

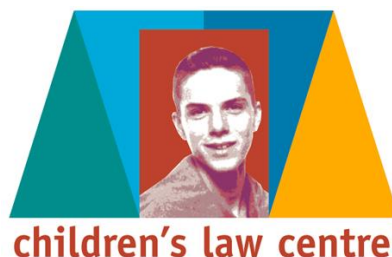
**‘PROMOTING AND PROTECTING THE
RIGHTS OF YOUNG PEOPLE WHO
EXPERIENCE SECURE
CARE IN NORTHERN IRELAND’**

**CHILDREN’S LAW CENTRE CONSULTATION
WITH YOUNG PEOPLE IN LAKEWOOD
REGIONAL SECURE CARE CENTRE ABOUT
THEIR CARE EXPERIENCES**

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**PROMOTING AND PROTECTING THE RIGHTS OF YOUNG PEOPLE WHO
EXPERIENCE SECURE CARE IN NORTHERN IRELAND**

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¹ The Xchange supports leaders to make a contribution to a stronger and more risk-taking third sector in Northern Ireland. It has been developed and supported by the Esmée Fairbairn Foundation and Henry Smyth Charity. These funders jointly created the Northern Ireland Development Fund as the vehicle to achieve a stronger and more independent civil society and, up to this point, have supported a number of individuals under a closed funding programme.

CHILDREN'S LAW CENTRE

The Children's Law Centre (CLC) is an independent charitable organisation which works towards a society where all children can participate, are valued, have their rights respected and guaranteed without discrimination and where every child can achieve their full potential.

We offer training and research on children's rights, we make submissions on law, policy and practice affecting children and young people and we run a legal advice, information and representation service. We have a dedicated free phone legal advice line for children and young people and their parents and carers called CHALKY and a youth advisory group called Youth@clc. Within our policy, legal, advice and representation services we deal with a range of issues in relation to children and the law, including the law with regard to some of our most vulnerable children and young people, such as looked after children, children who come into conflict with the law, children with special educational needs, children living in poverty, children with disabilities, children with mental health problems and children and young people from ethnic minority backgrounds.

Our organisation is founded on the principles enshrined in the *United Nations Convention on the Rights of the Child* (UNCRC), in particular:

- Children shall not be discriminated against and shall have equal access to protection.
- All decisions taken which affect children's lives should be taken in the child's best interests.
- Children have the right to have their voices heard in all matters concerning them.

The UN Committee on the Rights of the Child is scheduled to examine the United Kingdom's compliance with its obligations under the UNCRC in 2016. To inform this examination, the Children's Law Centre and Save the Children NI developed and submitted a *Northern Ireland NGO Alternative Report* following a process of extensive engagement with a wide range of NGOs. In developing these reports, CLC wished to ensure that marginalised groups of children and young people in Northern Ireland, including those in secure care, were consulted. Mindful that such groups may not normally have the opportunity to participate in formal processes, the intentions were to: provide them with information about their rights, include their views and experiences within the *Northern Ireland NGO Alternative Report*, and ensure that these inform the examination of the United Kingdom Government by the Committee on the Rights of the Child and the Committee's Concluding Observations in relation to the United Kingdom. CLC also considered that a separate report outlining the consultation process undertaken with young people in secure care was necessary to ensure that their views in relation to how their rights are being

protected and guaranteed in Northern Ireland are fully conveyed. It is hoped that this report will be a useful tool for civil society, public authorities, public officials, politicians and all those working with and for children and young people in secure accommodation - building understanding about their knowledge and experiences. Dr Deena Haydon was commissioned by CLC to assist in the consultation process and to prepare this report.

AUTHOR PROFILE

Dr Deena Haydon is an independent research consultant and a member of the *Childhood, Transition and Social Justice Initiative* at Queen's University Belfast. Before moving to Northern Ireland in 2003, she conducted and managed research as a Principal Officer for Research and Development at Barnardo's in the NW of England. Her previous experience included a Senior Lectureship and Head of Research post in the School of Education at Edge Hill University, Lancashire, and teaching in primary schools.

Deena's extensive experience of research/ consultation has included: conducting an independent review of the legislation of the Northern Ireland Commissioner for Children and Young People ('Putting Children First' Alliance, 2006); consulting children and young people across Northern Ireland about their rights, on behalf of OFMDFM, to inform the Northern Ireland contribution to the 2007 UK Government Report to the UN Committee on the Rights of the Child (CYPU, 2007); authoring the 2008 *Northern Ireland NGO Alternative Report to the UN Committee on the Rights of the Child and Additional Information*, attending the pre-sessional meeting and UN Committee examination of the UK Government (Save the Children NI and Children's Law Centre, 2007-2008); analysing youth workers' and service managers' responses to the *Priorities for Youth* consultation (Department of Education NI, 2009); developing a *Background Paper* to inform the *Manifesto for Youth Justice in Northern Ireland* (Include Youth, 2009); working with Siobhán McAlister and Phil Scraton on the partnership research project: 'Understanding the Lives of Children and Young People in the Context of Conflict and Marginalisation' and co-authoring the report *Childhood in Transition* (QUB, Save the Children NI, Princes Trust NI, 2009); with Siobhán McAlister and Phil Scraton, conducting an action research-based evaluation of Phase 1 of a Play Advocacy Programme (PlayBoard, 2010-2013) followed by evaluation of Phase 2 (2014-2015). Her PhD thesis focused on *Critical analysis of rights-based approaches to children 'at risk of offending' in Northern Ireland* (QUB, 2014).

INTRODUCTION

The following sections provide a contextual overview of relevant data, international standards and previous research relating to young people in secure care in Northern Ireland. It is hoped that this detailed and by necessity lengthy overview will assist the reader in understanding the breadth and complexity of issues that can lead to a child being placed in secure accommodation, which extend beyond children's actual experiences of Lakewood Regional Secure Care Centre. It is in the context of this overview that the views of the consulted young people should be considered.

SECURE CARE AND CHILDREN'S RIGHTS

SECURE CARE IN NORTHERN IRELAND: LEGISLATIVE AND POLICY FRAMEWORK

Legislation

In Northern Ireland, responsibility for the well-being and care of 'looked after' children and young people is vested in the Department of Health, Social Services and Public Safety (DHSSPS) which delegates this responsibility to the Health and Social Care Board. The Health and Social Care Board, in turn, delegates this responsibility to the five Health and Social Care Trusts. Under Article 50 of the *Children (Northern Ireland) Order 1995* a child can be placed in the care of the state if a court concludes that the child is suffering, or likely to suffer, 'significant harm' as a result of 'the care given to the child ... not being what it would be reasonable to expect a parent to give' or the child being 'beyond parental control'. Compulsory measures of care or supervision lead to the state assuming parental responsibility for the child through the local Health and Social Care Trust.

The majority of children requiring alternative care are accommodated by family members or foster carers. Of the 2,875 children in care on 31st March 2015, 76% were in foster care: 41% in kinship foster care with relatives or friends and 35% in non-kinship foster care (DHSSPS, 2015a, p37-38).² The proportion in residential care was just 7% (ibid, p31). On 30 June 2015, Northern Ireland had 49 residential children's homes - 41 of which were statutory (ie managed by the five Health and Social Care Trusts), with 8 owned and managed by the independent sector (ibid, p46). Some residential children's homes provide short term care, some deliver long term care, some provide specialist care for young people needing intensive support while others offer respite care to children with disabilities. One is registered to provide secure accommodation.

² 12% were placed with a parent and 5% in an 'other' type of placement (DHSSPS, 2015a, p31). 'Other' placements have been described as including independent living, the Juvenile Justice Centre, an assessment centre, a community placement or a boarding school (DHSSPS, 2014, p36).

There are limited circumstances within which the liberty of a child in the care of the state may be restricted. Under Article 44(2) of the *Children (Northern Ireland) Order 1995*, a Health and Social Care Trust may apply to a magistrate's court to admit a child to secure care if the child meets one or all of the following criteria: (a) s/he has a history of absconding and is likely to abscond from any other description of accommodation; and, if s/he absconds is likely to suffer significant harm, or (b) if kept in any other description of accommodation s/he is likely to injure her/himself or other persons.³ Guidance and Regulations accompanying the *Children (Northern Ireland) Order 1995* (Volume 4, para 15.5) state:

'restricting the liberty of children is a serious step which must be taken only when there is no appropriate alternative. It must be a "last resort" in the sense that all else must first have been comprehensively considered and rejected – never because no other placement was available at a relevant time, because of inadequacies in staffing, because the child is simply being a nuisance or runs away from [his] accommodation and is not likely to suffer significant harm in doing so, and never as a form of punishment'.

In considering the possibility of a secure placement, the Guidance and Regulations emphasise the importance of 'a clear understanding of the aims and objectives of such a placement and that those providing the accommodation can fully meet those aims and objectives' (ibid). They specify that the Health and Social Care Trusts have a duty under this Order 'to take reasonable steps designed to avoid the need for children within their area to be placed in secure accommodation' (ibid, para 15.6). It is expected that careful consideration will be given to the existing range of alternative facilities and services available locally, with Health and Social Care Trusts identifying any gaps or inadequacies in such provision and how these might best be addressed by the Health and Social Care Trust itself or in cooperation with other agencies.

The *Children (Secure Accommodation) Regulations (Northern Ireland) 1996* provide the statutory framework for restriction of liberty in a facility that can be physically secured. No child under the age of 13 may be placed in secure accommodation without the prior approval of the Department of Health, Social Services and Public Safety (Regulation 2). Without court authority, the maximum period for the restriction of a child's liberty is 72 hours, either consecutively or in aggregate in any period of 28 days (Regulation 6). Thereafter, the Health and Social Care Trust has to apply to the magistrate's court for a Secure Accommodation Order under Article 44 of the *Children (Northern Ireland) Order 1995*. The maximum period a court may authorise a child to be kept in secure accommodation is three months in the first instance (Regulation 7), although on subsequent applications the court may authorise secure accommodation for a period not exceeding six months at any one time (Regulation

³ Article 44 does not apply to a child detained under the provision of the *Mental Health (Northern Ireland) Order 1996*.

8). The authority looking after a child in secure accommodation has to appoint at least three people to review the situation within one month of inception of the placement and then at intervals not exceeding three months (Regulation 10). The views of the child must be sought as part of the review process (Regulation 11).

As noted by the Northern Ireland Human Rights Commission, 'It is clear from the Children Order, the Children (Secure Accommodation) Regulations, and the Children Order Guidance and Regulations that secure care accommodation is a purpose and not a place' (NIHRC, 2014, p154-155).

Restriction of Liberty Panels

Each of the five Health and Social Care Trusts has established a 'Restriction of Liberty Panel', comprising a group of senior representatives with responsibility for the Health and Social Care Trust's 'looked after' population, to consider applications for secure accommodation. Each Health and Social Care Trust has a defined number of placements in the secure care facility.⁴ Having ensured that the children being considered meet the criteria for admission to secure care, the Panel prioritises referrals on the basis of those most in need or who pose the greatest risk to themselves and others.

The Regulation and Quality Improvement Authority (RQIA) - established under the *Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003* - is an independent body responsible for monitoring and inspecting the availability and quality of health and social services in Northern Ireland. In an analysis of the care pathways of young people who met the criteria for secure accommodation conducted in 2011, RQIA found that there was no regionally approved guidance on the operation of Restriction of Liberty Panels. It identified 'substantive inconsistencies across trusts' in the criteria applied to prioritise young people's cases, frequency of meetings, composition of Panels, and monitoring arrangements for those not allocated a place in secure accommodation (RQIA, 2011, p13). Each Panel was chaired by those who held operational responsibility for the cases of young people referred to the Panel, potentially undermining the objectivity and equitability of decision making within this process (ibid, p19).

RQIA highlighted that no reference was made in Health and Social Care Trust Restriction of Liberty Panel policies to the attendance of an independent person or advocate for the young person. Nor was reference made to the attendance of the young person, or regard being given to their voice (ibid, p14-18). A repeated theme

⁴ Belfast Health and Social Care Trust: 4, Northern Health and Social Care Trust: 3, Southern Health and Social Care Trust: 3, Western Health and Social Care Trust: 3, South Eastern Health and Social Care Trust: 3 (Information provided by Senior Manager, Specialist Residential Services, 4th September 2015)

during interviews with young people was their 'strong sense of powerlessness and lack of influence over decision making' (ibid, p44). Young people considered that their suggested alternatives to secure accommodation were not seriously pursued. While acknowledging the tension faced by Health and Social Care Trusts between listening to the wishes of the young person and fulfilling their safeguarding responsibilities, RQIA stated that 'better outcomes may be achieved by exhausting all reasonable and safe alternatives that have some merit in the opinion of young people' (ibid).

Lakewood Regional Secure Care Centre – Service Provision

Lakewood Regional Secure Care Centre, situated in Bangor, Co. Down, is Northern Ireland's only secure care facility, providing accommodation for up to 16 male and female young people, aged 13-17 from the five Health and Social Care Trusts. The South Eastern Health and Social Care Trust has responsibility for provision of the Regional Secure Care Service at Lakewood, as commissioned by the Health and Social Care Board.

The Centre comprises two units (Arc and Pi), each accommodating up to eight individuals. RQIA identified in 2011 that every year there is a core group of 40-50 young people who meet the criteria for secure accommodation and are admitted to Lakewood, with a number experiencing repeat admissions (RQIA, 2011, p4).

During 2013-2014, the total number of admissions was 46 (22 females, 24 males): 12 from the Southern Health and Social Care Trust; 11 from the Belfast Health and Social Care Trust; 10 from the Western Health and Social Care Trust; 7 from the Northern Health and Social Care Trust; and 6 from the South Eastern Health and Social Care Trust. The majority (25) were admitted from children's homes, with 8 admitted from Intensive Support Units, 8 from the Juvenile Justice Centre, 3 from parents and 2 from other places (Information provided by the Senior Manager, Specialist Residential Services, to UN Committee on the Rights of the Child Taskforce, 4th September 2015).

The most commonly identified 'problem areas' amongst the young people placed in secure care are: 'family dysfunction; anger management; low self-esteem; physical, sexual, emotional trauma and abuse; neglect; solvent, alcohol or drug misuse; social skills deficits; offending or anti-social behaviour' (Information provided by the Senior Manager, Specialist Residential Services, to UN Committee on the Rights of the Child Taskforce, 4th September 2015).

The aims and objectives of Lakewood are to: 'provide a safe environment (physical, psychological, social and moral); develop a programme of intervention specific to the young people's identified needs (safety, emotions, loss, future); ensure the young person only remains for as long as they meet the statutory criteria' (ibid). In

achieving this aim, Lakewood works with the young person, their family, and a range of services including: Education,⁵ Health, Child and Adolescent Mental Health Service, Psychology, Family/ Residential Social Work, Youth Justice Agency, Police Service of Northern Ireland, as well as voluntary and community sector organisations such as FASA, DAISY, Safe Choices, NSPCC, Cruise, VOYPIC, NIACRO, Start 360, and the Princes Trust.⁶

Lakewood uses a 'service integration' model based on use of various theoretical approaches, described as: 'the Sanctuary Model,⁷ Therapeutic Crisis Intervention, restorative practices, motivational interviewing, attachment, brain development and trauma, social learning theory' (Information provided by the Senior Manager, Specialist Residential Services, to UN Committee on the Rights of the Child Taskforce, 4th September 2015).

THE RIGHTS OF YOUNG PEOPLE IN SECURE CARE: INTERNATIONAL STANDARDS

Promotion and protection of children's rights

All children and young people in secure care in Northern Ireland should enjoy all of the rights contained within the *United Nations Convention on the Rights of the Child* [UNCRC]. The UNCRC is a set of non-negotiable, legally binding minimum standards and obligations in respect of all aspects of children's lives. It was signed by the UK Government in 1990, ratified in December 1991 and came into force on 15 January 1992. As a result of ratifying the Convention, the Government has committed to its implementation by ensuring that law, policy and practice relating to children in the United Kingdom and devolved administrations conforms with UNCRC standards. The UK Parliamentary Joint Committee on Human Rights described the obligations placed by the UNCRC by Government:

⁵ Lakewood school, the on-site educational provision, is managed by the Education Authority (previously South Eastern Education and Library Board) (Information provided by the South Eastern Health and Social Care Trust to CLC, 12th January 2016).

⁶ FASA: Forum for Action on Substance Abuse; DAISY: service for substance misusers; Safe Choices: Barnardo's project for young people at risk of sexual exploitation; NSPCC: National Society for the Prevention of Cruelty to Children; Cruise: bereavement care; VOYPIC: Voice of Young People in Care; NIACRO: Northern Ireland Association for the Care and Resettlement of Offenders; Start 360: support for young people in relation to mental health, substance misuse, offending behaviour and risk-taking activities, employability; Princes Trust: support for 13-30 year olds to gain education, training or employment.

⁷ The Sanctuary Model is an accredited treatment and organizational framework model which is structured along the four pillars; representing the components of Trauma Theory, the SELF-model, the Seven Commitments and Sanctuary Tools retrospectively (Information provided by the South Eastern Health and Social Care Trust to CLC, 12th January 2016).

“The Convention should function as the source of a set of child-centred considerations to be used as yardsticks by all departments of Government when evaluating legislation and in policy-making ... We recommend, particularly in relation to policy-making, that Government demonstrate more conspicuously a recognition of its obligation to implement the rights under the Convention.” (Joint Committee on Human Rights, 2003, para 25)

The UNCRC includes a number of Articles particularly relevant to children and young people in secure care. Article 2 provides that States Parties shall respect and ensure the rights in the UNCRC to children ‘without discrimination of any kind’; irrespective of the child's or his/her parent's/ legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. Under Article 3 there is an expectation that ‘in all actions concerning children ... the best interests of the child shall be a primary consideration’. Applying to public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, this Article affirms that states ‘undertake to ensure the child such protection and care as is necessary for his or her well-being’.⁸ In addition to the inherent right to life, Article 6 obliges states ‘to ensure to the maximum extent possible the survival and development of the child’. The participation rights contained in Article 12 ‘assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child’, with their views ‘being given due weight in accordance with the age and maturity of the child’.⁹

The UNCRC stresses that parents/legal guardians ‘have the primary responsibility’ for the child’s upbringing and development but states are required to ‘render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities’; ensuring ‘the development of institutions, facilities and services for the care of children’ (Article 18). Although parents/ others responsible for the child ‘have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child’s development’, states are expected to assist parents to implement this right and ‘shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing’ (Article 27).

The child should not be separated from her/his parents against their will, except when competent authorities, subject to judicial review, determine this necessary for the best interests of the child (e.g. in a case involving abuse or neglect of the child by their parents). When this is the case, the child should be able to maintain personal relations and direct contact with both parents on a regular basis unless this is not in

⁸ The UN Committee on the Rights of the Child (2013) has produced General Comment No. 14 on the right of the child to have her/his best interests taken as a primary consideration.

⁹ General Comment No. 12, produced by the UN Committee on the Rights of the Child in 2009, focuses on the right of the child to be heard

their best interests (Article 9). A child temporarily or permanently deprived of her/his family environment, or who cannot be allowed to remain in that environment for their own best interests, should be 'entitled to special protection and assistance provided by the state'. States should 'ensure alternative care for such a child', including foster placement, kinship care, adoption or placement in a suitable institution (Article 20). States are expected to recognise the right of a child who has been put in a placement by competent authorities for the care, protection or treatment of her/his physical or mental health to periodic review of the treatment provided and all relevant other circumstances (Article 25).¹⁰

States are expected to take 'all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse', while in the care of parents, legal guardians or any other person who has the care of the child (Article 19).¹¹ Protective measures should include 'effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child' as well as for 'other forms of prevention', and for 'identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment' and, 'as appropriate, for judicial involvement' (Article 19).

States are also expected to take measures to protect children 'from the illicit use of narcotic drugs and psychotropic substances' (Article 33) and 'from all forms of sexual exploitation and sexual abuse' (Article 34). They are expected to 'promote the physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts'. This recovery and reintegration should take place 'in an environment which fosters the health, self-respect and dignity of the child' (Article 39). In addition, under Article 36 states are expected to protect the child against all other forms of exploitation prejudicial to any aspects of the child's welfare.

Every child should enjoy 'the highest attainable standard of health' and 'facilities for the treatment of illness and rehabilitation of health', with states striving 'to ensure that no child is deprived of his or her access to such health care services' (Article 24).¹² States are expected to recognise the right of every child to 'benefit from social security, including social insurance' (Article 26). Significantly, every child has the

¹⁰ The UN General Assembly (2010) has produced *Guidelines for the Alternative Care of Children* detailing state obligations in relation to supporting families, protecting the rights of the child and providing appropriate alternative care which ensures the safety, well-being and development of the child.

¹¹ The UN Committee on the Rights of the Child produced General Comment No. 8 on the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment in 2007 and General Comment No. 13 on the right of the child to freedom from all forms of violence in 2011.

¹² The right of the child to the highest attainable standard of health is examined in further detail in the UN Committee on the Rights of the Child's (2013) General Comment No. 15.

right to 'a standard of living adequate for the child's physical, mental, spiritual, moral and social development' (Article 27).

States are expected to recognise the right of the child to 'rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts' (Article 31).¹³ Every child has the right to primary education which is compulsory and free to all; different forms of secondary education, including general and vocational education, available and accessible to all; Higher Education accessible to all on the basis of capacity (Article 28). This Article includes measures to encourage regular attendance and reduction of drop-out rates as well as noting that states should ensure 'school discipline is administered in a manner consistent with the child's human dignity and in conformity with the Convention'. Without specifying content, Article 29 outlines the aims of education. It is expected that the education of the child will be directed to development of the child's personality, talents, mental and physical abilities to their fullest potential.¹⁴

Under Article 37, states are expected to ensure that no child is 'subjected to torture or other cruel, inhuman or degrading treatment or punishment' or 'deprived of his or her liberty unlawfully or arbitrarily'. The 'arrest, detention or imprisonment of a child' should be 'in conformity with the law'. It should be 'used only as a measure of last resort and for the shortest appropriate period of time'. Every child deprived of their liberty should have the right to 'prompt access to legal and other appropriate assistance', as well as the right to 'challenge the legality of the deprivation of their liberty' before a court or other competent, independent and impartial authority, and to a prompt decision on any such action. They should be 'treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age'; separated from adults; and have the right to maintain contact with their family through correspondence and visits.¹⁵ Article 40 of the UNCRC requires states to recognise the right of every child alleged as, accused of, or recognised as having committed criminal offences to be 'treated in a manner consistent with the promotion of the child's sense of dignity and worth' and which also takes into account the child's age and the desirability of promoting their reintegration.

The United Kingdom Government ratified an Optional Protocol to the UNCRC on the sale of children, child prostitution and child pornography in 2009. Under Article 3 of this Optional Protocol states must ensure that, as a minimum, various acts and activities (including attempts at, or complicity or participation in the acts) are fully covered under its criminal law. The list of acts includes offering, delivering or

¹³ The UN Committee on the Rights of the Child's (2013) General Comment No. 17 focuses on the right of the child to rest, leisure, play, recreational activities, cultural life and the arts.

¹⁴ The UN Committee on the Rights of the Child's (2001) General Comment No. 1 concentrated on the aims of education.

¹⁵ The UN Committee on the Rights of the Child produced General Comment No. 10 on children's rights in juvenile justice in 2007.

accepting, by whatever means, a child for the purpose of sexual exploitation. States are expected to adopt or strengthen, implement and disseminate laws, administrative measures, social policies and programmes to prevent the offences referred to in the Protocol. Particular attention should be given to protecting children who are especially vulnerable to such practices, with states promoting awareness in the public at large, including children, through information, education and training about the preventive measures and harmful effects of the offences referred to in the Protocol. In fulfilling their obligations under this Article, states should encourage the participation of the community, particularly children and child victims, in such information and education/ training programmes. Article 9 also requires states to take all feasible measures to ensure appropriate assistance to victims, including their full social reintegration and their full physical and psychological recovery.

Health and well-being

International standards concerning youth justice and 'all juveniles who are dealt with in welfare and care proceedings' (OHCHR, 1985, Beijing Rule 3.2) emphasise the fundamental principle of states seeking 'to further the well-being of the juvenile and her or his family' (Beijing Rule 1.1). This includes developing conditions that will ensure 'a meaningful life in the community' and 'foster a process of personal development and education that is as free from crime and delinquency as possible' (Beijing Rule 1.2). It is expected that 'sufficient attention' will be given 'to positive measures that involve the full mobilisation of all possible resources' (including the family, volunteers, community groups, schools and other community institutions) 'for the purpose of promoting the well-being of the juvenile, with a view to reducing the need for intervention under the law' (Beijing Rule 1.3). Thus, social policy should be aimed at 'promoting juvenile welfare to the greatest possible extent' (Rule 1 Commentary).

The Riyadh Guidelines on 'the prevention of juvenile delinquency' emphasise that:

'Government agencies should give high priority to plans and programmes for young persons and should provide sufficient funds and other resources for the effective delivery of services, facilities and staff for adequate medical and mental health care, nutrition, housing and other relevant services, including drug and alcohol abuse prevention and treatment, ensuring that such resources reach and actually benefit young persons' (OHCHR, 1990a, Riyadh Guideline 45).

Noting insufficient attention to the specific concerns of adolescents as rights holders, the UN Committee on the Rights of the Child (2003) produced General Comment No. 4 on 'adolescent health and development'. One of its aims is to identify the main human rights that need to be promoted and protected to ensure adolescents 'enjoy the highest attainable standard of health, develop in a well-balanced manner, and

are adequately prepared to enter adulthood and assume a constructive role in their communities and in society at large' (ibid, para 4). In outlining how UNCRC Articles apply to adolescents, this General Comment emphasises the right of adolescents to access appropriate information regarding numerous health-related situations, including family planning and the abuse of alcohol, tobacco or other harmful substances (ibid, para 10), and their right to privacy and confidentiality, including with respect to advice and counselling on health matters (ibid, para 11).

It is expected that increased attention will be paid to the specific forms of abuse, neglect, violence and exploitation that affect this age group, 'ensur[ing] that adolescents affected by poverty who are socially marginalised are not criminalised' (ibid, para 12). Policies and strategies should take into account the evolving capacities of adolescents, and young people should be involved in developing measures, including programmes, designed to protect them (ibid). Highlighting the need for systematic, disaggregated data collection to enable the monitoring of adolescents' health and development, the Committee states that young people should also participate in data analysis 'to ensure that the information is understood and utilized in an adolescent-sensitive way' (ibid, para 15).

It notes that 'creating a safe and supportive environment entails addressing attitudes and actions of both the immediate environment of the adolescent - family, peers, schools and services - as well as the wider environment created by, inter alia, community and religious leaders, the media, national and local policies and legislation'. States are therefore expected to 'take measures to raise awareness and stimulate and/or regulate action through the formulation of policy or the adoption of legislation and the implementation of programmes specifically for adolescents' (ibid, para 14).

Reinforcing the importance of the family environment, the General Comment emphasises provision of appropriate assistance for parents/ legal guardians through the development of institutions, facilities and services that adequately support the well-being of adolescents. As well as material assistance and support with regard to nutrition, clothing and housing when needed, this includes providing 'adequate information and parental support to facilitate the development of a relationship of trust and confidence in which issues regarding, for example, sexuality and sexual behaviour and risky lifestyles can be openly discussed and acceptable solutions found that respect the adolescent's rights' (ibid, para 15).

Recognising that school is 'the venue for learning, development and socialization', the Committee reiterates the aims of education specified in General Comment No. 1: "ensuring that ... no child leaves school without being equipped to face the challenges that he or she can expect to be confronted with in life. Basic skills should include ... the ability to make well-balanced decisions; to resolve conflicts in a non-violent manner; and to develop a healthy lifestyle [and] good social relationships". This involves initiating and supporting measures, attitudes and

activities that promote healthy behaviour by including relevant topics in school curricula (ibid, para 17).

The Committee expresses concern about the high rate of suicide among this age group. Noting that 'mental disorders and psychosocial illness are relatively common among adolescents', it recognises that 'in many countries symptoms such as depression, eating disorders and self-destructive behaviours, sometimes leading to self-inflicted injuries and suicide, are increasing'. Suggesting that such behaviours 'may be related to ... violence, ill-treatment, abuse and neglect, including sexual abuse, unrealistically high expectations, and/or bullying or hazing in and outside school', the Committee emphasises that adolescents should be provided with all necessary services (ibid, para 22).

Acknowledging that 'violence results from a complex interplay of individual, family, community and societal factors', the Committee comments: 'Vulnerable adolescents such as those who are homeless or who are living in institutions, who belong to gangs or who have been recruited as child soldiers are especially exposed to both institutional and interpersonal violence'. It expects states to take measures to prevent and eliminate institutional violence against adolescents in public and private institutions (e.g. schools, institutions for disabled adolescents, places of detention), plus train and monitor personnel in charge of institutionalised children or who have contact with children through their work (including the police). Measures to prevent interpersonal violence among adolescents include supporting adequate parenting and opportunities for social and educational development in early childhood, fostering non-violent cultural norms and values, strictly controlling firearms and restricting access to alcohol and drugs (ibid, para 23).

The Committee stresses the obligation of States parties 'to ensure that all adolescent girls and boys, both in and out of school, are provided with, and not denied, accurate and appropriate information on how to protect their health and development and practise healthy behaviours'. This includes 'information about the use and abuse of tobacco, alcohol and other substances, safe and respectful social and sexual behaviours, diet and physical activity' (ibid, para 26). To act adequately on such information, adolescents need to develop 'self-care' skills (such as how to plan and prepare nutritionally balanced meals or establish personal hygiene habits) as well as skills for dealing with particular social situations (such as interpersonal communication, decision-making, coping with stress and conflict). It is expected that opportunities to build such skills will be stimulated and supported through formal and informal education and training programmes, youth organisations and the media (ibid, para 27).

Adolescents should be provided with 'access to sexual and reproductive information, including on family planning and contraceptives, the dangers of early pregnancy, the prevention of HIV/AIDS and the prevention and treatment of sexually transmitted diseases (STDs) ... regardless of their marital status and whether their parents or

guardians consent'. Means and methods of providing information should be 'adequate and sensitive to the particularities and specific rights of adolescent girls and boys', and young people should be actively involved in the design and dissemination of information through a variety of channels beyond the school, including youth organizations, religious, community and other groups, and the media (ibid, para 28).

States are urged to combat discrimination and stigma surrounding mental disorders. Young people with mental disorders should be provided with adequate treatment and rehabilitation, and protected from undue pressures including psychosocial stress. Every young person with a mental disorder has the right 'to be treated and cared for, as far as possible, in the community in which he or she lives'. Where hospitalization or placement in a psychiatric institution is necessary, this decision should be made in the best interests of the young person and they should be given the maximum possible opportunity to enjoy all their rights (including the rights to education and access to recreational activities). Where appropriate, they should be separated from adults. Young people must have access to a personal representative other than a family member to represent their interests, and their placement in a hospital or psychiatric institution should be periodically reviewed (ibid, para 29).

The Committee argues that both individual behaviours and environmental factors which increase young people's vulnerability and risk should be taken into consideration, stating: 'Environmental factors, such as armed conflict or social exclusion, increase the vulnerability of adolescents to abuse, other forms of violence and exploitation, thereby severely limiting adolescents' abilities to make individual, healthy behaviour choices' (ibid, para 34). Recognising that sexually exploited adolescents are exposed to significant health risks (including STDs, HIV/AIDS, unwanted pregnancies, unsafe abortions, violence and psychological distress), the Committee affirms that these young people have the right to physical and psychological recovery and social reintegration in an environment that fosters health, self-respect and dignity. In addition to enacting and enforcing laws to prohibit all forms of sexual exploitation and related trafficking, states are obliged to 'provide appropriate health and counselling services to adolescents who have been sexually exploited, making sure that they are treated as victims and not as offenders' (ibid, para 37).

Health facilities, goods and services that are sensitive to the particular needs and rights of all adolescents should be: 'available' (with special attention given to sexual/reproductive health and mental health); economically, physically and socially 'accessible' to all (with confidentiality guaranteed when necessary); 'acceptable' in terms of respecting cultural values and being gender sensitive; 'quality' - scientifically

and medically appropriate, with personnel trained to care for adolescents, adequate facilities and use of scientifically accepted methods (ibid, para 41).¹⁶

Early Intervention

The Riyadh Guidelines for the prevention of juvenile delinquency emphasise pursuance of ‘a child-centred orientation’. It is expected that young people ‘should have an active role and partnership in society and should not be considered as mere objects of socialisation or control’ (OHCHR, 1990a, Riyadh Guideline 3). These Guidelines also emphasise well-being, from early childhood. Progressive prevention policies ‘should avoid criminalising and penalising a child for behaviour that does not cause serious damage to the development of the child or harm to others’ (Riyadh Guideline 5). Policies should involve provision of opportunities, especially educational opportunities, to meet the varying needs of young people and provide a supportive framework for safeguarding their personal development – ‘particularly those who are demonstrably endangered or at social risk and are in need of special care and protection’ (Riyadh Guideline 5a).

It is anticipated that official intervention will be ‘pursued primarily in the overall interest of the young person and guided by fairness and equity’ (Riyadh Guideline 5c). Policies should take into ‘consideration that youthful behaviour or conduct that does not conform to overall social norms and values is often part of the maturation and growth process and tends to disappear spontaneously in most individuals with the transition to adulthood’ (Riyadh Guideline 5e). They should also be grounded in ‘awareness that, in the predominant opinion of experts, labelling a young person as “deviant”, “delinquent” or “pre-delinquent” often contributes to the development of a consistent pattern of undesirable behaviour by young persons’ (Riyadh Guideline 5f). The Guidelines stress that ‘community-based services and programmes should be developed for the prevention of juvenile delinquency’, with ‘formal agencies of social control ... utilised as a means of last resort’ (Riyadh Guideline 6).

In addition to outlining support that should be available to families, the Riyadh Guidelines state: ‘Educational systems should extend particular care and attention to young persons who are at social risk’, developing and fully utilising ‘specialised prevention programmes and educational materials, curricula, approaches and tools’ (Riyadh Guideline 24). It is expected that ‘special attention should be given to comprehensive policies and strategies for the prevention of alcohol, drug and other substance abuse by young persons’, with teachers and other professionals ‘equipped and trained to prevent and deal with these problems’ and ‘information on the use and abuse of drugs, including alcohol ... made available to the student body’

¹⁶ The Royal College of Paediatrics and Child Health has produced *Healthcare Standards for Children and Young People in Secure Settings*, which are based on promoting and protecting their rights (RCPCH, 2013).

(Riyadh Guideline 25). Schools ‘should serve as resource and referral centres for the provision of medical, counselling and other services’ to young people, ‘particularly those with special needs and suffering from abuse, neglect, victimisation and exploitation’ (Riyadh Guideline 26). In addition to planning, developing and implementing ‘extracurricular activities of interest’ to young people, in co-operation with community groups, ‘special assistance should be given to children and young persons who find it difficult to comply with attendance codes, and to “drop-outs”’(Riyadh Guidelines 29 and 30).

These Guidelines also emphasise the importance of ‘community-based services and programmes which respond to the special needs, problems, interests and concerns’ of young people and ‘offer appropriate counselling and guidance’ to young people and their families (Riyadh Guideline 32). A wide range of community-based support measures should include ‘community development centres, recreational facilities and services to respond to the special problems of children who are at social risk’ (Riyadh Guideline 33). Services to ‘deal with the difficulties experiences by young persons in the transition to adulthood’ should include ‘special programmes for young drug abusers which emphasise care, counselling, assistance and therapy-oriented interventions’ (Riyadh Guideline 35).

Placement in an institution

The ‘placement of a juvenile in an institution shall always be a disposition of last resort and for the minimum necessary period’ (Beijing Rule 19.1). Affirming this principle, the Riyadh Guidelines add that ‘the best interests of the young person should be of paramount importance’ (Riyadh Guideline 46). Criteria authorising formal intervention to institutionalise young people should be strictly defined and limited to situations where: the child/ young person has suffered harm that has been inflicted by the parents/guardians; the child/ young person has been sexually, physically or emotionally abused by the parents/ guardians; the child/ young person has been neglected, abandoned or exploited by the parents/ guardians; the child/ young person is threatened by physical or moral danger due to the behaviour of the parents/ guardians; a serious physical or psychological danger to the child/ young person has manifested itself in her/his own behaviour and neither the parents/ guardians, the young person her/himself, nor non-residential community services can meet the danger by means other than institutionalisation (Riyadh Guideline 46).

The Beijing Rules recognise that ‘the negative effects, not only of loss of liberty but also of separation from the usual social environment, are ... more acute for juveniles than for adults because of their early stage of development’ (Beijing Rule 19 Commentary). It is expected that young people in institutions will ‘receive care, protection and all necessary assistance – social, educational, vocational, psychological, medical and physical – that they may require because of their age,

sex, and personality and in the interest of their wholesome development' (Beijing Rule, 26.2).

Deprivation of liberty

As noted, under Article 37(b) of the UNCRC the detention of a child should be 'used only as a measure of last resort and for the shortest appropriate period of time'. The Havana Rules for 'the protection of juveniles deprived of their liberty'¹⁷ state that deprivation of liberty 'should be limited to exceptional cases' (OHCHR, 1990b, Havana Rule 2). Establishing minimum standards 'with a view to counteracting the detrimental effects of all types of detention and to fostering integration in society' (Havana Rule 3), these Rules note the need to 'constantly seek to increase awareness of the public that the care of detained juveniles and preparation for their return to society is a social service of great importance and to this end active steps should be taken to foster open contacts between the juveniles and the local community' (Havana Rule 8).

In terms of the management of detention facilities, the Havana Rules cover a range of issues. They specify that all legal records, medical records, records of disciplinary proceedings, and other documents relating to treatment 'should be placed in a confidential individual file, which should be kept up to date, accessible only to authorised persons and classified in such a way as to be easily understood'. Where possible, the young person 'should have the right to contest any fact or opinion contained in their file so as to permit rectification of inaccurate, unfounded or unfair statements' (Havana Rule 19).

No young person 'should be received in any detention facility without a valid commitment order of a judicial, administrative or other public authority' (Havana Rule 20). In every place where young people are detained, a secure record of information about each young person should be kept, including: their identity; the reasons for their commitment; the day and hour of their admission, transfer and release; notifications to parents/guardians; known physical and mental health problems, including drug and alcohol use (Havana Rule 21a-e).

On admission, all young people should be 'given a copy of the rules governing the detention facility and a written description of their rights and obligations in a language they can understand, together with the address of the authorities competent to receive complaints, as well as the address of public or private agencies or organisations which provide legal assistance', with this information conveyed in a way that enables their full comprehension for those who are illiterate or cannot understand the language in written form (Havana Rule 24). Detained young people

¹⁷ The deprivation of liberty 'means any form of detention or imprisonment or the placement of a person in a public or private custodial setting, from which this person is not permitted to leave at will, by order of any judicial, administrative or other public authority' (Havana Rule 11b).

'should be helped to understand the regulations governing the internal organisation of the facility, the goals and methodology of the care provided, the disciplinary requirements and procedures, other authorised methods of seeking information and of making complaints' (Havana Rule 25).

As soon as possible after admission, each young person 'should be interviewed, and a psychological and social report identifying any factors relevant to the specific type and level of care and programme' required by them should be prepared – alongside any report prepared by a medical officer who examined the young person when they were admitted, this should be forwarded to the director so that they can determine the most appropriate placement within the facility and the specific type/ level of care and programme required (Havana Rule 27). When special rehabilitative treatment is required, and the length of stay in the facility permits, 'trained personnel of the facility should prepare a written, individualised treatment plan specifying treatment objectives and time frame' as well as 'the means, stages and delays with which the objectives should be approached' (ibid).

Detention of young people 'should only take place under conditions that take full account of their particular needs, status and special requirements according to their age, personality, sex [and type of offence], as well as mental and physical health, and which ensure their protection from harmful influences and risk situations' (Havana Rule 28). The principal criterion for separation of different categories of young people deprived of their liberty 'should be the provision of the type of care best suited to the particular needs of the individuals concerned and the protection of their physical, mental and moral integrity and well-being' (ibid).

The Havana Rules state that 'open detention facilities for juveniles should be established' (i.e. 'those with no or minimal security measures'), in which the population 'should be as small as possible' (Havana Rule 30). The number of young people detained in closed facilities 'should be small enough to enable individualised treatment' (ibid). Small-scale detention facilities should be established, which are 'integrated into the social, economic and cultural environment of the community'; facilitating access and contact between detained young people and their families (ibid).

Young people deprived of their liberty 'have the right to facilities and services that meet all the requirements of health and human dignity' (Havana Rule 31). The design and physical environment of detention facilities 'should be in keeping with the rehabilitative aim of residential treatment', with 'due regard to the need ... for privacy, sensory stimuli, opportunities for association with peers and participation in sports, physical exercise and leisure-time activities' (Havana Rule 32). Detained young people should be able to possess personal effects and have adequate storage facilities for these; use their own clothing; receive food that is suitably prepared and presented at normal meal times and have access to clean drinking water at any time (Havana Rules 35-37).

In terms of education, every detained young person of compulsory school age 'has the right to education suited to his or her needs and abilities and designed to prepare him or her for return to society' (Havana Rule 38). This 'should be provided outside the detention facility in community schools wherever possible' and, in any case, 'by qualified teachers through programmes integrated with the education system of the country' so that, after release, the young person 'may continue their education without difficulty' (ibid). Young people who are illiterate or have cognitive/ learning difficulties 'should have the right to special education' (ibid).

Those above compulsory school age who wish to continue their education 'should be permitted and encouraged to do so, and every effort should be made to provide them with access to appropriate educational programmes' (Havana Rule 39). Diplomas or educational certificates awarded to young people while in detention should not indicate in any way that they have been institutionalised (Havana Rule 40). Every young person 'should have the right to receive vocational training in occupations likely to prepare him or her for future employment' (Havana Rule 42). Wherever possible, they should be given the opportunity to perform paid labour, if possible within the local community, as a complement to the vocational training provided to enhance the possibility of finding suitable employment when they return to their communities (Havana Rule 45).

In addition to 'a suitable amount of time for daily free exercise, in the open air whenever weather permits', every young person should have 'additional time for daily leisure activities' and be able to participate in programmes of physical education (Havana Rule 47). Each individual should also 'be allowed to satisfy the needs of his or her religious and spiritual life' (Havana Rule 48).

Every young person should receive adequate preventive and remedial medical care (including dental, ophthalmological and mental health care), where possible provided through the appropriate health facilities and services of the community in which the detention facility is located (Havana Rule 49). The medical services provided 'should seek to detect and ... treat any physical or mental illness, substance abuse or other condition that may hinder integration' of the young person into society (Havana Rule 51). Every young person 'who is ill, who complains of illness or who demonstrates symptoms of physical or mental difficulties, should be examined promptly by a medical officer' (ibid).

A young person 'who is suffering from mental illness should be treated in a specialised institution under independent medical management' (Havana Rule 53). Detention facilities 'should adopt specialised drug abuse prevention and rehabilitation programmes'. Administered by qualified personnel, these programmes should be adapted to the age, sex and other requirements of the young people concerned and detoxification services staffed by trained personnel should be available to drug or alcohol dependent young people (Havana Rule 54).

It is expected that 'every means should be provided' to ensure that detained young people 'have adequate communication with the outside world, which is an integral part of the right to fair and humane treatment' and is essential to their preparation for return to society (Havana Rule 59). They 'should be allowed to communicate with their families, friends and other persons or representatives of reputable outside organisations', to leave detention facilities for a visit to their home and family, and to receive special permission to leave for educational, vocational or other important reasons (ibid). Every young person 'should have the right to receive regular and frequent visits, in principle once a week and not less than once a month, in circumstances that respect the need of the juvenile for privacy, contact and unrestricted communication with the family' (Havana Rule 60). They should also 'have the right to communicate in writing or by telephone at least twice a week with the person of his or her choice, unless legally restricted, and should be assisted as necessary in order effectively to enjoy this right' as well as 'the right to receive correspondence' (Havana Rule 61).

Instruments of restraint and force 'can only be used in exceptional cases, where all other control methods have been exhausted and failed, and only as explicitly authorised and specified by law and regulation' (Havana Rule 64). They 'should not cause humiliation or degradation, and should be used restrictively and only for the shortest possible period of time' – to prevent the young person from inflicting self-injury, injuries to others or serious destruction of property. In these instances, the director of the facility should immediately consult medical and other relevant personnel and report to the higher administrative authority (ibid).

It is expected that any disciplinary measures and procedures will 'maintain the interest of safety and an ordered community life' and be 'consistent with the upholding of the inherent dignity of the juvenile' while 'instilling a sense of justice, self-respect and respect for the basic rights of every person' (Havana Rule 66). The Rules state that 'all disciplinary measures constituting cruel, inhuman or degrading treatment shall be strictly prohibited', including 'corporal punishment, placement in a dark cell, closed or solitary confinement or any other punishment that may compromise the physical or mental health of the juvenile concerned' (Havana Rule 67). The reduction of diet and restriction or denial of contact with families should also be prohibited (ibid). Work 'should always be viewed as an educational tool and a means of promoting the self-respect of the juvenile in preparing him or her for return to the community and should not be imposed as a disciplinary sanction' (ibid).

No young person should be sanctioned more than once for the same disciplinary infraction, and collective sanctions should be prohibited (ibid). Legislation or regulations should establish norms concerning what is considered a disciplinary offence, the sanctions that may be used, the authority competent to impose sanctions and to consider appeals (Havana Rules 68-69). No young person should be sanctioned 'unless they have been informed of the alleged infraction' in a manner

appropriate to their full understanding and given a 'proper opportunity of presenting his or her defence' (Havana Rule 70).

Qualified inspectors, 'or an equivalent duly constituted authority not belonging to the administration of the facility', 'should be empowered to conduct inspections on a regular basis and to undertake unannounced inspections on their own initiative', and 'should enjoy full guarantees of independence in the exercise of this function' (Havana Rule 72). Inspectors should have unrestricted access to all people employed by, or working in, any facility where juveniles are/may be deprived of their liberty, to all young people, and to all records (ibid). Qualified medical officers 'attached to the inspecting authority or the public health service' should participate in the inspections to evaluate 'compliance with the rules concerning the physical environment, hygiene, accommodation, food, exercise and medical services, as well as any other aspect or conditions of institutional life that affect the physical and mental health of juveniles' (Havana Rule 73).

Every young person 'should have the right to talk in confidence to any inspecting officer (ibid). After completing the inspection, a report on the findings should be submitted. This should include 'an evaluation of the compliance of the detention facilities with the present rules and relevant provisions of national law, and recommendations regarding any steps considered necessary to ensure compliance with them' (Havana Rule 74). 'Any facts discovered by an inspector that appear to indicate that a violation of legal provisions concerning the rights of juveniles or the operation of a juvenile detention facility has occurred should be communicated to the competent authorities for investigation and prosecution' (ibid).

Every young person 'should have the opportunity of making requests or complaints to the director of the detention facility and to his or her authorised representative' (Havana Rule 75). They also have the right to make a request or complaint 'without censorship as to substance' to the central administration, the judicial authority or other proper authorities through approved channels, and to be informed of the response without delay (Havana Rule 76). It is expected that efforts will be made 'to establish an independent office (ombudsman) to receive and investigate complaints made by young people deprived of their liberty 'and to assist in the achievement of equitable settlements' (Havana Rule 77). Every young person should have the right 'to request assistance from family members, legal counsellors, humanitarian groups or others' to make a complaint (Havana Rule 78).

All detained young people 'should benefit from arrangements designed to assist them in returning to society, family life, education or employment after release' (Havana Rule 79). They should receive services which ensure that they are 'provided with suitable residence, employment, clothing, and sufficient means to maintain' themselves on release, with representatives of agencies providing such services being consulted and having access to young people while they are detained

so that they can assist them in their return to the community (Havana Rule 80). Recognising the importance of supporting young people who have been detained, the Beijing Rules state that efforts should be made 'to provide semi-institutional arrangements' (eg half-way houses, educational homes, day-time training centres) 'that may assist juveniles in their proper reintegration into society' (Beijing Rule 29.1). The associated Commentary states that the 'importance of care following a period of institutionalisation should not be underestimated', noting the 'necessity of forming a net of semi-institutional arrangements'.

At its 28th session in March 2015, the UN General Assembly Human Rights Council considered a report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment which raised a number of concerns about children deprived of their liberty. Noting that 'children experience pain and suffering differently to adults owing to their physical and emotional development and their specific needs', his report stated: 'healthy development can be derailed by excessive or prolonged activation of stress response systems in the body, with damaging long-term effects on learning, behaviour and health' (Méndez, 2015, para 33). Acknowledging numerous studies which 'have shown that, regardless of the conditions in which children are held, detention has a profound and negative impact on child health and development', the Special Rapporteur stated: 'Even very short periods of detention can undermine the child's psychological and physical well-being and compromise cognitive development' (ibid).

The Special Rapporteur raised a number of specific concerns relating to children in conflict with the law, children in health and social care institutions treating psychiatric, psychosocial, intellectual disabilities or responding to drug dependence, and children in administrative immigration detention centres. A particular issue was use of solitary confinement as a disciplinary or 'protective' measure. In accordance with the views of the Committee against Torture, the Subcommittee on Prevention of Torture, and the Committee on the Rights of the Child, the Special Rapporteur affirmed that **'the imposition of solitary confinement, of any duration, on children constitutes cruel, inhuman or degrading treatment or punishment or even torture'** (ibid, para 44, emphasis added). He also stated that 'drug dependence as a "multi-factoral health disorder" requires a health response rather than recourse to detention' (ibid, para 79).

The Special Rapporteur argued that, because of the 'unique vulnerability' of children deprived of their liberty, 'specific attention' should be paid to 'practices and issues such as segregation, the organisation and administration of detention facilities, disciplinary sanctions, opportunities for rehabilitation, the training of specially qualified personnel, family support and visits, the availability of alternative measures, and adequate monitoring and oversight' (ibid, para 17).

Concerns raised by the UN Committee on the Rights of the Child

The UK Government has to submit regular reports to the UN Committee on the Rights of the Child¹⁸ about progress in implementing the UNCRC. Representatives of the UK Government also attend an oral examination by the Committee. Following the examination process, the Committee produces a set of 'Concluding Observations' outlining its main areas of concern and recommendations aimed at improving the situation regarding the implementation of children's rights. These Concluding Observations are extremely important. They should form the basis for policy, practice and legislation in relation to children and are also referenced in litigation.

Following its last examination of the UK Government, the UN Committee on the Rights of the Child's 2008 'Concluding Observations' to the UK Government and devolved administrations included a number of concerns and recommendations relevant to children and young people in secure care. These remain pertinent:

- The Committee was concerned that 'in practice certain groups of children ... experience discrimination and social stigmatisation'. It was also concerned about the 'general climate of intolerance and negative public attitudes towards children, especially adolescents, which appears to exist in the State party, including in the media', and suggested that this may often be the underlying cause of further infringements of their rights (para 24). The Committee recommended that the State party 'ensure full protection against discrimination on any grounds, including by (a) taking urgent measures to address the intolerance and inappropriate characterisation of children, especially adolescents, within the society, including in the media; (b) strengthening its awareness-raising and other preventive activities against discrimination and, if necessary, taking affirmative actions for the benefit of vulnerable groups of children ...; (c) taking all necessary measures to ensure that cases of discrimination against children in all sectors of society are addressed effectively, including with disciplinary, administrative or - if necessary - penal sanctions' (para 25).
- The Committee 'regret[ed] that the principle of the *best interests of the child* is still *not reflected as a primary consideration in all legislative and policy matters* affecting children' (para 26). It recommended that the State party take all appropriate measures to ensure that the principle of the best interests of the child, in accordance with Article 3 of the UNCRC, 'is adequately integrated in all legislation and policies which have an impact on children' (para 26).
- The Committee was 'very concerned ... at the *high prevalence of self-injurious behaviour among children in custody*' (para 28). It recommended that the State party 'use all available resources to protect children's rights to life,

¹⁸ The UN Committee on the Rights of the Child is a body of independent experts that monitors implementation of the UNCRC by States Parties (ie the states which have ratified the Convention).

including by reviewing the effectiveness of preventive measures'. The State party should also 'introduce automatic, independent and public reviews of any unexpected death or serious injury involving children – whether in care or in custody' (para 29).

- The Committee was 'concerned that there has been *little progress in enshrining article 12* in education law and policy' (para 32). It recommended that the State party, in accordance with Article 12 of the Convention, 'promote, facilitate and implement, in legislation as well as in practice, within the family, schools, and the community as well as in institutions and in administrative and judicial proceedings, the principle of respect for the views of the child'; 'support forums for children's participation'; 'continue to collaborate with civil society organisations to increase opportunities for children's meaningful participation' (para 33).
- The Committee remained 'concerned at the fact that, in practice, *physical restraint* on children is *still used in places of deprivation of liberty*' (para 38). It urged the State party 'to ensure that restraint against children is used only as a last resort and exclusively to prevent harm to the child or others and that all methods of physical restraint for disciplinary purposes be abolished' (para 39).
- The Committee was 'concerned that *many families lack appropriate assistance in the performance of their child-rearing responsibilities*, and notably those families in a crisis situation due to poverty' (para 44). It was also 'concerned at the *insufficient investment in the staff and facilities to support children deprived of parental care*'; 'the fact that children may be taken into alternative care as a result of parental low income'; 'increased numbers of children in alternative care'; 'inadequate monitoring, including concerning the review of treatment, for children in alternative care'; 'too frequent move between places for children in alternative care as well as the scarce possibility of contact between them and their parents and siblings'; 'the limited number of children in alternative care who have access to complaint mechanisms' (para 44). The Committee recommended that the State Party 'intensify its efforts to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities'; 'avoid having children taken into alternative care as a result of low parental income'; 'take into account in all measures the views of children, and provide them with child-accessible complaint mechanisms in all parts of the country'; 'monitor the status of children placed in kinship homes, foster care, pre-adoptive homes and other care institutions, inter alia through regular visitations; 'facilitate the initiation of contact proceedings for all children separated from their parents and siblings, including those in long term residential care'; 'provide training and education programmes to prepare children for adult life'(para.45).
- The Committee remained 'alarmed at the *high prevalence of violence, abuse and neglect of children*, including in the home, and at the lack of a comprehensive nationwide strategy in this regard'. It regretted that there was

'still no comprehensive system of recording and analysing abuses committed against children and that mechanisms of physical and psychological recovery and social reintegration for victims are not sufficiently available across the State party' (para 50). It recommended that the State Party 'establish mechanisms for monitoring the number of cases and the extent of violence, sexual abuse, neglect, maltreatment or exploitation, including within the family, in schools and in institutional or other care'; 'ensure that professionals working with children (including teachers, social workers, medical professionals, members of the police and the judiciary) receive training on their obligation to report and take appropriate action in suspected cases of domestic violence affecting children'; 'strengthen support for victims of violence, abuse, neglect and maltreatment in order to ensure that they are not victimized once again during legal proceedings'; 'provide access to adequate services for recovery, counselling and other forms of reintegration' (para 51).

- The Committee was 'concerned that ... *inequalities [in access to health services] remain a problem, as demonstrated by the widening gap in infant mortality between the most and least well-off groups*' (para 54). It recommended that the State Party address inequalities in access to health services 'through a coordinated approach across all government departments and greater coordination between health policies and those aimed at reducing income inequality and poverty' (para 55).
- The Committee was 'concerned that, while 1 in 10 children in the State party have a diagnosable *mental health* problem, only around 25 per cent of them have access to the required treatment and care, and that children may still be treated in adult psychiatric wards'. It was 'also concerned that in Northern Ireland - due to the legacy of the conflict - the situation of children in this respect is particularly delicate' (para 56). The Committee recommended that the State Party employ 'additional resources and improved capacities ... to meet the needs of children with mental health problems throughout the country, with particular attention to those at greater risk, including children deprived of parental care, children affected by conflict, those living in poverty and those in conflict with the law' (para 57).
- The Committee was 'concerned at the *incidence of alcohol, drugs and other toxic-substance use by adolescents* in the State party' (para 62). It recommended that the State Party 'continue to address the issue of substance use by adolescents' by 'studying the root causes of these problems in order to provide targeted preventive measures'; 'strengthening mental health and counselling services, ensuring that they are accessible and sensitive to adolescents in all jurisdictions'; 'providing children with accurate and objective information on toxic substances, as well as support to those attempting to abandon their use or dependency' (para 63).
- The Committee was 'concerned that *poverty is a very serious problem* affecting all parts of the United Kingdom ... and that it is a particular concern

in Northern Ireland, where over 20 per cent of children reportedly live in persistent poverty', commenting that 'the Government's strategy is not sufficiently targeted at those groups of children in most severe poverty' (para 64). Having stated that it would 'like to highlight that an adequate standard of living is essential for a child's physical, mental, spiritual, moral and social development and that child poverty also affects infant mortality rates, access to health and education as well as everyday quality of life', it recommended that the State Party 'adopt and adequately implement the legislation aimed at achieving the target of ending child poverty by 2020'; 'give priority in this legislation and in the follow-up actions to those children and their families in most need of support'; 'where necessary, besides giving full support to parents or others responsible for the child, intensify ... efforts to provide material assistance and support programmes for children, particularly with regard to nutrition, clothing and housing' (para 65).

- The Committee was 'concerned that *significant inequalities persist with regard to school achievement of children living with their parents in economic hardship*' (para 66). It recommended that the State party 'continue and strengthen its efforts to reduce the effects of the social background of children on their achievement in school' and 'invest considerable additional resources in order to ensure the right of all children to a truly inclusive education which ensures the full enjoyment to children from all disadvantaged, marginalized and school-distant groups' (para 67).
- The Committee noted that '*several groups of children have problems being enrolled in school or continuing or re-entering education, either in regular schools or alternative educational facilities, and cannot fully enjoy their rights to education*' (para 66), recommending that the State Party 'ensure that all children out of school get alternative quality education' (para 67).
- The Committee expressed concern that '*participation of children in all aspects of schooling is inadequate*', with few consultation rights (particularly no right to appeal their exclusion or the decisions of a special educational needs tribunal) (para 66). It recommended that the State Party should 'strengthen children's participation in all matters of school, classroom and learning which affect them' and 'ensure that children who are able to express their views have the right to appeal against their exclusion as well as the right, in particular for those in alternative care, to appeal to special educational need tribunals' (para 67).
- Noting that 'the *right to complain regarding educational provisions is restricted to parents*', the Committee stated that *this represents 'a problem especially for looked after children* for whom local authorities have, though mostly do not use, parental authority' (para 66). It recommended that the State Party 'Make sure that children without parental care have a representative who actively defends their best interests' (para 67).

- The Committee also commented on the *high number of permanent and temporary school exclusions* which ‘affects in particular children from groups which in general are low on school achievement’ (para 66). It recommended that the State Party ‘use the disciplinary measure of permanent or temporary exclusion as a means of last resort only, reduce the number of exclusions and get social workers and educational psychologists in school in order to help children in conflict with school’ (para 67).
- The Committee was concerned that ‘*the right to play and leisure is not fully enjoyed by all children* in the State party’ (para 68). It recommended that the State Party ‘strengthen its efforts to guarantee the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts’ (para 69).
- The Committee was ‘concerned at the *lack of data on child victims of sexual exploitation*’ (para 73). It recommended that the State Party ‘intensify its efforts to collect data on the extent of sexual exploitation and abuse of children, essential to prepare adequate responses to and to combat these phenomena’ and ‘always consider, both in legislation and in practice, child victims of these criminal practices, including child prostitution, exclusively as victims in need of recovery and reintegration and not as offenders’ (para 74).
- In relation to youth justice, the Committee noted that ‘the number of children deprived of liberty is high which indicates that *detention is not always applied as a measure of last resort*’ (para 77). It recommended that the State Party ‘develop a broad range of alternative measures to detention for children in conflict with the law; and establish the principle that detention should be used as a measure of last resort and for the shortest period of time as a statutory principle’ (para 78).

The United Kingdom is scheduled to next be examined by the Committee on the Rights of the Child in May/June 2016. In June 2015, the Children's Law Centre, Save the Children NI and Youth@clc (the Children's Law Centre's youth advisory panel), supported by the Centre for Children's Rights at Queen's University Belfast, prepared and submitted a *Northern Ireland Young People's Report* and *Northern Ireland NGO Alternative Report* to inform the Committee's examination of the United Kingdom's compliance with its obligations under the UNCRC.

With NGOs from Britain and the four UK Children's Commissioners, staff from CLC and Save the Children NI, plus a group of young people from Northern Ireland, travelled to Geneva to attend the Committee's pre-sessional hearing in relation to the United Kingdom on 7th October 2015. Both organisations gave evidence at the pre-sessional hearing about the situation regarding children's rights in Northern Ireland and the young people presented evidence to the Committee during a separate meeting.

ISSUES IDENTIFIED IN PREVIOUS RESEARCH ABOUT SECURE CARE IN NORTHERN IRELAND

RESPONSES TO INDIVIDUALS PRESENTING WITH 'HIGH RISK' BEHAVIOURS

Identifying needs

In their review of the use of secure accommodation in Northern Ireland, Sinclair and Geraghty (2008, p3-4) found that all the young people assessed as being in need of a secure care placement between 1st April 2005 and 31st March 2006 had 'multiple - and often complex - needs', and many had 'long-standing unresolved issues'. Their case files revealed 'a sense of rising need and increasingly risky or antisocial behaviours' in the year before their assessment. But 'managing the crisis that these behaviours generated tended to deflect efforts to deal with the inherent underlying causes' of the behaviours (ibid, p4). Despite extensive experience of bereavement, difficult relationships with their families, high levels of special educational needs or disabling conditions (including emotional and mental health problems), assessments 'did not always take appropriate account of these issues or develop strategies to address them' (ibid).

This research found that, as the challenges posed by young people increased, so did use of residential care. By the time assessment for a secure placement occurred, 71% of the young people were living in residential care. Case file analysis demonstrated that they 'had been offered a great many services by a range of agencies' but provision was 'fragmented', with 'a lack of continuity as young people moved around the care system' (ibid, p4). In addition to difficulties in accessing CAMHS, the main concern was 'limited or non-engagement of young people with professionals and services' since this inhibited opportunities for working with them to address their problems and bring about lasting change (ibid).

Analysing the care pathways of a select group of young people who met the criteria for secure accommodation in 2011, the Regulation and Quality Improvement Authority (RQIA) also revealed the complex and diverse needs of individuals described as 'amongst the most vulnerable members of our society, due to a broad range of difficult and traumatic life experiences that have a significant influence on their engagement with the world around them' (RQIA, 2011, p47). Generally known to social services since childhood, the experiences of these ten young people included: the death of a parent, domestic violence, parental alcohol abuse, poor parenting, alcohol/ solvent/ drug use, a history of absconding, sexual activity from a young age, rape, sexual assault, sexual exploitation by local adult males, self-harm, poor mental health, involvement with the PSNI as a result of anti-social or offending behaviour in the community. For several, being admitted to residential care and living in a group setting 'acted as a conduit to some new or increased risk factors including

being bullied, sexual exploitation and predatory adult networks, suicide pacts, and exposure to increased criminalisation' (RQIA, 2011, p43).

Care experienced young people have reported that 'a chaotic environment or atmosphere can be difficult and can have an impact on their behaviour', describing 'the difficulties of group living and living with a range of different children and young people who "have their own issues to deal with"' (VOYPIC, 2014, p23). This 'can make it hard for young people to build strong relationships with staff and to feel comfortable talking through issues such as safety and socialising especially if they find themselves in risky situations' (ibid).

In 2011, Barnardo's published research into the sexual exploitation of children and young people in Northern Ireland. This examined 1,102 cases that were known to social services, in which the majority (70.7%) were looked after children (Beckett, 2011, p22). From this sample of 1,102 cases, social workers identified sexual exploitation to be an issue of concern for almost one in seven young people, and an issue of concern for more than four times as many females as males (ibid). Amongst children who were in care, concerns varied with placement type - sexual exploitation was an issue of concern for 40.5% of those in residential care (and for almost two-thirds of young females in residential care), compared to 10.7% of those in at-home placements and less than 5% of those in non-familial or kinship foster care (ibid). High levels of risk were also observable among those in secure accommodation at the time of the assessment (ibid, p34).

This research clearly illustrated applications for secure accommodation to be one of the most common responses to ongoing concerns about sexual exploitation and children going missing from care (ibid, p91). The potential benefits associated with a period in secure accommodation included 'the possibility of breaking a cycle of behaviour, the opportunity to deliver services (both practical and therapeutic) to a young person and respite from the influence and demands of abusers' (ibid). In situations of serious risk, a period in secure accommodation 'was often felt to be the only way to ensure the immediate physical safety of a young person' (ibid). However, professionals also raised serious concerns 'about the appropriateness and impact of secure accommodation as a response to sexual exploitation'. Some felt that locking up the young person, rather than the abuser(s), gives the message that the young person is at fault (ibid). Further concerns identified in this research were 'the number of repeat admissions to secure accommodation and the limited impact time spent there appeared to have on behaviours, beyond the immediate period of containment' (ibid). A young interviewee who had been in secure accommodation on five different occasions stated:

"When I was running, my social worker put me in secure and kept putting me in secure. But I don't agree with secure because if you go into secure and secure doesn't work the first time, then you don't keep puttin them in cos that

just sends their head away more – cos they're locked up and they're just going mad and all their emotions are inside and they can't let it out cos they're locked up. Locking kids up isn't right cos they're going through enough."

As Beckett (2011, p91) noted, 'Enforcing behavioural changes by restricting liberty is not the same as achieving meaningful change'. She referred to a residential manager who 'observed: "compliance is not the same as progress", particularly where any degree of freedom or choice has been removed from the equation' (ibid). This was 'especially pertinent for young people with multiple experiences of secure accommodation, a number of whom were described as knowing how to work the system in order to ensure their release' (ibid, p91). The short term nature of Secure Accommodation Orders, and the requirement that work is focused on exit planning from the point of admission to secure care, were considered 'counterproductive to achieving any meaningful and lasting change' in some circumstances (ibid). 'Inadequate follow-through' between work undertaken before/ during/ after secure placement limited the potential to achieve progress too (ibid). In addition, a period in secure care 'was also noted to actually increase risk for some young people' in terms of the relationships they established there and the risks they were introduced to via these relationships on their return to the community (ibid, p92).

Beckett (2011, p92) concluded that, 'while secure accommodation may have a role to play where threat to life and welfare is imminent, it is not in itself an adequate response to sexual exploitation nor was it ever designed to be'. She suggested that secure accommodation should be 'one part of a more comprehensive structural response to sexual exploitation', noting that many professionals 'highlighted the need for some form of therapeutic community that would facilitate engagement in long-term therapeutic work in a safe environment' (ibid). Few felt that secure accommodation, described by the PSNI as "a short-term solution to a long-term problem", offered this opportunity (ibid).

In May 2013, the PSNI established an investigation known as 'Operation Owl', which focused on the circumstances of, and responses to, 22 children who had been reported missing 437 times and were considered possible victims of child sexual exploitation (Marshall, 2014, p66). A thematic review of these 22 cases, conducted on behalf of the Safeguarding Board for Northern Ireland, noted that Operation Owl reviewed investigations related to children who went missing from care during the period January 2011 to August 2012 (Pinkerton et al, 2015, p18). An independent Inquiry into Child Sexual Exploitation (CSE)¹⁹ in Northern Ireland reported in 2014.

¹⁹ CSE can range from 'the planned or systematic exploitation of young people to worrying relationships between young people under 16 and adults who are a few years older' (Marshall, 2014, p11). It includes party houses where drugs and alcohol are provided free in the first instance but the young people enticed to the venue are later expected to pay for it with sex (ibid, p37-39); exploitation through the internet/ social media via grooming (which may or may not lead to face-to-face contact) or the generation and sharing of indecent images of the young person (ie sexting) (ibid, p40-44); a relationship that starts consensually but develops into an expectation that the young person has

The Inquiry found that few reliable figures exist to measure the extent of CSE in Northern Ireland. From the data available, between 100 and 145 children were identified as being at significant risk of CSE. However, the number actually experiencing CSE is likely to be significantly higher (Marshall, 2014, p14).

The Inquiry described CSE as an ‘emerging, developing and growing threat to children’, especially those who have experienced underlying vulnerabilities such as abuse or neglect within their family, the breakdown of family relationships, domestic violence, substance misuse, mental health difficulties, low self-esteem, isolation from peers and social networks, and bereavement (Marshall, 2014, p13). In addition, the vulnerability induced by alcohol and drug use is being exacerbated by increased use of ‘legal highs’.²⁰

It is important to recognise that vulnerability to CSE is not restricted to young people in the care system, who report feeling stigmatised by a focus on them. As Marshall noted, debate about CSE can be ‘skewed’ towards this being perceived to be a phenomenon largely related to young people in residential care who go missing, mainly because their activities are monitored and recorded to a greater degree than the rest of the population (ibid, p67). However, given their life experiences, looked after young people are more likely than the general population to experience a number of the vulnerabilities and ‘risk indicators’ associated with CSE.²¹

Consultation with care experienced young people demonstrated that, while the majority recognised the term ‘CSE’, they did not have an accurate comprehension of what it is – many understood it as child abuse or associated it with the Historical

sexual activity with the friends or associates of their partner or a person known to them (ibid, p45-47); young people being ‘taken advantage of sexually’ by peers whilst under the influence of drugs/ alcohol, or children feeling pressured to engage in inappropriate behaviour or sexual activity (ibid, p51). Although Northern Ireland does not have the type of organised exploitation or street gang culture associated with some forms of CSE in England, it was reported that CSE in Northern Ireland includes ‘individuals using the authority of their paramilitary links and the fear it engendered to exploit children and young people’ (ibid, p48-50). Despite concern about ‘the emerging threat of CSE’, Marshall (2014, p14) emphasised: ‘it is important to avoid a panic that leads to an unhealthy repression of and limitations on young people’s lives and expectations of human relationships’, noting that ‘response ... must be targeted and proportionate’ (ibid).

²⁰ ‘Legal highs’ contain chemical substances that produce effects similar to illegal drugs (such as cocaine, cannabis and ecstasy), but are not subject to the same regulation. Their composition changes frequently to avoid them falling into restricted categories. They cannot be sold for human consumption, so are often sold as incense, salts or plant food. They are cheaper than alcohol, and easier for young people to access.

²¹ Moderate risk indicators related to CSE include young people: staying out late; having multiple, unknown callers; using the internet or a mobile phone in ways that cause concern; having sexual health issues; having peers or siblings who have been sexually exploited; misusing alcohol or drugs; expressing feelings of despair; being disengaged from school. If living independently, they may be failing to keep in touch. Significant risk indicators include young people: going missing overnight or longer; having relationships with controlling adults that may involve physical or emotional abuse; possessing unexplained amounts of money or expensive items; frequenting party houses or areas known for sex work; entering or leaving vehicles driven by unknown adults (Marshall, 2014, p64).

Institutional Abuse Inquiry, Operation Yewtree and other high profile criminal investigations concerning paedophiles or human trafficking (VOYPIC, 2014, p11). Although they knew how young people might keep themselves safe and suggested what steps could be taken to prevent a sudden sexual assault (e.g. not walking home alone, keeping a phone nearby, not drinking too much), 'there was, worryingly, little insight into ways to recognise exploitative relationships' (ibid, p13). Even though they recognised that drugs and alcohol can be used to make young people more vulnerable or provided in exchange for sexual activity, and had experienced going to 'party houses' where drugs and alcohol were prevalent, they did not recognise how they personally could be vulnerable to being exploited (ibid, p14-15). Care experienced young people discussed how peer pressure to attend parties and 'fit in' can lead to participation in risky behaviour. This may be more acute for those in care because they may feel more isolated than their peers, want someone to care about them and to fit in (ibid, p15).

The CSE Inquiry revealed that young people may not consider themselves to be victims of sexual exploitation, despite acknowledging the vulnerabilities of friends and peers (Marshall, 2014, p12, p38). They are also 'often unaware that they may be committing an offence by sharing an indecent image – even if it is their own' (ibid, p43). Among consulted care experienced young people, there was not widespread experience or discussion of sexting or sending sexually explicit photographs and those who did talk about this did not appear to perceive such activity as unsafe or dangerous (VOYPIC, 2014, p18).

The use of mobile phones was a significant issue, with staff from care homes describing to the CSE Inquiry how some young people left residential care at night without permission after receiving a text message. Staff adopted various strategies to deal with this, including confiscating phones, insisting or agreeing that phones be handed in at night, and replacing smartphones with basic phones (sometimes with restricted telephone numbers available for communication). However, young people circumvented these measures as new phones were provided by family members or other people, or young people had more than one phone or a number of SIM cards for the same phone (Marshall, 2014, p42).

When considering how CSE could be prevented, young people were keen to avoid scaring children about the possibilities of exploitation and 'adamant that the response should be largely about empowering young people, rather than giving adults more power to control them' (Marshall, 2014, p14). Young people 'want support from caring adults who can spend time to build up the kind of trusting relationships that can both act as a defence against the approaches of those who would exploit them, and also allow them to talk about early fears or actual incidents of exploitation, without experiencing shame or disbelief' (ibid, p101).

‘Intervention deficits’

RQIA suggested that a number of ‘intervention deficits’ led young people to a Restriction of Liberty Panel. For example, among the ten cases analysed in 2011 (RQIA, 2011, p22-41), an increase in caseload meant that their social worker could not intervene with the intensity intended for one young person, diversionary activities were of limited duration, and there was a delay in provision of specialist support (until after she had entered secure accommodation). A second young person experienced instability in a children’s home placement due to a complex resident case-mix which created an environment that prevented staff from fully responding to his needs. For a third, lack of an initial mental health screening or professional assessment of his psychological needs meant that his mental well-being and addiction issues were largely untreated during his first three months in residential care. Having experienced significant delay between the committing of a criminal offence and completion of the subsequent restorative conference, this young man was also required to engage in a number of offending programmes within short intervals of each other.

Specialist psycho-sexual assessment of the needs of a fourth young person was delayed by legal challenges and identification of a suitably qualified professional, which delayed access to the specialist services she required. There was a failure to identify an in-patient facility within Northern Ireland that could meet her needs. Instead of receiving specialist care and treatment she was increasingly exposed to the criminal justice system, leading to five admissions to the Juvenile Justice Centre (JJC) over a seven month period. Multiple admissions to the JJC were considered counterproductive to continuity of care in a stable setting required for the therapeutic intervention and long term rehabilitation needed by a fifth young person. Two of the young people experienced lack of an explicit strategy of structured support during the evenings and weekends, when high risk behaviours often occurred. For two, their placement in residential care deteriorated following the admission of another young person with similar addiction issues and similar vulnerability to sexual exploitation respectively. Lack of access to quality therapeutic services was an issue for all ten young people.

Of the five who did not go to secure accommodation due to lack of available places, three were admitted to the JJC (two within a fortnight of not gaining a place in secure care). This raised questions about Health and Social Care Trust contingency planning, since the intervention provided did not prevent the young people’s involvement in anti-social or criminal behaviours. One of the remaining young people had their needs met in their residential placement, the other in a foster placement. This indicated that all options had not been exhausted before their cases were presented to the Panel (RQIA, 2011, p43).

The issue of limited access to therapeutic services is on-going. The Northern Ireland Human Rights Commission highlighted figures from the 2014 Health and Social Care

Board Annual Report which recorded that, at the end of March 2014, 113 patients were waiting longer than the target 9 weeks to access CAMHS services (NIHRC, 2015, p153). In 2014 the Child and Adolescent Faculty of the Royal College of Psychiatrists in Northern Ireland stated: 'Specialist CAMHS continues to operate with a legacy of chronic under-funding, we receive a much lower percentage of the total mental health budget than elsewhere in the UK' (cited in NIHRC, 2014, p154). In 2013-2014 only £19.4m was allocated to CAMHS, which equates to 7.8% of the total planned mental health expenditure for that period (Children's Law Centre and Save the Children NI, 2015, p26).

Use of secure placements

Challenging the idea that young people can be kept safe even in a secure setting, a voluntary agency providing evidence to the CSE Inquiry mentioned cases of self-harm by young people in secure facilities. Raising the issue of individuals being exposed to the harmful behaviours of others, this agency argued that secure care 'keeps them contained rather than safe' (Marshall, 2014, p88).

While encountering some opinion that young people at risk of CSE or going missing from residential care should be 'locked up for their own safety', others who engaged with the CSE Inquiry recognised that this is not an effective long-term response (Marshall, 2014, p87). Marshall reported: 'PSNI told the Inquiry that it recognised that placing children and young people in secure accommodation is not a means to resolving issues around child sexual exploitation and may in fact lead to breach of rights under the UNCRC' (ibid). However, the police concluded that there are a few children 'who are clearly placing themselves at risk of serious harm' and that, 'unless residential care staff have the ability or power to safeguard those children, secure accommodation is probably the only means of ensuring their safety' (ibid). Marshall stated unequivocally: 'For some young people a period in secure accommodation may be a temporary answer but it cannot be a long term solution' (ibid, p89).

For care experienced young people, secure accommodation 'features as a response to some young people placing themselves at significant risk and going missing from children's homes or other care placements' (VOYPIC, 2014, p29). It is used 'both as a threat to young people who may be engaging in risky behaviours and as an intervention when a young person becomes very unsafe' (ibid). However, consulted young people did not feel this was effective in preventing CSE or further harm - although placement in secure accommodation may remove them from the immediate and acute situation, the young person is placed back into the same community and environment on discharge and is consequently exposed to the same dangers and risks (ibid).

As noted later, while not wanting to be deprived of their liberty, some young people comment that they 'feel safe' in secure accommodation. The CSE Inquiry suggested

that young people appreciating a feeling of safety within secure facilities ‘sends an important message about what we need to provide to keep young people safe during vulnerable periods’ (Marshall 2014, p15). It proposed that: ‘The challenge for society is to provide the kind of structure, safety and quality of care that [secure] facilities provide without depriving young people of their liberty and of the opportunity to develop into individuals who can cope with freedom’ (ibid, p88). The Inquiry highlighted that children need a safe space, and that it may be possible, with their help, to identify a model that feels safe without restricting their liberty (ibid).

Alternatives to secure care

Stressing the importance of building trusting relationships as the most effective way of protecting young people from CSE, Marshall (2014, p94) commented: ‘children have a right to be protected and ... this will be most effectively secured if their views are taken into account about how matters of care and control should be addressed’. She emphasised that, ‘Even in care settings, deprivation of liberty can feel like a punishment’ (ibid, p95). Young people consulted by VOYPIC for the Inquiry suggested that children and young people should be involved, with care staff, in developing strategies to respond to those in danger of being exploited; believing this would ensure an effective and meaningful response (ibid). The Inquiry agreed that ‘young people’s participation will help ensure that strategies and rules are practical and informed by their experience’ (ibid). It was clear that use of physical restraint or secure accommodation ‘must not be regarded as everyday responses to situations in children’s homes’, whilst stating that ‘there will be some situations in which these are justified’ (ibid).

The Inquiry recommended that the ‘DHSSPS, along with the HSC Board and HSC Trusts, should consider how “safe spaces” could be developed for children and young people at risk of, subject to, or recovering from CSE’ (ibid, p96). This should take account of models of best practice and the views of young people, as well as respecting international human rights standards (ibid). Recognising that ‘a safe space may mean different things depending on place and need’, the Inquiry suggested that models in the Netherlands may provide a starting point for discussion with young people who have experience of CSE.²²

RQIA (2011) identified the need for interventions aimed at managing the complex behaviour of young people to prevent them reaching the threshold for secure care. Earlier intervention may prevent young people from arriving on the fringes of care and increase maintenance in their own homes and communities. This requires front-line staff who are adept at the highly skilled task of relationship building with

²² A ‘safe space’ could be ‘a daytime resource, a small residential unit with safety features agreed with the residents, or something else that arises out of conversations with the young people who need protection’ (Marshall, 2014, p95)

traumatised young people, and intervention plans which can keep pace with the speed and intensity of young people's risk-taking behaviours. It also requires a higher level of support during evenings and weekends (RQIA, 2011, p 45). Sinclair and Geraghty (2008, p6) advocated development of family support services which provide preventive services with sufficient intensity to address problems such as parents' poor mental health, addictions, destructive relationships and to reduce the likely impact of such issues on the well-being of children/ young people.

Timely and effective interventions within children's homes may de-escalate tensions (RQIA, 2011, p45). It is also important to recognise that, 'for some young people, the group dynamics and communal nature of residential care exacerbate their problems' (Sinclair and Geraghty, 2008, p6). Potential solutions include more differentiation in the residential sector (including smaller occupancy, specialist units); more one-to-one work with young people; and specialist foster placements with trained and supported carers who can provide intensive one-to-one engagement with young people (ibid, p6-8).

In addition, young people need to be able to access specialist services to address the causes of their high risk behaviour. Despite positive assertions by staff across a range of services about the value of inter- or multi-agency work, Sinclair and Geraghty (2008, p63-64) found that this was hindered by lack of resources, lack of knowledge about roles, lack of commitment from other agencies who perceived Social Services as having ultimate responsibility and weak infrastructures or clear lines of accountability. Need for more effective inter-agency working and information sharing was a constant theme in the recent CSE Inquiry (Marshall, 2014, Chapter 7). These issues need to be resolved, leading to delivery of 'services that provide long-term and intensive therapeutic input' alongside specialist voluntary and community sector services 'that have the skills and experience in dealing with adolescents and their problems ... and ... in building their self-esteem and sense of self-worth' (Sinclair and Geraghty, 2008, p6).

A 'holistic yet flexible approach' to young people's care is required, with intervention focused on 'their long term best interests and achieving successful rehabilitation and reintegration back into everyday society' (RQIA, 2011, p45). Successful interventions will be dependent on meaningful engagement by professionals who are accessible and innovative in approach/ responses, particularly during times of crisis (ibid, p46).

LINKS WITH CRIMINAL JUSTICE

Police involvement with young people in residential care

Care staff described to the CSE Inquiry how they followed young people, stopped buses or trains to get them off, and reported to the police when they felt they had no other option or that the risk was sufficient to trigger reporting (in accordance with agreed reporting arrangements). Marshall (2014, p84) stated: 'Police officers were often sceptical about this. In their view, staff reported young people at the earliest opportunity, in order to pass the risk to the police'.

Having identified that a significant risk factor relating to CSE is periods of going missing overnight or longer, either from care or home, the Inquiry found a lack of analysis and oversight of figures on 'missing' children (Marshall, 2014, p13). Care experienced young people have discussed being classed as 'missing' if they do not return to their children's home when they are supposed to or are absent without permission. In their view, children's home staff 'over-react', leading to what the young people perceive as 'excessive contact with and engagement by the PSNI' (VOYPIC, 2014, p24). A young person's working group informing the CSE Inquiry commented that the 'over-reactions' of staff in a care setting 'could be interpreted as a worker doing what was best for themselves (e.g. ensuring all possible measures were taken should there be a later investigation) rather than what was best for the young person' (Neill and Moffett, 2014, p10). They called for 'a greater balance between, what they considered, bureaucratic reporting and a more young person centred response' (ibid).

When young people themselves consider the risk to be low and their behaviour not of particular concern, care staff contacting their friends and others to locate them or conducting a town search becomes a 'source of irritation and frustration' and is ineffective in changing their attitude or behaviour (VOYPIC, 2014, p27). Understanding the need for police involvement in certain high risk instances, care experienced young people felt that the police 'are called too often and too readily'; believing 'there must be more effective ways of managing absconding and risk-taking behaviour' (ibid, p24). They perceived 'a lack of confidence amongst children's home staff to intervene when they are concerned that a young person is at risk', prompting the PSNI 'being called prematurely to intervene unnecessarily to protect young people' (ibid, p30).

This exasperation is shared by the police. Individual officers interviewed by the CSE Inquiry 'readily acknowledged that they considered the time spent looking for and returning missing children to be a huge drain on resources' and 'expressed noteworthy frustration' arising from repeated episodes of young people being reported as missing from children's homes (Marshall, 2014, p74). Marshall

concluded: 'It would be a better use of public resources if we could make children's homes places where children wanted to be' (ibid, p94).

However, young people with experience of living in care homes considered that approaches to 'risky' behaviour by foster carers - based on discussing and agreeing boundaries without immediately or automatically calling the police - were more difficult in a group living situation where "*There is too much change in staff and you can't build relationships*" (VOYPIC, 2014, p23). They discussed how foster carers use discipline to establish boundaries and resolve difficulties, talking calmly and continuously with the young person to address issues and behaviour in a "*reasonable way*" (ibid). In contrast, 'frequent changes to staff and poor or weak relationships' with staff in children's homes 'make it difficult for children to confide' and 'a perceived lack of confidentiality' is 'a barrier preventing young people talking to staff about problems' (ibid, p32). The young people's working group set up to inform and advise the CSE Inquiry noted that 'young people who have police or social services involvement in their lives can often find it difficult to feel supported' - involvement of a range of professionals can lead to lack of understanding about who is 'on their side' (Neill and Moffett, 2014, p9).

Over-representation of looked after children in custody

The Criminal Justice Inspectorate has noted that over-representation of children from residential care placements is a 'longstanding feature of juvenile custody in Northern Ireland' (CJINI, 2008: vii). This was confirmed by a review of the youth justice system conducted in 2011, which recorded that 37% of admissions to Northern Ireland's Juvenile Justice Centre (JJC) were looked after children compared with 27% in England and Wales (Youth Justice Review Team, 2011, p78). CJINI reported that in 2013-2014, 36% of children sent to the JJC were in care, with 19% subject to a care order and 17% voluntarily accommodated (CJINI, 2015, p19). During 2014-2015, this rose to 39% of transactions in the JJC involving young people in care (20% of whom were subject to a care order, with 19% voluntarily accommodated) (O'Neill, 2015: 7).

Marshall (2014, p82) acknowledged that looked after children 'are known to accumulate offences when in care for situations that would not result in the criminalisation of other young people'. Some interviewees involved in the Northern Ireland Human Rights Commission investigation into alternative care and children's rights 'highlighted that young people in residential care were being penalised for offences in a way that they would not if they resided with their parents' (NIHRC, 2014, p158).

Use of the JJC in the absence of alternative accommodation

Legislation in Northern Ireland (commonly known as PACE) allows the PSNI to refuse bail to a child, including on the basis that they ought to be detained in their own interests. Before the case appears in court these children are detained in what is referred to as a designated 'place of safety'.²³ The Criminal Justice Inspectorate has raised concern about children being placed in the JJC, under 'PACE' legislation, 'in the absence of alternative accommodation when they presented chronic social problems' (CJINI, 2011, p4). NGOs have raised concern that these PACE powers are not used as a measure of last resort in line with the obligations under Article 37(b) of the UNCRC. Noting that the majority of children admitted under PACE over the weekend were looked after, the Youth Justice Review Team (2011, p53) commented: 'The question of how children, already under the protection of the state, can be in need of a place of safety remains unanswered'. Marshall (2014, p95) asserted: 'It is unacceptable for children to be placed in a justice facility for their own safety'.

CJINI recently reported that the rate of such admissions to the JJC almost trebled between 2008/9 and 2013/14, describing this as 'disproportionately high' (CJINI, 2015, p18). According to the Youth Justice Agency, between 2013/14 and 2014/15 the number of PACE transactions decreased by 29%, but this was in part due to a refusal to accept PACE admissions to the JJC between August and October 2014 (O'Neill, 2015, p5).

The PACE legislation disproportionately affects children in care,²⁴ and admissions to the JJC under PACE are much higher in areas which are geographically close to the Centre. This was described as a matter of 'postcode expediency' by the Criminal Justice Inspectorate, which stated: 'Alternatives must be found to the Juvenile Justice Centre being used as a temporary, short term location for children who breach children's home rules' (CJINI, 2015b, p5-6). Residential care homes sometimes refuse to accept a young person back into the home if they have offended against the home or a member of staff, or are considered 'unruly' (CJINI, 2008; Youth Justice Review Team, 2011; CJINI, 2015a). This can lead to young people being detained in the JJC because there is no suitable accommodation to which they can be released on bail.

²³ Under Article 39 of the *Police and Criminal Evidence (Northern Ireland) Order 1989*, which was amended in 1998 to include the JJC as a 'place of safety', young people can be held in the JJC overnight or for the weekend pending a court appearance.

²⁴ In 2011, 227 children were detained in the JJC under PACE, of whom 77 were from care homes. In 2012, this figure rose to 229 children, with 76 from care homes. In 2013, 315 children were detained in the JJC under PACE, of whom 139 were from care homes. In 2014, 245 children were detained in the JJC under PACE, 95 of whom came from care homes (CLC and Save the Children NI, 2015, p.82).

In many cases, children detained under PACE legislation are released on bail once their case is heard in court and do not receive custodial sentences. Between April 2010 and March 2011, only 45% of children admitted to the Juvenile Justice Centre under PACE were then refused bail by the courts and only 9% ultimately received custodial sentences (CJINI, 2011, p4). The Youth Justice Agency estimated that over the last five years, the PACE conversion rate (i.e. whether the young person detained under PACE will be released or will be further detained on remand or sentence) has remained largely consistent at around 50% each year - half of the young people admitted to the JJC on PACE are released (O'Neil, 2015, p13).

Numerous recommendations have been aimed at addressing this issue. The Youth Justice Review recommended that an appropriate range of accommodation be developed for children currently detained under PACE and that the use of PACE be reduced to an absolute minimum (Youth Justice Review Team, 2011, recommendations 8 and 18). In 2012, the Northern Ireland Law Commission (NILC) recommended that Article 39(1)(b) of PACE be replaced, with the introduction of new bail legislation which includes a requirement that bail must not be refused on the sole ground that the child does not have any, or any adequate, accommodation. The NILC also recommended that a range of accommodation options be made available for children and young people on bail (NILC, 2012, Chapter 6).

Breach of bail

Young people may also be detained under PACE because they have breached their bail conditions. Young people in conflict with the law and NGOs working with them have expressed concern about the number and complexity of bail conditions being imposed, considering these unrealistic and difficult to uphold - especially for those whose lives are unsettled and chaotic (Children's Law Centre and Save the Children NI, 2015, p44). For young people in care, this is a particular issue. Among the ten cases examined by RQIA in 2011, 4 young people were detained in the JJC for breach of bail conditions.

According to Marshall (2014, p87), 'Official documents acknowledge that bail conditions imposed on LAC are likely to be more onerous than for the general population and are often unrealistic or even unachievable and therefore more likely to be breached' (e.g. a bail condition might require the young person to abide by the rules of the children's home and/or not leave the home without permission). Given delays in the youth justice system, young people will be subject to bail conditions for an average of 3-4 months, and any breach can result in detention. Considering the implications in relation to sexual exploitation, Marshall commented that this 'makes criminalisation even more likely for those young people enticed from children's homes by those who control them' (ibid).

The Youth Justice Review noted that about a third of children remanded to the JJC were looked after, with most coming directly from children's homes as a result of breaching their bail conditions - often for trivial offences for which a custodial sentence is highly unlikely (such as kicking a door frame, stealing food from a fridge, or throwing a snowball at a member of staff) (Youth Justice Review Team, 2011, p56). It was suggested that children's homes did not know if they were expected to report to the court every breach of every rule, or only those related to the offence for which the young person received bail (ibid).

The Review Team (2011, p78) recommended: 'Looked after children should no longer be placed in custody, either through PACE, on remand or sentenced, where this would not have been an outcome for children in the general population'. However, two years later a Criminal Justice Inspectorate report about progress in implementation of the Review Team's recommendations showed that there had been 'limited progress' on this recommendation (CJINI, 2013, p35). The NILC separately recommended that specific consideration be given to the age, maturity, needs and understanding of the child when setting or varying bail conditions, and that the best interests of the child must be a primary consideration when imposing or varying conditions. It also recommended that bail decision makers must ensure that young people understand bail decisions and conditions (NILC, 2012, Chapter 6). New bail legislation to implement these recommendations has yet to be progressed.

Use of the JJC as an alternative to secure care

Concern has been raised about the most vulnerable young people being detained in the JJC as the result of being refused a placement in secure care. Discussing the disproportionate number of children from care backgrounds in the JJC, the Criminal Justice Inspectorate stated that many looked after children 'were already damaged and criminalised, with an estimated 75% of those who entered secure care having accrued criminal convictions' (CJINI, 2008, p5). According to the Inspectorate, 'Research suggested that the gatekeeping process for secure care could actually lead to children being placed in the JJC if they did not meet the strict secure care criteria; and trivial offences provided the opportunity to use custody as quasi-care' (ibid).

Marshall (2014, p88) reported a case in which 'bail was refused because the young person was at risk of CSE'. She also recounted a professional expressing the opinion that 'young people might be admitted to the juvenile justice centre in circumstances when the secure facility, with a child care focus, would have been more appropriate' because 'there were fewer bureaucratic barriers to admission to the justice facility than the care facility' (ibid). Challenging such responses, Marshall stated: 'young people should never be criminalised in response to criminal acts committed against them' (ibid, p89).

Involvement in criminal behaviour associated with sexual exploitation

A significant issue raised by the CSE Inquiry was the involvement of young people in criminal behaviour associated with their sexual exploitation (Marshall, 2014, p115). This includes their use of drugs and alcohol (which increase their vulnerability to exploitation), bringing other young people into exploitative situations, and abusive behaviour against peers. As Marshall noted, 'fear of being treated as offenders might be a barrier to reporting their own exploitation, and this fear can be used by exploiters who might deliberately involve young people in offending in order to silence them' (ibid). She stated that there is a 'need to look beyond the young people to identify whether there are others controlling them', particularly as young people 'may act out the trauma of CSE through behaviour that brings them into conflict with the criminal justice system and renders them less credible in the eyes of jurors' (ibid). Furthermore, in cases where the perpetrators are only a few years older than their victims and may also be vulnerable young people, 'a purely criminal justice response might not be appropriate' (ibid).

YOUNG PEOPLE'S EXPERIENCES PRE-ADMISSION TO SECURE ACCOMMODATION

Knowledge about placement in secure care

Among the young people interviewed by Sinclair and Geraghty (2008, p54), while the majority were aware of how the decision to apply for a secure placement was made, most 'did not feel that they were part of the decision-making process or that their opinions were taken seriously by their own social workers or other professionals'. Some described not finding out that they were going to Lakewood until the day it happened, others talked about being 'warned' that they would be placed in secure care if their behaviour did not change.

YOUNG PEOPLE'S EXPERIENCES OF SECURE ACCOMMODATION

Arrival and everyday life

When Millen and Macdonald conducted interviews with young people about the implementation of therapeutic approaches to residential child care in Northern Ireland, participants included nine individuals from Lakewood Secure Care Centre. They all described feeling "scared" when first arriving at secure accommodation, although they felt 'more at ease and satisfied with their experience' if they had been re-admitted (Millen and Macdonald, 2012, p5).

Generally stating that they 'got on well' with them, young people described staff in Lakewood as being less formal and more approachable: "*they aren't those kind of social workers that read things off a book – most of them has had experiences. You*

can tell like if someone's had experience or not just by the way they get on with you - they have open thoughts" (ibid, p7). The young people interviewed by Sinclair and Geraghty (2008, p60) described staff in the secure unit as being 'more able to engage and really listen than other staff'.

Lakewood has adopted the 'Sanctuary' model as a therapeutic approach. Recognising that most young people in secure care have experienced trauma, this is intended to help them understand their feelings, encourage them to talk about their feelings, and reflect on how they act on these feelings. Millen and Macdonald (2012, p4) found that most of the young people they interviewed 'had heard the term "Sanctuary" but knew little or nothing about it'. The phrase 'psycho-education' is used within this model to describe a group-based curriculum designed to familiarise young people and staff with the psycho-biological effects of serious, recurrent and chronic stress. The rationale is that understanding these processes will increase awareness of how they impact on behaviour. However, one young person considered the term inappropriate and stigmatising, stating: *"Psycho-education is a stupid word for it because we aren't 'psycho' if you know what I mean"* (ibid).

Describing the introduction of a 'points' system, in which staff monitored young people's behaviour and achievements each day and awarded points on a weekly basis, a young person commented: *"it's all about points"* and questioned use of points to determine bedtime (ibid, p10). Young people proposed 'that sanctions should be done away with' as they increase feelings of anger, suggesting the alternative of 'sitting down with a staff member and talking' (ibid, p14-15).

Accessing specialist services

Sinclair and Geraghty (2008, p38) found that there was a higher level of engagement with services by young people while they were in secure care – partly because they were contained and partly 'due to the approach and skill of the staff at Lakewood who are experienced in dealing with challenging young people'. The staff addressed some areas of need and additional services were brought in from specialist agencies such as psychology and CAMHS, to provide various types of therapy (family, behaviour management) or counselling (in relation to addiction, school, eating disorders), or to address specific needs (e.g. drug/ alcohol/substance abuse, sexual abuse, involvement in offending behaviour). However, difficulties in accessing CAMHS was a key issue (ibid, p63).

Education

In general, children in care in Northern Ireland have much poorer levels of educational attainment than their peers who are not in care. In 2013-2014, 29% of children in care achieved 5 or more GCSEs at grades A*-C, compared with 82% of children in the general school population (DHSSPS, 2015b, p30). The proportion of

young people leaving care with no qualifications was 28% - over 15 times that for general school leavers (DHSSPS, 2015c, p4). Amongst care leavers aged 19 whose economic activity was known, 36% were unemployed or economically inactive (ibid, p34). During the same year, over a quarter (26%) of looked after children of compulsory school age had a statement of special educational needs compared with 5% of the general school population (DHSSPS, 2015b, p3). Children in care were more likely to have been expelled from school than those in the general school population and were almost five times more likely to have been suspended from school (ibid, p24-25).

In Sinclair and Geraghty's research (2008, p38), only 43% of the young people assessed as being in need of a secure care placement April 2005 – March 2006 were at mainstream schools in the community prior to assessment - 30% attended an Education Other Than At School setting, 17% were attending school in a residential unit, 6% were excluded from school. 29% of the young people were recorded as having special educational needs.

Lakewood Secure Care Centre includes a school. An inspection conducted by the Education and Training Inspectorate in 2008 highlighted that many of the young people attending the school arrived 'with standards below those expected for their ages and abilities ... most often because of their chequered educational histories, their severe emotional and social difficulties and, in some cases, because of additional learning difficulties' (ETI, 2008, p1).

The inspection reported that 'pupils experience a safe and secure learning environment where their needs are assessed comprehensively and provision is planned to encourage them to engage with learning and to address their social and emotional needs' (ETI, 2008, p1). Young people were perceived to 'engage, to varying degrees, with the curriculum and, more so, when the activities planned for them catch their interest, are practical and relevant to their lives and future' (ibid).

All derived 'varying levels of success from the opportunities to reflect on their behaviour and motivation to learn', and were provided with accreditation pathways (ibid). In most cases, they showed 'some improvement in their basic literacy and numeracy skills, completing or working toward the completion of units of the Assessment and Qualification Alliance (AQA) in English, mathematics and entry level programmes' (ibid). They also benefited from the 'well designed personal, social and health education (PSHE) programme'. However, the report indicated that 'some ... could achieve more in the short time they remain in the school' (ibid) and that more opportunities to engage in a variety of physical activities throughout the day needed to be provided (ibid, p2).

The young people were willing to attend, settle to work and learn; re-engaging with lessons following incidence of poor behaviour and reluctance to work. They worked

with teachers and assistants, completing the tasks set for them. The majority were personally and socially engaged, with an improving sense of awareness of their achievements and potential to gain external accreditation for their work (ibid, p2). The inspection noted that consideration was needed 'to ensure that those pupils of school leaving age have increased opportunities to enhance their skills for independent living' (ibid, p2).

Identifying strengths in the quality of teaching and learning, the inspection noted that 'staff are skilled in addressing the challenges posed by the pupils', using appropriate strategies and back-up support when a pupil refused to comply with work to prevent the situation from becoming too difficult (ibid, p3). Highlighting the strong emphasis on PSHE [Personal, Social and Health Education], it was suggested that the 'added strength to the programme' of the youth worker 'could be considered as a useful support to inform work across the curriculum' (ibid, p3).

The main areas for improvement focused on agreeing a common planning format and developing individual educational plans matched to each young person's needs, plus establishment of a system to monitor and evaluate the quality of planning and classroom practice (ibid, p4). After a monitoring visit in June 2011, and a follow-up inspection in November 2012, the inspectorate reported that: 'the quality of education provided by the organisation is good', with 'important strengths in most of its educational and pastoral provision' (ETI, 2012, p1). The areas of improvement previously identified had been addressed.

Preparation for leaving

Young people who had been in secure care for a long period, or experienced repeat admissions, have talked about becoming institutionalised. In addition to being dependent on others to manage their time or activities throughout the day, which meant "*you don't know what to do with yourself*" when discharged, they described not being able to go anywhere on their own when outside the artificial environment of the secure unit because they did not feel safe (Sinclair and Geraghty, 2008, p72).

Instead of moving back to their previous residential settings, a number of the young people interviewed by Miller and Macdonald (2012, p5-6) stated that they wanted to stay in secure care – usually because they felt safe there, despite the fact that 'no one likes being locked up'. This dichotomy was confirmed by Marshall (2014, p88): 'We were told that most young people dislike secure accommodation but some do like the boundaries and clear expectations that help them to feel safe'. Many of those interviewed by Sinclair and Geraghty (2008, p67) also expressed 'feeling safe' in secure accommodation. However, they could not necessarily define what they were safe from, leading to the comment: 'it seemed that the young people were repeating the phrase that professionals had used to justify placing the young person in secure care' (ibid, p68).

Among those interviewed by Sinclair and Geraghty (ibid), some young people who had experienced secure care felt that it had been beneficial – helping them realise the consequences of their behaviour and to change, for example, how they treated other people or going out and drinking. However, several who had had more than one period in secure care suggested that they had not learned anything – as soon as they were out, they did the same things and ended up back in again (ibid).

Young people have also highlighted that secure accommodation is not effective because they return to the same environment they were in before being placed in secure care. Some express fear of leaving because of the situation to which they will be returning. One explained to the CSE Inquiry: *“It’s okay in secure. It’s rearing someone in captivity. You know where to go, what to do. But then you get released into the wild, and it’s f***** wild out there”* (Marshall, 2014, p88).

While in secure care, young people are subject to a highly restricted routine. Some interviewed by Miller and Macdonald (2012, p15) ‘felt that a more gradual reintegration back into society would be more beneficial’, with whole days out in the community on their own before they are discharged.

KEY FINDINGS OF THE CHILDREN'S LAW CENTRE'S CONSULTATION WITH YOUNG PEOPLE IN LAKEWOOD SECURE CARE CENTRE

PROCESS

The UN Committee on the Rights of the Child is scheduled to examine the United Kingdom's compliance with its obligations under the UNCRC in 2016. To inform this examination, the Children's Law Centre and Save the Children NI developed and submitted a *Northern Ireland NGO Alternative Report* following a process of extensive engagement with a wide range of NGOs. Youth@clc, the Children's Law Centre's youth advisory group, also led the development of a young people's report which was submitted separately to the Committee.²⁵

In developing these reports, CLC wished to ensure that marginalised groups of children and young people in Northern Ireland, including those in secure care, were consulted. Mindful that such groups may not normally have the opportunity to participate in formal processes, the intentions were to: provide them with information about their rights, include their views and experiences within the *Northern Ireland NGO Alternative Report*, and ensure that these inform the examination of the United Kingdom Government by the Committee on the Rights of the Child and the Committee's Concluding Observations in relation to the United Kingdom.

CLC also considered that a separate report outlining the consultation process undertaken with children and young people in secure care was necessary to ensure that their views in relation to how their rights are being protected and guaranteed in Northern Ireland are fully conveyed. It is hoped that this report, including the relevant international children's rights standards and an analysis of relevant research, will be a useful tool for civil society, public authorities, public officials, politicians and all those working with and for children and young people in secure accommodation - building understanding about the young peoples' knowledge and experiences. Dr Deena Haydon was commissioned by CLC to assist in the consultation process and prepare this report.

The Children's Law Centre conducted consultation with young people in Lakewood Secure Care Centre during March-April 2015. Following an initial meeting with senior staff to gather background information and agree a process for the consultation, every young person in the Centre was given an *Information Sheet* and *Expression of Interest/ Agreement to Participate Form*. An *Information Sheet* and *Consent Form* were also sent to the person with parental responsibility for each individual. Subsequently, the two people conducting the consultation - Dr Deena Haydon and John Patrick Clayton (Policy Officer, Children's Law Centre) - accompanied a representative of NIACRO's Independent Representation Scheme to Lakewood on

²⁵ Both reports, submitted to the UN Committee on the Rights of the Child in June 2015, are available to view at www.childrenslawcentre.org.uk

one of her weekly visits to the Centre and introduced themselves to the young people in each unit with the help of the NIACRO representative. The young people were then consulted over three consecutive Wednesday evenings, with food and drinks provided for the units at each session.

Group discussion

A group discussion with young people in each unit (4 in Pi: 3 females, 1 male; 6 in Arc: 5 females, 1 male) started with a description of the process of reporting to the UN Committee on the Rights of the Child and explanation about why the young people were being consulted. The group was next asked to consider what rights they thought children (i.e. under-18s) should have and whether they thought children actually have these rights. The final element of this session focused on the UNCRC general principles: whether they thought any groups experience discrimination; whether they thought organisations working with children/ young people (e.g. care homes, health services, schools) or courts make decisions based on the best interests of the child; whether children/ young people receive the help and support they need for their physical, mental, social and moral development; whether children/ young people are helped to express their views in all matters affecting them and whether their views are given due weight.

Staff were present during these sessions, for the purposes of supporting young people's engagement rather than being active participants in the process. The facilitators confirmed that: what the young people said would remain confidential unless they mentioned something that raised concern, which would then need to be discussed with staff; notes would be taken; what they said might be used in publications or presentations about the views and experiences of young people in secure care but any quotes would be anonymised; there were no right or wrong answers.

Interviews

Confidential interviews were conducted with eight individuals from both units (6 females, 2 males) - two on their own, six in pairs. Having clarified the reason for talking to young people in Lakewood, and that these discussions would explore whether they thought their rights were being promoted and protected, each interview started by confirming the limits to confidentiality, that quotes would be anonymised, and that there were no right or wrong answers.

Following affirmation of consent, each young person was asked their age, how long they had been in Lakewood, and whether they had been placed there before. They were then asked to elaborate on previous group discussion of the UNCRC general principles: non-discrimination; best interests; life, survival and development; participation – in care, in decisions about use of secure care, in court, in Lakewood.

The second part of the interview focused on everyday life in Lakewood: mix of ages and needs; living in a group; rules and routines; responses to 'bad' and 'good' behaviour; contact with friends and family; privacy; raising issues and making complaints; education; leisure opportunities; specialist services; preparation for leaving; experience of the Juvenile Justice Centre.

Subsequent meetings

Following submission of the *Northern Ireland NGO Alternative Report* to the UN Committee on the Rights of the Child in June 2015, CLC jointly hosted, with Save the Children NI and the Northern Ireland Commissioner for Children and Young People (NICCY), a visit by two members of a Task Force appointed by the UN Committee to examine implementation of the UNCRC in the UK.

In preparation for this visit to Northern Ireland on 4th-5th September 2015 by former Chair of the Committee, Kirsten Sandberg, and current Vice Chair, Amal Aldoseri, a meeting was arranged with young people in each unit at Lakewood on the evening of 2nd September 2015. Using a similar process as that undertaken for the initial consultation, food and drink were provided while the process of reporting to the UN Committee, including the previous consultation with young people and development of a *Northern Ireland NGO Alternative Report*, were explained. The young people present (5 in Arc: 3 females, 2 males; 3 in Pi: all females) were asked to consider whether they would like to attend a meeting with one of the UN Committee members in a planned visit to Lakewood two days later, and to reflect on any specific issues they felt could be discussed during this visit. Staff were present in the meeting with young people in Pi, but not in Arc.

The UN Committee member - Professor Kirsten Sandberg - met with young people in Lakewood on 4th September 2015. This group of young people from both units included 3 females and 2 males. Lakewood staff were not present at the meeting. In addition to the facilitator, who had been involved in all the previous meetings, two staff from the Children's Law Centre were present as observers. Food and drink were provided while the young people were encouraged to contribute their perspectives about being in secure care and some of the issues that had been raised during previous meetings by themselves or others. One young person had written a list of 'Points I would like to make about my life in secure care', which she gave to Professor Sandberg. This visit gave children and young people in secure accommodation a unique opportunity to represent their views directly to a member of the UN Committee on the Rights of the Child and to inform its examination of the situation regarding children's rights in Northern Ireland.

Presentation of consultation findings

For each session, detailed written notes of comments made by young people were recorded contemporaneously and immediately afterwards by the two facilitators. Once word-processed, these were compared, verified and retained. The following findings draw on contact with 21 individuals (15 females, 6 males, aged 12-17) during group discussions, interviews, meetings plus the written list of points presented by one young person. To ensure the confidentiality of those involved, the only detail referenced is their gender.²⁶ Direct quotes have been represented in italics. These 'snapshot' consultation findings reflects the range of issues raised during interactions with the young people, offering valuable insights. Combined with previous research, they provide a sound basis for discussion about how the needs of these vulnerable young people can best be addressed in ways that promote and protect their rights. As already highlighted, the consultation with young people combined discussion of their experience of their rights generally, whilst in care and within Lakewood.

MAIN FINDINGS:

IMPLEMENTATION OF THE UNCRC GENERAL PRINCIPLES

Non-discrimination

Differential treatment of children and young people 'in care'

Consulted young people considered that they were more closely monitored by social workers than their peers were by their parents/ carers. Some commented that social workers are *"too sharp ... you do the wrong thing and they're right down on you"*. A young woman commented:

"You are treated differently. There are people out there [outside Lakewood] that are 10 times worse. Just 'cos we have social workers, we're in here. They don't let you do anything."

This differential treatment included what the consulted young people saw as harsher responses to their drug use. One young man stated:

"If you're in care, you're treated differently. Your social worker's onto you if you take drugs. Then you're sent here [to Lakewood]. Other people are taking drugs, all your mates are taking drugs, and nothing happens to them. They wouldn't end up in here."

²⁶ All of those consulted were aged under 18 and therefore 'children' according to the UNCRC. However, recognising that those aged 13-18 generally dislike being defined as 'children', the term 'young woman' or 'young man' has been used when referring to individuals within this age group.

Four young women, interviewed separately, described being followed by social workers when they were in residential care. They each talked about getting on a bus and a social worker stopping the bus driver from taking them on their planned journey, sometimes publicly informing the driver (and other passengers) that the young woman was at high risk of sexual exploitation:

“You’re followed by social workers everywhere, with their things round their necks [identity badges] an’ all. When I was in the children’s home, I had 3 social workers following me. If I got on the bus they would get on and try to stop the bus driver from taking me anywhere.”

“Staff follow you and get the cops to stop your bus. They say things like ‘This person’s high risk, code red, sexual exploitation’. That’s not right. That should be private, not said in front of everyone on the bus. It’s embarrassing.”

Right to life, survival and development

Not being able to make choices

Discussing whether children and young people receive the help and support they need for their development (in terms of education, health, play and leisure, having enough money to live on, being cared for and looked after, being protected from harm), consulted young people described wanting to:

“live the life you want ... not what people choose for you”.

For some, this meant being able to make choices that adults may consider unwise. A young woman explained:

“You should be able to take drugs if you want to. I want to take drugs and just laze about!”

Lack of appropriate responses to vulnerable young people

Noting the potential negative impacts of available care placements for vulnerable young people, one young woman talked about being in an intensive residential care home before being placed in Lakewood:

“with 6 other young people who’ve all got loads of problems – all being together in one place, you’re bound to go mad!”

In response to a question about the support needed by young people to stop them being sent to Lakewood, a young woman stated: *“You need help outside, while you’re off the rails”*. Asked what kind of help was required, she responded:

“anger management ... managing your own safety.”

Best interests

Choices being made for you by others

Discussing whether or not decisions are made in the ‘best interests of the child’, those consulted agreed with one young woman’s statement: *“Every choice is made for you ... the majority of us want different decisions to be made.”* They generally resented what they viewed as decisions being made for them.

One young person described the attitude of social workers as: *“we know what’s best ... we’re professionals”*, another stated: *“social workers have control”*.

Some felt that social workers made decisions on their behalf without really knowing them. One stated that care staff and social services *“only know stories about you”*, making judgements based on what they read in social services files:

“They say they don’t judge you, but they do. I understand that they need to be sensitive to what’s gone on for you. But they just read all this stuff about you and make judgements. The files record everything from the day and the hour you became involved with social services.”

A young man stated that the people making decisions about him did not know him – only meeting him when negative things had happened. It was his view that: *“what’s on paper and what’s in life are two different things.”*

Decisions considered not to be in their best interests

A young woman described how, for looked after children:

“Decisions are made for you about everything. But I don’t think they’re made in my best interests. I wasn’t even allowed to go to the shop. I was always reported as missing. The ‘trust’ system [opportunities to engage in activities for a specified period of time, based on ‘good’ behaviour] is used in children’s homes but I never had trusts.”

Confirming a strong sense amongst consulted young people that their views were not taken into account when decisions were made about matters affecting them, another young woman stated: *“They should listen to me. It’s not best for me to be in here”*. She continued: *“If I want to go back on herbal [legal high], I’ll go back on it”*.

These examples illustrate the tensions involved in taking a young person's views into account while responding in the 'best interests of the child' when their actions are potentially harmful or they do not have the same level of concern for their own well-being as the adults who are responsible for their care.

Lack of competence in under-16s

One young woman believed that those aged under 16 lack the competence to make decisions about what help and support they require:

"If they're under 13 they definitely need help – they don't have the ability to make their own decisions. If they're 13-16 they still need help."

Recognising the need for earlier intervention, this young woman stated:

"They need support and help earlier – when they're still a child. I needed a social worker when I was a child but one didn't come into my life 'til I was 14. The support we have now would have been better when we were younger. It's too late when you're 16 or 17, you don't want help then. You need it when you're younger ... It should be way, way younger. There's always going to be cases that won't get picked up, but you need to help the ones you can get."

Need to address the underlying causes of 'bad' behaviour

Another young person highlighted her view that children's 'bad' behaviour becomes the focus of attention, with an emphasis on punishment rather than identifying and addressing the underlying causes of such behaviour:

"Children are called 'brats' if they're behaving badly. They're punished. But there's a reason why they're behaving badly. People should find out the reason. I wasn't bad because I wanted to be. There was stuff going on. I couldn't talk to teachers."

Lack of confidentiality

Asked about the kind of help and support children need, some considered that lack of confidentiality undermined children's use of the counselling services offered in schools: *"They pass stuff on to social workers and you'd worry that you'd be put into care for stupid reasons."*

The idea that information is 'passed on' to social workers, which then has significant consequences for individuals, was a key issue for those consulted. Some young people considered that social workers 'over-react'. Two young women believed that

they were in secure care *“because social workers make a big deal out of things”*. One explained:

“I’m from [area], she’s from [a different area]. Taking drugs, getting drunk is just normal for both of us. Social workers are posh – they don’t get it”.

Illustrating the vulnerabilities of young people who do not perceive potentially harmful behaviours as such, this example demonstrates the tensions that can exist in relationships between young people and the adults responsible for their care and protection. While some recognised the need for adults to respond to harm, consulted young people felt the automatic response was ‘protection’. Rather than staff being reactive in every situation, they felt that there should be more discretion about how ‘risky’ a situation is and whether information needs to be passed on.

In discussion about confidentiality, one young woman appreciated that *“if something bad has happened, it should be passed on – if someone is going to be saved from something.”* But she was concerned that *“they pass on things you’ve said, even though it’s not that serious, and that can mess up your whole life”*.

One young woman explained, *“How staff act affects which member of staff you go to with an issue.”* Asked how staff could develop trust with young people, and what those she trusted *do* that is different from staff she would not talk, she replied:

“They make their own mind up about how risky a situation is and whether they need to pass information on. They should decide ‘Yes’ or ‘No’, instead of all doing the same thing. I understand where staff are coming from and it’s hard, a tricky one. If there’s a really high risk, and they couldn’t manage it, I can understand them passing it on.”

Participation

1) while in care

Two of the consulted young people described foster care placements which they considered inappropriate, as they had placed quite a distance away from where they had been living. One raised concern about her mother not being able to afford to visit her in her new foster care placement and being placed with a lesbian couple: *“I didn’t want that, like.”* The other was placed with a single woman in her sixties and described how she *“just sat and watched telly all day, wasn’t allowed a phone or internet”* before repeatedly running away.

Most of the consulted young people felt they had not been listened to in their LAC reviews. One mentioned that she had decided not to attend because *“You’re not listened to. I’d get pissed off – people just write stuff down but say nothing.”* An

advocate from VOYPIC [Voice of Young People in Care] now attended on her behalf. A second stated: *"They make decisions but don't listen to you when you tell them what will happen if they do that."* She recounted how it was decided at a LAC review that contact with her mother should be supervised despite her protestation that, because of her mother's own care experiences and dislike of authority, this would mean her mother would not visit. The young woman's prediction was realised and she reported that she consequently had no contact with her mother while in Lakewood.

Raising the negative impact of 'formal' interactions, and an emphasis on recording experienced by young people in care, one young woman stated:

"I'd like it if you could sometimes talk to people and they didn't write down what you said."

Another expressed frustration about minimal interaction and the sharing of information (e.g. about alleged sexual relationships) in meetings attended by a range of professionals:

"I didn't feel listened to, not even a wee bit. You go into a room full of people and they're talking about you and writing stuff down, and you're sitting there like a dick. They're sharing information that I thought was classified – 'She's with this one and she's with that one', and I'm not with any of them. But that's my private business, they're talking about my private business."

One young woman was adamant that the parents of looked after children should also be involved in decision-making processes:

"It should be your Mum or parents making decisions about you ... She's the one who gave birth to me. She's the parent. She should have some say."

2) in decisions about use of secure care

Two young people felt that secure accommodation was an inappropriate response to drug use by young people, arguing that this was a criminal justice issue which should be addressed by the police or criminal court:

"The police should do their job and stop drug dealers. Then people wouldn't be taking drugs."

"Drugs are illegal, so if you're caught taking them you should be sent to court instead of Lakewood. Your social worker should go to the police, not take you to the [Restriction of Liberty] Panel."

Two of those consulted suggested that young people should be able to make their own decisions, including about placement in secure care, when they reach the age of 16:

“You’re kept in Lakewood ‘til you’re 18. When you get to 16, you should have a choice about where you want to go – at 16 you’re a young adult and should be allowed to make decisions ... I’ve been here too long [5 months]. I needed help the second time I came in, but I’m coming up to 17 now and I’m not gonna kill myself. There’s a big difference between being nearly 17 and being 13. When I was 13, I couldn’t make my own decisions.”

“They should help you ‘til you’re 16. Why can you do certain things when you’re 16, but you can be put in Lakewood ‘til you’re 18?”

Suggesting that some behaviours are exaggerated by social care staff in an effort to gain a placement in secure care, one young man argued: *“They say you’ve been worse to get you in here, to meet the criteria to get into Lakewood”*. He reported reading in the minutes of a LAC review about things he had never heard mentioned before, or things that he had supposedly done which he stated were untrue (e.g. it was proposed that he had been on drugs for days before coming to Lakewood, which he argued could not be true because he had spent two days during this period in a police station). A young woman concurred: *“stuff in LAC reviews is pure crap – if they can’t manage you, they’ll do everything in their power to get you in secure”*.²⁷

3) in court

A few young people mentioned that, in their view, their legal representation was poor. One stated that her solicitor had not listened or told her what was going on, another that her solicitor did not turn up for court. In contrast, one young woman felt that her legal representative did listen to her, commenting *“she gives it ninety in here [Lakewood], always tellin’ them they can’t do this and that!”*

Most young people felt that they had no say in court when a decision was being made about whether they should receive a Secure Accommodation Order. One

²⁷ Under Article 26 of the *Children (Northern Ireland) Order 1995*, Health and Social Care Trusts have a duty, before making any decision with respect to a child whom it is looking after or proposing to look after, so far as is reasonably practicable, to ascertain the wishes and feelings of the child, their parents, any person who is not a parent but has parental responsibility for the child, and any other person whose wishes and feelings the Health and Social Care Trust considers to be relevant. In making any decision, the Health and Social Care Trust must give due consideration, having regard to their age and understanding, to the ascertained wishes and feelings of the child and to the wishes and feelings of any other person mentioned above.

commented: *“If the social worker says they want you to get 3 months, you get what the social worker said.”*²⁸

Despite being present, a young man stated: *“I went, but no-one asked me what I thought.”* He commented that there should be a right to appeal against the judge’s decision.²⁹

Acknowledging tension between responses to their harmful risk-taking behaviours and their own views, one young woman explained:

“I went to the court but didn’t talk. [The judge] said I was putting myself at too much risk from taking drugs and didn’t know why I was doing it. She said she knew I didn’t want to go to secure, but felt I needed to be sent here.”

Another revealed the personal conflict associated with recognising risks while not wanting to be deprived of their liberty:

“At Court the judge doesn’t listen to you. I was asked what I thought, but the social worker had more say – they said I was high risk. I understood the decision, but don’t want to be in Lakewood. I know the risks but I don’t want to believe them.”

REFERRAL TO SECURE ACCOMMODATION

Resentment about being locked up

Consulted young people resented being ‘locked up’. One young woman commented:

“I wanna get out of this place. I shouldn’t be here. As far as I’m concerned, the whole place should be burnt down.”

²⁸ Under Regulation 10 of the *Children (Secure Accommodation) Regulations (Northern Ireland) 1995*, the detention of a child in secure accommodation must be kept under review by a panel of at least three persons, at least one of whom must not be a member, director or officer of the authority by or on behalf of which the child is looked after. Under Regulation 11, the panel must have regard to whether or not the criteria for keeping the child in secure accommodation continue to apply, whether the placement in secure accommodation continues to be necessary, and whether any other accommodation would be appropriate. Before conducting these reviews, the panel must, unless it is not reasonably practicable to do so, seek the views of the child, their parents, any person who is not a parent but has parental responsibility for the child, any other person who has had care of the child whose views the persons appointed consider should be taken into account, the child’s independent visitor if one has been appointed, and the authority managing the secure accommodation in which the child is placed if that authority is not the authority which is looking after the child.

²⁹ It should be noted that, under *Article 166 of the Children (Northern Ireland) Order 1995*, a right of appeal against the making of a secure accommodation order under Article 44 of the 1995 Order does exist.

Another argued that secure accommodation should not be an option when decisions are being made about responses to young people:

“You should have meetings, like LAC Reviews and stuff like that, where secure is off the list of options ... What you need is a support worker, someone to talk to.”

A third highlighted how secure accommodation is perceived to be a punishment:

“There shouldn’t be a place like this. We’re not bad people.”

A young man questioned the value of short-term responses to young people’s risky behaviour, including secure care:

“They say to me in here that using drugs is a short-term solution. But being put in here is a short-term solution. And it doesn’t work.”

Feeling unprepared for the move to secure care

Most of the young people stated that they did not know they were being sent to secure care. They had not been told in advance when a meeting was due to be held about this possibility and described their move as happening very quickly:

“I came into secure on my 17th birthday and didn’t know I was coming in. I didn’t know my case was going to the [Restriction of Liberty] Panel.”

“There had been a lot of talk about secure, but I didn’t know I was coming when I did. It was almost a threat: ‘If you don’t ... you’ll be going to secure’.”

A young man described the distress he experienced:

“I had no idea. I was arguing with staff in [residential care home] about phone top-ups and was told ‘You’re going to secure’. I said ‘When?’ and was told ‘Now’. I was greetin’ [crying] all the way here. I didn’t even cry when I was told I was adopted. But I cried in the car all the way here, for about an hour and a half, in the police car that brought me here. That says something.”

Repeat admissions

Repeat admissions were raised as an issue by a number of consulted young people.

Ineffective response

One suggested that repeat admissions were indicative of an ineffective response to the needs of the individual concerned:

“If a young person ends up in Lakewood once, I can understand that. But if they keep coming, it obviously isn’t working.”

Long periods in secure care

Repeat admissions mean that some young people spend a long time in Lakewood. One commented: *“I’ve been in Lakewood 18 months on and off, with 3 months outside altogether”*.

No clear discharge date

A young man highlighted the issue of there being no clear ‘discharge date’ for young people placed in secure care: *“You should have more rights. No-one should be in here longer than 3 months”*. He contrasted this with detention in custody, which he said would be preferable:

“You shouldn’t be locked up and not know when you’re getting out. At least in the JJC [Juvenile Justice Centre], or in prison, you know your time and then you get out. If you’ve killed someone, you do your ten years or whatever it is and you know what date you’re out and then you’re out and that’s it. In here, you know your next court date but then they can lock you up again.”

Delay in re-admission

In contrast, one young woman said that she had to wait for months to be re-admitted to Lakewood because *“no placement was available and there were a load of younger ones needing places”*.

EXPERIENCE OF SECURE ACCOMMODATION

Over-restricted movement

Movement around Lakewood is very restricted – doors to every room are locked as people enter or leave, although rooms lead to a locked corridor. One young man said that he would rather be in the Juvenile Justice Centre because it was less restrictive. Clearly articulating frustration, he remarked:

“No-one should be here ... Every decision is made for you – where you go, when you eat, when you go to bed. Staff coming to work here should have to

spend a day living how we live, so they know what it's like. They should have their keys taken off them so other staff have to let them in and out of rooms. They should know what it's like to have to ask for a key to go for a crap."

Asked what they would like to change about Lakewood, one young person stated: *"Take locks off the doors – not have so many."* Another commented: *"There are certain areas within the unit that should not have a lock (the Common Room, the X-Box room, the kitchen)."*

Basic environment

The physical environment was described by one young man as being very drab, with *"no colours, nothin' exciting"* on the walls or in the furnishings. One young person felt that *"our bedroom and Common Room furniture should be more comfortable, especially our mattresses which can have a negative effect on our spines."* Another suggested: *"We should have carpets in our rooms."*

Separation on arrival

Young people described spending the first 24 hours in Lakewood *"on your own in your room, to settle in – you're kept apart from the others, you're eased into the group."* One commented, *"If you've been in before, you might be allowed to join the group quicker than that."*

Two talked about feeling scared during this period of separation:

"When I arrived here I was put into a room. I thought 'What have I done to be put out of the group?'"

"For the first 24 hours you don't have a clue. You go in, you get locked in your room and you're like 'What the fuck!'"

One young woman had no recollection of being brought to Lakewood:

"When I got here, I wasn't conscious. I woke up the next day and burst into tears. I was freaked out. I didn't remember coming here and was walking from wall to wall. I stayed in my room for 24 hours and wasn't let into the group."

Mix of children and young people

Mix of ages

Lakewood accommodates 13-17 year olds and, occasionally, 12 year olds (following receipt of approval from the Department of Health, Social Services and Public

Safety). Noting a practical consequence of this wide age range, one young person commented: *“If you’re 17, you’re in with all the others. If there’s a 12 year old in, you can’t watch DVDs rated over-12.”*

Some of those consulted considered that younger residents observed and then copied the behaviour of the older teenagers:

“Younger ones are influenced by the behaviour of older ones in here.”

“Some people are sheep, they’ll just follow the older ones.”

“It’s like in care. Sometimes the care system makes young people worse, not better. Some care homes, you go in innocent - just smoking a bit of blow or something - and you see all the others doing much worse and you end up a lot worse.”

“Younger ones shouldn’t be in with older ones. The 13 year olds look up to us older ones, so they copy us. If we do more shit, they’ll want to do it.”

One young person suggested that *“the secure units should be split according to age”*, with one unit for under-15s and the other for over-15s.

A number of 17 year olds talked about different educational arrangements and the importance of preparation for living independently for their age group.

Mix of sexes

While agreeing that the mix of females and males in each unit was OK, one young woman described how, in her opinion, *“Some of the girls carry on with the boys ... sticking their bum out an’ all that, tossing their hair, cosyng up to them when they’re sittin’ next to them”*.

A young man raised the issue of what he considered staff *“over-reacting”* to physical contact between male and female young people:

“If you’re sitting on a sofa next to a girl and touch her arm, staff are straight onto you: ‘That’s high risk’. Just for touching her arm or something! I could understand it if I was on top of her, like, but just touching her arm – d’you know what I’m saying? If two people are huggin’ each other, staff’ll say things like ‘Knock it off, or you’ll be separated’.”

Mix of needs

Most of the consulted young people described those in Lakewood as being placed in secure care “for drugs”, “for sexual exploitation” or “underage sex”, or because they had been “staying out all night”.

One young man also acknowledged that some presented challenging behaviour and/or required specialist support:

“We’re all in here for drugs and they can’t handle us. Some of the others are here for sexual exploitation or because they’ve been raped – they need special help.”

He felt that there “should be a place for ones who need help with sexual exploitation” while “ones in for drugs should be in a different unit”.

A young woman noted that individuals might have very different reasons for using drugs:

“We might all be in for drugs, but some take them for the buzz, others take them to help them block out what’s happened to them, like, in their past an’ all.”

Having stated that all the young people were in Lakewood “for drug use”, another young woman added “but there are people with proper mental health problems in here.” A third young person recognised that “everyone will say ‘drugs’, but it’s usually other things too. They don’t tell you what.”

Living in a group

Different preferences: group/ individual

Two young people stated that they preferred living with other young people to being in foster care. Others commented: “you just get on with it – it’s every man for himself”, and “I’d prefer to be on my own”.

Tensions

One young woman said: “The dynamics get too much and you can lose the head at someone”. She described having to “watch your tongue all the time or you could end up hurting people’s feelings without knowing it as you don’t know their past history”.

Inter-group conflict was a constant possibility:

“People in here are always bitchin’, always at each other, slabberin’ [arguing].”

“There’s a lot of bitching amongst the young people. It’s hard if you don’t fit in with the girls but you’re not a boy! You feel you have to watch what you’re saying all the time – someone can take what you say the wrong way and it can all blow up into a row.”

Recognising the difficulties involved when living in an intense, closed situation with people they did not know, one young man stated: *“People don’t be themselves”*. He also described *“people getting at each other. You’re all in here together, slabberin’, not much to do.”*

Rules and routines

Asked how they found out about rules and the way things operated in Lakewood, one young person stated that a pack was left in her room when she first arrived. However, another commented that she did not know she was supposed to read this pack – she found out by watching what others did.

Points

At the time of the initial consultation in March 2015, the incentive/ points system in place was as follows: young people were awarded ‘points’ between 0-5 every day by staff for their behaviour (including attitude, language, safety, how they managed themselves in a group or individually) and given their final score for the week on a Thursday. This score affected each individual’s bedtime and ‘trusts’. One young person said that they were unaware of this points system.

‘Trusts’

Built up over 14 days and linked to LAC reviews, ‘trusts’ were activities such as going out for a coffee, to see a film or on a shopping trip with a member of staff - agreed between staff and the young person, and then by other relevant agencies or the young person’s family.

A young person explained how ‘trusts’ are negotiated:

“You decide your own ‘trusts’ and build them up. Like, you go out shopping or to a film or something. You get out for 45 minutes on your first ‘trust’, then an hour on your second one. It’s rare to get a day trip ... They don’t do group ‘trusts’ any more, in case people run off.”

When one young person argued that *“there should be more trusts”*, another suggested: *“there should be group trusts, with the ones from the other unit.”*

Bedtime

All the young people complained about early bedtime, commonly describing it as *“ridiculous”* that they had to go to bed so early (e.g. for one 13 year old bedtime was 9.30pm, for one 15 year old it was 10pm, for one 17 year old it was 9.45pm while for another it was 9.30pm).

Questioning the imposition of bedtimes, one young woman stated:

“You should have the right to make decisions for yourself, within boundaries. Like what time you go to bed. In here, if you’re 13, your bedtime’s half 9. But I wouldn’t usually go to bed ’til half 11. That’s way too early. I don’t go to sleep ’til half 1.”

Having commented that his bedtime (10 o’clock) was *“the time I’d be going out half the time if I was outside!”*, a 15 year old young man wryly stated: *“I don’t know why it’s so early – it’s a secure unit!”*

One young woman felt that *“As a 17 year old my bedtimes are too early and there should be a system for us to earn extra time at night with positive behaviour”*.

According to a number of young people, the electricity was turned off at 11.30pm: *“You can be watching a film or something and it just goes off. You can’t just switch your own lights out.”*

One young person raised the issue of night staff being *“very loud”* – occasionally waking young people up and *“making it very hard to get a proper night’s sleep”*.

Smoking restrictions

One young woman stated: *“Most people in here smoke. You’re allowed to smoke at any age, if your parent agrees.”* Staff kept young people’s cigarettes and lighters, and young people were allowed 3 ‘smokes’ [cigarettes] a day – at 1pm, 5pm and 9pm.

According to a second young woman, *“our access to cigarettes is unfair”*. Noting that the limited number of cigarettes at specific times *“doesn’t help us on certain occasions when we really need a cigarette”*, she argued that each person should have two additional cigarettes a day – one in the morning and another when they felt stressed or had received bad news. A third young woman believed that they should have cigarettes *“whenever you want, instead of 3 a day”*.

One young man stated: *“It’s ridiculous putting a limit on smoking. It’s hard to reduce so much – I smoke at least 40 roll-ups a day usually”*. He also mentioned that smoking allowed some routine during school holidays.

There had recently been discussion about the South Eastern Health and Social Care Trust’s non-smoking policy being imposed throughout the building. A number of those consulted reported that this would lead to high levels of tension, likely to prompt disruptive behaviour:

“If we can’t smoke, there’s goin’ to be a riot. It’s the only reason we behave – to get our smokes”.

“Once the smoking goes in here, everyone’ll crack up and end up over there [in the Juvenile Justice Centre]. Smoking’s the only thing that keeps me calm.”

Inflexible diet and menu

One young woman considered that *“our diet should be less structured”*, adding that she would: *“like more flexibility in the menu from week to week”*.

Responses to ‘bad’ and ‘good’ behaviour

Being denied access to cigarettes

Asked what happens when someone is not getting on with others or is not behaving well, one young woman responded *“if you kick off, you’re sent to your room, you don’t get your smokes.”*

Another stated:

“Unit staff use our access to cigarettes as a tool to control our behaviour. If we do not follow certain rules, they threaten they will take our cigarette access away from us.”

A third affirmed: *“You wouldn’t kick-off to staff because of the risk of them stopping you smoking.”*

Use of restraint

Young people described use of restraint *“when someone kicks off”*:

“If you slap someone, you will get put on your face.”

“You get put on the floor with your hands behind your back and they take your shoes off you.”

However, one young man pointed out that *“staff do use restraint but try to cool things down. They don’t rush to do that.”* He described how other strategies are employed:

“I’ve seen people right in their [staff] faces and they haven’t reacted. They’ve tried to calm them down. You’re sent to your room on a ‘time out’ for 15 minutes. They’ll check on you and, if you’re not calm, you go for another 15 minutes. If you’re calmer, you come back to the group. Staff try to talk you down.”

Isolation

One young woman commented that:

“You can be put in an empty room – a completely empty room without your clothes or anything, no TV, no radio. They just keep you in there and don’t take you out to education or anything.”

Rewards

Asked about rewards for ‘good behaviour’, one young person said: *“You get points each week, that’s it.”*

The most common response was *“later bedtime”*. One young person stated *“You can get a ‘late bed’ of 11pm, but that’s impossible to get”*. Another described her delight at receiving an 11pm bedtime during her previous placement in Lakewood: *“It felt pretty good being able to walk down the corridor at night alone!”*

Contact with family and friends

Restricted phone calls

While in Lakewood, young people do not have access to mobile phones and only have access to the internet via C2K ICT within the school.

Young people objected to these restrictions, explaining that they were not allowed to make personal phone calls until after 6pm and before 9pm, and that they could only make two calls a night.

One young woman questioned the appropriateness of the time restriction:

“If I was upset about something at 4 o’clock, I should be able to call and talk to my Ma. I may not want to call her at 6, I may not want to relive it all then.”

Another young person described feeling frustrated about not being able to make more than two calls:

“The other night I tried to ring my Mum and she didn’t pick up the phone. So I tried her again a bit later and was told by a member of staff that would be my second call. But I didn’t speak to her the first time, so how’s that my second call? That’s not fair. And that’s happened a few times.”

Contact list

Explaining that each person’s social worker draws up a contact list of people they are allowed to ring, one young woman expressed annoyance that *“You can’t phone your mates ... someone who doesn’t even know you decides who you can talk to”*.

Another commented: *“You can get a bit loopy in here without your mates.”*

Absconding

Two of those consulted talked about absconding – one while out on a ‘trust’ with staff and the other from court. The first said that she had met up with a large group of friends, got drunk and ‘taken blues’.³⁰ She reported being found by the police and placed in cells before being returned to Lakewood.

Lack of privacy

Supervised phone calls and visits

A few young people mentioned that staff supervised phone calls. One stated: *“You should have the right to private phone calls.”*

Another young person felt that family contact time should also be private:

“Currently, all my family contact time is supervised by a Social Worker who constantly takes notes while we are talking and, on occasion, interrupts our conversations”.

³⁰ ‘Blues’ is a slang term for tranquiliser drugs.

Constant monitoring

One young woman noted the extent of monitoring experienced by young people within the centre:

“There’s no privacy at all in here. Staff sit in the room while you’re on the phone. You can’t whisper to each other, or draw pictures, or pass notes, or anything.”

When discussing leisure opportunities, a young man said:

“The lads can play X-Box or go to the pool room, but there are still staff there and you can’t say as much as you’d like.”

Raising issues

Talking to staff

Asked whether they would be happy talking to staff if they had an issue they felt needed to be sorted out, two young people in a group of five said “No”, although one of them added that she might talk to her key worker.

In a list of points about their life in secure care, one young person stated:

“I feel our Key Workers and Co-Workers should be assigned individually to each child and not have to share responsibility for other young people.”

Unit meetings

Acknowledging that there is an opportunity to raise issues at a regular Thursday evening group meeting in each unit, these were considered inappropriate forums for making complaints. A few of those consulted described everyone “*slabberin*” [arguing] and one commented that, if issues are raised, “*nothing changes*”.

One young man noted: “*in the group, people think you have other people on your side*”. His solution to assumed allegiances was taking individuals out of the group and encouraging them to resolve problems by talking directly to each other.

Independent Representation Scheme

Some young people were aware of the Independent Representation Scheme operated by NIACRO [Northern Ireland Association for the Care and Resettlement of Offenders], especially if they had been in Lakewood before. They mentioned raising

complaints about not being able to use the multi-gym, bedtimes, and the electricity being turned off at night.

Making complaints

One young woman noted that individuals were given a complaint form when they arrived at Lakewood. She said that she would tell someone from the Independent Representation Scheme if she had a complaint, or a trusted member of staff.

However, two young people suggested that staff would not take a complaint seriously – one commented *“frankly, they do fuck all”*, the other that *“they’d make a joke of it”*.

EDUCATION

Previous educational experiences

A number of those consulted stated that they had not been attending school before they were placed in secure care or had been expelled. One 17 year old stated that she had not been in school since she was 12, despite her mother receiving a £1,000 fine for non-attendance.

Non-attendance while in Lakewood

Those consulted explained that under-16s who did not want to attend education had to stay in their room, with no electricity and therefore no access to TV, until ready to return to the classroom. These restrictions were not placed on over-16s (who are over the age of compulsory schooling), which one commented was *“not fair on the others”*.

Staffing and the school day

Implying regular turnover or mixing of staff teams, one young woman stated: *“I would like the teacher/classroom assistant teaching teams to stay the same all the time.”* She also considered that the school day should be extended: *“... as we are in secure, I would like the school day to last longer – until 5pm”*.

Curriculum

The education provision was described as *“crap”* by one young man, who felt *“you don’t learn anything.”* A young woman made the same point: *“you don’t learn anything useful in Lakewood”*, while a third individual said: *“In a normal school you learn everything, but not here.”*

Some noted that the curriculum in Lakewood focused more on Maths, English and essential skills. One commented: *“You’re not getting anywhere with it though – you don’t get GCSEs or A levels. It’s a different curriculum to what’s in schools.”*

Although one young woman felt that the school work was *“babyish, so easy”*, she enjoyed youth work provision *“about depression and ideas for how to cope”*. Other young people mentioned the youth work being *“good”*, in particular *“doing activities”*.

16+ provision

One young woman aged 16 talked about not being able to study History, Science or practical courses in Lakewood, which limited her options and disadvantaged her in comparison with peers in mainstream education:

“What I want to do in the future, I need Science for. If you’re 16+ you do Maths, English, ICT, Art, PE [in Lakewood]. But you can’t do things you could if you were outside. Like, I’m interested in engineering and mechanics. But I couldn’t be looking under a car bonnet or anything like that because of Health and Safety.”

Asked whether young people were able to go to Tech [Technical College] for courses, she replied *“No”*.

Another young woman believed those aged 16+ should be able to attend the Tech and should also receive an Education Maintenance Allowance *“like I would if I was outside”*.

Future educational plans

Two young people assumed that they would not be able to return to the mainstream school they had previously been attending and progress with their studies when they left Lakewood. One of them was particularly concerned about how she would select GCSE options if she had been de-registered, and the possibility of having to repeat a year.

A few individuals mentioned attending alternative education projects, ‘Pathways’, or the ‘Give and Take’ scheme³¹ as possible future options.

³¹ ‘Give and Take’ is a pre-vocational employability programme provided by the NGO Include Youth for vulnerable 16-21 year olds not ready to participate in mainstream training.

PLAY AND LEISURE

Limited leisure opportunities

Asked what they were able to do during their leisure time (in the evenings and at weekends), those consulted mentioned a sports hall, pool room, and gym on the Lakewood site. They commented that they could play on the PlayStation2 or X-Box, but the availability of games was limited.

One young person suggested that there should be a *"bigger TV"* in the Common Room of his unit. Another stated: *"We should have a computer in each unit"*.

A number described Lakewood as *"boring"*, with *"nothing to do ... it does your head away"*. One stated: *"We need more to do. Not having things to do is why people kick off."* Another suggested: *"there should be more activities organised at night out of the unit"*.

One young man felt that there was *"not a lot to do fella-wise"*. Two of the eight young people in his unit were male and he considered that there was more for the young women to do: *"Girls have the beauty salon an' that."*

Restrictions on use of facilities

Young people referred to restrictions on use of facilities as a result of 'Health and Safety' (e.g. they described the multi-gym in the gymnasium being out of use because no member of staff had been trained to use it; the rubber-based basketball court being unusable because it was too wet and slippery in winter and too soft in summer). For those whose placement was extended, limited access to leisure facilities was a particular frustration.

Activities being curtailed due to staffing demands

'Trusts' were opportunities for each young person to engage in activities outside Lakewood with a member of staff. However, one described these activities occasionally being curtailed to accommodate demands on staff: *"Sometimes you have to get back because someone else is having their time out and staff need to get back for that"*.

SPECIALIST SUPPORT

Reluctance to accept help and support

Some consulted young people felt that they did not want the help and support provided in Lakewood:

“People in Lakewood should be the ones who want help. You should have the choice. I’m not gonna change just because I’m in here.”

“Adults can try and help you, but if you don’t want help you should be able to say ‘Fuck you’. I’d rather be outside Lakewood, with someone nagging me, than be in here.”

In contrast, a young man who had only been in Lakewood for two weeks and had not previously been placed in secure care stated that he worked with a number of services, commenting: *“They’re sweet [good] – gives you something to do.”*

Perceived lack of choice over engagement with specialist services

A few felt that they had no choice over engagement with specialist services³² while in secure care:

“You have to work with them to come out”.

“You’re forced to work with DAMHS in Lakewood. I don’t want to work with them outside, so why should I in here?”

One young man commented that he might feel differently if he actually had a choice about engaging with services:

“You have to see DAMHS and all that, but it doesn’t make any difference ... I don’t wanna stop takin’ drugs and I’m not goin’ to. I’ve been told I need to go to [name of place] for rehab. If I was outside and I was offered rehab, then I might take it – then it’d be my choice.”

Having to see too many different people

A number of those consulted mentioned that work with specific agencies was included in their ‘exit plan’. This might include working with: social workers, psychologists, counsellors, trauma specialists, psychiatrists, youth justice agency staff, probation, and project workers from various voluntary organisations.

Some raised the issue of having to see too many different people in a week. One young woman described *“seeing 11 or 12 people in the space of a week”* and asking

³² The services they mentioned included: DAMHS [Drug and Alcohol Mental Health Services], DAISY [service for substance misusers], FASA [Forum for Action on Substance Abuse], Breakthru [Drug and Alcohol Awareness], Safe Choices [Barnardo’s project for young people at risk of sexual exploitation], CAMHS [Child and Adolescent Mental Health Services], Family Trauma Centre.

for her exit plan to be changed so that the number of different agencies she had to work with was reduced.

A young man raised the issue of potential duplication:

“Before I came in here, I was seeing four different youth justice people – I don’t know why it wasn’t all stuck together.”

Substance misuse

Most of the consulted young people stated that they were in Lakewood for ‘using drugs’.

Two young people reported: *“You can get drugs in Lakewood”*, with one stating: *“you find ways ... the staff know it. They ring the police, but nothin’s ever found. We’re not stupid – you don’t put it in your pockets, like!”*

Some young people commented that they thought it was unrealistic to expect young people not to drink or take drugs: *“My social worker expects me to go out of here and not drink – what?!”*

Many of the consulted young people stated that they intended to continue taking drugs. Talking about what she planned to do when discharged, one young woman focused on accessing a legal high at the earliest opportunity: *“I can’t wait to get out. Think of the hit I’m gonna have with my first high!”* Another resented being in secure care as a result of substance misuse: *“I take drugs, and what? They might keep me here for another couple of months but they know fine right what I’ll do [when I get out].”*

A young man noted that Lakewood staff were less focused on drug cessation than some of the agencies with whom he engaged. Instead, staff spent time discussing the effects of specific drugs as well as how young people could reduce their drug use:

“They help you more, tell you about their own experience and how they got through it. Others say ‘Don’t do drugs’, but staff in here are more realistic. They tell you about different drugs, what they can do to you an’ all that. You think about what they’ve said when you’re in your room from 10 o’clock. I’ve decided which ones I’m stopping – they don’t do you any good, they’re expensive, there’s no point.”

Sexual exploitation

Some of those working with staff from the Safe Choices project for young people at risk of sexual exploitation stated that they liked their workers and enjoyed being taken out of Lakewood by them. One young woman said about her worker: *“she’s alright, I know she cares”*.

In their comments, a few indicated that they did not consider themselves ‘at risk’ to the same extent as their social workers. One young woman stated:

“I know the risks, but I don’t feel they are risks. Social workers are nosy. They use information against you. You can’t trust them. I understand they’re worried, but they feel everything I do is risky. It’s more for my own safety from others than for my behaviour.”

Two others questioned the ‘scoring’ of risk of sexual exploitation based on concerns about their situation when using legal highs. Disputing the likelihood of sexual exploitation occurring, one commented:

“They think you’ll drop your knickers when you’re out of it. People say ‘When you’re conked out, you’re a high risk’. But who’s gonna see you lyin’ there, out of it, and want sex with ya? Na, that’s not gonna happen.”

Mental health

When discussing the different agencies working with young people in Lakewood, one young woman was shocked to discover what the acronym ‘CAMHS’ stood for, concerned that the staff in Lakewood *“think I’m mental”* and that she might be sent to a psychiatric unit.

Indicating limited response to mental health problems, another young woman stated:

“They lock you in your room if you have a breakdown. The first time I was here, they locked me in a room for 8 days. I didn’t go to any group work or counselling.”

Health care

A young woman who talked about experiencing a number of health problems reported that she not seen the health professional in Lakewood. She stated *“they won’t take me to hospital because I’m a flight risk”*. This issue was raised with a member of staff.

PREPARATION FOR LEAVING SECURE CARE

Expectations

When asked what was likely to happen when they left Lakewood, a number of young people responded that they planned to meet up with friends and take drugs as soon as they could.

Those who had been re-admitted talked about being discharged and “*goin’ mad*” or “*gettin’ blocked [drunk]*” as soon as they had their freedom, precipitating their prompt return. As one, who reported being in secure care for 6 months with only one overnight outside, stated:

“Of course you’ll fuck up if you’re only out once in all that time – I went mad and was straight back in.”

Two of those consulted expected to return to Lakewood after being discharged. One young woman said:

“I’ll be back in here. And when I get out, I’ll be back up, ’til I’m 18 and then I’ll prob’ly get done for burglary and end up in Hydebank [Young Offender Centre] or something because I’m not going to give up herbal [legal highs]. That’s the way it is.”

Changed drug use

On a more positive note, two young people discussed how their time in secure care had helped them re-evaluate their lives while acknowledging that this did not necessarily mean complete withdrawal from drug use:

“Before I came in here I was an awful, awful herbal-head [legal high user]. Being here changes your perspective. I’m not saying I won’t do drugs if the temptation is there. But I’m getting help – not being told to stop, but how to use less drugs. Being in here helps you straighten out your head. It’s like emptying out your sock drawer and seeing all your odd socks and then having the time to sort them out!”

“In my head, I’ve gone off drugs quite a lot. I won’t be using them outside – they’re a waste of money and a waste of time ... Coming in here has been a wake-up call for me ... When I’m outside, I’ll tell my mates I’m not using drugs any more. ‘Drugs’ or ‘mates’ is the choice. Drugs are a whole lot of hassle and I can’t be bothered takin’ ’em. I could get them in here if I wanted to. The first step is not taking them in here or when I’m out on trust. This [being in Lakewood] is better than being fucked into the JJC.”

Living independently

In response to a question about what it was like in Lakewood, a young man replied: *“Easy. You get everything handed to you.”*

One 17 year old young woman reiterated that Lakewood *“is just a temporary solution”*. She said that, rather than *“be put in [an intensive support unit] with 6 people like me, who all take legal highs”*, she would prefer to live on her own and have a *“fresh start”*. Describing how the school in Lakewood was helping older young people consider independent living, she expressed relief about receiving on-going support from social services: *“I’ll have a social worker ’til I’m 21 – they’ll help me manage a budget, get furniture.”*

A second 17 year old described how *“You get your own flat and a Key Worker – 24 hour staff if you need help. You get a bank card and money to buy a bed and a TV.”* Asked whether she would retain contact with specialist support services when she left Lakewood, this young woman stated: *“Yeah – Safe Choices, DAISY. I know they’re there to help. But I want to go on Housing [Benefit] when I’m 18, and stay with my Mummy sometimes.”*

A third young woman who was almost 18 also talked about wanting to *“get my own flat”* and receiving social work support until she was 21: *“they make sure you’re alright in case you have a child”*. Stating, *“I need to come off herbal, get me own flat, get help with after-care”*, this young woman explained on a separate occasion that she was fine while in Lakewood but *“go on the herbal and can’t cope”* when outside. She concluded *“If I wasn’t in here, like, I’d be dead.”*

Inadequate support for those aged over 18

Those consulted were acutely aware that Lakewood only accommodates young people up to the age of 18:

“When you’re 18 you’re fucked out on the street, good luck to ye.”

“When you get to 18 you’re thrown out, so they need to think about other ways to manage risk.”

Highlighting concerns about the transition between children’s and adult services, a young woman described how there had been discussion about sending her to another location for treatment but *“by the time the paperwork’s done I’ll be 18, so that won’t happen”*.

LINKS WITH CRIMINAL JUSTICE

Involvement in the youth justice system

Some of the consulted young people had charges proceeding against them in the Youth Court while they were in Lakewood. A few had previously spent time in the Juvenile Justice Centre – one 15 year old young man reported having been in the JJC three times.

Confusion

There was a clear lack of understanding about processes among some young people. For example, one young woman said that she had a case in the Youth Court in two weeks but also mentioned that *“someone from youth justice is coming to talk to me about painting a picture or some crap”* on the same date. Asked whether this was part of a ‘restorative justice’ process, she replied that she did not know.

RECOMMENDATIONS

PROPOSED ACTIONS AND RECOMMENDATIONS ARISING FROM THE CONSULTATION PROCESS

The consultation process undertaken with young people in secure accommodation informed the development of the *Northern Ireland NGO Alternative Report* to the UN Committee on the Rights of the Child, which was endorsed by fifty-eight NGOs and individuals. Within the Alternative Report it was suggested that, following its examination of the UK Government's compliance with the UNCRC, the Committee make a series of recommendations to the Northern Ireland Assembly and Executive to further protect and implement children's rights in Northern Ireland. The recommendations of most relevance to Government Departments and public authorities working with or for children and young people at risk of requiring/in/leaving secure accommodation are highlighted below in bullet points at the end of each section:

Discrimination

Children in care experience poorer educational attainment and are more likely to be suspended or expelled from school than their peers in the general population. A far higher proportion than the general population have special educational needs and emotional or mental health problems. They are also over-represented in the criminal justice system.

The CSE Inquiry highlighted that young people in care feel stigmatised by the focus on them in relation to CSE, a situation exacerbated by greater monitoring and recording of their activities.

Those placed in secure accommodation do not necessarily perceive their behaviours to be 'risky' or potentially harmful, and consider that they are treated differently because they are 'in care' – experiencing harsher responses to drug use than friends who are not 'looked after' and inappropriate sharing of personal details (e.g. on public transport and in LAC review meetings) if considered at risk of sexual exploitation. It is important to engage in dialogue with vulnerable young people about such perceptions as the resulting resentment can undermine development of constructive, trusting relationships between them and those responsible for their care and protection.

- **Take measures to address discrimination against all groups of children.**

Best interests

Article 3 of the UNCRC requires that, in all actions concerning children, the best interests of the child must be a primary consideration. In the context of secure accommodation, determining what is in the best interests of the child can be a difficult and complex task. On the one hand, placing them in secure accommodation

may be viewed as the only way to ensure their immediate physical safety. On the other hand, it is questionable whether the best interests of the child can be served by depriving them of their liberty, particularly when this does not lead to meaningful change in terms of reducing their involvement in harmful behaviours or where the child is repeatedly admitted.

Previous research has recommended that the best interests of the child are more likely to be met in the long term through provision of earlier interventions (to prevent them coming into care in the first place) as well as through use of alternatives to secure accommodation. Those consulted recognised the importance of earlier help and support. They suggested that intervention is required before young people become teenagers, with an emphasis on the underlying causes of problematic behaviour rather than punishment or negative labelling.

Consulted young people highlighted how lack of confidentiality among the professionals working with them (e.g. teachers, school counsellors) led to concerns about information being 'passed on' to their social workers, with potentially detrimental consequences. Reflecting other research, they considered that social workers 'over-react' to 'normal' adolescent behaviours or are 'over-protective' when assessing how 'risky' a situation is and what kind of response is necessary. While recognising that social workers and care staff need to respond to harm, the young people felt that more discretion should be applied to risk assessment and sharing of information.

It is vital that the views of the child are given due weight when decisions about interventions are being made. Consulted young people generally considered that decisions were made *for* them, rather than *with* them. Their involvement in decision-making does not mean that the views of the young person should be determinative, particularly where there is concern that their actions are potentially harmful or where they do not have the same level of concern about their own well-being as the adults who are responsible for their care. However, it is important that the young person's opinions and suggestions about possible responses are given due regard and that they fully understand how their views have been taken into account, especially when a decision has been made with which they do not agree.

In the first instance, Restriction of Liberty Panels should make decisions about referral to secure accommodation in a consistent manner across all Trust areas, with the best interests of the child as a primary consideration in every case and opportunities provided for the child's participation in decision-making processes.

- **Ensure all existing and future legislation, policy and practice incorporates the best interests principle.**

Participation

Article 12 of the UNCRC provides the child with a right to express their views freely in all matters affecting them, with their views being given due weight in accordance with their age and maturity.

Stressing the importance of building trusting relationships, the CSE Inquiry highlighted that the most effective way to secure the right of the child to be protected is through taking their views into account. Building trust in all care placements, including secure accommodation, requires approaches based on discussing and agreeing boundaries for behaviour and consistent staff relationships. Young people should also be involved in determining strategies to protect them from harm, and in discussions about development of alternatives to secure accommodation.

Consulted young people discussed instances where they felt their views had not been taken into account - prior to their placement in secure care, whilst in court and in Lakewood. It is vitally important that efforts are made, firstly, to ensure that children's views *are* taken into account and, secondly, to demonstrate *how* their views have been taken into account in LAC reviews, by care staff, by the Restriction of Liberty Panel, in court proceedings and in Lakewood Secure Care Centre. Young people have the right to be present at meetings of Restriction of Liberty Panels, or to nominate an advocate to attend on their behalf. They should also be prepared for the process of transition to a placement in Lakewood, and on discharge.

An important aspect of ensuring that children's views are heard relates to providing them with accessible complaints mechanisms. Whilst consulted young people had raised complaints through the Independent Representation scheme provided by NIACRO, they reported that these had not necessarily led to issues being addressed. A couple questioned whether complaints raised with staff would be taken seriously.

- **Ensure children have a statutory right to have their voices heard and their views given due weight in all court/ tribunal/ administrative proceedings.**
- **Ensure that all children in care have their Article 12 rights upheld in all aspects of their lives.**
- **Introduce a statutory right to independent advocacy for children in care.**
- **Ensure that children have access to child-friendly complaints mechanisms, and are encouraged and assisted to take complaints.**

Use of secure accommodation

It is clear that young people referred to and placed in secure accommodation have a range of longstanding, complex needs which are often related to traumatic life

experiences. It has previously been noted that 'intervention deficits' can result in children being referred to Restriction of Liberty Panels. Consulted young people resented being locked up and most felt unprepared for the move to secure care. A number of children are repeatedly admitted to Lakewood and can spend significant periods of time in secure accommodation through repeat admissions, with no clear discharge date. Those consulted argued that this was indicative of an ineffective response to the needs of the individuals concerned.

Discussing their experiences of secure care, young people highlighted the restricted movement and basic environment within the Centre. They indicated that being isolated for 24 hours on arrival can be frightening **and this practice raises concerns in relation to the prohibition on solitary confinement under international children's rights standards** (Méndez, 2015, emphasis added).

Some considered the mix of 13-17 year olds too broad an age-range as younger children were influenced by, and subsequently copied, the behaviours of those older than them. Stating that young people were placed in secure care as a result of drug use, sexual exploitation, staying out all night, mental health problems, or because care staff 'can't handle' them, those consulted recognised the range of needs in each unit. Some suggested that there should be separate forms of specialist provision to address different needs. As in other forms of residential care, they highlighted the tensions involved in group living and potential volatility.

Discussion about rules and routines focused on what young people considered to be too early bedtimes and inappropriate smoking restrictions.

When considering responses to 'bad' behaviour, consulted young people mentioned that threat of no access to cigarettes was used as a form of behaviour management. Some recounted instances where restraint had been used when young people in their unit 'kicked off', although one acknowledged that alternative methods are employed by staff before resorting to use of restraint (including 'talking down' individuals and young people being separated from the rest of the group for short periods). International children's rights standards require that restraint only be used exceptionally, after all other efforts have been tried and failed, and in order to prevent harm to the child or others.

Several consulted young people raised concerns about the level or type of contact they had with their parents, families and friends. This included restrictions on personal phone calls, phone calls being monitored, calls having to be made from an approved list, and contact with parents being supervised. Whilst the reasons behind these restrictions may have been aimed at protecting the child from harm, the views and suggestions of children and young people must be given due weight when such decisions are being made.

Previous research has noted that young people placed in secure accommodation can become institutionalised, used to a restricted routine and dependent on others. Whilst some of the consulted young people were relieved and encouraged by the fact that they would have the support of a social worker until they turned 21, the vulnerability and traumatic life experiences of these young people means that they require long-term help and support. They were very aware that once they reached 18, the services they received while in Lakewood would no longer be available to them. 'Step down' provision for young people leaving secure care should be developed, to help them acquire the skills to live independently and assist their transition back into the community and/or adult life.

In discussing the prospect of leaving secure care, some of those consulted clearly foresaw themselves engaging in the same behaviours that led to them being admitted in the first place, questioning the effectiveness of this placement in addressing harmful behaviours or preventing harm on more than a short term basis. To ensure that secure accommodation is only used as a measure of last resort, in line with obligations under the UNCRC, further investment in and focus on early interventions are required. Such interventions should be aimed at addressing the complex underlying causes of harmful behaviours to prevent young people reaching the threshold for secure care, including a variety of care placements.

- **Invest in effective early interventions to prevent children being taken into care and secure accommodation.**
- **Investigate the reasons why children are repeatedly admitted to secure accommodation, or spend lengthy periods in secure accommodation, and urgently address these issues.**
- **Review the use of restraint in all settings and ensure that restraint against children is only used as a measure of last resort, to prevent harm to the child or others.**
- **Ensure children enjoy safe, beneficial contact with parents, relatives and carers.**
- **Extend support to care leavers up to the age of 25.**
- **Ensure that secure accommodation is used as a measure of last resort, for the shortest appropriate period of time.**

Health

It was clear from consultation with young people in Lakewood that drug and alcohol misuse, including the use of legal highs, were significant issues. Many of the consulted young people were open about their wish to continue taking drugs. Although some did not believe that being placed in secure accommodation would

address their drug use, others appreciated how staff talked to them about the effects of drugs and felt that their time in secure care had helped them re-evaluate their personal use of drugs. Discussing engagement with services to address drug and alcohol use while in Lakewood, some considered that this was not an option as it formed part of their 'exit plan'.

Although the CSE Inquiry demonstrated that young people may be aware of the potential for use of drugs, alcohol and legal highs to increase vulnerability to CSE, some consulted individuals disputed the extent of their vulnerability when under the influence of such substances.

Consulted young people mentioned that young people are sent outside of Northern Ireland for appropriate therapeutic treatment and support. Rather than having to be sent outside of Northern Ireland, they should be able to access the specialist services they need within their local communities in Northern Ireland.

Despite noting their experiences of bereavement, trauma and unresolved mental health issues, previous research has noted the difficulties encountered by young people in accessing CAMHS provision prior to being admitted to secure accommodation. Delayed access to CAMHS in the community, and significant underfunding in relation to CAMHS services, remain serious issues. It has also previously been reported that young people can experience difficulties in accessing CAMHS whilst in Lakewood. Children and young people should not be placed in Lakewood as a result of delays in accessing mental health intervention which could result in a secure placement being unnecessary. Where a young person is in Lakewood, required mental health services should be available without delay.

- **Fully investigate the relationship between substance misuse and children's mental ill-health and ensure adequate support services are in place across Northern Ireland.**
- **Urgently address the underfunding of CAMHS, ensuring that adequate funding is allocated to CAMHS provision which will meet the needs of all children at all levels including in schools, in the community, in transitioning to adult services and through the provision of services not currently available to children in Northern Ireland.**
- **Prioritise research to identify the causes of children's mental ill-health in Northern Ireland, including the legacy of the conflict, the experiences of vulnerable groups and a lack of opportunities.**
- **Take proactive measures to address the causes of mental health conditions and meet the needs of children at the earliest possible opportunity.**

- **Put in place a comprehensive regional framework for CAMHS, including transition, which has the best interests of the child as the primary consideration and ensures all services are available to all children.**

Education and Leisure

As noted, ‘looked after’ children are more likely to be suspended or excluded from school than their peers. Many consulted young people stated that they had not been attending school before being placed in Lakewood.

Noting the focus on Maths, English and essential skills, some highlighted a significant difference between the curriculum provided in Lakewood and the range of options available in schools. However, as in previous inspections, the youth work provision was valued. A particular issue raised in relation to education was the limited breadth of provision for young people aged 16 and over. It is essential that children and young people in secure accommodation receive the same educational opportunities as those in mainstream education, with allocation of additional resources if necessary.

Consulted young people generally considered that more activities were needed in secure care, particularly for young males. Sources of frustration included unavailability of the multi-gym and restrictions being placed on use of the basketball court. Actions should be taken to address these issues.

- **Allocate additional resources to enable inclusion and reduce the effect of a child’s social background ... on their achievement within school.**
- **Ensure that all ‘NEET’ young people can access youth training and are sufficiently supported when transitioning to further education or training.**
- **Ensure all children and young people have their right to play realised.**

Child sexual exploitation

To plan and deliver appropriate services for children and young people, it is vital that the extent of CSE is known, including consistent information about the numbers of children going missing from care who are at risk of experiencing CSE.

Previous research and the CSE Inquiry have highlighted that referral to secure accommodation is a common response when children go missing from care and are considered at risk of CSE. However, differing views exist in relation to the appropriateness and effectiveness of secure accommodation as a response to CSE, with some arguing that it can only be a short term response to a long term problem. The CSE Inquiry noted the perceptions of young people and the police that social workers can ‘over-react’ in terms of reporting concerns. This view was shared by consulted young people.

The CSE Inquiry stressed that the most effective way to secure the right of the child to be protected from CSE is through taking their views into account. Young people should therefore be involved in determining strategies to protect them from harm, as well as in discussions about what 'safe spaces' should be like and alternatives to secure accommodation. This would assist in ensuring that secure accommodation is only used as a measure of last resort, for the shortest appropriate period of time, in line with international standards.

- **Collect consistent and comparable data on children going missing from care.**
- **Collect comprehensive data on the extent of CSE in Northern Ireland.**
- **Support existing, and further develop, comprehensive services to support victims of CSE.**
- **Put in place strategies and measures that require and support schools to teach children consistent messages about online safety and put in place mechanisms to provide similar messages to parents.**
- **Begin a public health campaign to raise awareness of CSE.**
- **Take measures to strengthen the rights of all children, but particularly children in care, to express their views in relation to how they should be protected from CSE.**

Youth justice

Some of the consulted young people had experience of contact with the PSNI and the Youth Court, or had spent time in the JJC.

Concerns have also been raised in previous research and inspections about vulnerable young people being detained in the JJC as a result of not obtaining a placement in secure accommodation. As noted in the CSE Inquiry, young people should not be criminalised in response to crimes committed against them. There are also concerns about large numbers of children in care being detained inappropriately within the JJC as a result of behaviour which may not have led to this outcome if the child was not in care.

It has long been acknowledged that children in care are over-represented within the criminal justice system. Of particular concern is the high rate of PACE admissions to the JJC as a 'place of safety' in the absence of alternative accommodation.

- **Provide a range of appropriate accommodation and support across Northern Ireland to ensure that children, particularly children in care, are not remanded in custody inappropriately.**

- **Provide support for children on bail to help them to resist from using drugs and alcohol.**
- **Bring forward legislation reforming the law relating to bail for children, as recommended by the Northern Ireland Law Commission.**
- **Legislate to ensure that custody is used as a measure of last resort.**

ADDENDUM – INFORMATION PROVIDED BY SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST (12TH JANUARY 2016)

Prior to finalising the contents of this report, CLC forwarded a draft version of the report to management at the Lakewood Regional Secure Care Centre in December 2015. In the interests of completeness and in order to highlight developments in policy and practices within the Centre since children and young people residing in the Centre were consulted in March-April and September 2015, we have included the exact information supplied to CLC by the South Eastern Health and Social Care Trust below, highlighting how it relates to sections of the report and the main findings of the consultation.

Lakewood Regional Secure Care Centre – Service Provision

Currently there is a new extension being erected which commenced in September 2015 and should be operational in May 2016. This additional extension will increase the living areas and bedrooms by 4 places to enable greater flexibility in matching needs and mix of young people. The overall numbers of placement will remain at 16 young people but with more space.

Young people placed within Lakewood Secure Care Service are regularly visited by their field social worker and will be appointed a Guardian Ad Litem and Solicitor via the Courts. There is also a number of participation forums which includes weekly visits by NIACRO Independent Visitors Scheme and monthly Advocacy (Group and Individual) provided by VOYPIC. There are quarterly feedback meetings with Lakewood Mangers and these independent organisations to ensure issues are actioned. In the vast majority of instances any issues reported are addressed immediately by the home staff during the visit. Monthly Monitoring Reports are undertaken and the views of young people and their parents are actively sought. These reports are circulated to the placing Trusts, HSCB and RQIA. In addition a Non-Executive Trust Board member also visits the home on a quarterly basis.

The Lakewood Centre adheres to the regional policies pertaining to the Children's Order Representation and Complaints Procedures. The placing Trust will take a lead role in the investigation and review of complaints received from the young person regarding their care within the home. Each young person on admission will receive an introduction pack which outlines the roles of the Organisations above, their general rights and responsibilities and the comments and complaint procedures.

Primarily Lakewood is a social work led service with each young person being allocated a residential social worker/keyworker. In addition there is a Therapeutic Support Service (Clinical Psychologist and Therapeutic Social Worker) who facilitate a systemic consultation following admission to agree a therapeutic plan for the young person. The Therapeutic Support Service will provide direct intervention where it is

appropriate; Group consultation support for the homes staff, Support sessions for keyworkers and whole service training to develop capacity with staff.

EXPERIENCE OF SECURE ACCOMMODATION

Over-restricted movement

As a secure care home the building is locked. Internal doors are locked when it is deemed appropriate to reducing the physical or emotional risks for the young people accommodated in line with the commissioned operating model.

Basic environment

The Centre continues to review the colour schemes and décor in the physical environment / the living areas; this will include the re-painting and fitting of carpets in some areas. The young people have been involved in the choosing of decoration / wall stickers to enhance some areas and creation of art work to make the walls more interesting.

Separation on arrival

Unlike admissions to open care settings/ homes the urgency and nature of secure care placements results in no opportunity for a young person to meet with staff or to be gradually introduced to the secure care centre until the point of their admission.

Young people are usually admitted to the home in a state of crisis e.g. having been missing for lengthy periods or under the influence of substances. Any change of placement is considered a traumatic event for a young person and staff within Lakewood are acutely aware of this and take steps to minimise the impact – this includes introducing the young person to the staff team and young people in a planned way and completing a number of practical tasks e.g. health check, fire evacuation, complaints process being explained within the first day of placement. Young people need to be advised of the routine of the home and of their plans for contact with their family, social worker etc. Young people are helped unpack and organise their bedroom, clothes and belongings.

The first few hours are very important in conveying a sense of caring and reassurance for the young person and staff will spend time establishing a rapport and getting to know them. A young person will be gradually introduced to the other young people individually, or in a small group when they are physically and emotionally ready as assessed by staff. As the placement within the homes is determined by availability of bed space not a matching of group needs there are other factors too that must be considered e.g. any increased risks within the resident

group, previous relationships that may be of concern when young people know one another prior to admission.

The length of time for admission/ introductions to be completed does not usually extend beyond the first 24 hours following admission (this is approximate) and may be less.

Rules and routines

Points

The previous points system is no longer in use. See additional comments under "Bedtimes".

'Trusts'

Young people within secure care are placed subject to a court order and there is clear planning and rationale in relation to any visits/ time spent in the community which is overseen by the courts via the young person's care plan and through the LAC reviewing process. The placing Trust ultimately makes decisions regarding Trust Programmes in conjunction with Lakewood centre.

A young person's Trust programme encompasses age appropriate activities/ outings; opportunities for developing social and life skills, as well as the gradual transition from the secure centre to the young person's community placement/ testing of the progress being achieved by the young person and their support network to keep them safe within the community.

Bedtime

There was previously an incentive points scheme in place by which young people could be awarded an increased bedtime of up to one hour from their original time as outlined set by their age. There was also the possibility of an early bed time if 'points' awarded were low. This system has ceased within the centre and the bedtimes are pre-set dependent on the age of the young people accommodated.

Staff do have the facility to turn off specific power sockets that operate televisions, music stations, and electrical equipment. This is a function that is specifically built into the design of the building to support the service model. It had previously been routinely used at 11:30pm.

Staff no longer switch off the power sockets and young people are encouraged to self-manage their use of T.V, music, games consoles etc.

Young people always have control of bedroom lighting.

Responses to 'bad' and 'good' behaviour

Isolation

If a young person requires time and space to calm they may be asked to move to one of the lounge areas or their bedroom.

Contact with family and friends

Restricted phone calls

The field social worker for each young person will provide an approved contact list to Lakewood outlining who the young person is permitted to have contact with. As the young people are in education during week days they make their telephone calls after dinner time and before supper-time/ bedtime. Calls are limited to approximately 2 per evening to ensure fair access to calls for all of the eight young people within each unit. However, arrangements are dependent on individual circumstances. At the weekends calls occur throughout the day and incoming calls are not restricted to specific times however encouragement is given to support good daily routines for young people.

EDUCATION

Non-attendance while in Lakewood

Whilst young people are not in school they may be asked to spend time in their bedroom (a quiet space) to work through the reason of their non-attendance with staff support and a young person will also be helped to complete classwork that will have been sent from school. If an incident has occurred in school where the young person has been returned to the home this will be reviewed and an agreement reached with school as to the resolution. The restorative process is initiated to ensure a return to school can be achieved as soon as possible. Power sockets are no longer switched off in these circumstances.

PLAY AND LEISURE

Restrictions on use of facilities

Access to recreation and leisure facilities is promoted as far as possible with young people also encouraged to participate in sports in their local communities when on visits out of the centre.

SPECIALIST SUPPORT

Mental health

On occasions some of the young people admitted to secure care have significant mental health issues that require additional specialist supports and provision. There will be a therapeutic treatment plan for each person as agreed by a multi-disciplinary team including CAMHS professionals and the field social worker who retains statutory case responsibility for the young person. Intensive supports including short time away from other young people may be required.

Health care

If it is assessed that a young person will require hospital treatment this will be provided.

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