

ESTABLISHMENT OF A REGIONAL CARE AND JUSTICE
CAMPUS
Consultation Analysis Report

June 2021

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CHAPTER 1: INTRODUCTION

On 21 October 2020, the Department of Health (DoH) and the Department of Justice (DoJ) jointly launched a 12 week public consultation on proposals to establish a Regional Care and Justice Campus for children and young people in Northern Ireland.

The proposals outlined in the consultation were developed in response to the primary recommendation made by the Review of Regional Facilities for Children and Young People Report, published in 2018. The establishment of a Care and Justice Campus also supports the proposals made by the DoJ Scoping Study on Children in the Justice System, completed in March 2016.

Overview of consultation process

The consultation document set out proposals for an integrated Care and Justice Campus which would comprise (i) a Secure Care Centre, made up of the existing Woodlands Juvenile Justice Centre and Lakewood Secure Care Centre and (ii) multi-agency satellite provision, including a step-down facility and community-based provision. The consultation sought views on the service design and key principles which it proposed would underpin the operation of the Campus.

The document was made available on both the DoH and DoJ websites and an electronic version launched on the NI Direct Citizen Space platform, allowing respondents to consider and provide online responses to the consultation.

A child friendly version of the consultation document and an animation explaining the Campus proposals were produced and made available via social media.

Messages from the Health and Justice Ministers encouraging people to have their say on the consultation were shared on both departments' social media accounts on the launch date. A press release was issued to all media outlets on 21 October to coincide with the consultation launch.

In addition, statutory, independent, voluntary and community sector organisations and political representatives were notified of the consultation launch.

Due to restrictions necessary as a result of the COVID-19 pandemic, it was not possible to hold public events to facilitate engagement as part of the consultation.

However, virtual engagement sessions were arranged for staff and their representatives, and for other stakeholders as requested. Small focus groups were also arranged with Youth Justice Agency (YJA) staff to garner their views on the consultation proposals.

Advocacy organisations used the child friendly consultation materials as a basis for undertaking bespoke engagement sessions with children and young people. In total, four organisations undertook engagement with children and young people. In addition to the stakeholder events, the YJA also contributed feedback from an engagement session with children and young people at Woodlands.

In total, there were 73 consultation responses from a broad range of stakeholders including individuals, voluntary community bodies, professional bodies, and public/statutory bodies. 49 of the responses used the standard template provided but not all respondents used the response questionnaire nor did all respondents choose to respond to every question. Feedback from YJA focus group events is also reflected in this analysis report.

This report summarises the responses to the consultation and sets out the two Departments' joint response and plans for next steps.

CHAPTER 2: ANALYSIS OF CONSULTATION RESPONSES

In total, 73 responses to the consultation were received. The breakdown by type of response is as follows:

Type	Individual	Organisation	Total
Online Questionnaire (e-mail or citizen space)	30	19	49
Written submission	2	20	22
Focus Group	0	2	2
Total	32	41	73

Responses were received from a range of cross sectoral organisations including those from the statutory sector, voluntary and community sector, TUS, staff, political parties and academics. The following table provides a breakdown of the responses by category of organisation.

Category of organisation	Total
Health and Social Care Organisations	8
Professional Bodies	11
TUS	2
Academics	2
Parents/carers	1
Individuals/members of the public*	29
Voluntary and community Sector (inc child's rights groups)	15
Political Party	1
other	4
Total	73

*- this includes a number of staff working across current facilities that have chosen this category of response.

Initial analysis revealed that responses to the consultation were broadly positive, with support for the vast majority of proposals. However, while respondents frequently provided positive responses, they also raised important points within the comments provided. For this reason it was considered that a comprehensive picture of stakeholder views was required and therefore the comments provided by respondents were analysed and allocated to one of four categories.

These were:

- General comments which support the proposals;
- Issues, problems or gaps identified in the proposals which, in the view of respondents, require further consideration or clarification;
- Comments which could merit further consideration and action as appropriate, in order to support the implementation of the proposals; and
- Examples of suggested best practice, including existing services, research or partners, which should be considered to support implementation of the proposals.

This approach has helped to define the nature of respondents' comments and to identify recurring themes within each proposal. In addition to assessing the comments received from stakeholders in their responses, the report also highlights the views expressed by children and young people based on the outcome of engagement sessions that have been undertaken by a number of advocacy organisations.

This report presents a quantitative and qualitative analysis of the responses received and views expressed during the public consultation exercise. The responses to each section of the consultation document have been considered and this analysis report mirrors the structure of proposals as set out in the consultation document.

Each of the following sections is structured as follows:

- What the consultation proposed – This briefly describes what was proposed in the consultation document in relation to the service design and functionality of an integrated Care and Justice Campus;
- A quantitative analysis of responses to questions posed in each section of the consultation document. This is followed by a series of tables which summarise

respondents' key qualitative comments under the four categories described previously, grouped together into common themes;

- A summary of the key issues identified in consultation and the key points for consideration during implementation;
- A summary of the views of children and young people identified through the engagement undertaken by a number of member organisations represented on the Programme Stakeholder Reference Group; and
- A joint departmental response based on the comments received.

This report and the responses received to the consultation will inform the preparation of final policy proposals for the establishment of a Care and Justice Campus and accompanying implementation plan.

Section I: The Secure Care Centre

What the consultation proposed

The consultation proposed that the Secure Care Centre will be based in Bangor and will comprise the two facilities currently operating as Lakewood Secure Care Centre and Woodlands Juvenile Justice Centre (JJC). Each facility will be made up of separate houses with 46 beds in total. It is proposed that over time, the longer-term goal will be to reduce the capacity of the Secure Care Centre so that no house accommodates any more than four children at any one time, giving a maximum capacity of 34. The consultation also proposed that children will be admitted in one of two ways: either the criteria set out in Article 44 of the Children (Northern Ireland) Order 1995 are satisfied or they are remanded or sentenced by the authority of a court. In addition, it proposed that the Secure Care Centre will be a designated place of safety for those children arrested and awaiting their court appearance, but that

Quantitative analysis

49% (of 57 respondents) agreed with the proposal that the Secure Care Centre will comprise the existing Lakewood and Woodlands sites. **11%** of respondents disagreed with this proposal, while **40%** neither agreed nor disagreed.

40% (of 50 respondents) agreed with the proposed capacity of the Secure Care Centre. **14%** disagreed, and **46%** neither agreed nor disagreed.

74% (of 58 respondents) agreed with the longer-term aim to reduce the overall capacity of the Secure Care Centre. **5%** disagreed with this proposal, while **21%** neither agreed nor disagreed.

86% (of 56 respondents) agreed with the admissions criteria to the Secure Care Centre set out in the consultation document. **3%** disagreed with the proposed criteria, and **11%** neither agreed nor disagreed.

72% (of 60 respondents) agreed that the Secure Care Centre should continue to be used as a place of safety for children following arrest, if required. **18%** disagreed, and were of the view that the Secure Care Centre should not be used as a place of safety. **10%** of respondents neither agreed nor disagreed.

86% (of 59 respondents) agreed that the use of the Secure Care Centre as a place of safety should be kept to a minimum, and that alternative accommodation options should be developed. **7%** disagreed with this proposal and **7%** neither agreed nor disagreed.

72% (of 46 respondents) did not consider that changes are required to Article 44 of the Children (NI) Order 1995, whereas **26%** of respondents were of the view that changes to Article 44 are required.

admissions in this category should be kept to a minimum, and alternative options developed.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • Broad support for the proposal to establish a Secure Care Centre comprising the existing Woodlands and Lakewood sites. A number of respondents noted the advantage of an experienced workforce and well-developed staff groups. • Strong support for the proposal that PACE admissions should be kept to a minimum, with suitably resourced alternative accommodation provided. A small number of respondents were of the view that this practice should be stopped entirely. • Strong support for the proposal to reduce capacity as an opportunity to promote a caring and therapeutic environment to address the complex needs of young people. • A number of respondents recognised potential to re-direct some of the costs currently associated with the operation of two secure facilities, to develop a continuum of multi-agency community-based services and support.
Issues/Gaps	<ul style="list-style-type: none"> • Some respondents indicated that they would welcome more detail to explain how the Secure Care Centre will operate on a day-to day basis. • Some respondents expressed the view that it would be important for the Secure Care Centre—and the Campus as a whole—to have a recognisable identity and an appropriate name that described its purpose, values and principles. • Some respondents queried whether a new purpose-built facility should be established. • The suggestion was made that proposals should incorporate an education and awareness raising programme to tackle the discrimination and stigma which many young people in care experience.
Further consideration &/or action	<ul style="list-style-type: none"> • A number of respondents indicated that the sex of children admitted to the Centre will need to be considered as part of the operational delivery, but that individual assessment and need should inform decisions about the best placement for each child. • If the Secure Care Centre continues to be used as a place of safety under PACE legislation, some respondents suggested that consideration could be given to the separation of young people admitted to the Centre via this route. • One respondent suggested that lay magistrates and all Youth and Family Court stakeholders receive trauma-informed practice training. • One response proposed that children under the age of 14 should not be admitted to the Secure Care Centre, instead

	<p>being held to account in processes based on welfare and educational principles.</p> <ul style="list-style-type: none"> • Concerns expressed by a small number of respondents that Article 44 of the Children (Northern Ireland) Order 1995 is not fit for purpose and is not compliant with Article 5 of the European Convention on Human Rights. It has been suggested that the Secure Care Centre will require its own separate legislation and that Article 44 should not be used in the future. • A number of respondents drew attention to the issue of young people being remanded because they cannot perfect bail, and the need for suitable alternative accommodation options to be developed for these young people.
<p>Suggested best practice</p>	<ul style="list-style-type: none"> • Development of alternatives to PACE admissions to the Secure Care Centre could include bail supervision and support service, emergency bail fostering and bespoke small community residential placements separate to Trust children's homes. • The suggestion was made that consideration could be given for a specialist CAMHS liaison and diversion service providing input at each part of the youth justice pathway, with clear governance arrangements and relationships with Forensic CAMHS NI and the regional CAMHS Managed Care Network. • Some responses pointed to the importance of early intervention in diverting children and young people away from care and custody. • One organisation highlighted the importance of “a communication-friendly campus” and recommended that the Secure Care Centre should explore achieving accreditation with the National Autistic Society. Reasonable adjustments should be available across the secure estate for young people with Autism or sensory sensitivities taking into consideration neurodiversity needs.

Summary of key points

Respondents were largely positive in terms of these proposals and a number of points were raised:

Location - a number of respondents referenced the need to consider the location of the Secure Care Centre acknowledging that, although it was to comprise the current Woodlands and Lakewood sites, location-wise this was not easily accessible to all. A number of respondents did acknowledge the logic in making the best use of the existing physical resources, but made the point that it will be important that the new Secure Care Centre has a clear identity, and that it is not simply viewed as a merger of the two existing centres.

Capacity - the majority of respondents agreed with the proposed overall aim to reduce capacity over a longer term and recognised that in support of providing a calm settled therapeutic environment, the longer term goal to reduce capacity was appropriate. Caution was urged in respect of the need to maintain an element of flexibility in terms of numbers bearing in mind regional variations and the unpredictable variation of admissions and associated pressures.

Admissions criteria - the majority of respondents agreed to the admissions criteria to the Secure Care Centre remaining based on existing criteria – ie (i) where the criteria set out in Article 44 of the Children (NI) Order 1995 are satisfied; or (ii) where the child is remanded or sentenced by the authority of a Court. A small number of respondents have suggested that a review of Article 44 is required as the criteria are very broad. A small number of respondents expressed the view that Article 44 is not fit for purpose and have questioned its compatibility with Article 5 of the European Convention of Human Rights (ECHR) .

Place of Safety/ PACE - the proposal to continue the use of the Secure Care Centre as a place of safety under the Police and Criminal Evidence (NI) Order 1989 will require further consideration. The majority of respondents considered that the Secure Care Centre should only be used as a place of safety as a last resort for those children and young people who pose a significant risk to themselves or present a very significant risk to others. In fact a small number of respondents have stated that the Secure Care Centre should not admit any children and young people under PACE. It is clear that most respondents are supportive of alternative accommodation options for PACE admissions being developed.

Bail and remand - respondents also referenced the need to develop services and alternative accommodation options in response to children and young people on remand and subject to bail conditions.

Views from Children and Young People

Analysis of the responses from those organisations which engaged with children and young people indicated that although there is an acknowledgement of the benefits of the use of both facilities (particular reference was made to the resources available at Woodlands JJC), there are concerns surrounding the integration of children and young people from a Care and Justice background. The ability to keep vulnerable individuals

safe was questioned and the possibility of peer pressure negatively impacting on those young people placed in the Secure Care Centre- which could be exacerbated with the mixing of these cohorts of young people. One young person suggested that individuals could be separated by age due to concern about the safeguarding of all young people placed in the Secure Care Centre.

All of the young people who VOYPIC engaged with were of the opinion that alternative places of safety, within the young person's local area, should be provided.

Departments' response:

Based on the largely positive response to proposals to develop a new Secure Care Centre , both departments will work together to progress the implementation of this Centre. While we acknowledge the responses which proposed the development of a new building or buildings, including in alternative locations, it is the departments' view that utilising the existing facilities represents the most appropriate and cost-effective approach to providing secure accommodation for the small, but vulnerable, cohort of children and young people who require it each year, whether for their own safety or the safety of others.

We recognise though that for some young people and their families, distance from home has the potential to impact on the ability to maintain important family relationships while the young person is in secure accommodation. Therefore, in developing plans for the operation of the Secure Care Centre and the use of the existing estate, we will consider what further provision may be required in terms of transport and to facilitate visits by family. In addition, the development of community-based alternatives to the Secure Care Centre (discussed in more detail in Section VI below) is intended in part to ensure that as many children and young people are provided with the help and support they need, as close to home as possible.

We also acknowledge the points raised by a number of respondents about the lack of detail provided in the consultation document regarding the practical operation of the Secure Care Centre. As we move into the implementation phase of the Campus programme, departments will continue to engage with all relevant stakeholders to

develop detailed plans, to include the range of education, training, health and therapeutic services that will be available in the Secure Care Centre; the standards which will govern the Centre; and the staffing arrangements for the new Centre.

Based on the support from the majority of respondents, children will be admitted to the Secure Care Centre in one of two main ways—where the criteria set out in Article 44 of the Children (Northern Ireland) Order 1995 are satisfied, or where the child is remanded or sentenced by the authority of a court. While a thorough review of existing legislation will be carried out as part of the work to establish the Secure Care Centre in legislation, DoH does not accept that Article 44 of the Children Order is not fit for purpose. However, the department does accept the point raised by a small number of respondents that, without further detail on the package of education and support available to children and young people in the Secure Care Centre, it is not possible to assess the extent to which the new Centre will comply with human rights obligations. We are clear that the rights, safety and wellbeing of children and young people must be at the core of any new Centre, and as we develop the detail regarding the operation of the Campus we will seek independent assurance that this is the case.

In relation to the use of the Secure Care Centre as a place of safety, we are clear that this must be kept to an absolute minimum, and will move to identify and develop suitable alternative accommodation options, working with all relevant stakeholders to do so. However, in the interim and until such alternative provision is available, it is likely that the Secure Care Centre will continue to be used as a place of safety for those young people who require it.

Section II: The Multi-Agency Panel

What the consultation proposed

The consultation proposed to establish a regional independently chaired multi-agency panel with responsibilities in relation to decision making about admission and associated monitoring responsibilities.

Quantitative analysis

88% (of 58 respondents) agreed with the proposal to establish a panel as described. **3%** of respondents disagreed with this proposal, while **9%** neither agreed nor disagreed.

76% (of 54 respondents) agreed with the proposed membership of the panel, **13%** disagreed, and **11%** neither agreed nor disagreed.

69% (of 36 respondents) considered that, in some cases, there may be scope for the courts to make reference to the panel. **23%** did not consider that this would be appropriate, while **8%** of respondents were unsure or had no particular view.

81% (of 42 respondents) thought that the panel and its functions should be established in legislation. **7%** did not think this was necessary and **12%** were unsure or had no particular view.

52% (of 44 respondents) thought that the panel should have other roles and responsibilities, over and above those proposed in the consultation document. **43%** did not think the panel should have any other roles or responsibilities, and **5%** were unsure or had no particular view.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> A number of respondents made positive reference to the interim panel currently in operation and the associated advocacy arrangements. Respondents welcomed the multi-agency membership of the interim panel, and there was strong support for this to continue.
Issues/Gaps	<ul style="list-style-type: none"> Some respondents emphasised the need for clear accountability arrangements regarding the operation of the panel and its relationship with the duties and responsibilities of the Head of Operations within the Secure Care Centre. A number of respondents emphasised the importance of ensuring that the panel Chair is, and is seen to be, independent.
Further consideration and/or action	<ul style="list-style-type: none"> Some respondents indicated that the panel would benefit from input from Secure Care Centre staff who have direct experience working with young people.

	<ul style="list-style-type: none"> • Some respondents made suggestions about extending the scope of the panel’s role, for example to include consideration of the needs and risks of young people leaving Beechcroft, and monitoring of therapeutic and discharge plans for children and young people in the Secure Care Centre. • Many respondents highlighted the importance of meaningful involvement of children and young people, including involving them in decisions about how they can be best supported to engage and actively participate in the panel process. The importance of independent legal representation for children and young people was also raised, as well as options to strengthen current advocacy arrangements—for example, through a peer advocacy service. • The proposed multi-agency membership of the panel was largely welcomed, and suggestions put forward for additional membership included representation relating to the education and training needs of 16 and 17 year olds; a specific mental health or therapeutic professional; and representation relating to housing and benefits. • There was a range of views regarding whether legislation is required to underpin the operation of the panel. Some respondents were of the view that the significance of the decision-making responsibilities attributed to the panel would require legislation, both to safeguard the interests of children and young people, and panel members. • Similarly there was a mixed response to the question as to whether there may be scope for the courts to make reference to the panel in determining the most appropriate disposal for a child involved in offending behaviour. Some respondents were of the view that this would risk adding another layer of complexity to the panel’s already extensive role. One respondent drew attention to the potential impact on victims of the offending behaviour. However, some respondents indicated that there may be benefits associated with this proposal, including diverting young people away from the justice system.
<p>Suggested best practice</p>	<ul style="list-style-type: none"> • Some respondents indicated that an evaluation of the interim panel would be important to inform next steps. • It was noted that already well established systems are in place whereby—unless a very serious offence has been committed—children and young people involved with the justice system are dealt with via a diversionary route.

Summary of key points

Legislative basis - the majority of respondents were of the view that legislation to underpin the operation of the panel will be essential, due to the significant responsibilities that will be placed on panel members and its chair. A large proportion

of respondents welcomed the existing pilot panel with a number suggesting that an evaluation of these interim arrangements would provide valuable evidence to inform the further development and establishment of the panel.

Participation and representation of children and young people - the need for the facilitation of the voice of the child/young person to be represented at the panel has been raised consistently, as has the need to consider the views of parents/carers as appropriate. The need to facilitate *meaningful* engagement with the children and young people is an important point made, including the consideration of how the young person could be best supported to engage in these panel meetings and ensuring these are person-centred and child friendly. This would include having knowledge of any communication needs with those with a neurodevelopmental disorder, sensory needs and emotional regulation needs.

Membership of the panel - respondents were largely supportive of the membership proposed and of the roles and responsibilities suggested. Alternative membership proposed in the responses includes: Probation Board NI, voluntary and community sector representatives and input from relevant staff within the Secure Care Centre. It has been suggested that, to ensure compatibility with Article 6 of the ECHR, children and young people referred to the panel should have the right to access independent legal advice.

Relationship between courts and panel - there was a varying response to the suggestion put forward in the consultation document that courts may make reference to the Panel in determining the most appropriate disposal for a child who has been involved in offending behaviour. Although a number of respondents were in favour of this there were a few who raised concerns and held reservations—in particular these respondents urged against over-complicating the role of the Panel and emphasised the need for the Court to retain this responsibility.

Extent and scope of panel's role – Some respondents have raised questions surrounding the proposed governance arrangements of the panel including the independent nature of the panel chair and queried the linkages and accountability arrangements with the proposed Head of Operations. A number of respondents also referenced the importance of the panel having a monitoring role, not only in terms of

the appropriateness of a child's continued placement in the Secure Care Centre, but to ensure that proper supports are put in place for all young people leaving the centre.

Views from Children and Young People

The majority of young people who contributed their views to the consultation were supportive of the multi-agency panel and its role and responsibilities. They acknowledged the importance of being facilitated to get involved; however, some felt that they would want to speak for themselves whilst others preferred the proposal to have an advocate from a youth organisation acting on their behalf. Young people also had ideas for who would be the best advocate for them and how the process should operate. There was a range of views on the membership of the panel and the independent nature of the chair. Some young people thought that the panel should be made up of people known to the individual young person, including their social worker, who are familiar with their individual circumstances. Others considered that having an independent body with decision making power would ensure that only those who needed the support of the Secure Care Centre would be admitted.

Departments' response

Given the broad support for the proposed multi-agency panel, we will proceed to establish this on a permanent basis.

Respondents to the consultation provided many helpful suggestions about possible membership of the panel, and this will be given full consideration as we move to formally establish the panel on a permanent basis.

Given the responsibility and importance of the panel's decision-making and monitoring role, it is likely that legislation will be required, alongside appropriate governance arrangements, to underpin the panel's operation and we will begin to develop this in consultation with relevant stakeholders.

In establishing the panel, we will work with stakeholders—including children and young people—to ensure their meaningful involvement in decisions which affect

them and that they have access to all necessary and appropriate support and representation.

Section III: Services

What the consultation proposed

The consultation proposed that the Care and Justice Campus (alongside all settings for looked after children) will adopt a new regional Framework for Integrated Therapeutic Care; that a multi-disciplinary team will be established to co-ordinate the development and implementation of a holistic therapeutic plan for each child; and that all children will have access to health and social care services, education, training and other services appropriate to their individual needs.

Quantitative analysis

83% (of 59 respondents) agreed with the proposal to implement a new Framework for Integrated Therapeutic Care. 17% neither agreed nor disagreed.

51 respondents provided a range of comments on the make-up of the multi-disciplinary team in the Secure Care Centre, and 44 respondents provided views on the range services which should be provided in the Centre.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • There was significant support for the proposal to adopt an NI Framework for Integrated Care (NIFITC). Respondents recognised the potential for this to provide improved outcomes for these vulnerable children and young people, and to enshrine relationship-based, trauma-informed therapeutic practice in all settings for looked after children, including the Secure Care Centre. • NIFITC's emphasis on staff wellbeing was also welcomed. • There was also support for the proposal to establish a multi-disciplinary health and wellbeing team in the Secure Care Centre, with respondents emphasising that this must be needs-led.
Issues/Gaps	<ul style="list-style-type: none"> • Some respondents drew attention to the importance of adequately resourced children's services—including Looked After and Adopted Children's Therapeutic services—to the successful implementation of the NIFITC. • A few respondents pointed to the neurodevelopmental needs of the population of children and young people who may require secure accommodation, and emphasised that the NIFITC should recognise and address this.
Further consideration &/or action	<ul style="list-style-type: none"> • A number of suggestions were put forward for the membership of the multi-disciplinary team in the Secure Care Centre, including clinicians offering psychological and psychiatric

	<p>interventions; social work; nursing; child and adolescent mental health services; substance misuse services; youth work; educational psychology; and allied health professionals including speech and language therapy and occupational therapy.</p> <ul style="list-style-type: none"> • A number of respondents drew attention to the importance of the involving third sector organisations who support children and young people in the community, so that the continuum of care is maintained. • Some respondents emphasised the importance of involving children, young people and their families and carers in the development of the child’s therapeutic plan, including ensuring that a child friendly version of the plan is available. • A few respondents drew attention to the fact that a majority of young persons currently in Woodlands JJC are not looked after and as such are not involved with Looked After Children’s Therapeutic Services. It would be important that plans for the Secure Care Centre take account of the needs of these young people. • The mental health needs of children and young people were highlighted by a significant number of respondents, and it has been suggested that health and therapeutic services in the Secure Care Centre and across the Campus should have defined governance arrangements with the regional CAMHS Managed Care Network.
<p>Suggested best practice</p>	<ul style="list-style-type: none"> • One respondent highlighted the drug rehabilitation services available in Hydebank Wood College and proposed that consideration could be given to utilising these services. • Findings from the rollout the Framework for Integrated Care across all Welfare and Justice secure settings within the Children and Young people Secure Estate in England are demonstrating positive psychologically and trauma-informed business and culture change. • Some respondents pointed to national guidance, including the Royal College of Paediatrics and Child Health Guidelines for Healthcare in Secure Care (2019) and the Intercollegiate Standards for Healthcare in Secure Care [2013] Comprehensive Health Assessment Tool, as providing a basis for health and therapeutic services in the Secure Care Centre.

Summary of key points

NI Framework for Integrated Therapeutic Care - responses to the proposals on the services to be established within the Campus were largely very supportive of the adoption of a therapeutic approach in the Campus alongside all settings for looked after children. This was a common view held across all sectors of responses including HSC professionals, professional bodies (including the Royal College of Occupational

Therapists, Speech and Language Therapists and Psychiatrists) and child's rights and voluntary and community sector organisations.

One recurring view was the need for consistency across all settings and the need for the therapeutic approach adopted in the secure environment to be replicated as the children and young people move from secure to other supported settings. It is clear that all respondents recognise that prioritising the needs and rights of the child must be the driving force for any successful approach and the need to involve the young person in the adoption of this therapeutic approach.

Staff training and support - a number of respondents had strong views on the need to support staff to deliver trauma informed, rights based, relationally focussed work that is consistent with approaches also delivered in community provision. A number of HSC professionals and their representative bodies have also highlighted the need for the framework to be appropriately resourced, supported by a staff training plan.

Multi-disciplinary team - the proposal to establish a multi-disciplinary team within the Secure Care Centre to co-ordinate the development and implementation of a holistic therapeutic plan for each child was supported by the majority of respondents. It has been recommended that the skills and experience of the team should be aligned to the purpose of this centre, the needs of the children who are living there and promotion of improved outcomes. Respondents suggested a range of key professionals that will be required and are seen as fundamental within a multi-disciplinary team. Examples include: social care workers; healthcare (nursing and medical input); mental health and therapeutic services to include CAMHS, DAMHS, psychology, psychiatry and family therapy; allied health professionals, including occupational therapy and speech and language therapy. In addition respondents also emphasised the importance of educational support, youth work, training and vocational studies. This represents a small sample of the range of professionals identified by respondents and is a recognition of the significant levels of very complex needs of these children and young people. A common view of respondents was the need to include community and voluntary sector providers within the multi-disciplinary team, both to support delivery of services within the Centre but also to ensure a continuum of support on exiting the Centre. In addition, a common view expressed was the need to ensure that the proposed multi-disciplinary approach in the Centre was replicated in the community.

Departments' response

DoH will continue to progress the rollout of the NIFITC across all looked after children settings, including the Secure Care Centre, subject to the availability of necessary resources.

During the implementation phase, specific workstreams will develop detailed proposals for the health, therapeutic, education and training offer in the Secure Care Centre. The identified needs of the cohort of children and young people requiring secure accommodation will form the basis of these proposals, which will also take account of best practice and professional guidelines/ standards as well as the helpful suggestions put forward by respondents to the consultation. Links with existing multi-agency fora, including the CAMHS Managed Clinical Network, will also be explored.

Both departments are clear that, in order to fully deliver a Care and Justice Campus as envisaged by the consultation document, services in the community are as important—indeed, in many cases more important—than those available for children and young people admitted to the Secure Care Centre. These will be central to the aims of preventing entry to the Secure Care Centre in the first place, or ensuring that support continues to be available to young people on discharge from the Centre. As part of the development of Campus satellite provision, a separate exercise has recently begun to map existing services across a continuum of care, from early intervention through to discharge, to identify any gaps or constraints impacting on access to these services.

Section IV: A Needs-Based Approach

What the consultation proposed

It is proposed that children will not be separated within the Secure Care Centre based on their route of admission. Decisions about where a child is placed within the centre will be based on an assessment of individual needs and any risks that may be posed to themselves or others.

Quantitative analysis

43% (of 61 respondents) agreed with the proposal that children in the Secure Care Centre will not be separated on the basis of their route of admission to the Centre. **21%** disagreed with this proposal, while **36%** neither agreed nor disagreed.

77% (of 60 respondents) agreed that decisions about where a child will be placed in the Secure Care Centre should be based on an assessment of their individual needs, taking into account the factors described in the consultation document. **15%** of respondents disagreed with this proposal, and **8%** neither agreed nor disagreed.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none">• There was broad support from respondents that a needs-led approach was appropriate, and highlighted the commonality of need across children and young people admitted to secure accommodation, the majority of whom will have experienced multiple difficulties and adversities in childhood including neglect, trauma, adversity, loss, bereavement and abuse.• These respondents considered that rather than focus on 'care' and 'justice', the emphasis should be on responding to vulnerable children with complex needs using trauma-informed approaches.• Many respondents recognised that a consistently trained and resilient staff group who are confident in their ability to manage the Centre will be central to meeting the needs of all children placed there.
Issues/Gaps	<ul style="list-style-type: none">• Other respondents expressed concern about the potential negative consequences of integrating children and young people who require a secure placement for welfare reasons with those who are involved in offending behaviour.• Some respondents also queried how the proposals would represent justice for victims.• Some respondents acknowledged the proposal in the consultation that decisions about where in the Secure Care Centre a young person would be placed, would be based on

	<p>an analysis of need and risk. However, they were concerned about the lack of detail as to how this would work in practice, including how risk would be managed in the rare circumstances where a young person has committed a serious offence. Other respondents emphasised the importance of ensuring that any assessment is based on the needs of each individual child/ young person, and is not driven by the needs of the Secure Care Centre.</p> <ul style="list-style-type: none"> • There were strong views expressed by a number of respondents who work in the existing facilities about what works well currently, and concerns expressed about changes to existing practices.
Further consideration and/or Action	<ul style="list-style-type: none"> • A number of respondents pointed to other factors which might inform where in the Secure Care Centre a young person should be placed, for example the sex and age of the child/ young person, and their anticipated length of stay. • Some respondents considered it would be important to have a review process whereby if a young person has posed a risk to others that appropriate action can be taken quickly. • The admissions process itself received some attention from respondents. A number of respondents indicated that a full multi-disciplinary assessment will be required for each child being admitted to the Secure Care Centre. The mental, physical, learning, and social/emotional state of a young person going through the admissions process is also an important consideration, with the suggestion that time may be required for children/young people to build up relationships with staff before final arrangements of their placement are agreed. • Some respondents suggested that the proposed approach outlined in the consultation document will require a change in staff culture and practice moving away from management of 'high risk', 'harmful' and/or 'offending' behaviour towards provision of therapeutic interventions aimed at supporting the personal, social and educational development of each child.
Suggested best practice	<ul style="list-style-type: none"> • Some respondents identified human rights obligations that must underpin the approach to meeting the needs of children and young people in the Secure Care Centre. • Other research and best practice identified by respondents included a study undertaken in Scotland in 2017 'Secure Care in Scotland: Young People's Voices' – Centre For Youth & Criminal Justice (CYCJ), and research within education settings and residential care which has shown that children respond well when restorative approaches are used to address difficulties in these settings.

Summary of key points

The consultation responses received present a range of varying views on this section, particularly surrounding the integration of children entering the Secure Care Centre via a care route and a justice route. A number of responses from individuals with experience of working within a justice setting have strongly held reservations on the possible issues that could develop and the impact that this could have on the secure environment. However, other respondents (including HSC professionals, their professional bodies, and some voluntary and community sector organisations) recognise the commonality of complex needs among these children and young people regardless of their route of admission and that a multi-agency trauma-informed, consistent therapeutic response should support each individual child.

That said, the majority of all responses recognised the importance of an individual assessment of needs of every young person within the Secure Care Centre- which is seen as integral to this new model. A number of suggestions have been put forward about how children and young people should be managed within the Secure Care Centre, with an emphasis on balancing needs with other factors including age and sex of the child/ young person.

Views from Children and Young people

The young people that were consulted had reservations about the proposal that children will not be separated within the Secure Care Centre based on their route of admission. The young people did query how these two different approaches or regimes can be safely amalgamated into one new Centre. A number agreed that an approach based on clear expectations with rewards and consequences, similar to that currently used in Woodlands JJC, was preferable. The ability to keep vulnerable individuals safe was questioned and the possibility of peer pressure negatively impacting on those young people placed in the Secure Care Centre, which was noted, could be exacerbated with the mixing of these cohorts of young people. One young person suggested that individuals could be separated by age due to concern about the safeguarding of all young people placed in the Secure Care Centre.

Departments' response

We recognise the concerns expressed by some respondents about the proposal not to separate children and young people in the Secure Care Centre based on their route of admission, but rather to base decisions about where in the Centre a child/young person will be placed on a thorough assessment of need and risk. We understand that some people, including some of the children and young people consulted as part of this process, will be worried about the safety of children in the Centre.

The safety and security of children and young people—and the staff who care for them—must be at the heart of the Secure Care Centre. Staff who work in Woodlands JJC and Lakewood Secure Care Centre currently care for children and young people with varying complex needs on a day to day basis and make risk- and needs-based decisions aimed at keeping all the children in their care safe. But the Review of Regional Facilities for Children and Young People made it clear that the needs of these children and young people were not being well served by having two separate systems which saw many of the same children experiencing frequent moves between facilities.

We are committed to developing a needs-led model of practice in the Secure Care Centre which clearly identifies risks and mitigation measures necessary to deal with these. The purpose of this approach is to provide safety and stability for all children and young people placed in the Centre—and begin to address emotional, behavioural and developmental issues—through a trauma-informed, integrated therapeutic approach which is based on the assessed needs of each individual child.

Section V: Leaving the Secure Care Centre- Discharge/Exit Planning

What the consultation proposed

The consultation proposed that children admitted to the Secure Care Centre will remain there only for as long as the criteria for admission continue to apply, or for the length of any court-mandated period of remand or sentence. Each child will have a plan in place to support discharge from the Centre and resettlement back into the community and that planning for discharge/ transition will begin from the point of admission, and will be regularly reviewed.

Quantitative analysis

90% (of 60 respondents) agreed that an exit plan should be developed for each child on admission to the Secure Care Centre, and that this should be subject to regular review. 2% of respondents disagreed with this proposal, while 8% neither agreed nor disagreed.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • There was strong support for the proposal that each child and young person admitted to the Secure Care Centre should have a plan in place to support discharge back to the local community in the shortest timeframe possible. • A number of respondents identified the importance of a holistic multi-agency approach to the preparation for discharge and reintegration back into the community, combined with co-ordinated service provision in the community. • Some respondents identified the positive impacts of the interim multi-agency panel arrangements in preventing delays in discharge for young people in Lakewood Secure Care Centre. • Respondents also highlighted that having a detailed and realistic exit plan in place, and involving the child in the development of that plan, allows them to have ownership of results as well as recognition that their needs evolve and change.
Issues/Gaps	<ul style="list-style-type: none"> • Some respondents considered that investment in community-based services is required to ensure that young people receive the necessary support on discharge from the Secure Care Centre.

	<ul style="list-style-type: none"> • Respondents highlighted that often a young person can feel overwhelmed when they return home, and this can be exacerbated by delays in the provision of services in the community. • A number of respondents highlighted that in reality, there can be a degree of uncertainty about a young person’s length of stay in secure accommodation, for example where a court order is extended or a young person might be released unexpectedly. It will be important that the exit planning process can take account of this. • The role of the child or young person’s family unit as a potential source of support, whilst in the facility and upon exit, was emphasised.
<p>Further consideration and/or Action</p>	<ul style="list-style-type: none"> • Respondents emphasised the need to ensure that plans to support children and young people on return to the community take account of the particular needs of each individual child, including for example children with disabilities. • Reference was also made to the additional support /resources / interventions needed for parents / carers prior to a child returning home, and the importance of ensuring that these are delivered in parallel with the interventions for the child. • A small number of respondents proposed that, rather than referring to a discharge or exit plan, “community enablement plan” or “therapeutic recovery plan” might be more meaningful terminology. • A number of respondents were of the view that the planning arrangements described for discharge from the Secure Care Centre could also be extended to include transitions to adult services. • One respondent drew attention to the fact that transitioning from secure care can be disproportionately hard for young persons with autism, and suggested that release on temporary licence could form a helpful part of discharge and exit planning. • Other suggestions for helping young people prepare for discharge from the Secure Care Centre include the role of key workers who could support young people in accessing community-based supports; and exploring whether young persons can have telephone contact with staff at the secure centre following their release to help maintain established and trusting relationships.
<p>Suggested best Practice</p>	<ul style="list-style-type: none"> • One respondent highlighted a recent statement by the UN Committee on the Rights of the Child that children who turn 18 before completing a custodial measure may be permitted to complete the measure / sentence and not be sent to centres for adults. It has been recommended that this approach be taken into account in planning for the new Campus, and that young people placed in the Secure Care Centre should not be automatically transferred to adult facilities where it is not in the

	<p>now adult's best interests and does not interfere with the best interests of others within the Centre.</p> <ul style="list-style-type: none"> • One respondent suggested that consideration could be given to young people exiting from the Secure Care Centre accessing the Give and Take model, which aims to improve the employability and increase the self-esteem and confidence of young people aged 16+.
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Summary of key points

An overwhelming majority of respondents agreed that it is a fundamental principle to only have children and young people remain in a secure environment for as long as the criteria for admission continue to apply, or for the length of any court mandated period of remand of sentence. There was therefore significant support for the proposals that each child and young person admitted to the Secure Care Centre should have a plan in place to support discharge back to the local community in the shortest timeframe possible. Reference was also made to the need for these proposals to extend beyond childhood as the young person transitions to adult services.

There was an acknowledgment of the degree of uncertainty that can be a common feature of some placements within the current system and the impact that this could have on planning for exit and discharge; however, as much as possible this exit plan should be a key element of the overall care plan and is critical that children, their families and carers are involved in development of their care and exit plans, participating in decisions about how their needs can best be addressed, the environment and support they require.

Departments' response:

Based on the support for the proposed approach outlined in the consultation document, plans for the Secure Care Centre will ensure that each child admitted to the Centre will have a plan in place to support discharge from the Centre and resettlement back into the community and that planning for discharge/ transition will begin from the point of admission, and will be regularly reviewed.

We recognise that leaving secure accommodation can be a difficult time for children and their families and carers, and that support is required at this stage to help ensure the transition back to the community is successful. Co-ordinated,

multi-agency services and support in the community will be key to achieving successful outcomes for children and young people following their discharge from the Centre. The proposals for satellite provision as part of the wider Campus aim to achieve this, and are discussed in more detail in the next section.

Section VI: Satellite Provision and Step- Down Unit

What the consultation proposed

The consultation proposed that satellite provision will support the work of the Secure Care Centre by providing a mixed economy of residential provision and improved more co-ordinated ways of working to support the delivery of meaningful transition back to local communities. In addition it is intended that this satellite provision will help to prevent entry into the Secure Care Centre and, where possible, reduce the need for readmission. The consultation document proposed that the satellite provision will comprise a step-down unit on the site of—but separate from—the Secure Care Centre in Bangor, and community-based satellite provision in each of the five HSC Trust areas.

Quantitative analysis

63% (of 62 respondents) agreed that a step-down facility should be located within the Campus, on the same site as—but separate from—the Secure Care Centre. **10%** of respondents disagreed with this proposal, and **27%** neither agreed nor disagreed.

95% (of 60 respondents) agreed that the Secure Care Centre should be supported by a network of locally-based connected satellite services. **2%** of respondents disagreed with this proposal and **3%** neither agreed nor disagreed.

91% (of 58 respondents) agreed that the purpose and focus of this satellite provision should be as described in the consultation document, while **5%** disagreed and **4%** neither agreed nor disagreed.

98% (of 55 respondents) agreed that a multi-agency approach to this satellite provision should be adopted, while **2%** disagreed.

47% (of 51 respondents) agreed with the use of alternatives to the Secure Care Centre for children requiring a place of safety following arrest, including the possibility of using suitably resourced children's homes. **22%** disagreed with this proposal, and **31%** of respondents neither agreed nor disagreed.

80% (of 45 respondents) agreed with the use of alternatives to the Secure Care Centre for children being considered for bail. **7%** disagreed and **13%** neither agreed nor disagreed.

96% (of 52 respondents) agreed that designated supported housing for 16 and 17 year olds should form part of the community-based satellite provision. **2%** disagreed with this proposal and **2%** neither agreed nor disagreed.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • The majority of respondents agreed that the Care and Justice Campus should include locally based satellite provision to provide support in local communities in order to not only prevent entry to the Secure Care Centre, but to support the delivery of meaningful transitional support back into local communities. However, there was variation in responses about how this would work in practice, with many respondents indicating that further detail was required. • Comments in support of the proposals highlighted the potential for locally based satellite provision to provide continuity of co-ordinated care for young people who have been discharged from the Secure Care Centre, or provide support for children in a way that means secure care is not required. • Supported housing was identified as an important element of this satellite provision, when coupled with a package of other supports for the young person. • While there some support for step-down provision in principle, to help facilitate the young person’s successful reintegration back to the community, some respondents felt that this would be more beneficial were it to be locally-based rather than on the site of the Secure Care Centre.
Issues/Gaps	<ul style="list-style-type: none"> • The possibility of using suitably resourced children’s homes for those young people requiring a place of safety drew a number of comments expressing concerns about the potential for this to unsettle or destabilise the home’s environment. • Concern was also expressed that placing a young person in crisis alongside a young person who is preparing for their reintegration back into their community may impact negatively upon a young person. • Attention was drawn to the importance of specialist CAMHS for Young Persons with Offending Behaviours. The respondent highlighted the enhanced risk management function provided by the Community Forensic CAMHS team, and the potential to integrate this with services providing assertive outreach and liaison functions. • Some concerns were expressed about investment in and accessibility of existing community-based services, with some respondents indicating that the focus should be on ensuring sustained and adequate investment, securing the necessary staffing, and introducing more integrated ways of working across those existing services, rather than seeking to create new satellite provision which may ultimately experience the same challenges and issues relating to funding and accessibility.

<p>Further consideration and/or Action</p>	<ul style="list-style-type: none"> • Some respondents were of the view that any proposal to use children's homes or other accommodation as an alternative to the Secure Care Centre for PACE admissions would require a careful assessment of risk. • A number of respondents suggested further consideration should be given to the location of step-down arrangements, indicating that this support would be better provided closer to a young person's home. • A number of respondents were of the view that any step-down facility cannot be a locked environment, although some concerns were expressed about the possibility of drugs and alcohol use in this environment, particularly if the step-down unit were to be located close to the Secure Care Centre. • Respondents provided a range of helpful ideas for the operation of the step-down unit. These included: <ul style="list-style-type: none"> • incorporating peer-led support to allow young people to share their experiences with other residents; • young people hosting events for family; • giving young people responsibility for the maintenance and upkeep of the facility; • designing the unit in a way which would give the young person the opportunity to engage in independent living skills appropriate to their age and needs; • structured activity programme to allow young people to gradually increase the amount of time spent outside the unit. • Respondents identified other forms of support available, such as community mentoring, family support hubs, and a range of services already provided by the voluntary and community sector. • The importance of effective communications with victims of crime was highlighted by some respondents, particularly when a decision is taken to move young offenders to community-based services. • One respondent has suggested that further consideration be given to the future implications for young people with capacity in Beechcroft when the Mental Health Order (Northern Ireland) 1986 is repealed.
<p>Suggested best Practice</p>	<ul style="list-style-type: none"> • Suggested best practice put forward by respondents included: <ul style="list-style-type: none"> • Garda Youth Diversion Projects-youth crime prevention initiatives in ROI which primarily seek to divert young people who have been, or who are at risk of being involved in, anti-social and/or criminal behaviour. • Janus Justice, which provides individually tailored support to young people at risk of reception into custody, or at risk of an escalation of their offending/anti-social behaviours. • Consideration of a Bail Supervision Scheme similar to the current model used in ROI.

Summary of key points

The proposals within this section generated a significant amount of discussion and queries. The majority of respondents agree that the Care and Justice Campus should include locally based satellite provision to provide support in local communities in order to not only prevent entry to the Secure Care Centre, but to support the delivery of meaningful transitional support back into local communities.

Community-based satellite provision - there was significant detailed discussion on the delivery of the satellite provision and what this will mean in practice, particularly from community and voluntary sector organisations with experience of providing services to children and young people in the community. There is a general agreement across all sectors that a mixed economy of residential provision in parallel with improved multi-agency co-ordinated ways of working would enable the delivery of the most effective response to the needs of children and young people. There is a commonly held viewpoint that there is a range of community services already in place, but that work is required to ensure that these services are provided in a coordinated and accessible way. The importance of having physical residential accommodation has been highlighted in terms of providing alternative accommodation arrangements to be used as a place of safety under PACE arrangements and as a wrap-around bail package. The need for dedicated supported accommodation was also acknowledged by as an essential part of community provision- again referencing the need for this to be close to local communities.

The proposal referencing the use of a suitably resourced children's home as an alternative to the Secure Care Centre did generate some concern, with a number of respondents urging caution. These respondents view it as a proposal requiring further careful consideration in terms of capacity across the current children's residential estate and also the potential risk of creating an unsettled children's home environment. There were also respondents who considered this proposal would not be practicable in any way.

On-site step-down facility - the proposal to establish a step-down facility located on the same site as—but separate from—the Secure Care Centre also generated a significant discussion by respondents. The consultation document proposed that the aim of the step-down facility would be to provide a gradual and supported re-

integration back to the community for some children following discharge and would form part of the Campus satellite provision. The majority of all respondents agreed with the principle of establishing a step-down unit in order to promote a gradual reintegration; however, a number of respondents, while recognising the value in having a step-down facility on-site, have queried the location and suggested that a step-down facility should be located close to the children and young people's communities and preferably within each HSC Trust area.

The proposals surrounding the role and function of the step-down facility produced substantial and constructive views from respondents, which will be useful in terms of the future development of this element of the Campus. The question on whether the step-down facility should be an open or locked facility is another that prompted a range of views from respondents. A number of respondents queried the governance and risks involved in terms of having an open facility whilst others recognised the importance of having a less restrictive environment in preparation for life back in their local community.

Views from Children and Young People

The children and young people consulted are broadly supportive of the step-down unit proposal, recognising the importance of being supported to reintegrate back into the community. However, a number of young people queried the location and suggested that there should be network of these facilities and support across Northern Ireland, closer to their local communities. That said, the importance of relationship building within the Secure Care Centre was also discussed and that an on-site step-down unit could benefit from the already well established relationships.

Departments' response

It is clear that respondents to the consultation support in principle an approach which centres community-based provision and recognises that adequately resourced and coordinated services in the community are essential to the aims of preventing children and young people requiring to be placed in a Secure Care Centre, or supporting them when they leave the Centre.

However, we acknowledge the views of some respondents that the Care and Justice Campus as described in the consultation document does not give sufficient primacy to the role of community-based services, and that further detail is required as to how they will operate in a coordinated way and the specific nature of any satellite provision as part of the Campus.

We are clear that this satellite provision will comprise a mix of residential provision and effective, multi-agency services operating in a coordinated way. To help develop the necessary detail, work is underway to map existing services along a continuum of care, from early intervention through to the time when children and young people leave the Secure Care Centre. The aim of this exercise is to determine the full range of services currently available and to identify any duplication, gaps or constraints impacting on access to these services.

Work will also be undertaken to review the existing children's residential estate, to determine whether there is the potential to repurpose some of that existing provision as part of the Care and Justice Campus.

We acknowledge that providing suitably resourced alternatives to secure accommodation or support to young people on discharge will be subject to available resources. It is our aim that the development of an integrated Secure Care Centre will provide an important opportunity to redirect some of the costs currently associated with the running of two centres to community-based provision. Other related strategic service developments will also be central to the development of this satellite provision, including actions in the recently published Strategy for Looked After Children, the draft Mental Health Strategy and a new Substance Misuse Strategy.

In relation to the proposal to develop a step-down unit on the site of the Secure Care Centre in Bangor, we intend to press ahead with plans to develop Oaklands children's home as part of the overall Campus provision. However, we will also work with HSC Trusts and other stakeholders to explore options to develop more

locally-based step-down provision to help support children and young people as close to their home and families as possible.

Section VII: Governance and Accountability Arrangements for Regional Facilities within the Care and Justice Campus

What the consultation proposed

The consultation proposed that a Head of Operations will be established who will have day to day responsibility for the operation of the regional facilities (comprising the Secure Care Centre and the on-site step-down unit). A number of options for future accountability arrangements for the regional facilities were also presented in the consultation (see below).

Option 1: The regional facilities are run by a single Government Department (either the Department of Health or the Department of Justice)

Option 2: The regional facilities are run by both Government Departments under a formal partnership agreement, supported by a jointly managed Partnership Board.

Option 3: The regional facilities are run by an existing Agency or Arm's Length Body (ALB) of either the Department of Health or Department of Justice and is accountable to either Department in line with current sponsorship arrangements for that organisation.

Option 4: The regional facilities are run by an existing Agency or ALB of either the Department of Health or the Department of Justice and is accountable to both Departments working together under a formal partnership agreement, supported by a jointly managed Partnership Board.

Quantitative analysis

91% (of 55 respondents) agreed with the proposal to appoint a Head of Operations responsible for the operation of the regional elements of the Care and Justice Camps, with the appointment supported by appropriate legislation. **4%** of respondents disagreed with this proposal, and **5%** neither agreed nor disagreed.

55 respondents provided views on the four possible options for future accountability arrangements for the regional elements of the Campus, as follows:

Option 1 – 22%

Option 2 – 58%

Option 3 – 4%

Option 4 – 7%

None of these – 9%

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • The majority of respondents indicated that joint governance and accountability arrangements would ensure that both departments fulfilled their statutory responsibilities, and worked together to achieve the best possible outcomes for children and young people. • Some respondents pointed to the wealth of experienced staff and management already in place who can inform and create a Secure Care Centre that will meet the needs of young people; and the existing good practices in place in both of the current establishments which could support the amalgamation of both care and custody to meet the needs of the young people as well as providing protection for society.
Issues/Gaps	<ul style="list-style-type: none"> • Some respondents expressed concern among staff at the existing facilities regarding the potential for any decision to impact on terms and conditions, and recognising that an experienced and resilient staff group will be fundamental to the successful operation of the Secure Care Centre.
Further consider and/or Action	<ul style="list-style-type: none"> • Some respondents highlighted the importance of independent accountability, whether to a regulating body/ies or to the Commissioner for Children and Young People. • The view was expressed by some that - whatever option is chosen - the provision of healthcare and therapeutic services in the Secure Care Centre should come under the governance of the Health and Social Care service, including through a defined governance relationship with the regional CAMHS Managed Care Network. • In relation to the proposal to appoint a Head of Operations, respondents put forward a range of credentials that might be required for this post. These included a Social Work background, knowledge and experience of working in a child's rights settings, and of delivering practice from a health and welfare perspective. Respondents also pointed to the need to ensure that any statutory authority of the Head of Operations should work in tandem with the statutory authority of the independent Panel Chair. • Some respondents considered that DoH should undertake a lead role, with accountability structures put in place to ensure it was supported by the Departments of Justice and Education. • Respondents highlighted the importance of involving all staff in detailed discussions about staffing in the new Centre and the development of new managerial structures.

Suggested best Practice	None provided
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Summary of key points

Head of Operations - the proposal to establish a Head of Operations responsible for the day to day operation of the Secure Care Centre and on-side step down unit (the regional facilities) was supported by the majority of respondents. The significance of this role and attributed responsibilities has been recognised with the majority of respondents agreeing that underpinning legislation would be required.

Governance and accountability arrangements - in terms of the accountability options arrangements set out in this section, the majority of respondents preferred option 2- the regional facilities are run by both Government Departments under a formal partnership agreement, supported by a jointly managed Partnership Board. Although the discussion surrounding this proposal was limited, respondents were supportive of the joint nature of the accountability arrangements proposed under this option. Respondents also referenced the need to incorporate other statutory services formally to ensure the fulfilment of statutory responsibilities in meeting the needs of children and young people. A number of respondents also agreed that the Children’s Service Co-operation Act (NI) 2015 could provide the statutory basis for this joint collaborative approach.

A number of key advocacy groups have proposed that the Department of Health should be identified as the lead Department to ensure the ethos of wellbeing, care and support of children and young people remains at the core of this proposal. It was also acknowledged that accountability structures should be supported by the Departments of Justice and Education. In addition, the NI Commissioner for Children and Young People has indicated that option 3 is her preferred option and recommended that a HSC Trust should run the regional facilities.

Departments' response

In light of the support for the proposal to appoint a Head of Operations, the intention is to begin the process to appoint a suitably qualified and experienced individual during 2021/22. It remains our intention that the Head of Operations will be responsible for the management of the Secure Care Centre an on-site step-down unit, with their duties and responsibilities set out in legislation.

In relation to the governance and accountability arrangements for the regional elements of the Care and Justice Campus—ie. the Secure Care Centre and the on-site step-down unit—responses to the consultation indicate a clear preference for joint arrangements shared between the Departments of Health and Justice. While the operational running of the Centre and step-down unit is not within the remit of the departments themselves, we will explore options to best give effect to joint governance and accountability arrangements.

Section VIII: Legislation

What the consultation proposed

The consultation proposed that a legislative programme to support the establishment of a regional Care and Justice Campus is developed following the outcome of this consultation. Potential areas of legislative requirements include: classification of the Secure Care Centre, the step- down unit and satellite provision and multi-agency working.

Quantitative analysis

78% (of 49 respondents) considered that legislation will be required to support and formalise multi-agency working as part of a new Care and Justice Campus. **20%** of respondents did not consider that legislation will be required and **2%** were unsure.

76% (of 33 respondents) considered that the multi-agency admissions panel would require a statutory basis. **6%** of respondents did not consider that the panel would require a statutory basis, and **18%** were unsure or did not express a particular view.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none">The majority of respondents agree that a legislative programme will be required to support the establishment of a Campus to jointly underpin the statutory responsibilities of both departments in supporting these children and young people with very significant complex needs. Some respondents considered that the multi-agency panel will also require a statutory basis, to ensure that good practice and existing legislation is adhered to.
Issues/Gaps	<ul style="list-style-type: none">One respondent considered the introduction of legislation had the potential to introduce more barriers instead of formalising arrangements.
Further consideration and/or Action	<ul style="list-style-type: none">The classification of the Secure Care Centre was considered by a number of respondents, with the view being expressed that it should not be classed as either a children's home or juvenile justice centre alone. Rather, it has been suggested that the Secure Care Centre is classified as specific secure care provision. Satellite provision in suitably resourced children's homes could potentially be classified as intensive support units to differentiate them from standard non-secure

	<p>care provisions. An agreed purpose, and consistent and relevant standards and processes would be required.</p> <ul style="list-style-type: none"> • Conversely, one respondent did consider that the new Secure Care Centre should be classified as a children’s home, with consideration given to amending the provisions of section 56 of the Justice (NI) Act 2002—which allows for custody care orders for 13 years of age and under—to remove the lower age tier and extend to <18 years of age. The same respondent considered that any campus satellite provision should also be classified as a children’s home under the same auspices. • Other options for legislation to underpin elements of the Campus included: <ul style="list-style-type: none"> • the development of a joint legislative framework which incorporates the Secure Care Centre, the step-down facilities and supported housing for 16-17 year olds; • classification of the Secure Care Centre as a Residential Therapeutic and Education Centre, with the wider Campus classified as a Regional Therapeutic Community, with the legislation covering the entirety of the Regional Care and Justice Campus and all young people involved, regardless of their status; • classification to enable the Secure Care Centre to fulfil a public protection function as well as enable the maintenance of a safe, secure and stable environment and regime that facilitates the development of young people.
Suggested best Practice	<ul style="list-style-type: none"> • Legislation supporting multi-agency working could be underpinned by existing frameworks, including: Promoting Quality Care and Public Protection Arrangements for Northern Ireland, developed to promote improved working relationships between criminal justice system agencies.

Summary of key points

It is clear that the majority of respondents support and agree that a legislative programme will be required to support the establishment of a Campus. A number of respondents have acknowledged the need to consider the classification of all elements of the Campus including the Secure Care Centre, the satellite provision and the step-down unit to enable implementation and operation.

The significance and importance of the need for effective multi-agency working underpinning every element of the Campus has also been highlighted by the majority of respondents and it is clear that most have agreed that legislation will be required to support and formalise this multi-agency working.

In addition and linked to the section on the multi-agency panel (as detailed at section II) the majority of respondents are in agreement that the proposed multi-agency panel will require a statutory basis.

Departments' response

Legislation to establish the Secure Care Centre and other elements of the Campus will be developed in consultation with relevant stakeholders. We are clear that this legislation must support the Centre to fulfil its intended purpose of providing a safe, secure and therapeutic environment focused on achieving stability and preparing for a return to the community in the shortest timeframe possible. We do not consider that classification as a children's home will be appropriate. Rather, we will seek to establish the Secure Care Centre as a new category of establishment, with bespoke standards and legislation developed to reflect its specific functions and underpin the ethos of a relationship-based, trauma-informed, therapeutic care Centre.

Section IX: The Legal Status of children and Parental Responsibility

What the consultation proposed

The consultation proposed a number of options in terms of the legal status of the children and young people in the Secure Care Centre – acknowledging that the creation of a single Secure Care Centre will see children admitted under differing legislative provisions and therefore with differing legal status. The arrangements in respect of parental responsibility of all children and young people within the Secure Care Centre was also discussed and a number of options were proposed in the consultation document (see below).

CHILDREN WHO ARE NOT 'LOOKED AFTER'	
Option 1	Head of Operations
'LOOKED AFTER' CHILDREN	
Option 1	Placing HSC Trust
Option 2	Head of Operations
Option 3	Joint Parental Responsibility (Placing Trust and Head of Operations) if a child was 'looked after' prior to entering the Secure Care Centre.

Quantitative analysis

52% (of 50 respondents) agreed that only children who were looked after prior to admission to the Secure Care Centre should be looked after while in the Centre. **36%** of respondents disagreed with this approach, while **12%** neither agreed nor disagreed.

77% (of 48 respondents) agreed that the Head of Operations should be given parental responsibility for children admitted to the Secure Care Centre by way of a juvenile justice disposal. **23%** of respondents disagreed with this proposal.

53 respondents provided views on the proposed options in terms of parental responsibility arrangements for looked after children admitted to the Secure Care Centre, as follows:

Option 1 – 19%

Option 2 – 22%

Option 3 – 57%

None of these – 2%

75% (of 36 respondents) agreed that the Department of Health should make regulations so that children subject to the provisions of Art 39(6) of the Police and Criminal Evidence (NI) Order 1989 do not automatically become a looked after child, if the duration of their stay within the Campus is longer than 24 hours. 8% disagreed with this proposal and 17% neither agreed nor disagreed.

Qualitative analysis

Category of response	Summary of themes
Support	<ul style="list-style-type: none"> • For those respondents who indicated a preference for parental responsibility to be shared between the Head of Operations and the placing Trust, reasons included ensuring the involvement of key statutory agencies in delivering and providing the most appropriate care and support for all young people during their time in a Secure Care Centre and planning for/ providing continuity of care on exit. • It is important that all young persons leaving the Campus have support based on their needs rather than legal status. • Parental responsibility for young people who are admitted to the Secure Care Centre, regardless of their route of entry, should be shared between the Head of Operations and whoever has parental responsibility immediately prior to admission. Any decision to make a young person 'looked after' should be based on an assessment of their needs, not on the length of their stay in the Centre.
Issues/Gaps	<ul style="list-style-type: none"> • One respondent indicated that it is not feasible to have multi-corporate 'parental responsibility' for child for a brief period. If a Trust shares parental responsibility with parents this can only be determined by a court and based on the need to safeguard and protect a child taking into consideration what is in the child's best interests.
Further consideration and/or Action	<ul style="list-style-type: none"> • One suggestion put forward was that a child may become looked after when living in the Secure Care Centre for 3 months. • Some respondents emphasised the importance of involving parents in decision making as appropriate. • A number of respondents were of the view that the question of parental responsibility must be considered based on the individual circumstances of each case. • Some concerns were expressed that the variation in legal status or legal entitlements of children in the Secure Care Centre may cause some confusion for young people themselves and also present some difficulties regarding the planning process for exiting the Centre.
Suggested best Practice	None provided

Summary of key points

Respondents to the consultation expressed a range of views about the legal status of children and young people admitted to the Secure Care Centre. The majority of respondents agreed that only children looked after prior to admission to the Secure Care Centre should be looked after while in the Centre; however, set against that is the recommendation from the NI Commissioner for Children and Young People stating that all children and young people admitted to the Secure Care Centre should be categorised as looked after. A number of respondents did make the point that any decision to make a young person looked after should be based on an assessment of their needs, not on the length of their stay in the Centre.

In terms of parental responsibility for those children and young people admitted to the Secure Care Centre who are not looked after prior to admission, the majority of respondents agreed that as with the current position within the JJC, the person with responsibility for the management and control of the Centre—the Head of Operations in this instance, as per the consultation proposals—should obtain parental responsibility.

The shared option in terms of the parental responsibility for those looked after children and young people placed in the Secure Care Centre appears to have the majority of support.

Departments' response

In light of the responses received, the following approach will be taken in relation to the legal status of children admitted to the Secure Care Centre:

- Children who are looked after at the time of admission to the Centre will continue to be looked after;
- Children who are not looked after at the time of their admission to the Centre will not automatically become looked after as a result of their admission. However, as part of their overall health and needs assessment on admission to the Centre, careful consideration will be given to whether additional support is required to the child and their family.

While we are committed to keeping to a minimum the number of young people admitted to the Centre as a place of safety following arrest, we will progress the

necessary legislative amendments so that these young people do not automatically become looked after.

In terms of parental responsibility for children and young people admitted to the Secure Care Centre, the following approach will be adopted:

- The Head of Operations will assume parental responsibility for all young people admitted to the Centre;
- For children who are looked after at the time of admission, the relevant HSC Trust will retain responsibility as corporate parent, with parental responsibility shared with the Head of Operations for the duration of the young person's stay in the Secure Care Centre.

Section X: Equality and Human Rights

Alongside the consultation on proposals for a regional Care and Justice Campus, views were also sought on the potential equality and human rights implications of these proposals. A draft equality, disability duties and human rights screening exercise was completed and published alongside the consultation. In order to assist in finalising the assessment of the equality and human rights impacts of the policy proposals views were sought on the likelihood of the proposals having an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998, the likelihood of the proposals having an adverse impact on equality of opportunity or on good relations and any aspects where potential human rights violations may occur.

From the 50 responses to the questions on equality and human rights, 29 agreed with the outcome of the draft screening exercise which determined that a full EQIA was not required. However 19 respondents did feel that equality and human rights may be impacted and have provided commentary on issues that they considered are likely to have impact on the Section 75 equality groups, human rights considerations and the equality of opportunity/good relations.

A summary of the comments received are outlined below.

Summary of comments

- Impact on S75 Groups
 - Impact of transition between child and adult services and continuation of the package of support.
 - Important to consider the needs of those with a neuro-disability or learning disabilities in terms of both the physical environment and care approach.
 - The panel would need to be aware of the potential for adverse impact on specific s75 groups and mitigate against this.
 - The Secure Care Centre may, at times be required to care for young people who are transgender.
 - Recommendation to consider further data sets to provide and inform the evidence for the decisions made.
 - Recommendation that a Child Rights Impact Assessment be carried as part of the decision making process.

- Need to consider the effect of these proposals on the workforce across all of the s75 categories.
- Opportunity to better promote equality of opportunity or good relations:
 - Consideration of potential issues in the merging of two staff groups with differing terms & conditions.
 - The delivery of trauma-informed care, in addition to familiarity on a child-by-child basis could promote opportunity for good relations.
 - Consideration of individuals with intellectual disabilities. Equality of opportunity could improve if reasonable adjustments were made for neuro-diverse individuals.
- Potential human rights impact relating to the restriction of liberty.

Departments' response

Both Departments are fully committed to ensuring that the Secure Care Centre and wider Care and Justice Campus are underpinned by human rights. We welcome the comments provided on the draft equality and human rights screening exercise and will review the screening exercise based on the responses received.

Section XI: Rural Impact considerations

Alongside the consultation on the potential equality and human rights implications of the proposals, views were also sought on the likelihood of the policy proposals having an adverse impact on rural areas. A draft rural needs impact assessment was prepared against the policy proposals and published as part of this consultation.

From the 40 responses received in respect of Rural Impact, 25 respondents were content with the outcome of the rural impact assessment. However, 14 respondents did consider that the proposals in the consultation document were likely to have an adverse impact on rural areas.

Points have been raised in relation to the location and accessibility of the Bangor site including reference to the establishment of an on-site step-down unit. The potential adverse impact on not only the support of a range of statutory authorities travelling from other areas in Northern Ireland, but also on families and carers has been raised. It has also been advised that Article 8 of the European Convention on Human Rights is engaged in relation to rural impact.

It has also been recommended that there is a need to consider how young people from rural areas can be supported where there is adverse impact or potential for adverse impact.

Both Departments are fully committed to ensuring that the policy proposals for the establishment of the Campus service model do not adversely impact on rural areas. To that end, further consideration of the responses to the draft screening will be undertaken in order to assist in finalising the rural impact assessment.

CHAPTER 3: NEXT STEPS

The second stage of the service design development process will focus on finalising a range of proposals to enable implementation of a regional Care and Justice Campus. The views shared during this consultation have been invaluable in shaping the Departments thoughts on how best to proceed with implementation.

Comments on each of the proposals will be considered in detail as we move to the next stage. More widely, the Departments accept that, as raised in this consultation, further detail on each of the service design policy proposals is required. The Departments will develop detailed plans, to include the range of education, training, health and therapeutic services that will be available in the Secure Care Centre; the standards which will govern the Centre; and the staffing arrangements for the new Centre.

The Departments also acknowledge the concerns expressed by some respondents—including by children and young people with experience of secure accommodation—about the proposed approach to caring for young people admitted to the Secure Care Centre in an integrated way, regardless of their route of admission. In order to provide assurance on this point, a needs-led model of practice, which clearly identifies the risks associated with the approach and the mitigation measures necessary to deal with identified risks, will be developed. In addition, the legislation which underpins particular elements of a Care and Justice Campus, which several respondents identified as a key point, will also be considered. And it is recognised that in order to establish a Campus in its broadest sense, services in the community will be central to the achievement of its goals and objectives. It is acknowledged that further detail is required as to how the community services will operate in a coordinated way and the specific nature of any satellite provision as part of the Campus.

The implementation phase of the Campus programme will require continued engagement with stakeholders to develop the detail of how the various element of the Campus will operate in practice.

The Departments wish to thank all those who participated in the consultation process for their valued input.

Annex A: Summary of consultation questions

	Question
1	<i>Do you have any comments on the proposal that the Secure Care Centre will comprise the existing Lakewood and Woodlands sites?</i>
2	<i>Do you have any comments on the proposed capacity of the Secure Care Centre?</i>
3	<i>What are your views on the longer-term aim of reducing the overall capacity within the Secure Care Centre, so that no child will be placed in a house with any more than three other children?</i>
4	<i>Do you agree that the admissions criteria for the Secure Care Centre should be based on existing criteria, clarifying that children will be admitted to the Campus in one of two ways:</i> <ul style="list-style-type: none"> <li data-bbox="347 678 1283 745">• <i>where the criteria set out in Article 44 of the Children Order are satisfied; or</i> <li data-bbox="347 745 1369 779">• <i>where the child is remanded or sentenced by the authority of a court.</i>
5	<i>Do you agree that the Secure Care Centre should continue to be used as a place of safety for children following their arrest, if this is required?</i>
6	<i>Do you agree that the use of the Secure Care Centre as a place of safety should be kept to a minimum, and that alternative accommodation options should be developed?</i>
7	<i>Do you think any changes are required to the existing criteria for admissions to secure accommodation under Article 44 of the Children Order?</i>
8	<i>Are there any other comments you wish to make about the routes of admission to the Secure Care Centre?</i>
9	<i>Do you agree with the proposal to establish a regional, independently-chaired multi-agency Panel with the roles and responsibilities as described?</i>
10	<i>Do you agree with the membership proposed?</i>
11	<i>Do you think, in some cases, there may be scope for the courts to make reference to the Panel in determining the most appropriate disposal for a child who has been involved in offending behaviour?</i>
12	<i>Thinking about the roles, responsibilities and make-up of the Panel as described, do you have any views on whether the Panel and its functions should be established in legislation?</i>
13	<i>Do you think the Panel should have any other roles and responsibilities within the Campus, other than what is described here?</i>
14	<i>Do you have any other comments on the proposal to establish a regional, independently-chaired multi-agency Panel as described?</i>
15	<i>What are your views on the proposal to implement a new Framework for Integrated Therapeutic Care, to be applied across all looked after children settings, including within the regional Care and Justice Campus?</i>

16	<i>What are your views on the multi-disciplinary team in the Secure Care Centre – how should it be made up?</i>
17	<i>Have you any other comments or views on the range of services that should be provided in the secure care centre?</i>
18	<i>What are your views on the proposal that children within the Secure Care Centre will not be separated on the basis of their route of admission?</i>
19	<i>Do you agree that decisions about where a child will be placed within the Secure Care Centre should be based on an assessment of their individual needs, taking into account the factors described?</i>
20	<i>Do you have any other suggestions for how children should be managed within the Secure Care Centre?</i>
21	<i>Do you agree that an exit plan, as part of the overall care planning process, should be developed for each child and young person on admission to the Secure Care Centre and will be subject to regular review?</i>
22	<i>Do you have any views or comments to share on the proposed care planning, discharge and exit planning process described in this section?</i>
23	<i>Do you agree that a step-down facility should be located within the Campus, on the same site as—but separate from—the Secure Care Centre?</i>
24	<i>Given the stated purpose and function of the step-down unit, do you have any views on how it should operate in practice? For example, do you think it should be an open setting (ie. not a locked facility)?</i>
25	<i>Do you have any comments on the function and role of the step-down unit, over and above what is described here?</i>
26	<i>Do you agree that the Secure Care Centre should be supported by a network of locally-based connected satellite services across each of the five HSC Trust areas?</i>
27	<i>Do you agree that the purpose and focus of this satellite provision should be twofold:</i> <ul style="list-style-type: none"> • <i>To prevent children and young people from entering the Secure Care Centre, and</i> • <i>To provide support to facilitate the transition of these children and young people back into the community.</i>
28	<i>Do you agree that a multi-agency approach to this satellite provision should be adopted?</i>
29	<i>Do you have any views on the use of alternatives to the Secure Care Centre for children who have been arrested and require a place of safety while awaiting a court appearance? Do you think that suitably resourced children's homes may be a suitable place of safety for some of these children, subject to an assessment of risk?</i>
30	<i>Do you have any views on the use of alternatives to the Secure Care Centre for children being considered for bail, and the use of wrap-around services as part of a bail package?</i>
31	<i>Do you agree that designated supported housing for 16 and 17 years olds should form part of the community-based satellite provision?</i>

32	<i>Do you think that there are alternative options for the design and functionality of satellite provision? If so, please outline.</i>
33	<i>Do you agree with the proposal to appoint a Head of Operations responsible for the operation of the regional facilities (Secure Care Centre and on-site Step Down Unit)? If yes, do you agree that the appointment should be required in law and that the role and responsibilities should also be specified in legislation?</i>
34	<i>In terms of the options detailed in respect of accountability arrangements for the regional facilities, which do you consider to be the most appropriate? Please explain the reasons for your response.</i>
35	<i>Do you have any alternative options for the accountability arrangements for the regional facilities?</i>
36	<i>Do you have views on the classification of the Secure Care Centre?</i>
37	<i>Do you have any views on the classification of the Campus satellite provision?</i>
38	<i>Do you consider that legislation will be required to support and formalise multi-agency working as part of a new Care and Justice Campus, by, for example, designating specified agencies or statutory Campus partners</i>
39	<i>Do you have any views on whether the proposed multi-agency Panel would require a statutory basis?</i>
40	<i>Do you agree that only children who were looked after prior to admission to the Secure Care Centre should be looked after while in the Centre?</i>
41	<i>Do you agree that the Head of Operations within the Secure Care Centre should be given parental responsibility for children who are admitted to the Secure Care Centre by way of a juvenile justice disposal?</i>
42	<i>Do you think that parental responsibility for looked after children should:</i> <i>I. Lie with the placing HSC Trust only;</i> <i>II. Pass to the Head of Operations for the duration the child is in the Secure Care Centre; or</i> <i>III. Be shared between the placing HSC Trust and the Head of Operations.</i> <i>Please indicate which option you support and why.</i>
43	<i>Do you have any views on whether the Department of Health should make regulations to prescribe children subject to the provisions of Article 39(6) of Police and Criminal Evidence (NI) Order 1989, so that they do not automatically become a looked after child if the duration of their stay within the Campus is longer than 24 hours?</i>
Equality and Human Rights	
44	<i>Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals.</i>

45	<i>Are you aware of any indication or evidence—qualitative or quantitative—that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.</i>
46	<i>Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how.</i>
47	<i>Are there any aspects of this consultation where potential human rights violations may occur?</i>
Rural impact	
48	<i>Are the actions/proposals set out in this consultation document likely to have an adverse impact on rural areas?</i>

Annex B: Organisations which responded to the consultation

Action for Children

Barnardos NI

BASW

Belfast HSC Trust

Children's Law Centre

Criminal Justice Inspection Northern Ireland

Education Authority

Equality Commission

Extern

HSCB

Include Youth

Information Commissioner's Office

Mindwise

NHS England and NHS Improvement

NIACRO

NICCY

NIGALA

NI Human Rights Commission

NI Personality Disorders Network

NISCC

Northern HSC Trust

NSPCC

PBNI

Presbyterian Church in Ireland

PSNI

Restorative Practices Forum NI

Royal College of Occupational Therapists

Royal College of Paediatrics and Child Health

Royal College of Psychiatrists

Royal College of SLT

RQIA

Simon Community

Sinn Fein

Southern HSC Trust

Therapeutic Teams for Looked After and Adopted Children, Regional Leads

Ulster Teacher's Union

UNISON

Victim Support NI

VOYPIC