving secure, but I think everything should be personalised to that person"

Planning transition for girls in justice placements who had been sentenced was described as challenging – although not generally as challenging as managing girls' transitions from the welfare estate. With girls who had been sentenced, there was usually a pathway in place to link girls into (via the YOT) and a key point of contact to work collaboratively with. These girls also had a clear-cut statutory date when they must leave, and accommodation had to be in place before release could take place. On the other hand, for the large number of girls on remand, stakeholders noted that no follow-up support was available.

Girls also talked about the need for a person-focused, relational and wraparound network of multi-systemic support:

> "Friends, family, YOT worker, social worker."

> "Support network on the outside – friends."

Some girls involved in this review were keen to have more and continuing support from staff who they had built relationships with, in Secure Children's Homes.

Some stakeholders questioned whether the intensity of wraparound transitional support

was sufficient to help girls maintain progress. A few professionals talked about the difficulties of managing transitions when girls were serving short sentences or when remanded. Goodfellow (2019) and Bateman and colleagues (2013) highlighted challenges, when girls were so far away, of ensuring continuity in educational, vocational or employment opportunities. A lack of seamless support was seen to stifle hope and increase girls' fatalism about their future. Furthermore, Van Damme's study noted a tendency for girls to gravitate back easily to peer relationships and attachments which were then shown to increase their chances of offending (2017). In the United States, Multi Systemic Therapy, Functional Family Therapy and Treatment Fostering Oregon (intensive fostering piloted in the US with girls) have been used to support children in the justice system at this point of transition back into the community (WSIPP, 2020).

Transitions from justice placements to adult female custodial settings

24 girls transitioned from justice placements in the CYPSE to the adult female estate between 2017 and 2019.

A number of stakeholders raised concerns about the effectiveness of transitional pathways to adult settings for girls in justice placements. At the time of writing, most transitions to adult settings took place from Secure Training Centres (STCs) with a few girls transitioning from Secure Children's Homes (SCHs). This is different to the situation for boys, some of whom may transfer to Young Offender Institutions (YOIs) rather than transitioning to the adult estate.

HMPPS's Female Offenders team explained that, because of the small number of girls transitioning, every girl who was transitioning should be referred to their Centralised Case Supervision System (which is shortly to be renamed the Women's Estate Case Advice and Support Panel) for assessment of strengths and needs, so that they can be linked up with the best adult placement.

On the other hand, some staff in the CYPSE described difficulties with early planning, with arranging orientation for girls and families to

prepare them for changes associated with the new placement, and with cross-over working with staff from larger female units to establish new relationships and familiar faces. A joint HMPPS/YCS Review is currently under way to looks at ways of improving these transitions for both girls and boys in justice placements.

Some girls interviewed as part of this review raised significant challenges and anxieties about transitioning to adult settings. They described a gap in information and a lack of a young adult pathway. Girls wanted access to information about the adult estate, honest insights about what they could expect, and the chance to talk to people who have 'been there'. One girl was very anxious about her transfer:

> *"[I'm going to the] adult estate in February. [...] They don't tell you about anything. Haven't got a clue about transitioning. [There's] nothing to prepare for the length of sentence, [they] just send you off on your birthday."*

One participant also felt there should be an 'in between' stage for girls moving from CYPSE units to adult prisons.

> *"With girls there's no in-between transition to HMP."*

One girl was worrying about this at least a half year beforehand and wanted early transitional support from someone with lived experience to help navigate transitions and to help answer questions and concerns.

> *"Support – definitely a support worker, definitely need some group work like what you lot [Leaders Unlocked] do, doing what you do. Being around other ex-prisoners would be a good influence on me."*

This model of transitional support, involving a peer support worker, was identified as being an important part of effective transitional planning to adult services in a previous study co-producing better transitional outcomes with young people (Dunn, 2017). Some professionals also felt that this was 'a good idea'.

There were mixed views from professionals on whether girls should in fact be transitioned to adult settings at all. Some of those interviewed

felt that adult female prisons were not at all therapeutically suitable environments for young adult females with histories of poly-victimisation. They advocated either for girls to remain in the CYPSE beyond 18, or for a distinct trauma-informed estate to be developed for girls and for young adult women up to the age of 25 years. Such an estate could better reflect documented similarities between adolescent girls' and young adult women's neural development and would mirror the direction of policy supporting more join up between adolescent and young adult services in the NHS Long Term Plan (NHS England, 2019).

Some also talked about the need for such decisions about transitions to adult services to be more flexible and to be informed by a young person's choice and maturity, rather than purely on chronological age. A few professionals wanted some form of phased transition to adult units – where girls could begin to adapt to larger and very different-feeling settings. Some felt that STCs provided an opportunity for girls to get used to a larger setting before entering the adult estate; others felt that good SCHs were better able to manage transitions as they had the staffing ratios and resources to do this in a more girl-centred manner.

An overview of comments from this consultation suggests the need for a much more bespoke, girl-centred and flexible approach to transitioning girls to the adult estate. Many of the girls consulted generally preferred smaller, more 'family' orientated settings. They particularly thought these were better environments for girls with vulnerabilities. However, some girls said they found smaller settings claustrophobic – and wanted more variety and 'space'. Staff also gave examples of girls who could not stabilise in larger STCs (where staff ratios, the feel of the environment, and less flexible, more overt institutional ways of operating worsened behaviours). Another girl was unable to make progress in an inpatient unit and a few struggled to settle in any settings. One example was given of a girl who adapted better to an adult female setting which offered more resources and more female-specific vocational opportunities.

A clear message was, therefore, that placement should be based on choice, based on a girl's story, their maturational strengths, needs and vulnerabilities, and their neuro-developmental needs. However, in practice, legislative frameworks guiding transfers and the small size of the estate may hamper flexibility and creativity in managing this in the way that stakeholders would wish.

Transitions from welfare settings to the community

Most girls and boys in secure welfare placements were discharged to a community residential home. Girls appeared marginally more likely to stay placed in a CYPSE setting than boys (although these are very small numbers and therefore robust conclusions cannot be drawn).

Although transitions back to the community were challenging for both justice and welfare children, professionals raised significant additional concerns about the challenges faced by girls transitioning from welfare placements back into the community – with many reports of a 'broken system' and of girls getting 'stuck' in this system:

> *"We do get more girls who get stuck in the system than boys. And I wonder if that is about the set-up and what's available out there and the way we manage girls versus boys."*

Girls in welfare placements often lacked a clear-cut leaving date. Discharge was reliant on:

- The extent to which girls were able to settle, stabilise and make progress in CYPSE settings

- Whether local authorities and social care staff in the community, who were responsible for their transition, felt reassured that safeguarding risks had subsided

- Alternative accommodation being available.

Staff in many different homes described a common chain of events which particularly affected girls in welfare placements, and which led girls into a Catch-22 situation.

Staff explained that many girls initially really struggled to adapt to life in SCHs. During these initial stages, when girls were 'terrified', they would often self-harm and behavioural problems could intensify. However, many girls settled, began to build relationships with staff, and the instances of self-harm and explosive outbursts often slowly stabilised. However, an ongoing stress for girls was the lack of clarity about when they might be discharged back out into the community:

> *"The way welfare secure units are, that's how it feels – like remand – there's always uncertainty, you don't know if you're going to leave on Tuesday or next year. I was told I was put here for my safety."*

> *"Not knowing when you're gonna get out – uncertainty"*

Discharge planning was often undermined by lack of clarity about accommodation. Many professionals and some girls talked about the lack of available, safe and stable 'step-down' accommodation for girls:

> *"We have real difficulty in transitioning girls back to the community with appropriate safety conditions in place. That is a particular issue with girls."*

> *"The home actually [...] 'gave notice' to the Local Authority for one girl (which is really rare) – and they said 'well if you give us notice all we can do is place her in a caravan with two staff'."*

> *"Right now for my case she's taken ages to find me a placement – because I'm here that's an excuse but if I wasn't here she would have to find one ASAP. And then it will be 'they'll accept anything because they're just coming out of a secure.'"*

Some girls on welfare placements were placed in caravans, holiday cottages or in hotel chains (sometimes intensively supervised, sometimes not). When models of intensively staffed placements were used, care was often delivered by agency workers and the focus was often described as being preoccupied with girls' physical safety rather than activity to support their emotional wellbeing, adjustment, education, sense of purpose and hopefulness.

Some girls were placed in settings which felt incredibly alien. For example, one Black girl from London was described as being placed in a small village in the North of England where she felt completely isolated, lacked familiar cultural references and support, and felt out of step:

> *"I [worked with a Black girl] whose transition was [in the north of England...] to a tiny, tiny village. 'No one is like me here and I walked down the road and people stare at me and it's awful. I don't want to be in the country. I am a Londoner. They put me here'. And I think in terms of risk that might have been fine – but the language that all the staff were using 'Don't worry it's not that bad'. Imagine if I picked one of these people up and put them in London... for a month [...] I think as white people we need to acknowledge much more that would be a difficult experience; just because you don't understand it doesn't mean that it's not true. So at least if better accommodation isn't available, at least we can validate how hard that must be."*

Local authorities were also reluctant to hold and double-fund accommodation for girls when they were already being funded in CYPSE placements:

> *"Nobody wants to manage that risk or pay for any 'held' accommodation – because the local authority doesn't want to hold two beds for a girl at the same time."*

Firm arrangements for accommodation were therefore frequently delayed until the last moment. It was not uncommon for this to be the day before a girl was discharged. Because of this, uncertainty prevailed about whether girls would leave their placement.

This uncertainty was seen as significantly harmful and counter-therapeutic. It was often made worse by a lack of communication between those planning community placements and CYPSE staff, and by unclear communication with young people that unwittingly raised their hopes:

"There's sometimes a lack of openness – not being up front; they just tell the young person and not the professionals; or it's wording, 'we might have a placement' but the young person picks that up as 'we do have a placement.'"

In the face of this uncertainty, and girls' associated anxiety, a number of stakeholders in CYPSE settings described girls' responses and behaviour beginning to deteriorate as these delays and disappointments went on. A common theme emerged of therapeutic progress 'being undone' and 'unravelling'. Girls went backwards. Perversely, this then further reduced their chances of getting accommodated in the community, as social workers witnessed a return of behaviours that had often prompted girls' placement in these settings in the first place:

"Any work that we have done, if they have a bad transition, is instantly undone."

"There has to be a halfway house, because we see such deterioration in the face of delayed release. One girl is such a high risk to herself [...] at the moment. She's expressing herself in the only means that is left to her – through self-harm that is so prolific that she is going to kill herself by accident. We've had to sterilise her room and she has been on 24 hours observation. This has happened in the space of two weeks. She went for her secure accommodation review, they said that she no longer met the criteria for secure care, but they said they were going to extend her for two weeks 'cos they didn't have a placement available. Which they are not meant to do anyway. At which point, having been told how wonderfully she has been doing (which she had – she'd been weaned off heavy-duty amounts of drugs and she was flying, writing and performing songs and doing amazing things), in the space of two weeks it all fell apart. [Her self-harming...] has got so bad, we've seen such a massive U-turn in her."

"Education is massive for [girls...], they are engaged, their sense of self-esteem and self-worth increases, we make huge progress with them. But when they come to leave it all falls down when getting a care placement for them

– even when they've made this progress, the care placement isn't always coming. And girls' behaviour deteriorates during the last weeks and with the welfare kids they extend the order beyond the original leaving date [...] Their behaviour goes out of control again."

This then reduced the chance of last-minute accommodation being successfully secured as other placements became nervous about taking girls on, in light of what looked like little progress in the risk they presented:

"Placements that fall down at the last minute impact girls' behaviour and their violence and self-harm increases and then it's a downward spiral. Then because of their behaviour no-one wants them and then you really get stuck into a rut at that point."

Health care and educational staff also talked of the considerable challenges posed by such last-minute planning in terms of their ability to mobilise broader opportunities and continuity of health care support.

"Health care transitions? I don't think there are any. The transition is one day they are here, the next they've gone. We're quite good with our health care discharge summaries and we ensure that the social worker is aware of any unmet health needs. [But] it feels very rushed and last minute as to where... young people are being placed. Because of that you'd [...] not get the ideal transition in terms of linking to community teams and working into schools. I try to work closely with the educational provision that someone's going to, in terms of how they can be supporting that young person to stay in education, to manage anxiety and their struggles and working into those settings.

But we don't have the opportunity to do that; we only have two or three days when we know where people are going. And sometimes that's a caravan – and coming from such a restrictive secure environment to then be in a caravan, unmanaged, that is just so daunting. The emotional impact that that will have upon that young person to suddenly have all their security taken away from them. That can make them feel unsafe. There is that

limited opportunity to hand things over in quite an organised way. And in my experience that is not how it's happening – it's in a disorganised way. And it reflects the lack of placements and social care really struggling to place people safely."

Some of the girls interviewed during this review also talked about the difficulties they face when it comes to transition. They felt there was a huge gap in information and preparation for young people, commenting that 'they don't tell you anything' and 'they just send you off'. One participant also said that there was a lack of communication between placements, and a lack of continuity in support once a young person enters their new placement.

"I'm just going to get plonked in a placement, but still I know these people and it's familiar. Would be easier to have support from old placement, and communication between old and new placement."

Several girls talked about feeling 'out of sight and out of mind', left behind and forgotten about. One person felt that community staff had given them false hopes about being released, which didn't come to pass. Instead, this person said they ended up being kept inside for longer and watching other people leave. They explained that this can lead to feeling 'there's no point' and you might 'just be in here forever'.

"You get told to do this work and you'll get out, you do the work and you're doing good but you're kept here longer and see people leave, you think there's no point and I might just be here forever."

Fragmented care for girls on welfare placements

A key challenge raised about community transitions for girls on welfare placements was fragmentation in care as they both passed into, and out of, the CYPSE.

"There needs to be a shift in how local organisations and authorities and CAMHS perceive a secure accommodation order, because I think often it's just seen as 'they'll go there and they'll fix them and they'll come out better' and for many it's out of sight and

out of mind. I think when the young person comes into secure, it's an opportunity to make decisions collaboratively and to join up. A chance to think about what girls' needs are when they come back out in the community – not that they're going to get fixed by three months in a secure setting, because we know that's not what's likely to happen. It's so fragmented that girls' needs are fragmented. Girls are not thought of as a whole. What's seen is a series of problems."

Girls described a similar process of community-based workers retreating:

"Once you get into a secure unit, your social worker thinks you're safe, out of sight and out of mind."

"My social worker left me when I came in here."

This lack of continuity of care increased uncertainty for girls, which appeared to undermine their wellbeing, led to increases in mental health problems and in trauma-re-enactment behaviours, and stopped early planning for transitions back to home areas.

A few staff felt that SCHs could, as a last resort and working in partnership with outside services, help a small number of children to therapeutically stabilise for a short period of time:

"What really needs to happen is that girls need to come into secure care and do a little bit of work to understand how they function in relationships with other people, helping other people co-regulate them, and then they need a really good transition into a safe therapeutic placement – but we expect too much of them and they fail."

But some staff also had longstanding concerns about welfare placements being misused as 'dustbins' for vulnerable girls, rather than as therapeutic opportunities to help girls move forward:

"Welfare settings [...] were pretty much being used as dustbins for young women."

Some professionals talked about signs of 'systemic trauma' affecting staff working with girls before they came in – and affecting professional behaviours as girls entered CYPSE

settings. This vicarious trauma was linked to:

- The responsibility of trying, often unsuccessfully, to keep girls safe

- Traumatised leadership who felt under scrutiny to keep vulnerable girls safe

- Some workers vicariously experiencing the abuses that girls were exposed to when they were in their care.

Many professionals also said that those outside SCHs saw these settings as a 'fix-all' rather than a first step in a process of trauma-informed recovery and progress that continued as they returned to the community. As well as a need for some form of reliably available step-down accommodation, those consulted during this review also saw a significant need for improved wraparound support reaching into CYPSE settings and supporting girls back out.

> *"That wraparound care [...] needs to be more therapeutically led and thought through, rather than an agency where the staff are trained in stopping the kids escaping through the window. There has to be a trauma-informed model to support young people and there has to be way, way more focus on supporting the system and the staff."*

Many also felt that community staff were not always equipped or lacked whole system reflective support to build effective, trusting relationships with girls and continue trauma-informed support. Some workers also identified potential skill and confidence deficits in community partners to effectively support girls in a trauma-informed way:

> *"It feels like you are sending them out to areas where staff don't have that level of expertise or confidence or skills, and the thing I have noticed is that social workers are terrified… they are terrified of young people and CSE and risk of harm and suicide and self-harm. So, they all breathe a sigh of relief when they come into the centre but when you try and get them back out again they all go 'Whoa, whoa, whoa, what are they gonna do? Where are they gonna go?' Cos there's nowhere higher, and there's no way of reducing things in a managed and manageable way."*

> *"I'm aware of girls who have left us and then become part of CSE networks again because the change we are asking of them, and how they feel about themselves, we won't have done enough in that time."*

Several staff and one of the girls interviewed as part of this review talked about girls re-visiting or contacting CYPSE units to talk to staff after they had gone:

> *"We've had a couple of young people who have contacted our health and wellbeing team recently who have left us a good few months ago – and how do we manage those interactions and those communications? We don't have a set model around that."*

> *"One girl ran away from her placement to come back here and visit."*

Girls also said they valued this ability to stay in contact with staff when important therapeutic relationships had developed.

A few SCHs had sourced additional funding to develop a proactive outreach transitional worker or team to follow girls out and support transitions. Activity aimed to maintain contact with girls (and boys) while they settled in the community and to share trauma-informed learning with community-based workers on what had been learnt both about girls' triggers, their strengths and what helped them thrive:

> *"We're lucky that we have had funding through SECURE STAIRS for a resettlement worker. He does work with them here, and then he carries out that work in the community. They know he's coming to see them, working with parents, with carers, helping them understand what the young person and we have learnt here. And just reminding the young person what they have learned… Generally, with justice, it's until the end of their order but sometimes they want longer so we adapt it. It's led by the young person and by the support they need."*

> *"Here's an example of that continuity, [we have a] girl going to be transitioned and our resettlement worker and Occupational Therapist are joint working together to go and work with her in the community and they are*

working now on independence skills. Girls generally come from all over the country really – it requires a lot of traveling and if we get a lot of people leaving in one go it can be tricky for our resettlement worker but it depends on their level of need."

One health care team also decided to offer a more structured offer of virtual follow-up to feed learning into the community, to facilitate appointments.

"As a health team we are now offering a 12 week after care package, virtually, so that we can follow their progress. And help manage the risk, but we haven't sold that well enough yet – the local authority don't really understand it. 'We want to work with you to share and manage that risk and responsibility.'"

A few SCHs had, or were planning, a small step-down unit for children to provide an interim step from 'being within the walls' to more independent living.

In terms of what girls in welfare placements valued at the point of release, many wanted wraparound and bespoke care – including psychological support. Having a mental health team ready, having the support of family, knowing who their support network would be, and having a good support worker was important:

"Having a mental health team ready for when you leave, like a CAMHS or whatever, and knowing you've got your support network around you."

"Probably put someone like CAMHS who you can go to speak to."

"You need that solid person when you come out until you're an adult. I don't like to upset my mum, so I prefer to talk to a professional."

However, some also noted that there was a lack of intensive support when they needed it at the point that they transitioned:

"[A girl needs] solid support, like counsellor or psychologist on the outside – because we have all this support in here, but outside we have none."

But a few girls wanted resources to enable them to become more independent:

"Not support, because I've looked after myself. But rather have guidance, and independence – e.g. allowance, if you do good with it and then say you're ready and let me do my own thing."

In summary, girls in welfare placements were spending too long in CYPSE settings for a host of reasons, including:

- Lack of appropriate accommodation
- Last minute planning and uncertainty
- Fragmented pathways
- A lack of confident, community-based, relationship-driven, wraparound and trauma-informed support for girls
- Anxiety about risk management.

Although these placements should be used for the shortest possible period for welfare, one worker observed:

"It's almost as if they are in for the longest possible period."

Transitioning from CYPSE settings to inpatient settings

Very few girls have been transferred directly to an inpatient secure mental health unit during the period from 2017 through to 2020. The highest number in any one year was three girls from SCHs (all justice placements) in 2017.

Secure inpatient settings for children in the justice and secure welfare estate are limited in number and include psychiatric intensive care units (PICUs) and low and medium secure units where children are detained under the Mental Health Act (1983). Some specialise in neuro-disabilities and learning disabilities and most involve mixed gender accommodation (Hales *et al.*, 2018). Warner and colleagues' census of provision (2018) showed that there were geographical gaps in secure inpatient unit provision around the country. Although provision was secure, children in these units did not sleep behind locked doors. In 2016, these units had similar staff ratios to SCHs and STCs

but they included a broader range of disciplines of health staff (Warner *et al.*, 2018).

Experts consulted during this review explained that the main pathway for girls in welfare placements needing transfer under the Mental Health Act was likely to be via low secure beds, whereas the pathway for girls in justice beds needing such care was likely to be via medium secure inpatient units. Warner and colleagues' census (2018) observed a higher proportion of low secure beds designated to girls, whereas a higher number of medium secure beds were designated for boys – reflecting the higher number of boys in the justice system.

A major concern raised by staff working in the CYPSE was the difficulty getting access to secure inpatient placements where these were deemed necessary for girls. There were also concerns raised about the length of time taken to successfully achieve transfers – delays which appeared to be related to a lack of clarity concerning the referral process and paperwork. It was hoped these would be addressed through new national guidance currently under development.

Experts consulted as part of this review had analysed secure inpatient data over the last 18 months and said they were seeing far fewer referrals for girls from the secure welfare estate than was the case historically. One hypothesis was that SECURE STAIRS had increased the therapeutic confidence of staff working with these girls to the extent that they felt better able to manage risks.

However, experts also said that the 'door has narrowed into medium secure for treatment' due to a broad cultural change focused on reducing access to hospital beds in favour of treating people as much as possible in their communities:

"[There has been] a reduction in hospital beds at every level of security [...] Partly because more care is being directed to be delivered within the community. It's not that we're denying people within the secure estate
– it's just [...] the way that services are being delivered and developed. And in the Secure Estate, SCHs and STCs are a girl's community. And the idea is that we should treat you where you are, if at all possible. And you really should only be coming into hospital if you need something very specific that can only be delivered in a hospital such as eating disorders, for example; or if people are refusing to take treatment and that treatment really is necessary for the risks that they pose – so for example if someone is acutely psychotic."

"It's about scaling up the services where the young people will be so they don't need to escalate them into hospital where they might get stuck."

Stakeholders from the secure inpatient sector also said they had to prioritise who they took ('boys who had been in segregation as a result of their difficulties for months'; 'boys who were on three-person unlocks'). The general view was that borderline personality type symptoms (common with girls in the CYPSE), associated with repetitive but non-lethal self-harming (which was also more common among girls), or repeated violence was not sufficient reason on its own to meet criteria for transfer under the Mental Health Act. Instead, the view was that there needed to be cross-secure estate collaborative working to share learning on effective management of girls and boys with highly complex needs.

On the other hand, some of those interviewed in the secure welfare and justice estates still described significant concerns about managing a small number of girls with very challenging, violent and distressing behaviours – particularly when managing repetitive violence or self-harm. A recent evaluation into 'high risk, high harm' children (Lengua *et al.*, pending) has investigated the management needs of children presenting with these needs and made recommendations for improving support. Girls were overrepresented in this cohort of 'high risk, high harm' children.

Key issues and dilemmas

Mental health support in the secure estate

Girls involved in this review described mixed experiences of getting the support they needed whilst in the Children and Young People Secure Estate (CYPSE). For example, many girls really valued support from their case workers and from mental health services:

"Mental health team on site so you get the help you need, when you need it."

"Good support here and CAMHS staff are very understanding, they help you."

Other girls said that help was not there or that they did not have enough time with key workers to support their mental health and wellbeing:

"I've got a counsellor, a wind down before bed, 30 mins to explain my day, but that's not enough for me."

"Having someone to talk to – they give me 15 minutes, but I want an hour."

Furthermore, peer researchers involved in the consultation and with lived experience talked about the lack of emotional support for girls overnight when they are locked in their room, when they have no access to phones, technology or helplines (which might be available in the community), and when emotions could often be at their most intense. These peer researchers called for more creative thinking with girls about potentially equivalent and workable solutions in the CYPSE.

Managing self-harm

Self-harm has been described as a "high intensity social signal used when less intense forms of communication such as speaking, crying and screaming fail" (Kenning, 2011). Self-harm in secure settings has also been linked to overwhelming feelings of hopelessness, shame, anger, frustration, powerlessness, worthlessness and burdensomeness (Howard League, 2001; Hutson and Myers, 2006; HMPPS, 2019).

Studies note that girls in secure settings are at higher risk of self-harming and suicidal thinking compared to boys (Wasserman *et al.*, 2010; Putnins *et al.*, 2005), although boys, at least in community studies, are generally more likely to take their own life than girls (WHO, 2014). A large-scale study of children who self-harmed in the general population found that CSE was the strongest predictor of subsequent self-harm among girls (Gratz *et al.*, 2002). Although self-harm can be a means of emotional release and a way of coping with psychological distress (and often lacks suicidal intent), there are strong associations between self-harming and greater likelihood of suicidal thinking and suicide (Laporte *et al.*, 2017). This correlation has been noted to be higher in girls than boys in large-scale community studies.

As outlined earlier, when girls arrived in CYPSE settings, professionals had often identified significant concerns about self-harming. Broader data and consultation with key stakeholders highlighted that managing self-harm was a major anxiety, concern and focus for those working in the CYPSE.

We lack data on the scale of self-harm for girls in the welfare estate, where the female population is larger and has been identified with higher risks of self-harm at the point of admission.

Data on self-harming incidents were available for the small group of girls in justice settings (Table 5). Because of the small size of this female population, caution must be applied when drawing conclusions from these data.

It shows that girls accounted for a greater number of self-harm incidents, relative to the population size, than boys, with an average monthly rate per 100 girls of almost 180 self-harm incidents across all justice settings. This is compared with just 17 among boys. Self-harm incidents were recorded for 34% of all girls on justice placements compared with 7% of boys.

Furthermore, recent government data on girls on justice placements, analysing the year up to

March 2021, indicated that each girl who self-harmed did so on average 15 times per year (HMPPS, MoJ and YCS, 2021).

The guide to **Safety in the Children and Young People Secure Estate** and the **Youth Justice Annual Statistics Guide** provide further details on the counting rules.

Table 5: Self-harm by age group, sex and ethnicity, year ending March 2020

	Children and young people average population[1]	Average number of self-harm incidents per month	Average number of unique children and young people involved per month	Proportion of children and young people involved	Number of self-harm incidents per 100 children and young people in custody in the month	Number of self-harm incidents per child or young person involved
Total	860	208	74	9%	24.2	2.8
Age group[2] [3]						
10-14	29	15	4	13%	51.3	3.9
15-18	831	178	66	8%	21.4	2.7
Sex[2]						
Boys	832	141	60	7%	17.0	2.4
Girls	28	51	10	34%	179.9	5.3
Ethnicity[2] [4]						
Black, Asian and Minority Ethnic [5]	436	43	22	5%	9.9	1.9
White	511	149	47	9%	29.3	3.2

[1] Average daily population.

[2] Total figures for age, sex and ethnicity may not add up to the same figures due to recording issues with the monthly returns from establishments. From year ending March 2020 protected characteristics associated with incidents are derived by matching to population records. Where the match cannot be made, protected characteristics are not known so the overall totals will not equal the protected characteristic breakdown.

[3] Where a child or young person has a birthday during a month and is subject to an RPI at two ages they are included twice on the count of unique children or young people.

[4] Ethnicity figures do not include data where ethnicity is unknown.

[5] This was the terminology used by Government data at the time of reporting

CYPSE staff explained that they understood that self-harm was often a key means by which girls sought relief from anxiety and fear, communicated trauma-based distress, hopelessness and feeling out of control, and sought support and comfort. One staff member observed that:

> *"Girls' anxiety will often present as some form of self-harm or some form of change of behaviour."*

A few professionals felt that girls' self-harming was the result of distress not being effectively heard and supported in the community:

> *"It's particularly true for girls. Because of all of those preconceived ideas of how girls should and shouldn't behave, they just don't get the help they need in the community. Then they self-harm. And boys do that as well, but the most prolific self-harmers we've had in the building have been girls."*

Some staff described how girls' risks of self-harming also increased when girls first arrived in CYPSE settings, when girls describe feeling overwhelmed, 'scared' and 'terrified':

> *"So, I definitely think some girls [...] get worse [at the beginning]. When you look at their behaviour and the levels of distress, all of them get slightly worse when they come in because running away, taking drugs has been serving a function in terms of avoiding their emotions and suddenly they're locked up, they're frightened, and they can't do that, so we tend to see an increase in self-harm or violence. But most settle down. Occasionally they are like 'I can't stay here.'"*

Some girls talked about the challenges of coping with these intense and overwhelming feelings at a time when they were simultaneously stripped, through their secure placement, of previously relied-upon coping mechanisms (e.g. substances, smoking, running away, support from friends and family etc):

> *"If I was smoking weed it would be better with me. It would have calmed me down and put me in my own world. It makes me chill and [I] don't need people."*

Indeed, a major theme raised by girls in the CYPSE was not feeling that they had enough emotional support in their day to day lives (both in the community but also for some in CYPSE settings) to manage anxiety, frustration, feelings of disempowerment, hopelessness, uncertainty and confusion.

Although most girls felt that they wanted more emotional support as they entered CYPSE settings, many slowly settled as relationships with staff developed and as familiarity with the setting and with routines increased. Staff described risks of self-harm slowly reducing in most instances. However, staff identified a small group of girls whose self-harming was more worrying, 'compulsive' and repetitive:

> *"And with some girls you know she's... constantly looking for things to hurt herself with. Often that is triggered by a transitional point or by one of her favourite staff leaving and sometimes you can de-escalate that through being with her, and sometimes being with her makes it escalate. And there's a fine line that you are managing all the time..."*

Such patterns of self-harming and/or explosive behaviours were described by staff as being closely linked to profound experiences of maltreatment and neglect, and sometimes associated with neurodevelopmental difficulties. These girls often required the very highest staff ratios:

> *"She's [...] been on two to one staff ratio for some time and she loves it, and we try and help her to move on and every time she sabotages it. That early deprivation, there's a need for nurture and to get that attachment 'because when you leave I feel so scared that you have forgotten me already' – and that fear is so great for her. And her care needs are huge – moving on. There's a huge need for nurture and 'for you to just think about me.'"*

As indicated earlier, a particular concern was raised about the counter-therapeutic impact of delays in, and uncertainty about, transitions on girls' progress, on their wellbeing and on their chances of being successfully re-established in the community. Some staff talked particularly about associations between delays in transition

back to the community, faced by girls in welfare placements, and subsequent spikes in their self-harming. Some staff also noted the particular disorientation and challenges faced by girls with neuro-disabilities when transitions were last minute and unclear.

Previous consultations with children in secure care settings noted some difficulties in how children experienced institutional practices designed to manage their self-harm. Children in Johnson's study (2017) explained that practices such as increased observation and having things taken away often felt like a punishment and made them feel worse – although they acknowledged and understood workers' responsibility to keep them safe (Johnson *et al.*, 2017).

Similar concerns were voiced by stakeholders involved in this current review. Removal of risky items not only felt punitive to children (increasing the risk of distress and self-harming) but was also thought to lead to girls resorting 'to more and more extreme behaviours' to communicate their deep distress.

Some also noted other girls and boys being disturbed and distressed by witnessing self-harming around them, sometimes leading other vulnerable girls (without previous histories) to self-harm.

Ongoing self-harm, and management of it, were raised as major issues by professionals working in the CYPSE who were consulted during this review. It was an area that prompted considerable organisational and practitioner anxiety:

> *"I think practitioners [...] feel quite helpless when they are managing girls. Particularly girls with self-harm, it feels like they're out of control and they don't know how to bring about change. I think there's a sense of helplessness and hopelessness when it comes to girls as well."*

Staff managing girls in secure welfare placements wanted more training and support developing their skills in managing girls who engaged in the most complex and repetitive patterns of self-harm and challenging behaviours. For those working in the justice system, staff had access to additional centralised support through a national Critical Case Panel. The YCS Critical Case Panel (HMPPS, 2018) draws together a range of experts and creates a pathway for practitioners to seek additional consultation supporting children with the most complex needs. This was seen as an important resource in supporting practitioner skills, safeguarding, and girls' outcomes. However, staff managing some of the most vulnerable girls in secure welfare placements did not have access to a similar centralised support mechanism and described feeling isolated managing risks in local areas. This was an area which they described as needing urgent improvement.

Effective practice in the management of self-harm in the CYPSE and child and adolescent inpatient settings remains under-researched, requiring more clarity on what works. However, safe physical environments (both physically and emotionally) are important to minimise self-harm and suicide (NICE, 2013). A multi-informant trauma-informed assessment of self-harming, exploring the meaning of self-harm for each child, is also recommended. This should lead to a risk management plan being developed collaboratively with young people, including personal factors or significant events which may trigger self-harm, protective and risk factors, and distraction approaches (NICE 2011). It should also include promotion of skills, strengths and assets (RCPCH, 2019; NICE, 2013).

Wraparound holistic care, including an adolescent version of Dialectical Behavioural Therapy (DBT), also shows promise as an intervention for girls in CYPSE settings given the range of needs they present with (Hawton *et al.*, 2015). DBT interventions need to be delivered in the context of authentic, consistent and trusting relationships and should form part of a whole organisational trauma-informed approach.

Families, carers and friends can also help to support a young person who has suicidal thoughts or plans. They can also provide valuable input to an assessment of the person's needs to help keep them safe (Rink and Tricker, 2003).

Mixed or single gender settings?

The literature review was mixed and unclear in its findings on the merits or otherwise of single gender placement in CYPSE settings. Most community-based gender-specific provision tends to be for girls and women only, in order to create a safe space away from boys and men (and much of the gender-based violence that may have affected girls' lives). These single-gender settings can enable girls and women to:

- Feel safe
- Begin to reflect on their experiences of being a girl or a woman
- Gain support from peers
- Become more confident and empowered
- Improve their self-esteem and self-efficacy.

Covington and Bloom (2007) went a step further, advocating a staged approach which started with girls and women being in an all-female setting and moved, as they gained confidence, to an approach where girls and women were supported to access real world mixed-gender experiences, returning to the support of this female-only base. This was thought to give girls and women chances to both test out new ways of thinking and skills, as well as opportunities to come back to safe and supportive spaces to reflect on experiences, achievements and things that went well and wrong.

Stakeholders interviewed as part of this consultation also had mixed views on the feasibility and advisability of girls being accommodated in single-gender as opposed to mixed-gender settings.

On the one hand, some professionals interviewed (both voluntary sector representatives and staff working in the CYPSE) were concerned about girls' safety in mixed-gender settings. This was particularly so if these were male-dominated settings and where there was risk of girls needing to be managed alongside highly sexualised males and/or perpetrators of gender-based violence.

Although many girls we consulted favoured mixed gender settings, a few did raise concerns

particularly in relation to younger or more vulnerable girls:

> *"Younger girls [should] be with just girls."*

> *"I think that girls who are struggling should be protected."*

> *"I've seen trouble happen with the lads here, girls coming in on welfare and still getting taken advantage of by lads."*

One girl had described how some experiences with boys were 'triggering':

> *"Smaller care homes with only girls, if the boys hit you or are mean it can be triggering 'cos of different girls' pasts."*

In another instance, in one larger setting, girls were described by stakeholders as being frightened and reluctant to attend education because of their anxieties about accessing larger mixed-gender settings. Concerns about managing girls who were victims of abuse and perpetrators often significantly influenced whether SCHs felt they could accept referrals for particular boys and girls referred to them, if they feared they couldn't effectively safeguard a girl because of the mix of children in their home at that time.

Many stakeholders had strong concerns about girls being physically held and restrained by men after self-harming or a violent incident. They felt such activity was doing more harm and was re-traumatising.

Another girl described room-searching practices which she experienced as overly intrusive by some male staff; as well as a discomfort reported by some girls about male staff presence near girls' rooms as they woke up or went to bed.

A few stakeholders described how girls relaxed when they were not in contact with boys and were less likely to feel the pressure to live up to sexual stereotypes.

> *"There is a lot of pressure on girls to be and behave in a certain way."*

> *"Instead of showing themselves to turn boys on, they should be on more of a girls' house."*

A few stakeholders also felt that single sex placement and work provided an important safe space within which to raise awareness among girls of gender-based dynamics and risks, to support girls' self-efficacy, empowerment and progress forward, and to help them manage future risks:

"The girls really need to have the space to be able to explore and reflect on their female identity, what it means to be a girl, to have been socialised as such, the expectations placed upon you and how you navigate that."

On the other hand, the majority of those working in the CYPSE and many girls had concerns about a blanket single-gender approach.

For example, there was widespread concern from those working in the CYPSE about associations between single-gender placement and increasing risk of self-harm among girls. Many stakeholders described witnessing self-harm spreading among girls (even when girls had low or no previous history of self-harm on entry to settings).

"Having a different location for the girls to reside is really helpful because of the challenge of working with girls. Particularly if you get a group of girls where there's quite extensive self-harm. The problem with that is if you get extensive self-harm then the challenge of having all those girls together can sometimes intensify that behaviour. And having an alternative [mixed] area for girls can sometimes be quite helpful in those circumstances so I think having a single gender place is helpful but it doesn't work for all the girls."

"One thing with girls is that self-harm spreads like wildfire. So, if one hits the wall then so does the other. And it's much more of an issue with girls. I think it makes them nervous. One of the girls said to me it really unsettles her because she saw that the other young person was self-harming, it increased her anxiety so she started self-harming as well."

"We have had girls in the past who have not self-harmed but who have started once they've arrived...whether they are picking up behaviours."

Those with experience of working in, or with oversight of, national inpatient psychiatric provision for children (both secure inpatient and broader inpatient settings) explained that similar concerns about the management of self-harm had emerged in this sector, with some previously all-female settings changing back to mixed provision.

"You're putting very traumatised young people together and it was escalating and people were playing off each other all over the place, as opposed to recovering. We had it on our inpatient unit as well where very consciously we changed to mixed provision. It was two units. But consciously we made it a mixed provision – but we would have some gender specific areas."

The reasons underpinning this phenomenon were not clear – but staff felt it was linked to girls:

- Feeling distressed by the behaviour they were witnessing

- Being surrounded by, and exposed to, new unhelpful coping mechanisms to express that distress

- Sometimes feeling bereft and 'abandoned' by staff who were diverted to deal with an incident of serious self-harm in a unit

- Adopting similar behaviours to re-establish those former nurturing responses from staff.

This 'contagion' effect is noted in academic literature. Although there have been mixed findings in studies on this effect in community samples, the literature does appear to identify a potentially greater risk of this effect among children with higher risk factors for self-harming behaviours, and for some children in secure settings (Ghaziuddin *et al.*, 1992; Cawthorpe *et al.*, 2013; Casiano *et al.*, 2016). Ghaziuddin and colleagues noted a particular vulnerability to contagious repetition of self-harm for girls in inpatient settings (Ghaziuddin *et al.*, 1992). However, many studies in secure settings have limitations (mainly small sample sizes and a lack of diversity in the groups studied), and more research is needed.

Another argument put forward against blanket single gender placement was that many girls also stated a preference for mixed gender living. In one setting, where girls had been formally consulted on this and other issues, the majority of girls stated a preference for living in mixed gender settings.

Nearly two thirds of girls consulted as part of this review said they would prefer to be in a mixed gender environment. Several explained that they find it easier to get on with boys than girls. They also told us that all-female environments tended to be 'bitchier' and create more 'drama'.

> *"I'd say mixed because being around girls all the time, it's just bitchiness it's true, I think being mixed would be a better idea."*

> *"If you have a place full of girls it's too much drama."*

> *"Mixed – because when there's stuff going on with girls, better to talk to boys to take your mind off it, with the boys you can mess about, crack a joke."*

> *"Boys can just scrap it out and we can't. I get along with boys more, so mixed is better. The two times I've been with girls I've caught extra charges."*

> *"Just because I get along with boys better, don't get along with girls."*

> *"Mixed place – when they make boys and girls separate, it makes them feel weird or different because they are not together".*

Some girls also commented that mixed environments were more human, and a better reflection of society. They felt that girls should not be isolated away from males because it could make it harder for them to integrate into society.

> *"Mixed places are way better because you're not just isolated with girls, it's more to mix with and less boring, more of a human vibe because in society it's mixed, it helps them to adjust."*

> *"Mixed – I grew up with three brothers, when I came here I realised girls are bitchy!"*

> *"Mixed units 100% – I can't deal with some girls. It will be healthier because it's just gonna teach girls you can't trust men. Like with male staff, they don't trust male staff to take girls out alone."*

> *"I think the more you segregate, the more that's gonna isolate girls."*

Many professionals also talked about witnessing the benefits of girls building safe, boundaried and trusting relationships with male members of staff. This could then be used as part of therapeutic work with girls, to explore what healthy and unhealthy relationships look like.

> *"Some of our young girls experience a real positive relationship with male members of staff who they can build a trusting relationship with and that's just so important that they have that opportunity because they won't have that opportunity outside."*

Some also talked about conflict increasing in girl-only settings:

> *"It can cause a lot of arguments and not all girls get on with other girls... when you have a lot of females it can increase tension, rivalry."*

Many had concerns about creating a very binary division between girls and boys – a division that often did not feel consistent with 'gender fluidity' and how many girls and boys saw, and expressed, their gender identity:

> *"Some of our girls like to join in activities with males."*

> *"So, what happens to kids who are struggling to work out their gender?"*

> *"Those divisions ...actually accentuate masculinity and femininity in ways that are unhelpful."*

> *"The moment that you begin to recognise that gender is fluid and it will become even more noticeably fluid as time goes by as it has in the last 20 years, then it makes no sense to begin to talk about binary divisions of gender. If you're really going to be responsive to a modern world then accept that this is going to be the way forward."*

"I think it perpetuates that binary view of the world which is completely out of kilter with how young people are living."

Others also felt that single gender accommodation restricted girls' choices about what might help them move forward:

"The staff team... and the management team have to be very open to think about 'is this the right place for a girl?' and to think about this and to not be reactive. So 'what does this girl want and what is best for them?' If you've only got one girls' unit and you don't have that option, I think that's very tricky."

"We have had girls on the mixed units before and that was because they asked for it and the mix was right. We've had some vulnerable boys who did better on the girls' unit and we had one transgender young person and that worked much better to be on the girls unit because it very much allowed [them] to settle and be recognised as who [they] identified as, on that unit."

One slightly larger unit had the benefit of having both a girls' unit and the option of mixed placement, which staff generally felt worked well and also provided some choice.

Some professional stakeholders also said that the dynamics (particularly violence) in boys' units were improved by mixed gender living and that the dynamics of girls' units were improved by the presence of some boys. (Although taking a feminist perspective, it is not the role of abused girls to therapeutically hold responsibility for this, neither might this be therapeutically healthy for girls).

Many workers in SCHs felt that it wasn't healthy for girls to live in an unreal world by being completely removed from males. There was a belief that single gender living, although safe, made it even more difficult to cope with and transition back out to the real world. Girls needed opportunities not only to learn new ways of thinking, being and coping, but also to have opportunities to test out new skills.

"On the basis that it's not normal and we want them to be able to build skills to face that humanity and the reality... And if not, that's not real life."

"We bring some young men and women together. But you phase it... and always focusing it on how does this young person re-enter the world safely. Which is being able to make a choice about how they cope with that real world and whether they want to spend their life in a female partnership or a male partnership."

"Our core aim is to prepare people for real life and real life is not a world of all women and all men, it's a world of difference."

In summary, there is no easy answer to whether girls should be placed in mixed or single gender settings. Risk of spreading self-harm is considered to be higher in single gender settings and this should be a key consideration for this issue. But there are also other important safeguarding risks (protecting girls from gender-based trauma and re-triggering experiences of abuse) when managing girls in mixed settings. On the whole, girls state a preference for mixed settings – although both girls and professionals stress the importance of girls having a choice. Professionals said there was a need for placements to be carefully matched with girls' needs, whilst girls felt that age and vulnerability should influence whether girls were in mixed or single gender settings.

Settings accommodating justice and welfare children

Despite their very different legislative routes into CYPSE settings, evidence points to many similarities in the needs of girls entering the estate through welfare and justice pathways (e.g. Ryan, Marshall *et al.*, 2008). For instance, there are high concerns with both groups about involvement in criminal exploitation and offending, but with slightly higher levels of vulnerability, sexual victimisation and self-harm among those entering through child protection routes.

Some professionals interviewed during this review also identified generally higher levels of complexity of needs among girls entering through child protection routes.

A few girls in welfare placements felt confused and concerned about being treated as a

'prisoner' or a 'criminal' for running away when they had not offended. They wanted to be treated with more humanity. They talked about the strain of being locked up alone for 12 hours during the night. They also highlighted 'the little things' that made them feel like a prisoner, such as not having a real mattress and not having the things that 'make you feel like a human'.

> *"Treated like a criminal – little things like you don't have a real mattress, my toilet is like a prison toilet – things that make you feel like a human, feel clean and nice and have fresh clothes on. Sleeping on a mat. I don't get why that's allowed."*

A few girls talked about how they felt like they were in a prison placement and questioned why the setting could not have a different, less stigmatising and punitive feel:

> *"I feel it's wrong to keep these young ones in such conditions."*

> *"Like in custody cells we've got bedrooms [with the] exact same layout as the cell."*

> *"There's a toilet without a seat, it's gross, it's like a prison"*

> *"It can just seem like a boarding school, not like you're locked up – more like a boarding school, less like a prison."*

> *"I understand that it's risky to go outside, but they need to lower the walls, we need to look up to see the sun, but it's more like a prison."*

Others talked about concerns about young girls mixing with older boys who had offended:

> *"They should either take vulnerable kids or criminals (e.g. it's wrong to have a 12-year-old welfare girl with 16/17 criminal boys/ girls)."*

At the same time, some professionals were concerned that children with very similar experiences of trauma, but who expressed their distress in different ways (e.g. through offending, behavioural problems and anger rather than through internalising behaviours) could continue to be demonised (and have their needs overlooked) by overly clear-cut differentiations between children in welfare placements and children entering through justice systems.

Large or small CYPSE settings?

Stakeholders were also asked about what size of setting best suited girls' needs.

Almost all stakeholders said that, due to the significant complexity of their needs (resulting from histories of victimisation, trauma and because of their multiple co-existing needs), smaller-sized, 'homely', therapeutic, and 'nurturing and attachment based' placements with higher staff ratios were critical to supporting girls' recovery and progress forward.

Many talked about the particular challenges of girls being placed in large settings such as STCs (or, for a few stakeholders, even in a Secure School), where it was difficult to 'hold all girls in mind' and which did not have the staff ratios to effectively support the complexity of needs that girls presented with.

Some also raised other challenges associated with larger settings. These included:

a. The physical layout of larger spaces (this was sometimes noted to be a limitation to therapeutic work with girls, even in smaller SCHs)

b. The fact that larger spaces struggled to achieve a 'homely' feel which most staff considered to be important to girls' therapeutic recovery

c. The fact that desirable staff to child ratios were rarely achievable in STCs

d. The fact that the acoustics (echoes, the decibels required to hear each other when having a conversation etc) were more likely to be 'triggering' (both for girls affected by trauma and those with neuro-disabilities).

e. The fact that larger institutions 'inevitably' tended to be much more driven by procedures, processes and 'behaviour management' rather than by relationships (which gender-responsive approaches suggest are critical to supporting girls to move forward).

"In terms of Secure Schools and Secure Training Centres I have huge anxieties as to whether you can replicate a nurturing attachment model in places like that. Given the size that the actual homes will be. When you have that scale of place, you have to be reliant on managing behaviour and I worry that actually it will… just be a correction sort of facility. And I think it's a massive challenge to put an ethos like SECURE STAIRS within a place that big. I'm not saying it can't be done, I just think it's a huge challenge. And I wonder about the depth of the work that can realistically be done with young people there."

"I think the larger you get the more difficult it is and there is something about the actual physicality of the building which can be a challenge, if we're thinking about trauma and being homely and being containing and feeling safe. I think the physical nature of the building can feel more like an institution."

"Children live in families and although their families might be big, they're not going to be more than 12. In terms of us beginning to form our relationships with … [vulnerable] girls and boys, then we need to develop a personal level of attachment and you can't do that in institutions. When you get large institutions, people have to adapt to the endless processes and regulations that institutions have to fulfil the needs of that setting. But what's needed is an understanding that what you're trying to change in people is ways of relating to other people and not to a rule. And you still do that on a one to one basis. And it is the learning that comes from that that allows that growth and movement forward."

"You just don't want too big cos people get lost and missed and you lose that homely environment."

Many of the girls consulted felt that smaller settings were generally better than larger settings, especially for younger or more vulnerable girls. One participant said that smaller settings would be better for those who are not used to CYPSE settings. Another person felt that small settings were more supportive

and more 'like a family'. Other participants said that small settings were more effective for those with challenging behaviours and more suited to the complexities of girls.

"I think for people who are not used to custody they should be in a smaller place, but that depends on how they are, challenging behaviours need smaller places"

"Smaller is better, be together like a family and supporting each other"

"Smaller because girls together are like hungry lions in cages."

Overall, comments made by girls in larger settings suggested that it was more of a challenge for staff to keep on top of environmental dynamics and pre-empt and defuse escalating conflicts and incidents.

However, a few girls preferred larger settings which they found less claustrophobic and provided more physical and emotional space.

"I prefer larger places – sometimes girls need space away from each other, instead of basically being cramped."

"Bigger places because we're claustrophobic enough as it is"

"Bigger garden"

"Better in bigger places, more space, when it's smaller it's a bit repetitive, it's not as cramped."

A number of stakeholders said that a maximum of 12 children (with a maximum of six girls at any one time) was ideal for highly complex children in CYPSE settings to ensure that staff could 'keep all children in mind' (unless there was potential to divide settings into smaller homely units). In one instance, splitting a larger setting potentially housing 36 children into very small 'house' units had been a manageable way forward. However, there were challenges related to the construction of this larger building which needed adaptation to ensure the space was not intrinsically re-traumatising. On the other hand, some stakeholders also said that it was important for settings not to be too small (e.g. 2-3 girls).

Most agreed that having fewer than six children made the dynamics difficult for children if they didn't get on. Furthermore, having small units also meant that it was more difficult to mobilise and integrate the full range of therapeutic, health, social, educational and vocational resources needed to help girls move forward and thrive.

As important as the size of the setting and the homely feel were high staff ratios, which were considered critical for girls (at least one to one and sometimes two to one):

> *"Girls have higher intensity needs and when it comes to relationships with staff, we'll have a situation where we have girls with particularly complex needs (e.g. self-harming) and that results in a significant amount of time needing to be invested by staff. That can often leave other girls feeling left out and overlooked."*

When supporting the complex needs of very traumatised girls, many children's homes described adopting a two to one staff ratio which they achieved through 'blocking off' beds and reducing the number of children they accepted into the home. This approach of increasing staff ratios for the most trauma-affected girls was not only important for these girls, but for other girls in the home whose distress might present in more subtle ways, and whose relationships with staff and needs could otherwise get overlooked (sometimes prompting wider nurture-seeking behavioural crises).

> *"In larger organisations you will miss a huge amount of people who are not really fine, who are just quiet and who go under the radar. And I think the ratio of staff to children will be more of a problem."*

It was at these times, when staff were diverted to support girls with more complex needs, that those working in the CYPSE noted the greatest risk for self-harm spreading.

Finally, others talked about the importance of girls having a choice about the type and size of setting they were placed in, explaining that no single model met the needs of every girl.

> *"It is led by the children really. The last thing that some children want is a foster placement, so it's led by the children. Some feel comfortable with a large group and some feel unsafe in a large group. Some children may not be ready at that point for large numbers of staff or children."*

> *"Different sized units work for different young people. So [...] we're very small and for some young people that just wouldn't work. I remember working with a similar small-sized home [in the past] and one girl just could not deal with the confinement. Whereas, she went to [an STC] and she did brilliantly. She loved it. Similarly, I've had girls who have done spectacularly well in larger settings and they came here [...] and they didn't do so well. I think it depends on the age of the girl and her level of maturity and her particular needs."*

Research provides little direct insight into whether larger or smaller settings are best placed to support girls. However, there is emerging evidence that what is offered should be whole system gender-responsive, relationally based and trauma-informed, therapeutic (rather than punitive or justice-oriented), wraparound, homely in feel and have high staff ratios. There is some scepticism in the literature (mirrored in these interviews) about the feasibility of implementing gender-responsive and trauma-informed care in larger settings which naturally gravitate towards institutional procedures to manage significant numbers of children.

Conclusions and recommendations

This review finds that many girls entering the secure estate arrive with high levels of complex trauma – the legacy of developmentally profound and pervasive maltreatment and repeated victimisation. Evidence points to strong associations between experiences of multiple traumas and being more likely to engage in rule breaking, and to present with attentional problems, hyperactivity, and severe and persistent behavioural problems, compared with girls with no such history. There is also evidence that trauma-related experiences and behaviours are an essential starting point for intervention before other aspects of risk can be addressed.

Girls are less likely to receive early intervention to help them thrive and by the time they reach adolescence problems have festered. This review found a lack of early intervention and integrated gender-responsive and trauma-informed support for vulnerable girls who might be struggling in schools, who were running away from home, and who were involved in unhealthy and exploitative relationships – usually with older romantic partners.

There were many similarities between the 642 girls entering Children and Young People Secure Estate (CYPSE) settings via child protection and justice routes between 2017 and May 2020. Although the population of girls in the justice system is reducing, the population of girls in the welfare population has only marginally decreased. The majority of girls are aged 10-15 and remain in these settings for short periods of time. Girls arrive in both welfare and justice placements with higher levels of self-harming, mental health problems and concerns about sexual exploitation than boys. Girls in the justice system are much more likely than boys to be placed far away from home. Almost two-thirds of girls in justice placements are remanded. They also tend to have committed violent offences that merit less than three months' detention in these settings. However, there are also high levels of concern about risk of offending (mainly criminal exploitation) for girls on welfare placements.

Some girls in welfare placements stay in for much longer than they should due to frustrating and anxiety-provoking delays in finding accommodation and developing clear cut departure plans. Girls from racialised communities are more likely to enter the CYPSE but less likely to be seen by staff as vulnerable or having support needs.

Most girls with histories of trauma who enter these settings describe being 'terrified' and confused. Some describe strong relationships with staff and often continue contact after departure. However, girls also described variability in these relationships with some 'bad' staff causing additional anxiety. Most girls also felt disempowered (not listened to and unable to complain or shape the environment around them). Many were thriving in education, but some felt under-stimulated in school and on their units. There were limited strength-based opportunities to enable girls in the CYPSE to develop their self-efficacy, self-belief and skills. Girls wanted more time with staff and more therapeutic help, to process what had happened to them and to deal with significant feelings of uncertainty and anxiety. They also wanted some help from those who had been through similar experiences and more contact with family.

Staff described using girl-centred approaches supported by the SECURE STAIRS trauma-informed therapeutic approach currently being rolled out across the CYPSE. Approaches to working with girls were described as needs-led and had been largely developed in an ad hoc manner rather than strategically. Staff described some promising developing practice; they also raised some areas of concern about gender-insensitive practices.

Most girls wanted to be in a small, family-like mixed gender setting – but a few girls felt claustrophobic in these settings or felt that some vulnerable girls may need more protection from male peers. They wanted choice built into the system.

A significant concern emerging during this review was the frequency of re-traumatising physical force used to manage girls' trauma-based and distress-driven behaviours (self-harming, anger, aggression). Both staff and girls talked about the damage caused by restraint on girls' abilities to build healthy therapeutic relationships with staff, stabilise trauma-linked behaviours and move forward in a more hopeful way.

Girls said they could quickly feel institutionalised; many felt anxious (and a few hopeless) about moving back to the community. Accommodation and maintaining working links with local services were a challenge when planning transitions back to the community. Frequent very last-minute planning and accommodation for girls in welfare beds was counter-therapeutic, creating excessive anxiety in girls again and 'unravelling' much of the progress they had made during their time in CYPSE settings. Girls transitioning into the adult custodial estate wanted earlier preparation and a clearer pathway.

As a pathway forward, this review recommends the following actions to improve the management and support of girls. Promoting effective care for girls in the CYPSE also relies on cross-government activity to strengthen and integrate the support available to girls before, during and after their time in these settings.

Summary of findings and recommendations

1. Gaps in community support for vulnerable girls increases their risk of being placed in the secure estate:

a. Most girls entering the CYPSE arrive with high levels of complex trauma and have survived repeated victimisation, sexual abuse and gender-based violence. Boys also arrive with high levels of trauma, but evidence suggests higher and more comprehensive exposure to childhood developmental adversities among girls.

b. There is good evidence for a range of intensive wraparound community-based therapeutic interventions for girls in

reducing vulnerability and offending (e.g. Multi-dimensional fostering treatment [now known as Treatment Fostering Oregon], Multi Systemic Therapy, community gender-responsive based group homes).

c. Evidence from this review suggests a lack of early gender-responsive and relationship-driven interventions for girls affected by trauma, who are self-harming and who have neuro-disabilities (which they mask better than boys). Lack of effective early intervention resulted in girls' difficulties 'festering' and escalating – resulting in increased likelihood of CYPSE placement. Some girls recognised their trauma; many thought they should have been helped in a different way and earlier.

d. Many girls in welfare placements described poor relationships with social workers before and during placement in CYPSE settings and some said they had no-one to talk to in the community before entry except for friends.

e. Girls felt criminalised for running away, wanted more support in care and more warnings about the likely consequences of their behaviour in terms of ending up in the CYPSE.

f. Stakeholders said girls with histories of trauma are given too much responsibility to keep themselves safe (rather than providing them with safe opportunities to move forward).

g. For every secure place accessed successfully by children in welfare placements in the CYPSE, stakeholders said there were 20-30 further referrals.

h. There is widespread use of unregulated accommodation with girls' pathway into and out of secure care (caravans, hotels, holiday lets with 3:1 agency staff). This unregulated accommodation is of varying quality and was said to focus overly on girls' physical safety at the expense of their holistic, gender-based and trauma-related needs.

i. Stakeholders described a lack of confident, multi-agency, trauma-informed activity in the community to support girls with complex trauma.

j. Most girls who enter the CYPSE in justice placements enter for violent offences that result in a short sentence lasting less than three months. Short sentences are significantly disruptive to children.

k. Between 2017 and 2020 there was an increase in the proportion of girls entering justice placements on remand. Girls on remand now represent 58.8% of girls; two-thirds of these girls are unlikely to eventually get a custodial sentence. Neither do these girls get any help on release.

l. There was some evidence of fragmented working between community and CYPSE settings.

Recommendations

To ensure CYPSE placement is used as a last resort, there is a need to strategically strengthen gender-responsive community options and pathways, offering regional alternatives to girls' CYPSE remands and short-term welfare and justice placements. Examples of effective alternatives could include improving and extending the regional availability of:

a. Multidimensional Treatment Fostering (or Treatment Oregon Fostering), Multi Systemic Therapy, gender-specific group homes, and interventions such as 'No Wrong Door' etc

b. Girls' voluntary sector wraparound services (patchily available around the country)

c. Community-based trauma-informed approaches such as the SECURE STAIRS approach (or the Welsh Enhanced Case Management Approach).

A more integrated and seamless pathway is needed between community support for girls and the CYPSE interventions.

2. Girls from racialised communities in the CYPSE

a. The proportion of girls from racialised communities placed in justice settings is higher than in the general population, and it increased from 23% (in 2017 and 2018) to 38% in 2019.

b. Girls from racialised communities are overrepresented in Secure Training Centres (STCs) where they accounted for over half (55%) of the total population of girls (based on 2017-2020 data).

c. Black girls are overrepresented in STCs and girls of mixed-race backgrounds are overrepresented in secure welfare beds.

d. Girls from racialised communities were less likely to be identified with needs and vulnerabilities in both the justice and welfare estate at the point of placement or admission.

e. A few staff raised concerns about a lack of cultural sensitivity and proactivity in catering for the needs of some Black and Asian girls (e.g., hair products, food, religious needs).

f. Evidence advocates an intersectional trauma-based approach when working with girls, recognising that they can often be affected by multiple intersecting identities and experiences of discrimination which amplify feelings of trauma (due to e.g. race, gender identity, sexuality, class, disability etc).

Recommendations

a. Routine analysis of data, disaggregated by gender and ethnic background, would help monitor and address patterns of inequality.

b. There is a need to further understand and address the factors and decision-making processes which resulting in the overrepresentation of girls from racialised communities in STCs.

c. We need to better understand and address processes driving under-identification of need at point of admission to the CYPSE among girls from racialised communities. It would be helpful to understand whether patterns seen in these data extend to CYPSE assessment and case management data.

d. There is a need to improve understanding of the traumatic impact of intersecting experiences of discrimination and victimisation on girls. This could be achieved through the Framework for Integrated Care, SECURE STAIRS.

e. Findings suggest a need to mobilise national diversity training for social care and health and justice settings using data, academic and lived-experience evidence to support reflective practice. A collaborative of voluntary sector experts could help develop and deliver high quality training.

3. Transitions in

a. Many girls described feeling 'terrified', 'scared of everything around [them]', 'lonely', 'sad', 'shocked', 'lost', isolated, 'torn apart' and bewildered when they entered CYPSE settings.

b. They wanted someone to sit down with them, to listen, to help them manage their anxiety, to help them process what had happened, to give them an accurate picture of the unit and of what they could expect.

c. They also wanted to know their timeline, key dates for court and review meetings, and when and how they could expect to speak to family.

d. Speedy family support was critical to many girls at this time to help reassure them.

e. Girls without family felt particularly isolated and needed additional support.

f. They wanted more emotional support when they entered CYPSE settings from staff, but also from those who had 'been there' and who could provide empathic advice.

Recommendations

There is a need to strengthen support available when girls first enter CYPSE settings, including:

- Improving identification of mental health needs, neuro-disabilities and vulnerabilities, especially for girls entering justice settings (where high rates of conduct disorder and ADHD may be going under the radar)

- Finding improved ways (using technology) that girls can have swift and extended contact with families or with other safe support networks.

- Exploring the establishment of buddy/ mentoring systems. Well-supervised buddy schemes could also empower and extend the skills of girls already in these settings.

- Considering other creative ways of increasing emotional support – involving girls' views and ideas.

- Increasing access to relevant, practical and empathic information for girls when they arrive (co-produced with girls).

4. Girls' placement far from home

Girls are consistently much more likely than boys to be placed far from home. In 2020, nearly 8 out of 10 were more than 50 miles away from home, compared with just under 4 out of 10 of boys.

a. A thematic report by HM Inspectorate of Prisons (2014) found that placing girls further from home undermined girls' and staff's ability to maintain contact with families, carers and professionals, as well as creating added challenges for professionals planning for suitable support for girls' transition into the community.

b. Being placed a long way from home and in predominantly white and rural settings increased the sense of isolation felt by some girls from racialised communities.

c. Many girls described feeling frightened and confused when they entered the CYPSE; most wanted support from their family at

that time and did not feel they were able to get enough reassurance.

d. There are increasingly few girls in justice placements which means that girls are more likely to be placed further away from home if they enter the CYPSE. The cohort of girls in welfare secure placements is larger. Overall, this review finds more similarities between these cohorts of girls than differences.

Recommendations

a. Consideration should be given to the appropriate geographical spread of accommodation for girls across England

b. In the community, more regional wraparound and gender-responsive alternatives should be available for girls, to prevent them escalating into CYPSE settings

c. This type of care could also help support girls' transitions and step-down back into their local communities, should they enter CYPSE settings outside their local area

d. Solutions should ideally include step-down accommodation to help girls make the adjustment to living back in their local communities.

5. Gender-responsive approaches

a. Gender-responsive approaches include relationship-driven, trauma-informed care that is empowering, strength- (rather than problem-) based, which promotes girls' sense of agency, maximises girls' feelings of safety and commits to not re-traumatising them. Support offered should routinely be checked with girls to ensure help feels relevant and right.

   i. Some girls had very strong and meaningful relationships with CYPSE staff and kept in contact with workers after leaving. A few girls described variability in the quality of their relationships with staff. Many girls wanted more emotional support from, and time with, staff.

ii. Some girls said they felt much safer in the CYPSE; but others talked of 're-traumatising' experiences whilst in CYPSE settings including feeling terrified and panicky, exposure to a 'twisting' and 'unpredictable' environment, uncertainty about transitions, being restrained by staff or witnessing restraints, and sometimes feeling uncomfortable about having males in the vicinity of sleeping areas.

iii. Many girls felt they had little agency or influence over their environment. Some felt unconfident about submitting complaints or being listened to.

iv. Exposure to healthy relationships is an important therapeutic tool that enables girls to move forward. Findings from this review indicated that this was not just about relationships or specific programmes of work with girls; it required a whole system commitment to modelling and promoting healthy relationships and problem-solving relational approaches – including among staff and management.

b. According to academic and practice-based evidence emerging during this review, children affected by maltreatment and complex trauma need help regulating and modifying responses which are the legacy of experiences of maltreatment. Only then can they effectively work on reducing and managing other risks (CSE, substance misuse and offending).

c. Most of the CYPSE workforce felt that they did work in a gender-responsive way. They said they they happened intuitively, 'on the hoof', through a needs-led focus, and supported through the Framework for Integrated Care (SECURE STAIRS), rather than through a strategic gender-responsive approach.

d. Some staff, with more experience of working with vulnerable girls, were concerned about instances of gender insensitivity and unconscious bias (e.g. girls having to pay for sanitary products,

open discussion of girls' periods, men being in the vicinity of bedrooms) affecting girls in the system – some girls raised similar issues.

e. Many staff welcomed a more strategic and reflective approach to supporting girls.

Recommendations

Girls need a more organisationally aware and strategic approach to supporting gender-responsive needs in CYPSE settings.

There is a need to improve the extent to which girls in the CYPSE:

- Feel empowered and that they can influence the care they receive

- Feel that their voices are listened to.

Girls should be involved in creatively problem-solving how improvements could be made to support their agency within the CYPSE. Organisations with expertise in girl-led participation and empowerment could support improvements.

Staff wanted bitesize resources and accessible, reflective learning opportunities to support gender-based approaches in the CYPSE.

Promoting healthy relationships requires a whole system organisational commitment to modelling healthy, non-victimising organisational relationships. Staff working with girls and with boys both have a role to play in creating an environment where girls can progress and thrive.

6. Use of force/restraint with girls

a. A higher proportion of girls in justice placements experienced use of force compared with boys (although caution must be applied due to the small sample of girls). With the population of girls studied in this review (e.g. 28), this would equate to an average of three incidents involving use of force per day. No data on use of force with girls was available in welfare secure children's homes.

b. Girls felt incredibly disempowered and re-traumatised by being restrained (sometimes by male staff) or by witnessing restraints.

c. Some staff also recognised the huge incompatibility between the trauma-informed approaches they were implementing and the high level of restraints.

d. Staff said that half of restraints related to attempts to intervene when girls were self-harming.

e. Staff said that when restraints occurred with girls, relational trust, which is essential for good outcomes, was more difficult to repair than with boys.

f. A few girls described witnessing a lack of early intervention to 'nip things in the bud' which subsequently led to restraint incidents.

g. Some settings were adopting promising or evidence based whole system approaches, much more strategically focused on early intervention and de-escalation, to try and minimise restraints.

h. Fewer girls with the most complex trauma re-enactment behaviours were now being transferred out to medium secure psychiatric units. Instead, there was an expectation that these girls would now be treated and supported in the CYPSE. This shift is important as a national census showed that medium secure psychiatric settings had more therapeutic resources in place to manage and support these girls.

i. CYPSE settings described gaining confidence in supporting and managing the majority of girls with vulnerabilities through SECURE STAIRS' trauma-informed and whole system approaches, and (for those in justice settings) through CYPSE Critical Casework Panel advice and support. However, those helping girls with the most complex difficulties identified an occasional need for more specialist forensic multi-disciplinary advice, training and reflective

support. This was required to help girls with the most complex needs stabilise self-harming and trauma re-enactment behaviours and make progress. It was a particular need expressed by those working with girls in welfare settings where staff had no access to support through Critical Casework Pathways.

Recommendations

There is a need for a more evidence-informed, whole system strategic approach to systematically preventing use of force in the CYPSE.

Girls need to be involved in problem-solving effective, practical solutions to preventing restraint, for example through collaborative risk decision-making and advance planning conversations, as well as through influencing at an organisational level.

Settings need more consistent access to intensive, therapeutic advice and reflective support when managing girls with the most complex trauma re-enactment behaviours. This might mean access to additional forensic psychiatric competences, neurodevelopmental expertise, speech, language and communication consultation, or occupational therapy advice and support. In particular, staff in Secure Children's Homes (SCHs) said that they needed more centralised expert advice to support girls effectively and keep them safe when they presented with very complex behaviours.

7. Educational, vocational and growth opportunities

a. Research shows that girls in secure settings have generally higher educational and vocational aspirations than boys – particularly girls from Black backgrounds.

b. Many girls valued re-connecting with education; but some girls felt that their education was not sufficiently personalised, challenging or aspirational.

c. Some staff described challenges sourcing and facilitating sufficient opportunities to support girls' vocational growth.

d. Many girls talked about being bored on their units.

e. One unit was exploring the trial of a strength-based vocational assessment and coaching approach.

Recommendations

Girls need more creative vocational opportunities to support strengths, agency and empowerment. This could include supervised remote employment opportunities, for example working with charities. It could also involve more use of remote learning opportunities – which some homes began to access during the Covid lockdowns.

Girls should be involved in creatively problem-solving how educational, vocational and unit-based opportunities within the CYPSE can be personalised and extended.

There is a need for more strength-based vocational assessment and coaching across the CYPSE.

8. Self-harm

a. In the YCS, girls were much more likely to self-harm than boys (although this was a small population and caution must be applied when drawing conclusions).

b. Data was not available on self-harming among girls in welfare placements – despite risk on admission being higher for these girls.

c. The management of self-harm was a huge systemic anxiety for staff dealing with girls in the CYPSE (and also for those working in the community).

d. Staff wanted more bespoke training and resources specifically for the CYPSE on the management of self-harm.

Recommendations

There is a need to routinely analyse data on incidents of self-harm in SCH welfare placements. This will help inform commissioning needs and understanding of factors driving self-harming behaviours.

As with use of force, staff need more training, strategies and resources to support the management of self-harm. This could involve collaborative learning in partnership with girls themselves, the inpatient secure estate, and forensic CAMHS – supported through a knowledge hub.

9. Transitions from welfare placements to the community

a. Girls and staff both described social care staff retreating when girls enter welfare placements. This led to lack of continuity of care and planning for discharge.

b. There were consistent reports of last-minute planning (often the day before discharge) for girls transitioning out of welfare placements.

   i. Commissioners were reluctant to double fund placements

   ii. Finding suitable accommodation was problematic for girls once they have violence on their record (even if their sentence is short)

   iii. There was a lack of safe step-down accommodation and wraparound trauma-informed care for girls

   iv. Some girls needed a phased adjustment to transition (using mobilities).

c. Uncertainty is re-traumatising. Girls who had made progress often spiralled backwards into self-harming or trauma re-enactment behaviours as delays to discharge occurred – reducing subsequent chances of being deemed safe to transition out and prolonging placements.

d. Many professionals in the CYPSE felt that the community-based workforce supporting girls had lower confidence in skills to help girls move forward after recovering from trauma and returning to the community after their placements. This was particularly true of the social care workforce.

Recommendations

A systemic and strategic solution is needed to prevent last minute planning affecting accommodation plans and transitions for girls in welfare placements.

There is a need for more integrated trauma-informed working and continuity of care between community support and CYPSE settings.

There is a need for strengthened models of regional step-down care:

• Phased step-down provision for girls with more flexible use of mobilities

• Gender-responsive wraparound and relationship-driven support bridging transition for girls

• Step-down accommodation supporting independent living skills.

10. Transitions to adult settings

a. 24 girls transitioned from CYPSE justice placements to the adult female estate between 2017 and 2019 – mostly from STCs.

b. Girls started to worry about transition early and wanted more preparation providing information about the adult estate, honest insights about what they could expect, and the chance to talk to people who have 'been there'. Having lived experience support was important. One participant also felt there should be an 'in between' stage for girls moving from secure units to adult prisons.

c. Professionals described different ideas for improving these transitions. Some wanted girls to stay in the CYPSE post-17; some wanted a separate young adult estate; some also wanted some form of step-up process and preparation.

Recommendations

Placement and transitional pathways should be based on choice, on a girl's story, and on maturational, neuro-developmental and diversity needs.

A more flexible and personalised menu is needed to support choice and girls' levels of functioning when transitioning to adult settings – co-developed and shaped with girls (e.g. some may prefer to transition straight from SCHs, some may opt to go to STCs as an interim 'step-up'; others might want a phased transition to adult settings).

Girls should be directly involved in the re-design of how this transition is improved.

More creative ways could be considered supporting familiarisation with new settings and promoting this transition (e.g. being shown around a new building via video link, getting involved in transitional remote learning in the female adult estate etc).

Girls want early planning and preparation supported by a mentoring or transitional buddy system to enable this transition.

Consideration should be given, based on neuroscientific evidence, of the feasibility of creating a young adult female estate.

11. Transition to inpatient settings

a. Few girls were transferred directly to a mental health unit during the period from 2017 through to 2020.

b. Those consulted described some frustration in trying to refer girls into the inpatient secure estate.

c. Those with an overview of the inpatient secure estate explained that they were seeing fewer referrals of girls from the wider CYPSE due to a broader drive to treat people in their communities rather than in hospital settings.

d. Stakeholders felt that SECURE STAIRS had led to girls being better managed in SCHs and in STCs, with less need for transfer than in the past.

e. Some felt that there was a gap in resources for girls who might have specific and very complex trauma and neuro-disabilities, requiring more intensive therapeutic support.

f. Some stakeholders noted a tendency for girls with emerging personality difficulties to lack effective support and resources under the age of 18 – finally getting a diagnosis and help after 18.

g. A previous census suggests that inpatient settings have a wider range of health professionals available to support children as well as a broader range of evidence-based therapies than most CYPSE settings (e.g., occupational therapy for girls with learning or neurodiverse needs, therapeutic interventions, family therapy etc).

h. Some stakeholders said there was a need for more training and expert in-reach consultation for managing self-harm and complex behaviours.

Recommendations

SCHs and STCs need more therapeutic resources to support girls with very complex needs (e.g. expert consultation to support management of self-harm, effective staff ratios, evidence-based therapeutic interventions such as DBT/CAT, family therapy etc).

12. Residential accommodation issues

a. Most staff were highly in favour of mixed settings on the basis that it was 'more real' and helped girls and boys to develop healthy relationship skills (and be supported in this endeavour).

b. Most girls in the CYPSE also preferred mixed gender placements which were seen to dilute conflict and the emotional intensity of the unit; a few felt that single gender placements were needed for vulnerable girls.

c. An important note of caution with single gender settings for girls: a number of stakeholders talked of experiences where self-harm spread among girls in units – with risks increasing when girls were placed in single gender settings.

  i. This was the most compelling reason given of why caution should be applied when considering single gender placements for girls of this age.

ii. A body of academic studies also point to risk of 'contagion' among adolescent girls and women.

d. Mixed settings were also considered preferable by staff as they could be more affirmative and flexible when children identified in a non-binary way in terms of their gender or when their expressed gender did not conform with their assigned gender.

e. Most professionals felt that it was helpful to have mostly mixed gender settings across the CYPSE but with a small number of single gender placements for highly vulnerable girls, allowing additional safety for very traumatised girls and also allowing girls some choice.

f. Almost all professional stakeholders favoured smaller units (between five and eight girls) which were more 'homely', less bureaucratic and where staff could hold all children in mind.

g. Whatever the size, high staff ratios were important for girls.

h. Many girls preferred small 'family-like' units; but some felt claustrophobic and wanted choice.

i. In many units, physical aspects of the environment (e.g., acoustics, larger size, look and feel) had been noted to be 're-triggering' – increasing incidents of aggression and self-harm. For these reasons, many staff had concerns about girls' residence in larger settings.

j. There were mixed views about the pros and cons of placing girls and boys from justice backgrounds with girls with welfare needs. The evidence, data and staff comments suggest that there are more similarities than differences between these two cohorts of girls. However, for girls in welfare placements it added to their confusion that 'they had done something wrong' when they had been victimised. There was also concern from girls about exposure to 'perpetrators' in mixed settings.

Recommendations

Girls need mixed gender CYPSE settings – but with a few single gender settings for younger or highly vulnerable girls or where girls choose this option.

Settings should be predominantly small – but offering girls some choice where possible.

Girls need high staff ratios.

The physical environment in larger units (and in some smaller units) needs adapting so that locations feel non-triggering, 'homely' and 'family-like'. Girls should be involved in advising on how this might be achieved.

13. Workforce issues

a. Both frontline and wider CYPSE staff, supporting the needs of some of the most vulnerable and complex girls in the country, lack an accredited career pathway that supports this important work.

b. One setting with a mix of small units said that staff sought out more reflective support and supervision when working with girls.

c. A few girls felt that new staff weren't adequately prepared for working in this role.

Recommendations

There is a need for a clearer accredited career pathway for frontline staff supporting girls (and children more generally) in the CYPSE.

Staff members, especially those working with girls in welfare placements, need enhanced training and support to work effectively with girls who are self-harming.

14. Girls from LGBTQ+ communities

a. There is minimal knowledge on whether girls from LGBTQ+ communities are overrepresented in the CYPSE, or of what their experiences and needs are.

b. Evidence suggests that girls who identify as LGBTQ+ may face greater victimisation (including sexual victimisation) in secure settings.

Recommendations

There is a need for more work to establish the scale of any overrepresentation and the specific needs of LGBTQ+ girls in the CYPSE.

15. Mother and Baby Units for teenage girls

The literature review prepared for this report suggested potential for strengthened policy to support effective multi-disciplinary and whole system support for girls in Mother and Baby Units (one that recognises the distinct risks, needs and opportunities of pregnancy during teenage years).

16. Research and data monitoring recommendations

It would be helpful to routinely publish and review official data on children in the CYPSE in a way that allows disaggregation by gender combined with other variables, including age, ethnicity, sentence type, length and type of justice placement.

It would also be useful to investigate further the types of violent offences that bring girls into detention on short sentences, to better understand their nature and explore alternatives to the use of detention.

Current CYPSE community outreach approaches being piloted by SCHs require evaluation with learning shared.

More high-quality research is needed into the effectiveness of gender-responsive approaches with vulnerable girls.

We currently lack important data on use of force and on self-harm incidents for welfare placements in SCHs.

More investigation is required into the context within which use of force occurs – the extent to which it used to prevent high cost/high harm activities or low cost/low harm activities.

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Published October 2021
Photograph: fotostorm, iStock

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Out of sight

Girls in the Children and Young People's Secure Estate

Lorraine Khan, Androulla Harris and Curtis Sinclair

Centre for Mental Health