

**REVIEW OF REGIONAL FACILITIES FOR
CHILDREN AND YOUNG PEOPLE**

REVIEW REPORT

March 2018

CONTENTS	PAGE
Foreword	3
Section 1: Introduction, Terms of Reference, Methodology	4
Section 2: Research Analysis and Review	7
Section 3: Purpose, Function and Analysis of Regional Facilities	37
Section 4: Data Analysis on Admissions, Discharges and Young People's Pathways	51
Section 5: Case Study Analysis: Perspectives of Young People, Professionals and Parents	61
Section 6: Themes and Considerations for Improvement	92
Section 7: Recommendations	100
Section 8: Bibliography / References	105
Appendix 1	107

Foreword

I am pleased to present the report and recommendations of this review. It has been a pleasure and a privilege to act as the Independent Chair of the Review Team, which has been professional, energetic, diligent and creative in its approach, and has sought to deliver recommendations to improve on the current pattern of service delivery, and more importantly the outcomes achieved for some of the most vulnerable and challenging young people in society. The Review Team agreed early on that it wished to adopt the approach of “the system reviewing and improving itself”, and has delivered a high level of collective ownership of the review, and its recommendations. This bodes well for implementation of the recommendations over time.

I am enormously grateful to all the members of the Review Team, and to the four regional facilities being reviewed, for their engagement and openness to change and improvement, and to all other partners, young people, and parents who have engaged in the process. I am particularly grateful to Professor John Pinkerton from Queens University Belfast, who contributed a strong academic, research, and analytical perspective, and also to Deirdre Coyle, who has coordinated the review in her own inimitable style, and has contributed very strongly to its effectiveness, ensured a high level of engagement, and progress-chased and facilitated timely conclusion of the report and its recommendations.

Current services work extremely hard to improve outcomes for vulnerable young people, and I believe that implementation of the recommendations of the review offers clear and achievable opportunities to build upon current strengths, and further improve both the effectiveness of the system, and outcomes for young people.

David Archibald

Independent Chair

Section 1: Introduction, Terms of Reference, Methodology

The Review of Regional Facilities for Children and Young People was established to undertake a holistic examination and analysis of the provision offered across four regional facilities, the relationship between them and the pathways of children and young people into and across them. The facilities that came under the auspices of the Review are:

- Donard, Glenmona: a regional residential children's home
- Woodlands Juvenile Justice Centre
- Lakewood Secure Care Centre
- Beechcroft Inpatient Hospital for Children and Young People

The Review was commissioned by the Health and Social Care Board under the auspices of the Department for Health and with the collaboration of the Department for Justice. Underpinning the review was a growing concern that children and young people in care, often with the most complex needs, were spending periods of time within each of the facilities and sometimes experiencing repeat admissions and moving directly between them. The Review aimed to forensically examine and test this concern, consider whether the specific needs of these young people are being met by way of service provision at each centre and whether there are young people who currently do not qualify for admission to any of the Centres, on the basis that the legislative framework does not permit it. This examination would also identify potential service gaps and give consideration to alternative models of provision which might better cater for the safety, security, health and wellbeing needs of children and young people.

The Review process and the agencies involved in the Review itself were particularly mindful of the children and young people at the centre of the review, the importance of hearing and listening to their views and experiences and respecting and upholding their rights under the European Convention on Human Rights (ECHR) as incorporated into domestic law by the Human Rights Act and the UNCRC.

In addition the review was cognisant of extant legislation and policy guidance and the newly enacted Children's Services Co-operation Act which requires agencies to co-operate to contribute to the well-being of children and young people.

The scope of the Review was defined in its Terms of Reference which broadly required:

- Analysis of the relationship between the Centres including: criteria and practice in relation to admission and discharge;

- young people's pathways between the Centres;
 - the legislative and policy frameworks governing the operation of all Centres (any learning arising from the legislative framework governing registration and inspection will be passed for consideration to the review team working in parallel on the HPSS (QIR) (NI) Order 2003).
- Consideration of the options for consolidating and/or improving the relationship between the Centres to better meet the needs of young people and make recommendations for future practice and management in and between the Centres. This may include recommendations relating to:
 - the care model in each Centre;
 - service provision to meet intensifying need, in particular that linked to substance misuse, criminal behaviour and sexual exploitation;
 - identified gaps in service provision and how best these could be effectively met;
 - the nature and extent of therapeutic interventions;
 - staff practices;
 - structural and operational security measures;
 - behaviour management arrangements and practices;
 - sharing of services between Centres;
 - appropriate care pathways between the regional Centres and other community based provision, such as residential children's homes; tier 3 CAMHS services and DAMHS services.
 - policy and legislative frameworks.

The Review commenced in January 2017 and concluded in October 2017. It was underpinned by an agreed structure comprising of a Project Board and a Review Team. Appendix 1 contains details of Project Board and Review Team representatives. The appointment of an Independent Chair brought an objective and critical perspective to the work of the Review. Departments and agencies engaged across the Project Board and Review Team included Department of Health, Department of Justice, Department for Education, the Public Health Agency, the Police Service for Northern Ireland, the Regulation and Quality Improvement Authority, Voice of Young people in Care, Health and Social Care Trusts, Youth Justice Agency, Northern Ireland Guardian Ad Litem Service and the Health and Social Care Board. The Project Board, chaired by the Director, Children and Families, Health and Social Care Board and the Review Team, chaired by David Archibald (Independent Chair) met on five and ten occasions respectively.

The methodology applied to undertake the Review included:

- Site visits to all four regional facilities
- Analysis of Position Papers submitted by each of the four regional facilities
- Analysis of SWOT exercises completed by each of the four facilities
- Data collation and analysis of admission and discharge data across the four regional facilities for the period April 14 – March 17
- Review of relevant literature and research undertaken by Dr John Pinkerton, Queens University

- Questionnaire design for interviews with young people resident in the four facilities and administered and analysed by VOYPIC
- Identification of a selected group of young people (25) to participate in case study interviews facilitated by VOYPIC
- Design of a questionnaire for professional staff with knowledge of the 25 case studies, analysis of completed questionnaires and interviews with these staff facilitated by an independent social worker, Gemma Stokes
- Hosting of two workshops at key stages of the review processes: Workshop 1: Systemic Strengths and Weaknesses engaged internal stakeholders; Workshop 2: Emerging Themes and Options for the Future engaged internal and external stakeholders
- Individual agency meetings with Criminal Justice Inspectorate, NI, Northern Ireland Commissioner for Children and Young People, the Childrens Law Centre, Child and Adolescent Mental Health Services and Looked After Children Therapeutic Services
- Hosting a specific workshop for residential staff from across Childrens homes and regional facilities
- Meeting and discussions with parents
- Site visit to Kibble, Scotland

Report Outline

Section 2 provides an independent review of UK, Republic of Ireland and international research, policy and practice literature on residential based specialist care.

Section 3 describes the four regional facilities in terms of operating context, purpose, function, delivery and offers an analysis of the strengths, weaknesses, opportunities and threats presenting for each of the facilities.

Section 4 presents the findings of the data analysis on admissions and discharges, the pathways of children and young people into and across the facilities and identifies key messages arising from this examination.

Section 5 provides a synopsis of the views of young people, parents and professionals arising from case study analysis, interviews, group work and workshops.

Section 6 presents the themes emerging from the Review and describes a range of options to be considered for future service improvement and reconfiguration.

Section 7 sets out the recommendations of the Review.

Section 8 contains a list of reference material drawn on as part of the review analysis and process.

Section 2: Research Analysis and Review

Introduction

The challenges that prompted the Health and Social Care Board Review of Regional Facilities are not novel. They represent variations on well-established themes within the contemporary questioning of the role of residential placements within the continuum of care – in particular the role of secure placements. That questioning cuts to the foundations of residential care. What is it? Who is using it and for what outcomes? Does it work? How does it work? Can we afford it? Do we want it? The posing of such basic questions reflects not only the continuing importance of this component of the continuum of care but also what can be the overwhelming complexity of the field and the need to establish firm foundations. This was well put by the editors of a recent international ‘state of the art’ publication on Therapeutic Residential Care – a term that seems to come closest to encompassing the range of provision to be found in the four regional facilities under review at the interface of children’s services, child and adolescent mental health and youth justice.

“The sheer range and variability of service components, change theories, frequency, intensity, and duration of specific intervention strategies, organizational arrangements (size of living units, lengths of stay, staffing arrangements, for example) to say nothing of protocols for staff training and development, and the integration of ongoing, systematic evaluation, all argue for increasing precision and specificity in both description and analysis.” (Whittaker et al 2015 p329).

The last of the questions listed above, ‘Do we want it?’, is particularly important to note as it makes it clear that ultimately all the questions will come down to a judgement and a choice which those directly involved in group care for ‘troubled and troublesome’ young people and those who give them the mandate and the funding for their work have to make.

This means facing up to serious concerns about the past and present state of residential care that have helped undermine confidence in it and promote the present day preference for family based alternatives. That is not only awareness that institutional care can have very negative outcomes for children and young people - abuse and neglect, disrupted emotional and social attachments, health and educational deficits. There is also an absence of clear-cut diagnostic indicators, lack of consensus on key intervention components, limited theory and model

development and limited evidence of effectiveness. It is also a service that has high and rising costs and is difficult to integrate effectively into child and youth services.

It also means recognising that not only are there concerns and dilemmas to be addressed in considering therapeutic residential care but there are also conflicting opinions about it, particularly where secure care is concerned. And there is only “a painfully small knowledge base” (James 2015 p151) to inform the debate. It can be argued that in any context children and young people’s services need to provide: stability, predictability and a sense of permanence; relationships with professionally qualified, skilled, available and well supported carers; and a range of evidence informed interventions that address identified needs in a way that is congruent with the setting. But there is no international consensus on the balance between these features which tend to reflect the different approaches promoted by the social policy of different jurisdictions - such as care and upbringing (e.g. Japan and Eastern Europe), family support (e.g. Germany and Denmark) and ‘last resort’ (e.g. UK) (Thoburn and Ainsworth 2015). In this context the guiding role of the UN Convention of the Rights of the Child (UNCRC) is particularly important (Cantwell et al 2013).

Faced with the complexity and differences in policy context and practice in therapeutic residential care there can be no easily discernible best practice with which to approach the Review of Regional Facilities in Northern Ireland. Whilst there is a strong local policy consensus there is a need to see the Regional Facilities Review as a response, and contribution, to “a need to unpack ... and see what elements ... may be positive and sustainable, for what purposes ... and under what conditions” (Gilligan 2015 p12). To help with that task this paper summarises a selection of relevant and recent policy and research carried out in Northern Ireland, other parts of the UK and internationally. In this way it aims to provide some evidence informed conceptual scaffolding for the Review of Regional Facilities.

Northern Ireland Material

Within Northern Ireland in recent years there have been 3 major overviewing reviews of relevance to the Regional Facilities Review. These address Youth Justice (2011), Children’s Residential Care (Duffy 2014) and Child and Adolescent Health (Rees et al 2014) and together map out a shared landscape which provides the interface in which the regional facilities provide their services. Useful detailing of aspects of that landscape is provided by three other reports which look in detail at aspects of the actual experiences of young people in one or more of the Regional Facilities. These cover a group of young people in Lakewood (Hayden 2016), a group of looked after young people identified as at risk of child sexual exploitation (Pinkerton et al 2015) and a group of young people who met the criteria for secure accommodation (RQIA 2011). The report on the Children’s Law Centre consultation with young people in Lakewood (Hayden 2016) also includes a very comprehensive review of the international standards relating to the rights of young people in secure care. Some historical perspective on the issues raised by both the overviews and the focused

accounts of young people experiences is provided by a benchmarking study from a decade ago on the use of secure accommodation in Northern Ireland (Sinclair and Geraghty 2008). In keeping with the systemic perspective being taken by the Regional Facilities it is also helpful to set all that material within the context of the 'whole child/whole system' perspective of the Northern Ireland Strategy for Children and Young People.

Northern Ireland Strategy for Children and Young People

The first ten-year Strategy for Children and Young People 2006-2016, 'Our Children and Young People - Our Pledge', set out a shared vision for all children and young people in Northern Ireland - that they would thrive and look forward with confidence to the future. At the same time as committing to services that would promote that universal vision the Strategy recognised those who were particularly vulnerable. It advocated an outcomes based approach and the principles of early intervention and prevention. A second strategy is being developed to run from 2017-2027. In taking forward the original vision and approach it has proposed a 'well-being' perspective for use in considering any child's life; providing a useful reminder of, and aid to thinking about, the holistic needs of the young people using the Regional Facilities. That holistic view encompasses 8 dimensions: Physical and mental health; Enjoyment of play and leisure; Learning and achieving; Living with safety and stability; Economic and environmental well-being; Positive contribution to society; Respect for rights; Promotion of equality and of good relations. The Strategy emphasises that a positive outcome in one area can lead to further positive outcomes, just as a negative outcome in one area can lead to further negative outcomes. It also again recognises there are experiences that make children particularly vulnerable such as poverty, homelessness and paramilitary intimidation. Suffering from mental health problems (including those related to alcohol, drugs and substance abuse), involvement with youth justice and being looked after are also specifically mentioned.

Following the lead of the Northern Ireland Executive Programme for Government, the second Strategy is being developed using the Outcomes Based Accountability approach. Rather than focusing on the amount of money spent or the number of programmes delivered, the approach emphasises impact, measured by headline indicators, which it recognises may take time to achieve. Modelling a way of thinking strategically about outcomes, the Strategy considers 5 questions in regard to each of the wellbeing dimensions: What is the outcome we want for children and young people? Why does this outcome matter? What are the current issues facing children and young people within this area? Based on evidence where is the greatest effort required? How will it be known if the outcome is being met? What needs to be done?

This proposed Strategy also makes clear the importance for joined up policy of establishing effective structures, proactively identifying opportunities to co-operate and adhering to key principles of co-operation. It draws attention to a report on Best Practice in Cross-Departmental Working Practices commissioned by the NI Commissioner for Children and Young People (Byrne 2015). This advocates for: clear mandate and leadership; shared vision and shared ownership; development of systematic and shared training; development of guidance to accompany legislation; clear and effective communication structures; clarity on the data/information required to allow effective monitoring; clearly defined monitoring and accountability lines; common means of information sharing; development of concise reporting template; outcomes based monitoring and ongoing evidence-based impact evaluation. It also makes clear that with the passing in 2015 of the Children's Services Co-operation Act (Northern Ireland): "Co-operation in areas relating to the well-being of children and young people is no longer something that may be considered. It is a statutory requirement."(p29)

Review of the Youth Justice System (2011)

This Review was launched in 2010 by the Minister of Justice as part of the out workings of the Hillsborough Castle Agreement, an important milestone in the peace process. Its terms of reference were to critically assess the current arrangements for responding to youth crime and make recommendations for how these might be improved within the wider context of, among other things, international obligations, best practice and a financially uncertain future. Overall the Review was optimistic that there was much that was already working well. As strengths, the Review noted: the engagement of a strong and vibrant voluntary and community sector; a commitment to human rights and international obligations; the creation of new policing arrangements; the central role of restorative practices; and the highly skilled workforce. They also drew attention to what they described as "a state-of-the-art Juvenile Justice Centre of international repute" (p109).

The Review regarded those strengths in the system as a secure platform for the further improvements that were needed - in some areas on a quite a radical scale. In particular there was a need to address "the delay that permeates the entire criminal justice system and the failure of virtually every effort over the years to address this issue ... it impacts on everything else the system is trying to achieve. It increases the risk of re-off ending; it constitutes profligacy in a period of financial uncertainty; it breaches human rights; and, ultimately, represents a failure by the State to deliver justice for victims and offenders."(p12).

Reflecting its context, the Review stressed the importance of investing in young people as part of the peace process and the need to ensure that children who offend and are receiving targeted interventions from the criminal justice system, including custodial sentences within Woodlands, should not be disconnected from the support and services available from universal provision. In line with concerns previously

expressed by the UNCRC Committee, the Review warned of the risk that too often the best interests of the child was subjugated to other more powerful interests. To address that the Review called for Article 3 of the UN Convention on the Rights of the Child, which establishes the principle of the best interests of the child as a primary consideration, to be made a mainstay of the youth justice system. This should be explicitly reflected in legislation, policy and professional practice to ensure a more child-friendly and less adult-centric approach at all levels of the system.

The Review also called for more effective inclusive joined-up thinking in policy and practice at the strategic, commissioning and delivery levels. Offending and re-offending can only be mitigated if young people's complex, multi-layered needs are met through a single, integrated, multi-agency process that sees and treats them as 'children first and offenders second'. In line with that youth justice interventions need to focus on changing behaviour through building relationships with young people who offend, addressing their assessed needs and the agreed content of youth conference plans. The Review identified the DHSSPS as the lead agency in developing the needed improvements in assessment, inter-agency information exchange and cross-referral mechanisms alongside more specialised interventions.

The Review noted that looked after children and those with mental health and substance misuse problems were over-represented in the criminal justice system, including in custody. Other groups with particular needs requiring attention were young people with learning disabilities, those from the travelling community and gay, lesbian, bisexual and transsexual young people. No evidence was found to suggest that either Protestants or Catholics were disproportionately present in the youth justice system but "young people living in both Protestant and Catholic communities perceived the police as either still biased against them (Catholics) or as unfairly over-targeting them for fear of entering Catholic communities (Protestants)"(p88).

The question of age of criminal responsibility was also highlighted by the Review. The age of 10 used in Northern Ireland is low when referenced to International treaties and to most other countries. The Review recommended it be raised to 12, with consideration given to raising it to 14. It acknowledged that there were small numbers of children below these ages involved in offending who needed support and discipline and to be held to account for their behaviour, but clearly stated that this should not be seen as the business of a criminal justice system.

As noted above the Review reported being very impressed with many aspects of Woodlands - the facilities, the regime, the physical environment, the training and professionalism of the staff who were working within an overarching social work ethos and the positive comments from young people. It described Woodlands as 'a modern, state-of-the-art secure unit which, through good design and the use of modern technology, provides a safe and secure physical environment suitable to the needs and risks posed by those in its care.' (p75). However it also noted the significant over-representation of looked after children, the challenges posed by

substance abuse, in particular alcohol, and by mental health and drew attention to the constant stream of young people briefly passing through Woodlands, primarily resulting from its use for PACE and remand, which threatened its capacity to meet the needs of young people with custodial sentences.

The significant over-representation of looked after children within Woodlands was highlighted as a pressing problem, especially where this resulted from the centre was being used as a place of safety under PACE procedures. The review urged that this be treated as a priority for action. It recommended that looked after children should no longer be placed in custody, either through PACE, on remand or sentenced, where this would not have been an outcome for children in the general population. It also called for: an end to the court sending young people under the age of 18 to Hydebank Wood Young Offenders' Centre; the development of suitable options for accommodating a very small number of dangerous young offenders; determining decisions on place of detention for young people who attain the age of 18 while in custody by an assessment of their particular circumstances, needs and best interests; and reducing to an absolute minimum the practice of using the Juvenile Justice Centre as a place of safety for PACE.

The Review was widely welcomed and was followed by an Implementation Plan the next year. A recent Northern Ireland Audit Office (NIAO) (2017) report noted that work resulting from the Review is continuing to be taken forward by the Department of Justice through a Scoping Study of children in, or on the fringes of, the criminal justice system. The aim was to provide an 'end-to-end' examination of the legislative, strategic and administrative system from the perspective of the best interests of the child. In this way it was hoped to find the means to simplify the system and promote effective, tailored interventions to improve outcomes not only for children and young people but also for the wider circle of those affected by offending behaviour, including families, victims and communities. Work from the proposals of the Scoping Study is now being progressed through 3 strands: early intervention; legislative preparation; and repurposing of Woodlands into a multi-use facility to encompass a secure psychiatric unit, a secure rehabilitation unit and a behavioural unit.

Children's Residential Care Review (2014)

In 2014 the Health and Social Care Board produced a Review of Residential Care as the basis for developing a commissioning specification. This built on well-established core principles underpinning the role of residential care within the Northern Ireland's childcare continuum as set out in Care Matters: A Bridge to the Future (2007). It did not refer to the NI Strategy for Children and Young People but did explicitly take into account the direction of travel for the whole health and social care sector as set out in the major policy initiative Transforming Your Care (2011). This emphasises early intervention and prevention requiring a whole system approach – just as the Strategy for Children and Young People does. The Review also drew on detailed discussions with the Health and Social Care Trusts about patterns of need, expenditure

(including overspend and Extra Contractual Requirements), overlaps with mental health, youth justice and housing services, secure care provision, therapeutic models and skill mix.

The Review identified a set of key developments in residential care requiring a response. Despite a significant reduction in provision there remained a considerable and sustained demand requiring attention to need, quality and outcomes. It was important that the role and purpose of residential care was regarded as a key component of the LAC system, positively addressing needs and not just as a response to the absence of community support or other out-of-home placements. Those needs were seen to be increasingly complex and expressed in high levels of behavioural challenge and risk. The models of therapeutic intervention introduced by each Trust (Belfast Trust – Social Pedagogy; Northern Trust – CARE: Children and Residential Experiences; South Eastern Trust – Sanctuary; Southern Trust – ARC: Attachment, Regulation and Competency; Western Trust – MAP: Model of Attachment Practice) were seen to need to be complemented by individual multidisciplinary therapeutic interventions. The need for significant CAMHS type interventions and working together with Youth Justice was also noted. As a consequence of the level of demand the Intensive Support Unit (ISU) concept was judged not to have developed as anticipated. It was also noted that the use of the regional secure care unit was not based upon a consistent approach and demands on it had increased significantly. In addition placements outside of commissioned services were being used, at considerable cost, because needs could not be met otherwise - in part because of the absence of a forensic psychology service.

In response to those issues the review put forward five goals (p20/21):

a 'whole system' response to local need in which the demand for residential care was managed through the development of 'edge of care' and '16 plus' services and attention was given to avoiding perverse incentives for inefficient operation:

- residential services which are adaptable to changing patterns of demand and operate flexibly to meet the needs of, and manage the risks to or presented by, individual young people.
- provision of relationship based therapeutic approaches which seek to minimise placement moves.
- closer working with CAMHS and Youth Justice Services to ensure appropriate placements and access to the necessary level of intervention from each service as part of a single 'care plan'.
- reduction in the usage of out of country placements through the development of units within NI with the necessary capacity, range of skills and support services.

Primarily what the Review saw as necessary to achieve those goals was the consolidation and development of existing services. Individual Trust development

plans were needed to deliver on the Board's regional Commissioning Specification in a way that was appropriate to the particular geography, pressures of needs and configuration of services in each Trust. It was stressed that for all residential provision there needed to be a clearly articulated link in the Statement of Purpose for individual units between the needs of the young people to be placed and the purpose, aims, expected outcomes, staffing and other arrangements in place (including protocols with CAMHS and shared services with YJA and the NIHE) to promote the stated purpose.

In regard to secure care, rather than a regional panel for managing admissions, which was considered, it was agreed that Trusts would retain their own so as to directly manage the secure places, allocated to them on a capitation basis, as part of their local system management. However a clear independent element and advocacy voice for young people coming before the panel needed to be put in place along with an agreed process of decision making, including a consistent transparent template for making and recording decisions. The Regional Secure Unit was tasked with collection and collation of information on usage and monitoring of the process arrangements. It was also agreed that to provide greater flexibility the existing arrangement of two 8 bedded units would be converted into two 6 bedded units and a 4 bedded unit requiring an increase in the staffing complement to maintain a shift pattern and night staff. Whilst the social work ethos of the provision was to be maintained there also needed to be a skill mix of staff to enhance the service provided. It was noted that further consideration needed to be given by the South Eastern Trust, the Board, the DHSSPS and the RQIA to what was the most appropriate model of intervention for the Unit.

The Review also made it clear that there needed to be increased specialist support provided through enhanced cooperation with the regional CAMHS service and Public Health Agency drug and alcohol services. Trust arrangements with CAMHS needed to include advice, guidance and training for residential staff, joint assessment and case planning, joint planning and working together during any hospital admissions (anticipated as generally short stay) and in the provision of support after discharge. All these arrangements were seen to need senior management oversight, including a mechanism if necessary in relation to the care/treatment of individual young people. It was assumed that there would be a reduction in the number of young people having to be moved from the unit to the Juvenile Justice Centre as a consequence of their behaviour, and through an improved response to mental health issues, fewer children having to be detained in the regional inpatient unit.

It was agreed with the Youth Justice Agency that there needed to be an extended forensic psychology team made up of a lead, jointly funded forensic adolescent psychiatrist and three forensic adolescent psychologists. Clinical psychology, mental health nursing and social work input around the individual cases would be provided through existing services. Pending the establishment of that team services would access consultation, forensic assessment and case management oversight as

necessary to assist in safely managing/intervening in high-risk cases. Direct forensic psychiatric/psychological intervention would only be available in a small number of cases where risks were extremely high.

The Review also recognised that in addition to consolidating and improving existing provision there were small numbers of children and young people with particular needs for which Trusts had no readily available services (e.g. unaccompanied minors, children under 11 years old with very complex and challenging needs) where new responsive provision would have to be developed.

Child and Adolescent Mental Health Review (2014)

In the same year that the H&SC Board produced its review of residential care it also commissioned in partnership with the NI Public Health Agency and Belfast H&SC Trust a comprehensive peer review of the Regional CAMHS Inpatient Unit and the acute CAMHS care pathways. This was to include an analysis of the strategic and operational fit of the inpatient unit with the Stepped Care System and make recommendations for the development of an intensive support model for children and young people with acute, complex and challenging mental health and emotional needs.

The Review emphasised the level of complexity within the lives of families that is driving child and adolescent mental health needs and the danger that in trying to respond to those needs services 'inadvertently mirror the difficulties that families are facing' (p8). It noted that 'the whole CAMHS system in Northern Ireland is on a journey of transformation' (p7) and addressed what that change process meant for the various elements with the Stepped Care System, from Step 1 (e.g. infant mental health) to Step 5 (e.g. secure care), but with special attention to the inpatient service 'which appears to have become the lightning conductor for all services' (p7). It drew attention to the 'as yet incomplete, young and energetic new crisis assessment and intensive treatment service that is focusing on preventing admissions' (p7). It also identified Local Implementation Teams and Children and Young People's Strategic Partnerships as crucial 'infrastructure intermediaries' (p8) and emphasised the importance of effective leadership and communication as 'the golden threads' within the necessary change process.

Other themes the Review emphasised were: consistent involvement of children, young people and their families (it referenced the UNCRC); promoting a culture of evidenced and outcomes based strategic thinking and development; robust pathways of care which are coherent but sufficiently flexible to respond to presenting complex need (including it noted that of young people Looked After and in the Youth Justice system); collaborative relationships with other services in order to provide necessary step-up, step-down and transition arrangements; the importance of aligning commissioning in order to drive developments and ensure quality. To achieve all of that the Review advocated a strengthened skills mix with staff

supported by regular clinical supervision and a robust learning and development framework. Goals based outcomes and routine outcomes measurement needed to be standard practice and used to improve clinical outcomes and inform clinical supervision. All treatment interventions should be evidence based and outcomes focused drawing on NICE guidelines. Treatment options should include as a minimum: Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Eye Movement De-sensitisation Re-processing, Inter Personal Therapy, Psychodynamic Psychotherapy, Solution Focused Therapy, Psychopharmacology and Systemic Family Therapy.

On balance the Review concluded that ‘the critical components for building more efficient systems are present in Northern Ireland, but require commissioning and delivery outputs to be strengthened and then embedded, and demonstrate more evidence of co-production methods that cross the traditional boundaries and that make best use of the strategic drivers expressed in policy” (p8). To that end the Review made 49 recommendations set out under five headings: Strategic; Delivery; Commissioning; Beechcroft; Model of Provision. Central to what the Review proposed is a Dynamic Model of Acute Services to drive forward CAMHS, based on managed clinical networks and hub-and-spoke provision.

The Model aims to apply the principles of collaborative planning and provision across a full range of services to enable joint working, drawing in a range of social care, support and treatment services, in particular the Crisis Assessment Team (CAT) and the Intensive Treatment Teams (ITT). It would require an inter-agency partnership between Health and Children’s services, bringing together the various relevant CAMHS services (including services provided to LAC, Woodlands and Lakewood) and children’s services. To put the Model in place 6 recommendations were made. The first one was for Step 3 specialist CAMHS services to be commissioned in response to 8 areas of need – including looked after children in need of mental health provision, mental health services for young people involved in the criminal justice system and forensic CAMHS. These would be managed by a named co-ordinator tasked to make best use of the staff and skills already working in those areas through collaboration and joint learning.

Although the development of Step 3 services was expected to help manage the need for in-patient admissions the Review recommended the existing number of beds in Beechcroft should be maintained but ward size should be reduced (2 intensive care beds; 2X5 bed assessment wards; 2X8 bed treatment wards) along with a small inpatient eating disorder unit and day services. Where admission is necessary it would be to an assessment ward and the assessment would be rapid, leading to discharge to support from Step 3 services or to transfer to a treatment ward. Commissioning, planning and delivering service in a systemic fashion should aim to promote an outreach model and prevent admission whenever possible and provide a step-down service in the community to enable earlier discharge from inpatient care. In commissioning collaboratively it would be important to formalise expectations of

delivery of professional consultation, joint working and clinical delivery. The Review also emphasised that to ensure delivery it would be important to have well trained managers and leaders working to a 'distributed leadership' model.

Other selected Northern Ireland Literature

Despite the different vantage points, perspectives and purposes of the overviews of Residential Care, CAMHS and Youth Justice considered above, there is remarkable consensus over the strategic direction and the conceptual scaffolding being used. The language of rights and outcomes along with an acceptance of the need for collaboration in policy, commissioning, service design and practice characterise all three. Between them they address most of the requirements noted by the report for the Commissioner for Children and Young People on Best Practice in Cross-Departmental Working Practices (Byrne et al 2015): such as clarity around mandate; outcomes based monitoring; ongoing evidence-based impact evaluation; importance of leadership; need for data/information; clear and effective communication structures.

There are a number of clearly shared, or at least overlapping, concerns.

- The lives of families, children and young people are becoming more complex, presenting services with an intensity of need
- There needs to be an outcomes orientated, 'whole system' response that requires both vertical (levels) and horizontal (components) synchronising in order to consolidate and develop existing services
- Pathways within and between the various components and levels of the system need to be both coherent and flexible
- Staff need to be able to ensure effective case management and relationship based interventions based on evidence informed best practice through skills mix, training and supervision
- Young people and their carers must be engaged actors in needs assessment, intervention and evaluation

Those concerns can be seen reflected in three other recent reports looking at the experiences of young people in Lakewood (Hayden 2016), a group of looked after young people identified as at risk of child sexual exploitation (Pinkerton et al 2015) and a group of young people who met the criteria for secure accommodation (RQIA 2011) and also in a benchmarking study from a decade ago on the use of secure accommodation in Northern Ireland (Sinclair and Geraghty 2008). These suggest that whilst the direction of travel may be shared and relatively clear it is not an easy road ahead.

Review of the use of secure accommodation in Northern Ireland (2008)

The Review of the use of secure accommodation from a decade ago contains much that seems to still apply. It found that all the young people assessed as being in need of a secure care placement had multiple and often complex needs and many had long-standing unresolved issues. These included difficult relationships with their families, high levels of special educational needs or disabling conditions (including emotional and mental health problems) and extensive experience of bereavement. It also noted that need escalated over time as expressed in increasingly risky or antisocial behaviours (including substance abuse, offending, sexual activity) generally leading to placement in residential care and then secure care which was followed by return to residential care.

The review found that although assessments did not always take account of these multiple needs and develop strategies, young people were offered a great many services by a range of agencies but in fragmented fashion. Whilst there was an expressed commitment to inter and multi-agency working, translating that into practice proved challenging. It was noted that there was a particular difficulty in accessing CAMHS. The Review identified “a need for a structural and cultural shift that will bring about a greater commitment to the idea of corporate parenting” (p5). It also noted that the involvement of young people and their parents in key decision making was limited. More generally the Review expressed concern about limited or non-engagement of young people by those offering services to them.

The Review noted that a significant number of young people (around 20%) who were assessed as needing secure accommodation could not be placed. Concern about the shortage of secure accommodation (there were 16 beds in Lakewood and 64 admissions 2005/2006) was re-framed by some staff as showing the need to develop alternative services and approaches to managing high levels of risk. The Review agreed and identified family support services, specialist adolescent community services, specialist residential care and specialist foster placements as such alternatives and recommended that the DHSSPS create a strategic plan to promote this range of intensive preventative services.

In its recommendations the Review called for all residential care, including secure accommodation to be managed at a regional level to ensure places were allocated on a needs-led basis unaffected by geographic location. It also called for the enhancement of skills within the childcare workforce, both fieldwork and residential, in engaging with young people and in managing risk. In addition it called on evidence based research to be used to support staff in the management of risk. Another recommendation was that secure facilities should have a clear statement of purpose and of their capacity to offer therapeutic interventions. Reflecting the important role the judiciary have in managing care careers (a point not made in any of the 3 major reviews) it also recommended that the DHSSPS liaised with the Judicial Studies Board about the unsettling and demotivating impact on young people of repeat short term interim secure orders.

Care Pathways of Young People Who Met the Criteria for Secure Accommodation (2011)

Four years later the RQIA undertook a thematic inspection (RQIA, 2011) to explore the care pathways of a group of ten young people who had met the criteria for secure accommodation, five of whom were admitted and five who were not. The RQIA was interested in examining more closely the care pathways of these young people and the factors that had influenced them being placed in secure accommodation or not. Though it is important to note that of the five young people who did not go to secure accommodation (due to lack of available places), three were admitted to the Juvenile Justice Centre, two of these within a fortnight from not being placed in secure care. One young person remained in their residential placement, and the other in a foster placement.

The Report revealed the complex and diverse needs of this group of young people, describing them as 'amongst the most vulnerable members of our society, due to a broad range of difficult and traumatic life experiences that have a significant influence on their engagement with the world around them' (RQIA, 2011, p47). A summary of the experiences collated by the Report about these ten young people (most of whom were known to social services from childhood) includes the death of a parent, domestic violence, parental alcohol abuse, poor parenting, alcohol/ solvent/ drug use, a history of absconding, sexual activity from a young age, rape, sexual assault, sexual exploitation, self-harm, poor mental health, and involvement with the PSNI as a result of anti-social or offending behaviour in the community (Haydon 2016 p36). The Report noted that for some young people being admitted to care itself added new or increased risk factors; including bullying, sexual exploitation, suicide pacts, and criminal behaviour.

In response to the needs of this very vulnerable and challenging group a range of helping services had been provided by the Trusts to offer support but in all cases there were issues of access to quality therapeutic services. Services appeared to have difficulty in engaging the young people with the necessary consistency and continuity. Indeed the Report suggests a general disconnect between assessment and intervention as part of care career planning and management. For example, one young person had multiple admissions to the same children's home despite a risk assessment stating that the placement had increased the frequency and severity of self-harming and absconding behaviours. The Report also notes that the case records for the majority of the young people indicated that they did not respond well to a group living environment yet they were placed in residential children's homes resulting in an escalation of risk behaviours.

The Report's retrospective view of the young people's care careers identified periods where 'intervention deficits' were apparent which ultimately led in most cases to secure care or custody. The first of these periods is prior to the admission to care when the level and type of support to the young people and their family was not

sufficient to maintain them in the community. The Report notes the challenge to services posed by these situations; including the importance of support during evenings and at weekends and the struggle to keep pace with the speed and intensity of the young people's escalating risk taking behaviours. Accordingly the Report recommended that Trusts review the capacity of their prevention and intervention strategies to both identify early warnings of breakdown in the community which may place young people on the edge of care and to provide responsive, flexible and intensive support.

The second period was prior to entering secure accommodation where the challenge was in accessing timely and effective intervention both within children's homes and from specialist services. In some cases this did occur and at least temporary success was achieved through meaningful engagement by professionals who were accessible, flexible and innovative in their approach and responses to the young people. This was noted as being of particular value during times of crisis. The Report suggested there needed to be regional consideration of how such support could be more uniformly developed but it also noted that the various models of intervention that Trusts had introduced into their residential care were providing useful focus and theoretical structure. The introduction by some Trusts of specialist multidisciplinary teams to engage with young people in residential care was noted by the Report as a positive development. The Report recommended that each Trust should review how as a corporate parent it could provide prioritised access to specialist therapeutic services.

The focus on care career taken by the Report directed attention to Restriction of Liberty Panels at Trust level as they provide the gateway to secure accommodation. One of the functions of these panels is to ensure that all alternative care and support options have been exhausted prior to the consideration of secure accommodation; something the Report judged to not be as thorough as it should be. It was noted that each panel is constituted differently. Whilst there are some similarities there is no regional uniformity in respect of Panel attendees. It was noted that with one exception no Trust policy required a representative from mental health services and in no Trust was there policy and procedure on how the young person's views were to be sought and presented to the panel. Indeed a repeated theme that emerged from the young people during their interviews for the Report was their sense of powerlessness and lack of influence over decision making. However the Report acknowledged the challenge of trying to hear and respond to young people against a backdrop of chaotic and destructive behaviour in a way that also fulfilled safeguarding responsibilities. One of the Report's recommendations was that there should be a regional review of the panels (including considering the costs/ benefits of a single regional panel) to ensure an equitable and consistent approach to the placement of young people into secure accommodation. It also recommended that Trusts should implement robust contingency planning when a young person meets the criteria for secure care. Consideration also needed to be given to various forms

of intensive support responses to divert young people from restriction of liberty and the criminal justice system.

Looked After Children Going Missing and CSE (2015)

The management of care careers and engagement of very troubled and challenging young people was also the focus of a Thematic Review into the experiences of 10 looked after young people, mainly female, who had repeatedly gone missing and where there were serious concerns about Child Sexual Exploitation (Pinkerton et al 2015). As children most of the group had experienced multiple adversities including: neglect and various forms of abuse (sexual, emotional, physical); domestic violence; parental substance misuse; parental mental ill health; self-harming behaviour. They were well known to Social Services over long periods of time, with significant input from a variety of family support services and other agencies and most were on the Child Protection Register (CPR). However service provision appeared to be largely reactive, focusing on the immediate problems rather than being based on a holistic assessment of need and a clear plan to address these. The impact of insufficient resources was also evident in some of these cases, as was a lack of active engagement with services by both parents and children.

When the young people became Looked After it was generally because carers were unable to cope with their increasingly challenging and risky behaviour – behaviours that tended to escalate once they were removed from home. Almost all of the young people had experience of multiple placements, with an average of seven moves, with many moving between different residential units as well as between Lakewood, committal to the Woodlands and then back to residential units. The majority of the young people had experience of being placed in either Lakewood or committal to Woodlands. When aged between thirteen and sixteen, all of the young people regularly went missing with concerns about them engaging in risky sexual activity, as well as drug and/or alcohol misuse. Almost all displayed aggressive or violent behaviour, towards family members, peers, staff and members of the public. This resulted in them being excluded from school and getting embroiled within the criminal justice system. Those who had left care, half the group, were mostly young parents and had not come to terms with their past difficulties or developed a secure platform of emotional attachment and social stability. However, there was a stronger sense of them engaging with professionals and being more open to support.

Reflecting on those care careers the Thematic Review identified key learning and opportunities for improvement under four headings: assessing and identifying risk; using a combined approach; enhancing relationship based practice; continuously learning about and developing a response to CSE. In regard to the first it was noted that whilst interagency meetings and reviews took place and were generally well attended, their function appeared to be primarily about information sharing and reiterating safety plans. They did not appear to be routinely about the relevant agencies coming together to assess need and identify the risk of CSE. Without an

analysis and agreement on the implications of CSE for the dynamics of a case, the strategic case management necessary to plan and implement an intervention was not pursued effectively. A similar general point could be made for mental health and for criminal behaviour.

The Thematic Review also noted within the cases missed opportunities for preventative and authoritative early intervention work. Later responses to what had then become very challenging adolescent behaviours were very reactive. Accordingly the Thematic Review called for combined multi-agency working to provide early intervention family support to tackle the multiple adversaries and for proactive therapeutic and policing response to CSE. The therapeutic perspectives needed to be based on: recognition that young people in residential care have suffered trauma and disadvantage; encouragement of staff to understand and address the needs and emotions underlying challenging behaviour; and providing both staff and young people with techniques for being aware of, and regulating, their responses to stressful situations. The Thematic Review judged that the various therapeutic approaches used in residential care were not contributing to managing CSE despite having those features. This raised questions about the levels of skilled application of the approaches, as well as their capacity to deal specifically with CSE.

Central to adequately ensuring the safety and promoting the wellbeing of the young people was the need to engage them in addressing their going missing, drug and/or alcohol use, self-harming and risk taking behaviours. However, for crucial periods of their lives, not only did the young people not share the professionals' view of the risk they were exposed to but saw themselves as being in control of their lives; 'consenting' to the activities they were caught up in. At points in their lives when they needed help most, they refused to engage in positive working relationships and that included, at times, being aggressive, abusive and physically violent towards staff. Staff wanting to prevent young people from leaving the residential unit to place themselves in 'at risk' situations felt constrained in the actions or sanctions they could use. The use of secure accommodation provided a temporary solution and young people tended to engage more with professional staff whilst in these settings. However, none of these settings were able to generate sufficient momentum for change for these young people to sustain the advances they made when they returned to open units.

The Thematic Review noted that staff working with CSE, at different levels and across agencies, were keen to have new information about the issue and to learn about more effective practice based on the experience of young people themselves and those that care for and about them, both practitioners and families. The Thematic Review saw this emergent 'learning community' as the basis for a culture of continuous improvement in practice and service provision.

Lakewood Children's Law Centre Consultation (2016)

As part of its contribution to the UN Committee's examination of the United Kingdom's compliance with its obligations under the UNCRC scheduled for 2016, the Children's Law Centre published a report outlining the consultation process undertaken with young people in secure care (Haydon 2016). The Consultation report consists of a description of Lakewood (legislative and policy framework, Restriction of Liberty Panels and service provision), a very detailed exposition of the rights of young people in secure care, issues identified in previous research about secure care (responses to individuals presenting with 'high risk' behaviours; links with criminal justice; experiences pre-admission to secure accommodation), a record of the young people's views (primarily through their own words under the headings: Implementation of the UNCRC General Principles; referral to secure accommodation; experience of secure accommodation; education; play and leisure; specialist support; preparation for leaving care; links with criminal justice) and concludes with a discussion of 30 recommendations.

In setting out the International Standards relevant to secure care the Consultation report identifies 22 Articles from the UNCRC, covering both general principles (Article 2 Non-discrimination; Article 6 Right to life, survival and development; Article 3 Best interests; and Article 12 Participation) and specific areas (e.g. Article 33 Protection from the illicit use of narcotic drugs and psychotropic substances; Article 39 Promotion of the physical and psychological recovery and social integration of child victims of any form of neglect, exploitation or abuse). The report also draws attention to other relevant UN instruments such as 'The Havana Rules' for the protection of juveniles deprived of their liberty. It discusses these under the headings of Health and Wellbeing, Early Intervention, Placement in an Institution, Deprivation of Liberty. It also considers concerns raised in the UN Committee's Concluding Observations following its last examination of the UK Government report.

The Consultation report makes clear the complexity of need and the service response offered by Lakewood. It notes the wide range of problems the young people are coping with: family dysfunction; anger management; low self-esteem; physical, sexual, emotional trauma and abuse; neglect; solvent, alcohol or drug misuse; social skills deficits; offending and anti-social behaviour. It also lists the aims and objectives of Lakewood: provide a safe environment (physical, psychological, social and moral); develop a programme of intervention specific to the young people's identified needs (safety, emotions, loss, future); and ensure the young person only remains for as long as they meet the statutory criteria. In pursuit of those aims the report notes that Lakewood uses a 'service integration' model based on various theoretical approaches (Sanctuary Model, Therapeutic Crisis Intervention, restorative practices, motivational interviewing, attachment, brain development and trauma, social learning theory) and works with the young person, their family, and a very wide range of statutory services (Education, Health, CAMHS, Psychology, Family/ Residential Social Work, Youth Justice Agency, PSNI), as well as voluntary

and community sector organisations (FASA, DAISY, Safe Choices, NSPCC, Cruise, VOYPIC, NIACRO, Start 360, and the Prince's Trust).

In considering the views of the young people in the light of the general principles of the UNCRC, the Consultation report noted in its Recommendations section that those placed in secure accommodation do not necessarily see this as in their best interests. Whilst they recognised that they were placed in secure care as a result of drug use, sexual exploitation, staying out all night, mental health problems, or because care staff 'can't handle' them, they generally did not regard their behaviours to be 'risky' or potentially harmful, nor secure accommodation as likely to lead to changes in their lives. The consulted young people viewed social workers as over-reacting to normal adolescent behaviours and over-protective when assessing risk and appropriate response.

While recognising that social workers and care staff need to respond to harm, the young people felt that more discretion should be applied to risk assessment and sharing of information. The young people also worried that a lack of confidentiality among the professionals working with them (e.g. teachers, school counsellors) led to information being passed on to their social workers, with potentially negative consequences. Not only did the young people report inappropriate sharing of personal details in professional settings such as LAC review meetings but also on public transport when workers were trying to prevent a young person considered at risk of sexual exploitation going missing. Some of the consulted young people felt there were too many people trying to engage them in services.

Those consulted did however recognise the importance of earlier help and support. They suggested that intervention is required before children become teenagers, with an emphasis on the underlying causes of problematic behaviour rather than punishment or negative labelling. They considered that once in care they are treated differently to their peers – for example, experiencing harsher responses to drug use. Many of the consulted young people reported that drug and alcohol misuse, including the use of legal highs, played a significant role in their lives and was open about their intention to continue taking drugs and dismissive of the risks involved, including CSE.

Whilst recognising the difficulty posed for staff by the mismatch between their assessment of needs and levels of risk and the young people's, the Consultation report emphasised the importance of engaging in dialogue about those divergent views. The views of the young people needed to be given due weight and efforts made to ensure that they fully understand how their views have been taken into account, especially when a decision has been made with which they do not agree. The report advocated young people be involved in determining strategies to protect them from harm, as well as in discussions about what 'safe spaces' should be like and alternatives to secure accommodation. It was suggested that this would assist in

ensuring that secure accommodation is only used as a measure of last resort, for the shortest appropriate period of time, in line with international standards.

Consulted young people generally considered that decisions were made for them, rather than with them and that their views had not been taken into account prior to their placement in secure care, whilst in court, nor in Lakewood. The report noted that the resulting resentment can undermine development of constructive, trusting relationships between the young people and staff. It called for more efforts to be made to ensure that children's views are taken into account and to demonstrate how their views have been taken into account in LAC reviews, by care staff, by the Restriction of Liberty Panel, in court proceedings and in Lakewood. This should also be a feature of the admission and discharge process from Lakewood. Young people's right to be present or to nominate an advocate to attend on their behalf needed to be a consistent feature across all the Restriction of Liberty Panels. Complaints mechanisms also needed to be reviewed in the light of comments by the consulted young people that when complaints had been raised, through the Independent Representation scheme provided by NIACRO, these had not necessarily led to issues being addressed.

Discussing their experiences of secure care, young people highlighted the restricted movement, basic nature of the physical environment and the tension involved in group living. Some of the young people considered the mix of 13-17 year olds too broad an age-range, as younger children were influenced by and copied the behaviours of those older than them. Some suggested that there should be separate forms of specialist provision to address different needs. They reported that being isolated for 24 hours on arrival can be frightening. The Consultation report noted this practice as concerning given the prohibition on solitary confinement under international children's rights standards.

Discussion about rules and routines focused on what young people considered to be too early bedtimes and inappropriate smoking restrictions. Some recounted instances where restraint had been used when young people in their unit 'kicked off'; although it was acknowledged that alternative methods are employed by staff before resorting to use of restraint (including 'talking down' individuals and young people being separated from the rest of the group for short periods). The report noted that International children's rights standards require that restraint only be used exceptionally, after all other efforts have been tried and failed, and in order to prevent harm to the child or others. Consulted young people generally considered that more activities were needed in secure care, particularly for young males. Sources of frustration included unavailability of the multi-gym and restrictions being placed on use of the basketball court.

Several consulted young people raised concerns about the level or type of contact they had with their parents, families and friends. This included restrictions on personal phone calls, phone calls being monitored, calls having to be made from an

approved list, and contact with parents being supervised. Whilst the reasons behind these restrictions may have been aimed at protecting the child from harm, the views and suggestions of children and young people must be given due weight when such decisions are being made.

The young people were reported as being very aware that once they reached 18, the services they received while in Lakewood would no longer be available to them. Some saw this as meaning an abrupt end to support but others understood and appreciated that they could have the support of a social worker until they turned 21. The Consultation report stressed the need for 'Step down' provision for young people leaving secure care to be developed and advocated it be extended to the age of 25.

Other Literature

Across the rest of the UK similar issues to those being identified and addressed in Northern Ireland are apparent within a set of recent reports - in England residential care (Narey 2016) and secure placements (Hart and La Valle 2016), interventions with troubled adolescents in Wales Jones (2016) and secure care in Scotland (Moodie 2015). As with the Northern Ireland literature it is useful to have an overview as context and this is provided by the independent review of children's residential care commissioned in 2015 by the Secretary for State for Education. The former Chief Executive of Barnardo's, Martin Narey, was tasked to look at how services were commissioned, delivered, regulated and inspected and came up with 34 recommendations. The last of his recommendations was the establishment of a Residential Care Leadership Board supported by government officials and comprising academics, providers from local authorities, the voluntary and the private sector, commissioners and other experts.

Such a Board would lead work on improving commissioning of residential care services and obtaining better value for money – the major focus of the review. It would also advise government on future developments, as whilst overall Narey takes a very positive view of residential care, he recognises there are areas needing to be addressed: reduction of unnecessary criminalisation; keeping children safe and managing their behaviour; best practice in recruitment; how best to implement Staying Close (the scheme to guarantee support for three years for children leaving residential homes); and the role of and future demand for secure care.

In regard to secure care Narey takes a generally positive view but sees a need for Government to lead a debate about its role and purpose. He notes that there were only 180 Looked After Children in secure units and that its overall use as a proportion of children in care had remained flat in England for the 4 years previous to his report (at just 0.03% of the care population), with significant disparity in its use by local authorities. The use of secure beds by Inner London local authorities is three times greater than that of local authorities in the East of England and within London

itself one local authority had used only one bed in five years, while another with a similar demographic and a smaller care population had used 15.

Narey recognised that there are strong feelings about the use of secure places with widespread antipathy to doing so. That view he saw as well intentioned but misguided as it overlooked the benefits that a secure placement can have and inhibited the development of effective commissioning. In his view: "Secure care has the capacity, if only temporarily, to take chaos out of a child's life and to keep them safe." (p31). He also took the view that the evidence suggests that, despite the relatively short periods for which they stay, children in secure homes make measurable progress; reading age increases by a year on average; health outcomes are achieved, including the diagnosing of mental health issues; instances of self-harm and risky behaviour reduce. Ofsted inspection ratings are marginally, but consistently, higher for secure homes than for non-secure homes.

Narey also contrasted the price paid by the Youth Justice Board for secure accommodation and the identical provision purchased at much greater cost by local authorities, which in his view indicated the scope for much improved commissioning of secure places. He drew attention to how the Youth Justice Board, while reducing the volume of beds commissioned, had secured consistently large discounts through block purchase. He also notes that the Department for Education, the ADCS and Hampshire County Council had established a National Secure Welfare Co-ordination Unit, aimed at removing some of the administrative difficulties and delays local authorities face in finding a suitable secure placement for a child and to collect data on any unmet demand for secure places. Building on that Narey would like to see government either ensures local authorities come together to drive down the cost of secure placements or to commission secure welfare beds centrally alongside the Youth Justice Board. In his view there is also a need for government to consider how to encourage more providers from the voluntary and private sector to enter the secure care market. At the time of his Report about 28% of all English residential care was provided by local authorities, 5% by the voluntary sector and 67% by the private sector. Narey also suggests that in addressing these issues consideration needs to be given to what appears to be increasing number of children in single bed homes (or as the sole resident in a two bed home). Almost a fifth of all new homes registered since 2012 have had just one or two places. He called for clarification of how many of these placements there are and their cost effectiveness needs.

Hart and La Valle take up these issues in their 2016 research into local authority use of secure children's homes (SCHs), defined as specialist placements authorised to care for children in a locked setting. The research drew together existing research (post 2004) and complemented it with a small scale qualitative investigation of present day practice in a 12 English local authorities. The literature search turned up very few relevant studies in England, half a dozen studies in Scotland, Sinclair and Geraghty's in Northern Ireland and a few elsewhere in Europe. No US studies were included. The English studies tended to focus on particular aspects of secure care;

admission and discharge, health needs, use of restraint, and use of 'solitary confinement'. They also tended not to differentiate between children placed on welfare or on justice grounds. Studies specifically on welfare placements focused on the 'market' and on the perspectives of local authority managers. Accordingly, despite Narey's positive view of the messages about secure care from research, Hart and La Valle concluded that there is "no reliable evidence in England about the profile, experiences or outcomes of the children who have been placed in an SCH". They also reported that there was no routine collection of data on children in secure care.

In spite of the limited number of studies and their different national contexts, Hart and La Valle judged from what they found that the nature of the children's problems and the service response were similar enough to suggest there are a number of key points to note – points that were reinforced by their interviews with local authority managers and sampling of cases. The first is what constitutes a 'typical' child considered for a secure care: lengthy social care involvement, although not necessarily effective engagement; difficulties at school; experience of bereavement; as the child gets older, concerns shifting from parenting problems to the child's behaviour (risk of harm to girls, risk to others of boys); admission to foster care as an adolescent and after a number of disruptions placement in a residential setting where they do not settle.

Whether such a child is placed in secure care varies according to a number of factors: the effectiveness of other services in preventing it being needed; the level/types of risk that agencies can tolerate (there was some suggestion of risk assessment being gendered); a perceived lack of alternative provision; and different views of secure care and what it can achieve. The latter included ensuring immediate safety; providing a thorough assessment; and allowing work to be done on reducing risk taking behaviours in the short term, along with laying the basis for long-term improvements.

In the qualitative part of the study, senior managers responsible for deciding when to apply for a secure placement were able to describe the factors that they took into account to ensure it met the legal criteria and was likely to improve outcomes for the young person. Professional anxiety was acknowledged but never seen as a good enough reason to restrict a child's liberty. It was however clear that there were differing views about thresholds. Respondents all agreed that other means of managing the child's risks must be considered first, but when to use secure care had to be a professional judgement made on a case by case basis. Personal beliefs and local authority culture played a role in this. Although no one ruled it out completely, there was reluctance to use secure accommodation because it was 'wrong' and seen to be a prison-like environment. The stance of senior managers and councillors within a local authority to managing risk or being risk averse also played a role in determining where the threshold for admission lay. Whether an authority had access

to secure accommodation in its own area was seen as relevant but distance was not generally cited as a reason for not using them.

Secure units described in the literature worked in different ways, using a range of formal programmes and therapeutic approaches. The relationships between staff and children was generally seen as the key, whilst there was recognition that not all children will engage and the anger and resentment of those who do not may make them less likely to in the future. It was apparent that secure care needed to be viewed as part of the child's care journey with discharge being based on a supportive 'step down' approach.

From their literature review the researchers judged: "Evidence currently available does not actually allow any conclusions to be drawn about the effects of secure care on children's outcomes" (p31). However their case studies showed that, on the whole, by the time young people left secure care they had achieved the desired short-term outcomes: they were kept safe, their behaviour was stabilised with some of its underlying causes identified, and they were engaging with support being offered. The information provided by social workers on longer-term outcomes was more mixed and young people had not always managed to sustain progress after they returned to the community. Following a short settled period, previous destructive patterns of behaviour tended to re-emerge, requiring intensive supervision and specialist support, and in some cases another period in secure accommodation, in a mental health setting or a youth justice placement. Long-term benefits were seen to be crucially dependent on the quality of social work input and support services, during as well as after secure care, and the suitability of the arrangements following release.

As reported by Narey, Hart and La Valle's research found that local authorities were largely reliant on the market to provide suitable placements (not only SCHs but other specialist units) but they found that this was not working effectively. The supply of secure and open specialist placements was reported to be insufficient to meet demand, constraining choice and potentially limiting the quality of provision. Accordingly some local authorities were making greater use of in-house residential resources to allow more control over the quality and quantity of provision, and to ensure continuity of care by keeping children in the local area. However, local services could not meet some highly specialist needs, especially access to psychiatric beds and other options for mental health treatment. It was noted that some non-secure units describe themselves as 'therapeutic' but as there was no agreed definition as to what that means, there was a degree of mistrust as to the validity of the claims. Some also regarded the regulatory framework as being too inflexible and limiting the development of options for keeping children safe in environments less restricted than SCHs and for developing better 'step-down' arrangements. The literature review had noted that in Finland there is provision for staff in open children's homes to prevent a child from leaving the home for up to 7 days if to do so would endanger their health or development. There was agreement

that a national strategy was required for secure care and that there should be central coordination to ensure that planning and provision can meet changing needs.

As part of their literature review Hart and La Valle noted that in Scotland, a policy decision was taken in the late 1990s to develop direct alternatives to secure care and a range of new provision was developed; specialist fostering, 'close support' residential care, intensive support and monitoring in the community and electronic tagging. It was found that these services were complementary rather than true alternatives to a secure placement. They tended to be used to prevent risky behaviour escalating to the point when secure care would be needed or, alternatively, to support a young person's step down following a secure placement.

In 2009 a national review of secure care, 'Securing Our Future Initiative', addressed the issue of capacity and made nine recommendations for improvement. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) accepted the recommendations in full, including the adoption of a procurement company, Scotland Excel, to manage the secure estate and the closing of two secure units. The result has been fewer places for young people (the average number between 1 April and 30 June 2015 was 86, 55 boys and 31 girls) less geographical coverage across the country and the creation of a market offering local authorities alternative placements. But it is not known what effect, if any, these changes have had on where young people are placed, for how long and what happens to them once they leave.

In response to the changes a Scoping Study was undertaken of secure care in Scotland (Moodie 2015), which was not included in Hart and La Valle's review. It combined a literature review focused on outcomes for young people both in and leaving secure care with semi-structured interviews with senior management in all five of Scotland's secure units. It found that although individual units have been working to identify their own outcomes models there was no information available on either short term or long term outcomes. The Scoping Study noted that providing such information would be difficult for individual units to produce given the scale and complexity of the task. The Scottish Government had provided support for the secure units to develop outcome models but did not recommend the use of a particular tool for them to use as it was judged none would fully meet the needs of the secure estate and none had been adequately evaluated. The Scoping Study noted it was a task made more difficult by provision being "now effectively splintered and competing for business with one another" (p1).

That also flagged up a wider problem of secure units no longer collaborating and sharing information, including good practice. Several of the respondents felt they were no longer being seen as one part of a whole system within child welfare and justice in Scotland but instead as more of a provider within a competitive market. This was seen as having both a positive and negative impact on the units. Positive in that each is free to specialise and provide different services, but negative in that

the overriding imperative is to run a profitable business in order to survive; and do so within a very heavily regulated field.

One of the immediate issues identified by respondents was the lack of continuity of care for young people. Several secure units were found by the Scoping Study to combine various levels of provision, so that when young people are ready to move on there are various forms of supported living available to them - something that respondents were concerned might not always happen once young people are returned to local authority care. It was also suggested that such step down provision could also be used to replicate the type of work that secure care provides but in a less secure setting.

Meeting mental health needs was another pressing concern but it was noted that a Visit and Monitoring Report by the Mental Welfare Commission for Scotland (2015) involving all five secure care sites found that although there was variation across units, where CAMHS were involved with young people they were providing good support. The Commission argued for the implementation of nationally agreed pathways of care both within secure care but also beyond, as young people reported feeling very uncertain regarding what would happen at their next placement.

On that systemic theme the Scoping Study also noted that young people in secure care should be benefiting from the Scottish governments promotion of the Whole System Approach which is about identifying at the earliest opportunity when young people are in trouble. It has been rolled out across Scotland after a successful pilot and provides a mechanism for early intervention and support, while being integrated with approaches to deal with young people who continue to commit serious offences. The approach covers the following areas: early and effective intervention; diversion from prosecution; court support; community alternatives to secure care and custody; changing behaviours of those in secure care and custody; improving reintegration back into the community.

The same whole system and prevention/early intervention perspective found in both Northern Ireland and Scotland underpinned a recent Welsh Report (2016). It drew on research and expert advice from youth justice, mental health services and children's services, to consider ways of minimising or de-escalating interventions in the lives of troubled adolescents. The aim was to learn lessons from the approaches adopted in Welsh youth justice, which were seen to have contributed to the very significant decrease in the number of first time entrants, from 5,447 in 2008 to 883 in 2015. The number of custodial sentences fell from 157 to 39 over a similar period. The approaches included early intervention, targeted prevention and diversion programmes (some of which used restorative justice rather than formal criminal proceedings).

This Report found that while there was a commitment to de-escalating interventions, not least because labelling adolescents as 'offenders' or 'mentally ill' was seen to

reinforce anti-social behaviour and stigmatise young people with complex needs, it was recognised that there are practical challenges to doing so. These include increased demand from parents and schools for referrals to mental health services; instability caused by short-term placements; and welfare reforms and spending cuts which are placing increased financial burdens on families with complex needs and on service providers, mental health services in particular. Also it may not be appropriate in the most severe cases and it is those young people, often repeat offenders with complex needs who may also have been failed by a previous absence of early identification and intervention, that increasingly make up the population in secure care.

The Report recognised that there is a clear need for different services and agencies to work together in an holistic way and being a small country with closer professional networks was seen as an asset to doing that. Also it was noted that troubled adolescents are often in contact, or have a history of being in contact, with a range of agencies and services. The challenge is how to enable the different agencies (such as social workers, schools and youth justice teams) to communicate with each other effectively, and identify issues at an early stage to prevent escalation. There is often a risk averse or referral culture that leads to too many adolescents being referred to inappropriate higher level interventions. Attention was drawn to the Team Around the Family approach used in the Welsh Government's Families First programme as a model of effective holistic working. An evaluation of the programme showed it had increased the number of agencies working together, as well as the extent to which they collaborated. Combined risk assessment was seen to assist with decisions on the appropriate levels of intervention for a young person, and which agencies would be most suited to providing it. However, it also recognised the challenge in engaging mental health teams who are particularly overstretched.

In a logical extension of whole system thinking the Report also advocated campaigning to raise public understanding of adolescence to normalise their social and emotional issues, including how those issues can be expressions of early childhood experiences and circumstances of material deprivation and can require specific interventions. It also stressed the importance of raising public awareness of how the needs of troubled adolescents can be best met and what services could provide an appropriate level of intervention. This needed to stress the importance of early identification and intervention by non-health services, particularly by schools, education counselling services, and third sector groups. In that context the work of social services was noted as often misunderstood by the public and stigmatised because of its association with child abuse and neglect making families resistant to involvement.

The Report noted that there is a need for more evidence about the effectiveness of minimal intervention strategies, but also drew attention to a number of effective interventions for children and families with complex needs identified in a review carried out for the Welsh Social Services Improvement Agency. The interventions for

adolescents where the evidence is 'established' (by multiple high-quality evaluations that demonstrate consistently positive impact across populations and environments) include: Functional Family Therapy, Motivational Interviewing, Multidimensional Family Therapy, Multidimensional Treatment Foster Care and Multisystemic Therapy. It was however noted that much of the supporting evidence is drawn from the US and so it is important to test their applicability to the UK. Evaluation of interventions was stressed by the report. By building on trials, action research, and practitioner-led research, agencies can build up an evidence base of what works. While randomised control trials and quasi-experimental designs were accepted as the gold standard for providing evidence, the potentially prohibitive cost of carrying out such trials was recognised. However making the most of the learning from other forms of research and encouraging practitioners to conduct action research and build evaluation into their practice based on clearly articulating their theory of change was possible.

What Works

An early evaluation of the Therapeutic Interventions adopted by the Trusts in Northern Ireland included a review of their known effectiveness (McDonald & Millen 2012). Despite an extensive search, only two studies were identified - relating to the Sanctuary model and to the CARE model. Both studies were carried out by the developers of the models. In the evaluation of Sanctuary, some improvements were apparent after six months in regard to: their use of effective strategies to cope with tension; on the verbal aggression scale of the Social Problem Solving Questionnaire; and a greater sense of control over their lives. Scores were better than for young people in standard residential care, where scores stayed roughly the same. However, the differences related only to a subscale in three measures out of the seven.

The evaluation of CARE found that the training associated with it improved staff knowledge of core concepts and led to intention to change practice in key areas. However, the sample size for this study was small, representing only half of those trained, and relied on self-reports of the people who took part. Outcomes for children and young people were not explored as part of the study. However it is worth noting that the influential California Evidence-Based Clearinghouse for Child Welfare now rates CARE as "High" for child welfare system relevance and based on "Promising Research Evidence".

The review also searched for studies that examined the models from the point of view of the experience of key stakeholders, particularly staff and young people. Such studies are important in making sense of the findings of outcome evaluations, as well as being important in their own right. One study was identified that examined the implementation of the Resilience model along with some reports from staff responsible for implementing the Sanctuary model and a report on the findings of English pilot projects in Social Pedagogy.

The studies highlighted a number of barriers to effective use of the models: the challenges of effecting change in top-down hierarchies; the importance of effective leadership; the fact that effecting change and securing people's participation takes time; problems caused by staff turnover; the impact of continual organisational change; the difficulties posed by entrenched and risk-averse organisational cultures. But they also identified some useful practices for surmounting these challenges: participatory work groups which plan and guide the implementation; flexible approaches to rule-setting within homes; managerial recognition of the contribution of front line workers; development of a culture that rewards young people's successes.

It was noted that the lack of a strong evidence base underpinning the models did not mean that they are ineffective, but only that it is not proven one way or other. This highlights the importance of finding ways to add to the evidence base as suggested in a number of the studies reviewed above. This is a general point that applies right across the field of Therapeutic Residential Care. That is made very clear in two recent effectiveness literature reviews. One conducted by an American researcher concluded that there was "a comparably slim evidence base judged by scientific standards" (James, 2016) and the other, conducted by European researchers, that "research lags far behind the needs of residential practice and policy. Providers looking to the literature to guide their efforts will be disappointed" (Harder and Knorth, 2016).

The American review considered what is known from the peer reviewed literature over the period 1990 – 2012 about the effectiveness and implementation of specific therapeutic models used within a residential setting and of the use of residential care itself as the intervention. It had also been hoped to review the effectiveness of sending young people in residential care to evidence based treatments in the community but no studies were identified. In regard to specific therapeutic models used within a residential setting, 13 studies were identified which reported on 10 interventions. Only 3 of the interventions were developed with a view to use in residential care: Trauma Intervention Programme for Adjudicated and At-Risk Youth; Multimodal Substance Abuse Prevention; and Residential Student Assistance Program. There were 2 others that identified residential care as one type of appropriate setting: Aggression Replacement Therapy; and Adolescent Community Reinforcement Approach. The other 5 had not been specifically designed for residential care but were being used in that setting: Dialectical Behaviour Therapy; Ecologically-Based Family Therapy; Eye Movement and Desensitisation Therapy; Functional Family Therapy; and Solution Focused Therapy.

The interventions covered a range of treatment approaches and focused on 'case status' (e.g. premature discharge, placement stability, program completion) as well as outcomes (e.g. mental health, aggression, substance abuse, family functioning). The majority focused on substance use reduction but severe emotional and behavioural disorders were also targeted. The reviewer judged that there was

significant variation in methodological rigour in various aspects of the evaluations (design, sample, measurement, outcomes). So whilst overall the studies reported significant improvement in most target areas, due to the considerable bias introduced through methodical weaknesses, findings were judged to be at best preliminary. The review however did demonstrate that evidence based interventions can be implemented and tested within the context of residential care using comparison designs. While a behavioural and trauma focused orientation was common a range of methods were used with a number of theoretical approaches.

The review also highlighted complexities in the implementation process ranging from engagement of staff, young people and parents, to placement instability and organisational barriers. The latter included lack of continuity in group leadership due to shift work and overtime regulations, logistical problems (such as transport and suitable rooms), budget constraint, high staff turnover and lack of leadership support. The issue of fidelity to the intervention programme was addressed by different types of training and supervision but was made more difficult by adaptations made to treatment protocols to improve fit with setting and characteristics of the target population.

Moving on to the second type of intervention where the care placement itself becomes the intervention, only five models were identified: Positive Peer Culture; Teaching Family Model; Sanctuary Model; Stop-Gap Model and Re-Ed. Each of these models was specifically designed for residential care, generally in response to perceived failures or gaps in traditional residential care. Despite some of these models having been in place for decades the review concluded that at this stage “far too few rigorous studies have been conducted to make a strong recommendation for one or other treatment model” (p151).

In a fuller account of the findings of this review (James 2011) it is noted that only one of the models, Positive Peer Culture, is rated as being supported by research evidence but that is due to only one experimental study and the length of its follow up period. Three are regarded as promising - Sanctuary, Teaching Family Model, and Stop-Gap. That means they were judged to have a degree of rigour (such as a manual, and/or other available written specification of the components of the practice protocol and how to implement it) along with some evidence of effectiveness reported in a peer reviewed journal. Re-ED was not rated due to the lack of evaluative data. The review concluded that there is little evidence that group care settings actually follow any clearly specified models. “Usual group care, like other bundles or multi-component interventions (e.g. treatment foster care, inpatient psychiatric care), presents a black box in which individual group care facilities ‘stuff’ a broad array of treatments and services” (James 2011). It was also not possible to identify any essential or core ingredients across the models.

The other European Review (Harder and Knorth, 2016) considered 110 outcomes studies on residential care conducted between 1990 and 2005. It found that 83%

neither sufficiently described the contents of the care nor the association between care and outcomes. They used a very wide range of outcomes measures which tended to focus on young people's behaviour – very rarely on family functioning. The reviewers conclude that on average children and young people improve in their psychosocial functioning during residential care. However the longer the follow up period of outcomes measured after residential care the less convincing the findings of effectiveness. The reviewers argue that this highlights the importance of aftercare services and working with the child's family.

In trying “to uncover what is inside the ‘black box’ of effective residential care” (p218) the reviewers concluded that what was central was the therapeutic relationship – both the emotional/affective relationship but also the cognitive connection in terms of agreement on task and goals of therapy. The therapist qualities that seemed to make the difference included being client centred, strong communication and listening skills, and self-reflection. There also needed to be a safe and supportive environment. The focus of the intervention need to be specific and focused on individual needs. It also needed to be followed up from care into aftercare. Family engagement was generally seen as helpful but needed to be assessed on a case to case basis for the balance between its positive and negative contribution.

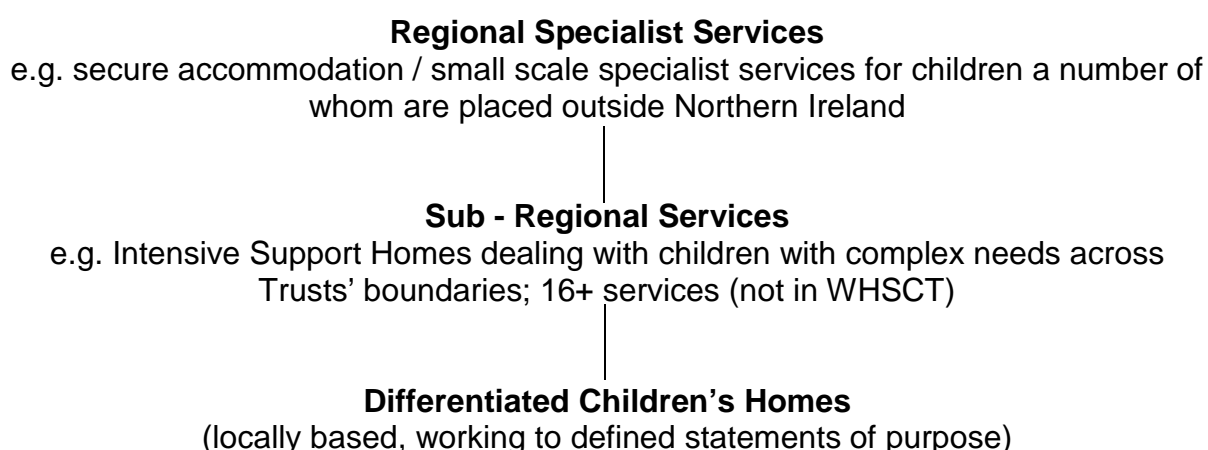
In comparison to other interventions there was some evidence that treatment foster care has better outcomes than residential care but that the reviewers noted might reflect the use of specific interventions in the foster care setting rather than the setting itself. The evidence also suggested that in working on adolescent behavioural difficulties residential or non-residential setting doesn't make a difference. Factors that contributed to programme effectiveness were: a ‘therapeutic’ intervention philosophy; specific interventions focusing on high risk offenders with aggressive/violent histories; interventions that were implemented with high quality.

The overall conclusion of the reviewers was that for success in therapeutic residential care there needs to be: specific interventions that are aimed at specific behaviours; appropriate involvement of parents; support for residential staff through supervision, training, working with protocols and coaching (focused on specific situations such as interactions with ‘difficult’ young people); skills based on specialization in residential youth care; a positive organisational climate; a clear vision of leaders; and involvement of staff.

Section 3: Purpose, Function and Analysis of Regional Facilities

Throughout the course of this Review, the Review team has recognised the importance of the purpose and function of the four regional facilities being understood within the context of the full range of services provided to looked after children, including differentiated children’s homes, intensive support homes, the full range of fostering services and edge of care services. It has also recognised that many of the children who enter into one or more of these regional facilities have done so from either a differentiated children’s home or an intensive support home rather than one of the four regional facilities. The evidence behind this will be discussed in more detail in Chapter 4 of this report.

Across the five Trusts the model of residential care is generally understood as follows:



At the outset of the review all four regional facilities developed position papers which outlined their role, function, admissions criteria, models of intervention and legislative framework. This section reviews and analyses the information contained in these position papers to provide the reader with a more in-depth understanding of each of these facilities.

Donard House

Donard House is a 6 bedded regional Children's Home offering residential placements to all five Health and Social Care Trusts in Northern Ireland and is registered with and regulated by RQIA. It is situated on the Glenmona Resource Centre site in West Belfast and was historically part of St Patrick's Training School before being taken over by the Diocese of Down and Connor in 1996 with the introduction of the Children (NI) Order 1995. The Home transferred to the management of the BHSCT on 1st July 2016.

The Home operates under the legislative Framework of the Children (NI) Order 1995 and specifically the Children's Homes Regulations 2005 which provides the outline for the Homes Statement of Purpose. The Home is an 'open' Children's home and as such restrictions on liberty and access must be minimal, doors cannot be locked and young people's access and exit cannot be restricted. The Home provides care to young people from the age of 12 to 18 and written referrals are made by the respective field social workers. There are approximately 3-4 admissions per year to the Home with the average stay being 31 weeks.

The young people who are accommodated in Donard are admitted voluntarily with parental agreement or are subject to Care Orders or Interim Care Orders. The majority of young people admitted come from other residential children's homes. These young people present extremely challenging behaviours by virtue of which they cannot be safely managed where currently placed. Behaviours of concern upon admission to Donard have included, but not exclusively,

- Chronic drugs /alcohol and substance misuse
- Self – injurious behaviours.
- Young People who are suspected or confirmed as being at risk of Child Sexual Exploitation.
- Violent and aggressive behaviour towards peers and / or adult carers
- Young people who have been subject to serious physical, emotional, sexual abuse, and as a consequence present challenging behaviours.

Within the Home, staff employ a range of therapeutic models:

- Therapeutic Crisis Intervention
- Behaviour modification
- Restorative Practice
- Systems theory
- Cognitive Behavioural approaches
- Motivational Interviewing
- Group Work
- Task Centred Approaches
- Problem solving skills
- Esteem enhancement

- Social Skills development

The young people admitted to Donard have access to education on the Glenmona Resource Centre site. The teachers are employed through De La Salle Secondary School but provide education to the young people in purpose built classrooms within the Homes on the site.

Lakewood Secure Care Centre

Lakewood Regional Secure Care Centre opened in 1996 on the old Rathgael Training School site following the implementation of the Children (NI) Order 1995. The centre moved to a new building in 2006 and was designed to deliver a service to 16 young people who have been assessed as meeting the criteria for secure care. Lakewood Regional Secure Care Centre currently comprises two Secure Care Homes, Pi and Arc; this is the only secure care provision that exists within Northern Ireland and as a result placements are provided for each of the five Health and Social Care Trusts in the province. Lakewood is currently undergoing a redesign programme which on completion will shortly deliver the 16 secure beds across 3 smaller Homes. There are approximately 50 admissions to Lakewood per year with the average stay for a young person being approximately 16 weeks.

The young people who reside within both of the secure care homes are of mixed gender and range in age from 13 – 18years (special procedures apply for the placement of under 13's). The family proceedings courts must be satisfied that the relevant criteria for keeping a child in secure accommodation is met. Under Article 44 of the Children (NI) Order 1995, "secure accommodation" means accommodation provided for the purpose of restricting liberty.

The Trust must demonstrate that all alternatives have been comprehensively considered and rejected in order to prevent a young person suffering significant harm or injuring themselves or others as "restriction of liberty" is a serious step; a 'last resort', taken where there is no appropriate alternative. Access to placements within Lakewood Regional Secure Care Centre is via each Trust's Restriction of Liberty Panel and in keeping with the guidance and regulations these decisions are taken at senior level i.e. not less than programme manager level within each Trust. All Homes are registered as Children's Homes with RQIA and therefore are required to be regulated under the Children's Homes minimum standards despite being a secure care setting.

Historically Lakewood secure care home has met the needs of young people whose behaviours have exceeded the services within the open residential homes, due to the complex nature of their trauma experience and presenting behaviours. However, there are increasing numbers of young people being referred who are suffering with mental health issues and with poly substance / drugs and alcohol usage.

These young people are characterised by:

- Drug / poly substance misuse / addiction
- Difficulties managing within group living
- Violence
- Extreme levels of risk to self and others
- Criminal / forensic presentations
- Vulnerability to sexual exploitation
- Mental health conditions
- Trauma / attachment difficulties
- Suicidal ideation and attempts, risk of death

Within the Centre Staff employ a range of therapeutic models:

- Sanctuary Model
- Therapeutic Crisis Intervention Model (TCI)
- Systemic Practice
- DDP
- Theraplay
- Art Based Approaches - underpinned by social work theories on Attachment, Brain Development, Trauma and Resilience
- Motivational Interviewing
- Restorative Practice

Educational provision in Lakewood is delivered/run by the Education Authority for South East Region. The school is designated as a special school with its' own board of governors and delivers teaching based on the national curriculum. The school has on site educational psychology provision and a youth worker. Classes have 4 young people maximum with a teacher and learning support assistant.

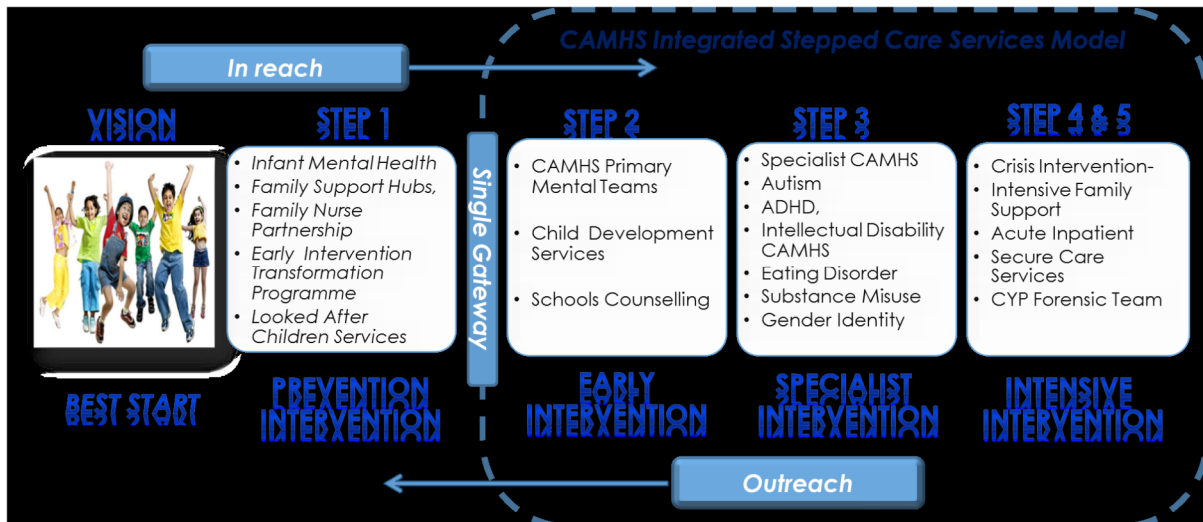
Beechcroft Regional CAMHS Inpatient Service

Beechcroft is registered with RQIA as a mental health Hospital for children and young people situated in south Belfast providing Step 5 specialist care to all five Trusts in Northern Ireland. The hospital provides an Assessment and Treatment service for under 18s who need 24/7 nursing care. The Hospital operates under the Mental Health (NI) Order 1986.

Beechcroft consists of 2 wards; the open admission ward has 15 single ensuite bedrooms, the open treatment ward has 12 single ensuite general treatment beds and a 4 bed low stimulus area and 2 bed Intensive care area. There are on average 164 admissions per year and the average length of stay in the treatment ward is 66 days and admission ward is 53 days.

Beechcroft is a member of the Royal College of Psychiatry Quality Network for Inpatient CAMHS and in 2015 achieved accreditation status.

Beechcroft is step 5 of the Stepped care CAMHS model the treatment framework agreed across the UK which is outlined below.



All referrals to Beechcroft come from Step 3 & 4 CAMHS, unless the young person has been detained for assessment under the Mental Health (NI) Order (1986).

Young people are referred to Step 5 In-patient CAMHS services for a number of reasons. Admission to the hospital is based on one or more of the following:

1. High risk
2. High intensity mental health need requiring in-patient intervention
3. Uncommon presentation (with clinical need requiring step 5 intervention)

In Belfast and the South Eastern Trust area (where CAMHS services are managed by the Belfast Trust) Beechcroft is part of a wider Acute Mental Health Service which includes community assessment and intensive treatment teams (CAIT). The CAIT service provides alternatives to inpatient care, seeking to both prevent admission and facilitate early discharge.

Beechcroft Inpatient Service will provide stabilisation, assessment and interventions for young people less than 18 years of age with acute risk, complex trauma, mental illness, or with an uncommon presentation that cannot be safely provided for in the community. It is not a secure facility and is registered with RQIA as an open ward environment where all restrictions on the liberty of the young people are made mindful of existing case law concerning deprivation of liberty. Young People have, where required, access to the Mental Health Tribunal Service.

The service is a Multi-Disciplinary Team (MDT) including; clinical psychology, family therapy, occupational therapy, activity co-ordination, nursing, psychiatry, social work, dietetics, art therapy, music therapy, GP, and education. Young people have access to an independent advocate from VOYPIC. Parents/Carers have access to the carers advocate from CAUSE.

Therapeutic services in Beechcroft are delivered within a Trauma Informed Practice Model with emphasis on AMBIT (Adolescent Mentalization Based Integrative Treatment) Framework.

By utilising Trauma Informed Practice Beechcroft staff realise the widespread impact of trauma and understand potential paths for recovery, recognise the signs and

symptoms of trauma in young people and parents/carers, and also the impact on staff. Re-traumatisation can result from admission and practices will seek to actively resist this and build a framework of personal resilience for young people, parents/carers and staff. Additional supports for families to build resilience and self-care will be provided.

Education is provided on site for those young people admitted to Beechcroft.

Woodlands Juvenile Justice Centre

Custody for children in Northern Ireland is provided by Woodlands Juvenile Justice Centre which became operational in January 2007. The Centre and the way it currently operates represent a long process of reform dating back to 1996 and change from being a Training School (Rathgael) to a Juvenile Justice Centre. The Centre is located in Bangor, County Down (close to Lakewood Secure Care Centre) and has capacity to accommodate up to 48 young people, both males and females, who are either sentenced or remanded to custody. It also operates as a place of safety under the Police and Criminal Evidence (NI) Order 1989 (PACE). The Criminal Justice (Children) (Northern Ireland) Order 1998 and the Juvenile Justice Centre Rules 2008 provide the legislative architecture for the operation of the Centre.

The Centre is fully secure by design and operation. The Centre contains 48 rooms which are structured into 6 self-contained accommodation Units. Accommodation areas have two blocks of 4 rooms separated by a circulation and recreational area where children and staff associate, watch TV, eat food and play games etc. Each secure accommodation Unit opens out onto large recreational grounds enabling activities such as football, tennis, exercise and other recreational activities such as horticulture. Accommodation areas can be isolated and operated independently, providing flexibility in accommodation mix for the Centre.

The philosophy and safe and effective operation of the Centre is subject to external monitoring and regulation from:

- The Criminal Justice Inspectorate (through announced and unannounced inspection);
- The Regulation and Quality Improvement Authority;
- The Education and Training Inspectorate;
- An independent Child Complaints Monitor;
- The Northern Ireland Commissioner for Children and Young People.

While the total number of admissions during 2016 averaged around 400 the actual number of individual children admitted was less than 200. The Centre is demand-led and must provide flexibility to cope with fluctuating numbers. The average length of stay for admissions is 23 days.

Children are committed to the Centre by the courts. The age of responsibility for committal to the Centre is between 10 and 17 years. On a daily basis the majority of children in Woodlands are 16 years and older (70%). More than 90% of all admissions are boys. Girls reside in separate accommodation from boys.

Residents are admitted for offences (or alleged offences) ranging from theft and burglary to more serious offences for assault, sexual offences, manslaughter and murder. Equally, some are admitted (and continually re-admitted) for low-level offences such as nuisance or anti-social behaviour and breach of bail.

The religious make-up of children in Woodlands since 2007 has predominantly been Roman Catholic. In particular, the YJA understands the urgency of working to improve outcomes from custody for children within this religious group.

The healthcare needs of children in Woodlands are generally consistent with other jurisdictions, the most prevalent health needs of young people in Woodlands, particularly males, being:

- Physiological problems; including respiratory issues, musculo-skeletal complaints, skin complaints.
- Conduct disorders including anxiety, depression, emotional dysregulation and attachment disorders, PTSD, Self-harm, suicidal ideation and also with some experiencing episodes of drug induced psychosis.
- ADHD, learning Disability and the prevalence of acquired brain injury.
- History of poly substance abuse, binge drinking and smoking.

Mental health needs are managed, in part, through an in-reach arrangement with the on-site CAHMS team (SET). Weekly clinics from a Child Psychiatrist regularly take place. Mental health episodes – depending on severity – are, for the most part, managed by the healthcare department which is a nurse-led team supported by Social Workers and Care staff under advice of the Psychiatrist or local GP. Cases of extreme or prolonged episodes, when necessary, are discharged to Hospital Emergency Departments or Beechcroft Child and Adolescent Unit. Woodlands part funds the CAHMS in-reach Service and Psychiatric clinics in Woodlands.

On average, more than 70% of young people will be prescribed some form of controlled medication. A range of Healthcare protocols are in place including those for infection control, pharmacy and dispensing of medication. Children are prohibited from smoking in Woodlands and encouraged and supported to give up.

The Director is responsible for maintaining a safe, controlled and caring environment for children, staff and visitors to the Centre. This requires staff to be trained in the use of restraint techniques. A new restraint system is currently being implemented across the Juvenile Justice estate in England and Wales and Northern Ireland called Minimising and Managing Physical Restraint (MMPR). MMPR provides all operational staff with the skills and ability to recognise young people's behaviour and to use de-escalation and diversion strategies to minimise the use of restraint through

behaviour management techniques. Physical Restraint is always viewed as the last available option. In addition the staff use the following to assist in maintaining good order:

- 'time-out' system
- Enhanced Performance Scheme

Educational services are provided through the Education Authority for Northern Ireland and delivered by qualified teachers and other appropriately qualified staff. Vocational training services are provided under contract by "People First", a community-based organisation and are delivered by qualified instructors.

Summary and analysis of the position papers

Issues in relation to admission criteria

In reviewing the position papers the following emerging issues were identified in relation to admission criteria:

- Information provided by Woodlands is clear reflecting the legal mandate within which it functions i.e. young people sentenced, remanded or subject to PACE;
- Criterion in respect of Lakewood is guided by Articles 44 & 45 Children (NI) Order 1995 with children referred via Restriction of Liberty Panels operational in all Trusts. There is a sense that the facility does not have sufficient control over decision making by placing Trusts to take account of the group dynamic and mix of young people.
- In respect of Donard, criterion is wide and accepts young people with a multiplicity of need, raising questions in respect of the facility's capacity to meet the range of needs set out.
- Admission to Beechcroft is made under the legal auspice of the Mental Health (Northern Ireland) Order 1986 on either a Voluntary or Detained basis. In Belfast and the South Eastern Trusts' areas referrals to Beechcroft can only be made through the Crisis Assessment and Intervention Team (CAIT) of community CAMHS. CAIT has a significant role to play in gatekeeping admissions to acute beds. CAITs are operational in the Belfast and South Eastern Trusts. In the Northern, Western and Southern HSC Trusts admission is via the Step 3 CAMH Services in these Trusts together with the Beechcroft Bed Manager.

Issues Common to Facilities

- (i) Evidence of Improved Outcomes/Barriers to Change. There is no data in relation to improved outcomes for young people admitted to any of the specialist facilities or detail in respect of mitigating circumstances.
- (ii) Reform and potential fitness for the future. Change has been a factor for each of the facilities in recent years with elements of this process ongoing e.g. the overall service model for Beechcroft is in progress, Donard have recently moved from the voluntary sector into the statutory sector and for whom relocation seems inevitable; Lakewood is currently undergoing a

- development programme to deliver service across 3 houses; and there is reduced usage of Woodlands.
- (iii) Levels of staffing and operational costs (where provided) are significantly higher than for non-specialist children's facilities;
 - (iv) Apparent lack of integration/pathways/collaboration across services, including wider Trust resources e.g. CAMHS, LAACTT; what is the impact on facilities and young people and how might this be improved? How is continuity and seamlessness maintained for young people and those working with them?
 - (v) Need for greater planning for discharge including into adult services were appropriate
 - (vi) Outstanding Review and Inspections recommendations
 - (vii) What is the level of input from children and families in terms of service development and feedback?

Issues Specific to Individual Facilities

Lakewood

- High level of admission of young people aged 17
- Occasional missing episodes when young people are on visits to their own homes in the community
- Depleted staffing resource and impact on capacity, skill and competence of available staff;
- Constraints of children's regulations i.e. secure environment measured against children's home regulations and standards unlike secure care homes in Great Britain
- Is Lakewood being used in cases where the preferred option is Beechcroft but the young person does not meet the criteria for admission under the Mental Health (NI) Order 1986?
- Is the length of stay (on average 4-6 months) a realistic timescale to undertake and complete intensive focused intervention on drugs, alcohol, offending and violent behaviours and to achieve improved outcomes?

Donard

- Overly wide admission criteria – is this realistic? What evidence is there of improved outcomes? Should consideration be given to a more specialist focus?

Beechcroft

Not all Trusts in Northern Ireland operate a CAIT service. Whilst the clear commissioning direction is that all Trusts should align to this model of care through a managed care network this has not yet been put in place.

Admission pathways to Beechcroft from all Trusts require significant enhancement to out of hours services available 24/7.

Not all Trusts in Northern Ireland have a dedicated Drug and Alcohol Services such as DAMHS. This does provide an alternative to admission for some young people in Belfast and the South Eastern Trust areas.

Not all Trust CAMHS services are part of an admission panel process to more closely align admissions to Secure Care and to Step 5 MH services.

Woodlands

- Significant welfare (care) component within a secure justice 'system'- circa 1/3 are LAC; would an alternative configuration be more effective for these young people?
- Cost – significant capacity based on under usage
- Is there scope to redesign building and use flexibly?
- Limited therapeutic/mental health provision/integration given complexity of need. What is the extent of input from CAMHS SET and funding contribution from YJA?
- Impact of PACE admissions which are cited as being for fairly minor offences and are frequently very short stay; can there be an alternative? Are PACE admissions influenced by geographical proximity?
- What does the recidivism rate look like?
- Is there any correlation between reduction in number of young people in Woodlands and increased demand on Lakewood secure care?

Key Themes arising from the analysis

- I. Young people revolving between services – analysis of data on admissions/discharges and pathways into and across facilities will further inform this theme
- II. Admission criteria; how is this operationalised
- III. Multiple admissions to facilities
- IV. Range of highly challenging behaviours exhibited by young people admitted to Woodlands, Lakewood and Donard e.g. trauma, mental health, violence and aggression drugs and alcohol and poly substance misuse/abuse, CSE, self-harming, conduct disorders etc. Are facilities the best placement for these young people? Do staff have the right skills and aptitude? What might the alternative be?
- V. Disconnect between Woodlands and the community given its place within the 'Justice' system: it is unable to provide phased discharge to support rehabilitation/reintegration to the community.
- VI. Impact of PACE, lack of bail fostering, supported lodgings, step down/phasing out accommodation to test and support rehabilitation

Following the completion of the summary and analysis of the position papers each facility was asked to undertake a SWOT analysis to highlight its strengths, weaknesses, opportunities and threats. Whilst it was recognised that this was a mainly subjective self-analysis undertaken at a particular point in time, it was viewed as a useful exercise with many common issues emerging across the four facilities.

The SWOT analysis has been organised to outline the common themes under each section where 2 or more facilities identified the same/similar issues. Single issues are outlined for each facility within the S.W.O.T as detailed.

Combined SWOT Analysis for Regional Facilities

Beechcroft, Lakewood, Donard and Woodlands

Strengths (internal to services)			
<ul style="list-style-type: none"> • Therapeutic Intervention Models • Behaviour Support Interventions – IHLS / MAPA / TCI / PCP • On site educational provision – national curriculum • Campus Sites – moving/utilising resource in times of crisis • Higher ratio of staff : young people and waking night staff • Strong management leadership ethos and accessibility of managers • Inspection and regulation; high level of scrutiny monitoring and review – RQIA / ETI / CJINI / NICCY • Independent visiting and advocacy – NICCY / VOYPIC / NIACRO • Strong partnership working • MDT working and range of therapeutic skills; goal based outcomes • Extensive training and development; staff supervision models and reflective practices • Modern purpose built estate 			
<u>Beechcroft</u>	<u>Lakewood</u>	<u>Donard</u>	<u>Woodlands</u>
<ul style="list-style-type: none"> ○ Own recruitment of nursing staff ○ Reduced numbers of ECR's due to interventions ○ Individual Formulations are developed on each admission 	<ul style="list-style-type: none"> ○ HSCB Commissioning statement ○ Resilient, effective, creative staff meeting needs 24/7 ○ Well maintained building ○ Comprehensive internal and external governance system 	<ul style="list-style-type: none"> ○ Removed from but accepted by local community ○ Access to community resources and partnerships in place e.g. gyms, MMA clubs ○ B7 staff x 4 in the team; increased team development; staff support and mentoring ○ Stable staff group; low sickness, resilient workforce 	<ul style="list-style-type: none"> ○ Long established and embedded in local community ○ High security estate; modern functional infrastructure with technology security systems and controls ○ Access to CAMHS in-reach service ○ Operates effective daily regime ○ Clear un-ambiguous legislation and operating procedures
Weaknesses (internal to services)			
<ul style="list-style-type: none"> • Rotas are not complaint with E-WTD • Information gaps are experienced at point of referral and admission 			

- Inconsistent interfaces (provision and expectations of / from other services) due to variation in practice regionally e.g. PSNI / YJA / Social Services / Community CAMHS / DAMHS / Adult Mental Health Services
- There is no low, medium, or high secure mental health provision
- Lack of on-site security or 24hr reception personnel
- Services are based in Belfast & Bangor therefore variation in geographical distance with no alternative community based facilities (private or NHS)
- Acute medical services not available on site. Nursing / medical provision varies across the facilities
- Higher levels of incidents of self-harm, harm to others and staff injuries
- 24/7 admissions responding to unmet need
- Short placements dictated by judiciary; therapeutic programmes commenced but not always completed leading to repeat admissions / higher re-offending rates
- Lack of continuity of therapeutic interventions post-discharge
- Provision of care 24/7 gives rise to periods of additional pressures/demands can cause imbalance to systems
- Lack of gatekeeping (internal) can cause group risks to increase / dysfunctional and highly challenging dynamics
- Increasing older people of young people with drugs and substance misuse issues and additional complexities / risks
- Regional perceptions of what is expected / achievable

<u>Beechcroft</u>	<u>Lakewood</u>	<u>Donard</u>	<u>Woodlands</u>
<ul style="list-style-type: none"> ○ No commissioning statement ○ No managed care network ○ Built as an open (i.e. non-secure) general psychiatric facility therefore cannot meet the needs of highest risk young people ○ Lower grades of staff move on once experience is gained ○ Reduced clinical capacity to attend all meetings 	<ul style="list-style-type: none"> ○ Due to capacity and need it can be a challenge to make space for team recovery following high intensity periods ○ Limits to 16+ educational provision as “special school” ○ Bespoke materials result in high maintenance costs ○ Nursing cover is only available in “office hours” ○ Therapeutic Support Services are under – resourced ○ Inspection and regulation is based upon the children’s homes minimum standards ○ Staff turnover in increasing 	<ul style="list-style-type: none"> ○ Statement of Purpose is to be updated to reflect current service provision ○ Not a “specialist facility” – no access to specialist services other than those available generally in the community ○ Assessment and matching process is missing despite formation of regional referral and admissions panel 	<ul style="list-style-type: none"> ○ Only place of safety apart from hospital for young people in NI. High level of PACE admissions ○ Operational model considered overly expensive ○ Not subjected to formal mainstream healthcare governance ○ No capacity for stepped discharge of vulnerable young people ○ Operates separately from the HSCT Systems e.g. PARIS therefore information sharing is poor and there is not the transfer of skills / joint training etc.

Opportunities (external to services)

- Workforce development / recruitment is extending range of therapeutic services
- Newly trained staff in post and ongoing training opportunities
- Review and regulation. Completion of quality improvement plans; responding to outcomes. RQIA / QNIC / HEC / ETI / NICCY
- Embedding therapeutic models
- Supports, knowledge and expertise from wider Trust Children's Services
- Review will provide projection of needs and pathways into each service to meet complex needs; outlining best practice models and the funding required
- Opportunity to benchmark against and review regulations
- Review staffing models; including E-WTD compliance
- Develop resources to better meet complex needs including mental health needs and drugs and substances misuse issues
- Use resources more strategically and creatively to create specialist services including long-term therapeutic accommodation and secure mental health provision
- Reconfiguration on needs basis to provide for care and treatment appropriate to level of risks presented and a graduated comital and discharge process

<u>Beechcroft</u>	<u>Lakewood</u>	<u>Donard</u>	<u>Woodlands</u>
<ul style="list-style-type: none"> ○ Develop co-working with CAIT regionally as per acute CAMHS review to provide safe, timely and effective discharge ○ Embedding quality improvement ○ Developing advocacy services ○ Service user by experience development 	<ul style="list-style-type: none"> ○ Opening of third home to reduce group size ○ Revise recording systems ○ Develop peer educators/lived experience 	<ul style="list-style-type: none"> ○ Developing as an intensive specialist regional residential home with clear outcome focused interventions, therapeutic approach and resources ○ Opportunity to relocate and develop an off campus home in years to come 	<ul style="list-style-type: none"> ○ Co-join with Department of Health to form part of a secure children's estate for NI

Threats (external to services)

- Regional challenges for recruitment and retention
- Increasing complexity of needs / risks at all tiers of services including acute services including increase drugs and substance misuse presentation
- Range of opinion (not always informed) ref: placement being appropriate with little reference to legislative basis e.g. secure thresholding / MHO requirements
- Frequent review of services by wide range of organisations causing additional time pressures and negative impact on staff morale
- Risks of unauthorised absence/absconding from non-secure facilities and increased risks arising

- Dilution of assets / diminished specialisms if moving to co-joined estate
- Confusion ref: secure / specialist pathway; process to determine step-up / step-down and meeting of those needs within one “home”
- Regulation and legislation currently prevents co-joining of secure estate. Regulations and guidance are open to interpretation – need a shared language and understanding of risk/safety issues and behaviour support methods
- Limited therapeutic resources and needing not to spread too thinly
- High levels of staff complaints / injuries (physical and emotional) leading to reduced attendance at work

<u>Beechcroft</u>	<u>Lakewood</u>	<u>Donard</u>	<u>Woodlands</u>
<ul style="list-style-type: none"> ○ No commissioning statement ○ Unrealistic expectation that Beechcroft provides secure mental health placements 	<ul style="list-style-type: none"> ○ Placements agreed outside of remit of current service stretch capacity and increase risk ○ Continued use of 72hr emergency admissions; need for immediate placement causes disruption to group dynamics ○ Legacy issues and impact of historical abuse inquiry / handling of complaints led to lower staff morale ○ Group risk assessments; impact of caring for older young people aged 16+ / Voluntarily accommodated ○ Secure care placements sought in the absence of other services 	<ul style="list-style-type: none"> ○ Uncertainty ref: future provision plans (location and formation) ○ Risks when relocating / placing a young person out of Trust due to community threats can follow to new placement ○ Loss of support and shared resources if moving off campus site 	<ul style="list-style-type: none"> ○ Potential for depletion of resources ○ Diminished levels of recruitment and training ○ Loss of / dilution of current effective operating standards and proven methods of maintaining control

Section 4: Data Analysis on Admissions, Discharges and Young People's Pathways

Key Messages

The four regional facilities provide a total of 101 beds

Only two of the facilities are solely for Looked After children i.e. Donard and Lakewood

31 Looked After young people were resident in the four facilities in February / March 2017

- 3 Looked After children in Beechcroft
- 5 Looked After children in Donard
- 11 Looked After children in Lakewood
- 12 Looked After children in Woodlands

During the reporting period 214 Looked After children were admitted to one or more of the four regional facilities on 644 occasions; of these admissions:

- 142 Looked After children were admitted 458 times to Woodlands
- 83 Looked after children were admitted 125 times to Lakewood

Age on Admission

- Most young people admitted to Woodlands were aged 15-17 years
- Most young people admitted to Lakewood were aged 14-17 years
- Most young people admitted to Donard were aged 16-17 years
- Most young people admitted to Beechcroft were aged 16-17 years

Frequency of Admissions

- Almost half of all Looked After children had one admission only, mainly to Woodlands (44) and Lakewood (33)
- 37 children had 2 admissions each
- 36 children had between 5 and 9 admissions each
- 8 children had 10 or more admissions each
- 44 children had a total of 346 admissions (54% of all admissions)

Originating Trust

- The majority of admissions to the facilities originated from Belfast and South Eastern Trusts.

Context

This chapter provides a contextual picture of those children who are looked after across Northern Ireland and of those looked after children who were placed in one or more of the four specialist facilities during the period April 2014 – March 2017.

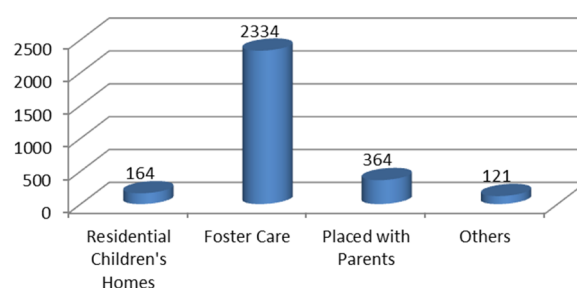
A child may be looked after by one of the five Health and Social Care Trusts until they reach the age of 18. At 31st March 2017 there were 2,983 children looked after across Northern Ireland. Based on the most recent population figures available (*2016, Mid-Year Estimates*) there were 435,567 children and young people across Northern Ireland. This

Trust	Population 0-17 years	Looked after Children	Rate per 10,000 of 0-17 year olds	Placed in Residential Care	Rate per 10,000 of 0-17 year olds
Belfast	76,161	743	97.6	44	5.8
Northern	108,744	647	59.5	30	2.8
South Eastern	81,026	521	64.3	37	4.6
Southern	96,257	484	50.3	24	2.5
Western	73,379	588	80.1	29	4.0
N Ireland	435,567	2,983	68.5	164	3.8

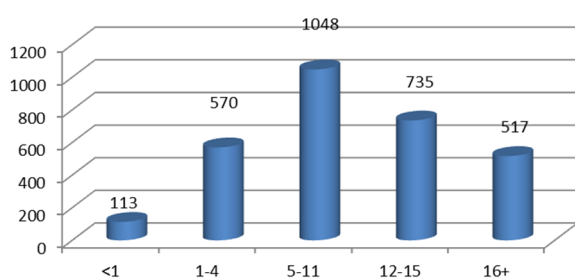
means that 68.5 out of every 10,000 children in Northern Ireland are Looked After.

Most Looked After children are placed with foster carers (78%). A further 12% are placed at home with parents while 5.5% of children are placed in residential children's facilities. 4% of children are in 'Other' placements e.g. Supported Accommodation for older Looked After children.

No. of Looked After Children (By Placement Type) at 31.3.17



No of Looked After Children By Age (31.3.17)



35% of all Looked After children are of primary school age (1048) with a further 23% of pre-school age. 42% of Looked After children are of post primary age.

Young children aged < 12 are normally placed with foster carers while children aged >12 may be placed with foster carers, in children's homes or in other placements.

Changing Trends within the Population of Looked After Children

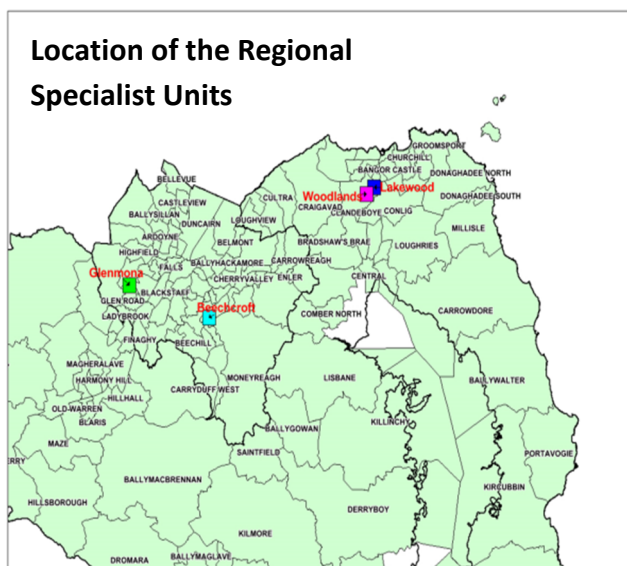
The population of Looked after children has been rising over the past 6 years from 2,511 at 31/3/2011 to 2,983 at 31/3/2017. There were 1042 children admitted to care in the year ending 31/3/2011. This had fallen to 859 in the year ending 31/3/2017. The number of children discharged from care is also slightly lower now than at year ending 31/3/2011 i.e. 716 in year ending 31/3/2017 compared to 837 at year ending 31/3/2011. This indicates that some children are staying longer in care.

The number of children placed in residential care has been falling over the same time period. 9.5% of all Looked after were placed in residential care at 31st March 2011; this figure had fallen to 5.5% at 31st March 2017. The number of children placed with foster carers has risen over the same time period from 74.2% to 78.2% of the Looked After population.

Looked after children Admitted to the Regional Facilities

As part of this Review, the Review Team gathered data during February and March 2017 from the four regional facilities. Data was collected on:

- the current population of Looked After children in each of the four facilities; and
- the admissions and discharges of Looked After children to and from the four regional facilities over the three year period 1st April 2014 to 31st March 2017.



A relatively small number of the Looked after children referred to above will be admitted to one of the four regional facilities i.e. Donard Unit within Glenmona, the secure unit within Lakewood, Beechcroft and Woodlands Juvenile Justice Centre. The table below provides an overview of bedspaces in each facility and occupancy by looked after children at a point in time in either February 17 or March 17. *Note: Donard and Lakewood cater solely for Looked After Children while Beechcroft and Woodlands provide beds for all children who require access to them.*

Number of Beds and Looked After children in each Unit

The data collected indicated that at a point in time **31** Looked After children were

Unit	No of Beds	No of Looked After Children in each Unit	Date
Beechcroft	31	3	20/03/2017
Donard	6	5	13/02/2017
Lakewood	16	11	23/02/2017
Woodlands	48	12	23/02/2017

occupying beds across the four facilities. *Note this is a snapshot taken on a particular date and is subject to change.*

Admissions and Discharges

During the period 1.4.2014 to 31.3.2017 there was a total of **214** Looked after children admitted **644** times to the regional facilities.

Some Looked After children will have been admitted to a *single* facility during the three year analysis period while others may have been admitted more than once to the same facility or may have been admitted to several of the facilities.

The data below provides an overview of the numbers of admissions of Looked After children and how often the children were admitted.

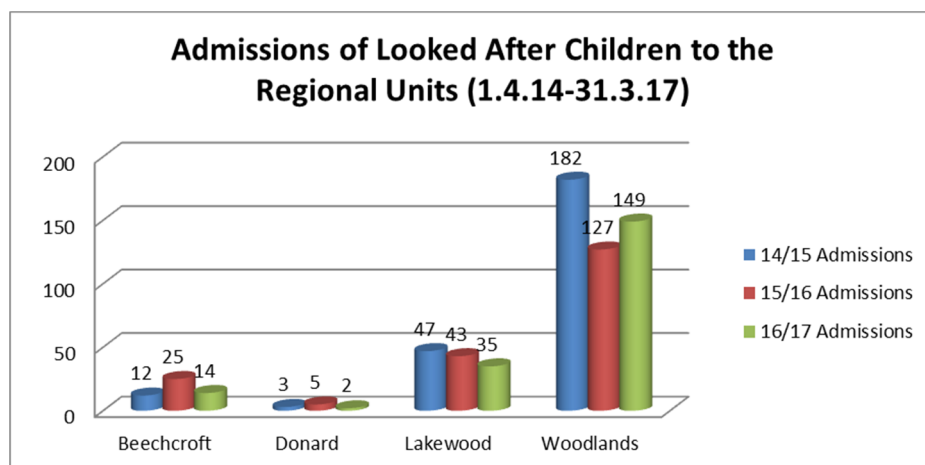
Analysis of Admissions of Looked After Children to the regional facilities over the 3 year time period

Unit	14/15		15/16		16/17		Total	
	Admissions	Children	Admissions	Children	Admissions	Children	Admissions	Individual Children Admitted over the three years by Unit
Beechcroft	12	9	25	19	14	12	51	36
Donard	3	3	5	5	2	2	10	10
Lakewood	47	36	43	33	35	31	125	83
Woodlands	182	73	127	52	149	53	458	142
Total	244	121	200	109	200	98	644	-

The data indicates that over the three year period:

- 36 Looked After children were admitted on 51 occasions to Beechcroft
- 10 Looked After children were admitted on 10 occasions to Donard
- 83 Looked After children were admitted on 125 occasions to Lakewood
- 142 Looked After children were admitted on 458 occasions to Woodlands

Note: some of these children will have been admitted to more than one facility over the period i.e. a child admitted to Lakewood may also have been admitted to Woodlands within the same year or across years. This figure for the number of individual children in



the last column of the table reflects the number of children admitted to each facility irrespective of how often they were admitted over the three year period. Some of these children will also have been admitted across facilities.

Note: In the absence of a Unique Identifier the calculation of the number of children is based on the Initials and Date of Birth. A child may have accessed one or more Units across within one or more of each of the three years.

Further to this and illustrated in the Table below:

- Most admissions were to Woodlands JJC. These admissions involved mainly young people aged 15 – 17 year olds. The young people came mainly from Belfast Trust with 132 admissions and South Eastern Trust at 123 admissions
- There were a total of 125 admissions to Lakewood involving mainly Looked After young people aged 14-17 years
- The 10 admissions to Donard and 51 to Beechcroft involved mainly 16- 17 year olds

Total Admissions of Looked After children over the three year period by main age groups admitted and by Trust

Facility	No. of Admissions	% of all admissions	Main Age Group Admitted	Trust
Beechcroft	51	7.9%	Mainly 16/17 year olds	Mainly BHSCT (16) and SEHSCT (17)
Donard	10	1.5%	Mainly 16-17 year olds	Mainly BHSCT (3), SEHSCT(3) and WHSCT (3)
Lakewood	125	19.4%	Mainly 14-17 year olds	BHSCT (33), SEHSCT(28) and WHSCT (23)
Woodlands	458	71.1%	Mainly 15-17 years	BHSCT(132), SEHSCT (123) and WHSCT (83)

Admissions to the Regional Facilities By Trust

Trust	Beechcroft			Donard			Lakewood			Woodlands			Total			% of Admissions By Trust
	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total	<16	16+	Total	
BHSCT	1	15	16	1	2	3	10	23	33	51	81	132	63	121	184	29%
NHSCT	1	2	3	0	1	1	16	3	19	9	29	38	26	35	61	9%
SEHSCT	6	11	17	1	2	3	16	12	28	47	76	123	70	101	171	27%
SHSCT	3	0	3	0	0	0	14	8	22	53	26	79	70	34	104	16%
WHSCT	2	10	12	1	2	3	17	6	23	29	54	83	49	72	121	19%
Not Known	0	0	0	0	0	0	0	0	0	0	3	3	0	3	3	0%
Grand Total	13	38	51	3	7	10	73	52	125	189	269	458	278	366	644	100%

Summary

- 29% of all admissions originated from Belfast Trust
- 9% of all admissions originated from Northern Trust
- 27% of all admissions originated from South Eastern Trust
- 16% of all admissions originated from Southern Trust
- 19% of all admissions originated from Western Trust

Frequency of Admissions for Looked After Children

Further analysis of the admission data on the **214** Looked After Children with **644** admission episodes over the three years shows a predominance of single or once only admissions, and also multiple admissions (5 plus).

Children with One Admission Only to the Regional Facilities during the period

Ninety five children, out of the total population of 214 children, experienced only one admission during the three year period. These 95 children were admitted once to a single facility. This population represents **44.4% of the children** who were admitted over the three year period and **15% of all admissions** over the period to only one facility on one occasion. 26 of these admissions involved young people aged 17 years who may have aged out of the care system.

Thirteen single admissions were to **Beechcroft**

- **Age** – 4 admissions related to young people aged < 16 years while 9 admissions related to young people aged 16+.
- **Length of Stay (LoS)** – 11 admissions involved a stay of 3 weeks or less while 2 admissions had a LoS of 5 months or more.

One 16 year old male was admitted on a voluntary basis to Lakewood for just over three months. The young person was admitted from a Children's home and discharged back to family.

This young person had no further admissions during the three year period.

Thirty-three single admissions were to **Lakewood**.

- **Age** – 16 admissions related to children aged < 16 years while 17 admissions related to young people aged 16+.
- **LoS** – 22 admissions involved a LoS of <90 days while 9 admissions involved a LoS of > 90 days and up to 245 days. 2 young people were current residents at time of data collection.

Forty-four single admissions were to **Woodlands**.

- **Age** - 14 admissions related to children aged < 16 years while 30 admissions related to young people aged 16+.
- **LoS** - 22 admissions involved a LoS of 0 - 7 days, 8 admissions involved a LoS of 8 – 21 days, 9 admissions involved a LoS of 22 to 91 days while 5 admissions involved a LoS of 91+ days.

Five single admissions were to **Donard**.

- **Age** - 3 admissions related to children aged < 16 years while 2 related to admissions of young people aged 16+ years.
- **LoS** – 2 young people were current residents, 3 admissions involved a LoS of 106 to 382 days.

Children with more than one admission during the 3 year period – (*includes children admitted to one or more than one facility*).

Number of Looked After Children with a Single Admission or Repeat Admissions

	One Admission	Two Admissions	Three Admissions	Four Admissions	5-9 Admissions	10 or more Admissions	Total
Number of Looked After Children	95 Children	37 Children	23 Children	15 Children	36 Children	8 Children	214
Total Admissions	95 Admissions	74 Admissions	69 Admissions	60 Admissions	228 Admissions	118 Admissions	644
	Each child had one admission	37 children had two admissions each	23 Children had 3 admissions each	15 children had four admissions each	36 children had between 5 and 9 admissions each	8 children had 10 or more admissions each	

Some children were admitted to a *single* facility more than once while some children were admitted to *several* facilities on one or more occasions during the period.

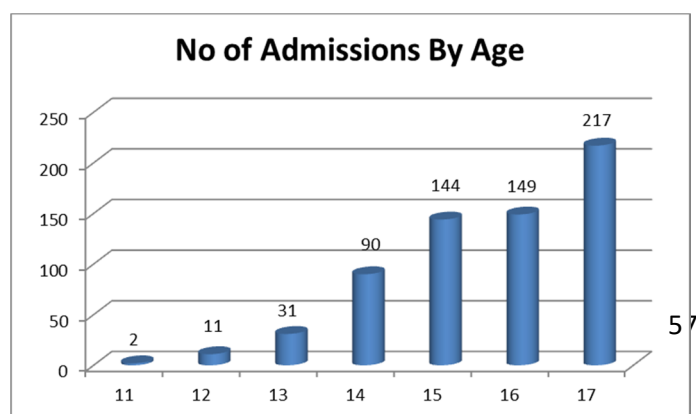
- **Seventy-five** Looked after children *who had between 2 and 4 admissions* had a total of 203 admissions between them.
- **Forty-four children** *who had 5 or more admissions* had a total of 346 admissions between them – 54% of all admissions during the three year period.
 - 36 of these young people had between 5 and 9 admissions with a total of 228 admissions.
 - 8 young people with 10 or more admissions had a total of 118 admissions between them.
 - All of these eight young people had previous admissions to Lakewood, Woodlands or both prior to the beginning of the reporting period at 1/4/2014.

One male young person was admitted at aged 12 to Woodlands from a Children’s Home. This young person had **18** subsequent admissions over the three year period up until aged 15. The admissions originated from Children’s homes, secure care and Woodlands with discharges mainly to the same facilities.

There were **15** admissions in total to Woodlands and **4** to secure care with lengths of stay ranging from 0-320 days.

Total Admissions over the Period By Age on Admission

366 admissions, more than half of all admissions (56.8%), involved young people who were aged either 16 or 17 years of age. 58 of these admissions were single admissions while the remaining 308 involved young people



admitted more than once. 178 admissions involved young people admitted 5 or more times.

Thirty-six percent of admissions (234 admissions) related to young people aged 14 or 15 years on admission. 30 of these 234 admissions were single admissions.

Admissions By Age By Facility

Beechcroft		Donard		Lakewood		Woodlands	
Age	No. of Admissions	Age	No. of Admissions	Age	No. of Admissions	Age	No. of Admissions
<14	1	<14	0	<14	24	<14	19
14	4	14	1	14	24	14	61
15	8	15	2	15	25	15	109
16	15	16	4	16	30	16	100
17	23	17	3	17	22	17	169
	51		10	Total	125		458

- 59% of admissions to Woodlands related to young people aged 16-17 years
- 42% of admissions to Lakewood related to young people aged 16-17 years
- 75% of admissions to Beechcroft related to young people aged 16-17 years
- 70% of admissions to Donard related to young people aged 16-17 years

Length of Stay

Beechcroft – the length of stay at Beechcroft ranged from 0-235 days with an average length of stay of 24 days.

Donard – the length of stay at Donard ranged from 91 – 427 days with an average length of stay of 220 days.

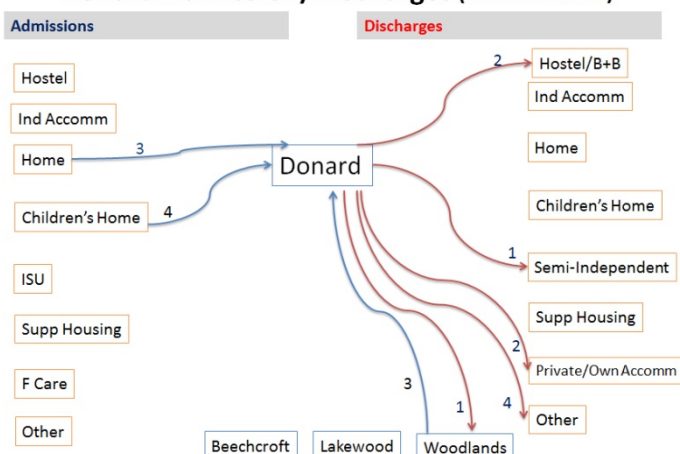
Lakewood – the length of stay at Lakewood ranged from 2 – 336 days with an average length of stay of 107 days.

Woodlands – the length of stay at Woodlands ranged from 0-392 days with an average length of stay of 23 days.

Note: excludes current residents and a small number of records with missing data.

Source of Admissions to and Discharges from the Facilities

Donard Admission/Discharges (1.4.14-31.3.17)



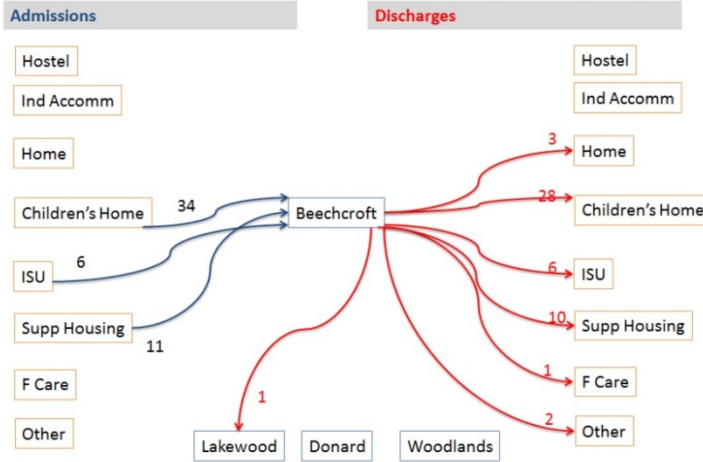
Donard, Glenmona

All admissions to Donard originated from children's home, parent's home or Woodlands. The young people were discharged to a range of provision in the community. Of note to this Review is that 1 young person was discharged from Donard to Woodlands; and 3 young people were admitted to Donard from Woodlands.

The length of stay of young people in Donard ranged from 91 to 427 days.

Most young people were admitted on a planned basis with 6 admissions on a Voluntary Accommodated basis. The remaining 4 admissions were on a Care Order or an Interim Care Order.

Beechcroft Admission/Discharges (1.4.14-31.3.17)



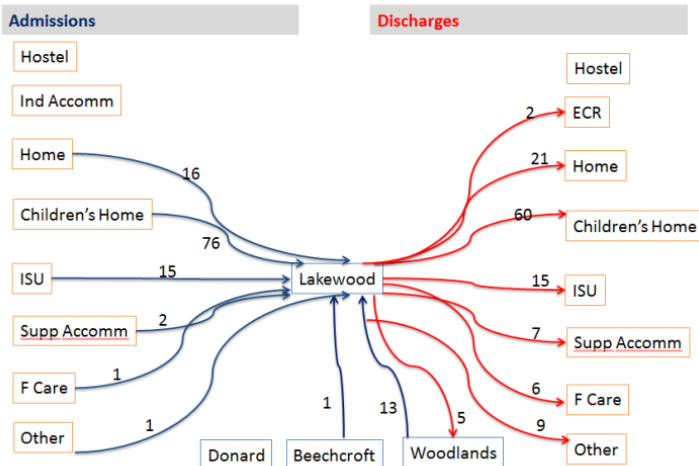
Beechcroft

Admissions to Beechcroft originated from children's homes, Intensive Support Units and Supported Housing. Discharges were also mainly to these facilities with some children returning home or to foster care.

The length of stay for Looked After children ranged from 0 days to 235 days.

During the three year period 1 young person was discharged from Beechcroft to Lakewood.

Lakewood Admission/Discharges (1.4.14-31.3.17)



Lakewood

35 of the 125 admissions were on an emergency basis. The remainder were 79 admissions with a 72 hour order and 11 admissions with an ISAO.

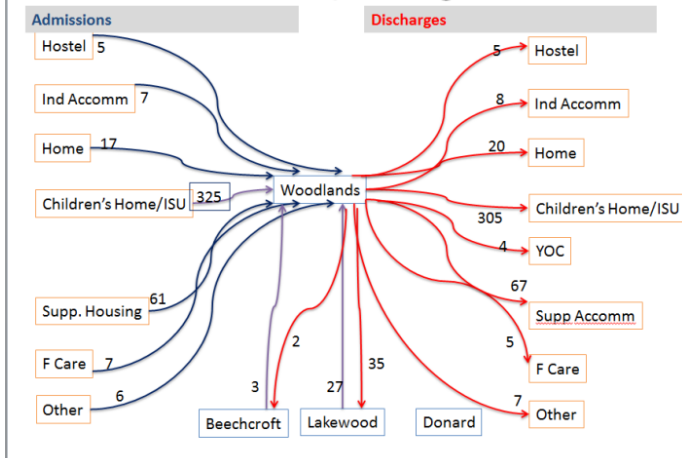
Admissions to Lakewood came mainly from children's homes, Woodlands, Intensive Support Units and parent's homes. Children were also discharged mainly to these facilities but also to Supported Accommodation and foster care.

Length of Stay ranged from 2 days to 336 days.

77 young people were subject to a Care Order/Interim Care Order while 48 were Voluntary Accommodated.

13 young people were admitted from Woodlands to Lakewood; 5 young people were discharged from Lakewood to Woodlands and 1 young person was admitted from Beechcroft to Lakewood during this period.

Woodlands Admission/Discharges (1.4.14-31.3.17)



Woodlands Juvenile Justice Centre

Admissions to Woodlands originated from children's homes with 71% of all admissions and from placements in the community including supported housing. Discharges were mainly to children's homes, supported accommodation and Lakewood Secure facility.

The length of stay ranged from 0 to 392 days. The highest reason for admission was due to PACE with 278 admissions followed by Remand with 162 admissions. Sentenced was the reason for 18 admissions.

During the three year period there were 35 discharges from Woodlands into Lakewood; 27 admissions from Lakewood into Woodlands; 3 admissions from Beechcroft into Woodlands and 2 discharges from Woodlands into Beechcroft.

Messages from the Data

- There were 644 admissions of Looked After to the four facilities involving 214 children over the three year period. This reflects a high level of activity and movement of a relatively small group of children.
- Approximately 1% of Looked After children will be placed in one of the four regional facilities at any point in time. (31 children from a population of 2983 looked after children).
- Ninety-five of these 214 children experienced only one admission over the three year period. Most of these admissions were to Woodlands or to Lakewood therefore issues of risk or criminal activity resulted in the admission. This equates to 44% of all of the looked after children admitted to regional facilities during the three year period and further analysis of this population may be helpful to establishing how further admissions were prevented and / or whether an alternative intervention could possibly have prevented an admission at all.
- 54% of the total admissions of Looked After children to the four facilities over the three year period related to 44 children, a very small cohort of children in care who had five or more moves into and across regional facilities. This requires further analysis of the 44 children, given evidence of the damaging effects of placement moves. The frequent episodes of entry to Woodlands and Lakewood primarily of the 44 young people pose questions about their care trajectory, the needs of these particular children and how best they should be met and the effectiveness of the placements in the particular regional facilities in re-integrating the young people into the community.
- 150 admissions to Woodlands involved a stay of less than or equal to one day. It will be important to consider the value of these admissions, and whether they could be prevented.
- Usage of the four regional facilities is uneven across the five HSC Trusts. It is evident from the analysis that usage of the four facilities is not uniform across the five Trusts with Belfast and South Eastern Trusts having a higher number of children / admissions to the regional facilities.
- 217 admissions involved young people aged 17 years on admission. 191 of these admissions involved young people with multiple placements during the period. 119 of these admissions involved young people with 5 or more admissions to one or more facilities over the three year period. This could suggest that some young people are entering or spending the latter stage of the care career being managed through the usage of regional facilities.

Section 5: Case Study Analysis: Perspectives of Young People, Professionals and Parents

At the outset of the Review of Regional Facilities it was determined that the inclusion of the views of young people, parents and professionals was essential to ensuring that the conclusions of the Review were informed by and incorporated their perspectives. This section of the report sets out a summary of perspectives of young people who had experience of being placed in any of the four facilities, professionals who had key roles in working with these young people and in decision making processes, and parents of the young people on their young person's journey in care.

Section **5a** sets out the views of young people, based on work by VOYPIC; **5b** is a summary of a series of case studies involving interviews with professionals; **5c** summarises the views expressed by a small group of parents; and **5d** sets out views expressed by residential staff in a recent workshop.

a) Perspectives of Young People:

To assist with acquiring the views and perspectives of young people the Health and Social Care Board (HSCB) invited Voice of Young People in Care (VOYPIC) to engage with care-experienced children and young people on two levels: a) those currently resident in the four facilities during March and April 2017; and b) young people who had previously stayed in any of the four facilities between 2014 and 2016.

In addressing the first group of young people, VOYPIC explored five themes with the young people through a survey (written questionnaire) and in workshops which further developed the issues raised in the questionnaire. The five themes covered were:

- **Coming to stay here and staying here**
- **Atmosphere and mood here, your feelings and right place for you?**
- **The staff and how things are run here**
- **Your education, hobbies and leisure, and health**
- **When you leave here and your advice**

Engagement with young people previously resident in the four facilities to address the second component of this process was undertaken through a series of semi-structured interviews with a selected case study sample which focused on the same themes.

The findings reported by VOYPIC are based on the individual feedback received from young people provided largely through the one-to-one semi-structured interviews. Workshops provided only limited opportunity for young people to share and discuss their views with each other.

VOYPIC carried out a total of **53 engagements with a minimum of 42 young people.**

Across all four facilities, VOYPIC had **41 engagements** with young people currently staying there, via surveys or workshops or both. **23** individual young people from Woodlands JJC, Donard and Lakewood **completed a survey** and **18** young people from Woodlands and Beechcroft **took part in workshops.**

Two engagements took place with young people in **Donard** (plus one who was in Woodlands at the time and so will be reflected in numbers for there); **five engagements** with young people in **Lakewood**; **seven engagements** with young people in **Beechcroft**; and **27 engagements** with young people in **Woodlands JJC.**

12 interviews were conducted with young people who had previously stayed in the facilities.

The single largest group of young people in this engagement were resident in Woodlands JJC therefore their views feature significantly throughout this report.

Main Findings

Coming to Stay Here and Staying Here

The majority of young people indicated that they were welcomed and shown around by staff. Staff also helped and supported the young people on their first few days, as did the other young people in the facility.

A number of young people expressed feelings of resignation and apathy about being admitted to these facilities. They appeared to feel as if they had no choice about where they were going and some even talked about how little they knew about moving and its implications until the last minute.

“I had to go wherever I was told”

(Young person, Donard and Woodlands JJC)

“[Beechcroft] was the only mental health place I could go but I didn’t feel it was the right place. I had no choice where I could go as it’s the only option”

“I wasn’t directly told until I was being taken that I was actually going to Lakewood you are just completely in the dark”

“The first time I went to Lakewood I wasn’t too sure about it, I didn’t really want to go – same with JJC. But I didn’t have a choice with either of them”

While some young people in interviews spoke of how they felt scared or nervous about going to the facility for the first time, the majority did not report feeling much fear or anxiety. In particular, those young people who experienced multiple admissions were less likely to feel apprehension.

“I didn’t feel anything because I was out of my head.

I felt like I was in a bubble”

(Young person, Beechcroft, Lakewood and Woodlands JJC)

“It got easier each time I went back. I knew what I was going into and the routines”

(Young person, Beechcroft, Lakewood and Woodlands JJC)

It was unclear according to VOYPIC if the lack of fear or anxiety expressed by the young people reflects a certain degree of personal protection or if these young people’s experiences up to and at this point are what makes them feel resigned.

“There were no consequences as being in Glenmona was the worst thing that could happen to you anyway. You were at the worst place you could be. So what was the point in behaving?”

VOYPIC reported that it was evident from interviews that repeat admissions, either to the same facility or to multiple facilities, have a negative impact. Young people felt that because they had been admitted on a number of occasions then something was not working for them there. They also talked about how the impact had lessened for them each time and that they just ‘got used to it’.

“I said “so what – I’m used to it” each time I went [to Woodlands JJC] as I was there that many times. It became like a second home. [But] it means we can become institutionalised”

“The longer you’re there and the more you’re in and out it gets worse, you hate it!”
(Young person, Lakewood and Woodlands JJC)

“[You just got] used to it, obviously I didn’t want to go back, but when I got there I didn’t really care”
(Young person, Lakewood and Woodlands JJC)

“No [I don’t think staying in Lakewood and Woodlands JJC benefitted me], if that was the case I would not have went back there four or five times”

A number of young people mentioned how, when they first arrived, they were left in their room on their own for long periods of time. VOYPIC advised that more should be done to support young people when they first arrive in the facility to help them settle in.

Young people told VOYPIC that the most helpful things they experienced were feeling safe and secure, having a routine, the activities that are available to them, the staff and other young people there. They also told VOYPIC about the least helpful things which were being locked up, the loss of freedom, missing family and friends, and the no smoking policy.

Some of the young people interviewed recalled how being taken away from their local community and staying in a secure facility gave them a certain sense of safety and protection. VOYPIC noted that this may be quite telling of the lives some of the young people were living in previous placements and the community and the pressures and stresses that they were experiencing.

“Being away from all the shit [at home] and no drugs”

(Young person, Donard and Woodlands JJC)

“Felt at ease in JJC – nothing to worry about when in there. I felt that way every time I went. Inside there’s no problems apart from fighting and I can deal with that myself”

The majority of young people interviewed did not appear to have an issue living with people they do not know - many told VOYPIC that they were used to this, having lived in children’s homes previously. A number, however, reflected on how one young person’s behaviour could impact on everyone staying in a facility.

“In Lakewood if someone kicks off then everyone has to leave and go somewhere else. If someone was due to go out on trust it affects them as staff can’t take them out. Young people couldn’t even go to the kitchen and get tea and this could be for hours”

“A young person could be having a bad day and the whole unit is affected because we are all stuck in one space”

(Young person, Lakewood)

Atmosphere and Mood Here, Your Feelings and Right Place for You?

VOYPIC reported mixed opinions among young people about the atmosphere in facilities. Some described the atmosphere as calm, friendly and fun, while others said it was noisy and stressful. Similarly, young people experienced a wide range of emotions about being in a facility - some felt angry and lonely, while others felt settled, supported, healthier, and respected.

Many of the young people spoken to did not feel that the facility they were in was the right place for them to be. However, others said they felt safe there. VOYPIC reported that the needs of the majority of young people seemed well supported.

In interviews, opinions were also split about whether the regional facility was the right place for them to be at that time. Some felt that they did not receive adequate support there and others felt that placing individuals with mental health difficulties in a secure setting is not the right thing to do.

“I didn’t like it [in Beechcroft]. It was pointless. It’s not good for you to be around all that”

Some young people, however, were able to reflect and recognise that, while they may not have liked it at the time, the facility was the right place for them to be, to keep them safe.

“Yes [Beechcroft was the right place] because I couldn’t look after myself or protect myself. [I didn’t recognise it was the right place] at the start but then I realised it was as I couldn’t keep myself safe”

“[Lakewood] was definitely what I needed. Because I was putting myself in dangerous situations”

The Staff and How Things are Run Here

The majority of young people felt that staff in these facilities support them well, keep them safe and help them. They stated that a staff member who supports a young person well is funny and easy to get on with, kind and caring, listens to and supports young people, and joins in with activities.

On the other hand, a staff member who does not support young people well doesn’t care, is too strict or is inconsistent with rules and is just doing the job for the pay.

Based on interview findings, VOYPIC reported that what was evident from interviews is how a small act of support by staff can have a big impact on a young person. When asked to think of a time that staff supported them well, most young people talked about a small act, such as, getting them juice, giving them a teddy bear or simply taking the time to sit and talk and listen. Most of the young people were able to think of one staff member who stood out in particular for them as a good source of support.

“There were two night staff in Woodlands... they used to sit at the door and talk to me...the two night staff actually sat and listened to me.

They were different to other staff, say sometimes I needed to buzz for Gaviscon as I had stomach problems some of the other staff wouldn't have got it. And they are not allowed to open your door at night and sometimes I needed juice and they would try and get the manager down, depending on whom the manager is they would try and get me a cup in”

“They have a laugh with you. There are a lot of staff who stay very professional and won't do that. But when someone can sit and have a laugh with you, it makes you more comfortable around them and it makes you more willing to open up and be honest with them”

(Young person, Lakewood)

“Staff in JJC were the best. They made you tea and talked to you for 30 minutes until you had calmed down. They were able to give you a phone call to your family”

“She [i.e. staff member] was just coming in to work and had brought me a teddy. It showed me that even though this person hadn't known me for that long she still kind of cared for me and that there were still nice people out there”

(Young person, Beechcroft)

VOYPIC advised that it is evident that relationships are key to these young people recognising that care and support is available to them.

A number of young people recognised the value of enforced boundaries within the facilities. One young person told VOYPIC that having rules and consequences for behaviour shows young people that someone cares.

While some young people did not agree with physical restraint or personal and room searches, the majority accepted the necessity of these rules and understood that they were in place to keep people safe. Most young people believed that physical restraint is reasonable to prevent a young person from “kicking off” and hurting themselves or others. Similarly, they felt that personal searches are justified as long as a valid reason is provided beforehand.

There was some criticism, however about how these procedures are carried out. In particular, young people in Woodlands JJC had concerns about how room searches are done. They told VOYPIC that they happen every day, that they are not told about them in advance and that staff wreck their rooms while carrying out a search.

“I would like to have been told someone was in my room and why they did it. It’s really disrespectful”

(Young person, Beechcroft)

“I didn’t feel good about it as your room could be tidy and they wreck it and then you have to tidy it up”

(Young person, Woodlands JJC)

Some young people expressed concern about the number of staff members who were sometimes called to restrain one young person and about the lack of staff interaction with the young person after the incident. Some young people recommended that staff should stay with the young person to help them calm down, rather than lock them in their room alone, (such measures would be applicable to Woodlands only) and to talk to them afterwards to try and understand what caused them to kick off.

“They were hurting you when they restrained you. One member of staff kept digging their leg into your back. It’s really terrifying and they don’t listen when you tell them to stop”

(Young person, Beechcroft)

“No staff would stay with that young person as they would have to file a report [after an incident of physical restraint] and no one would be there for the young person to calm down. That would be very hard on the young person”

(Young person, Lakewood)

Your Education, Hobbies, Leisure and Health

VOYPIC noted that routines, school and other activities offer young people the chance to engage in age appropriate activities and pursuits. In particular, young people in Woodlands JJC spoke positively about the routine of education and the number of activities available to them to pass the time and take their mind of their situation. Going to the gym and taking part in sports seemed to be especially important for boys and young men in the four facilities.

“I wrote and recorded a song in JJC. I learned to swim in JJC and I learnt other things but I can’t remember. Staff support you [with hobbies and leisure activities] in JJC”

“When school started [i.e. after summer] there was a bit of a change [in atmosphere]. There was a lot more routine and you weren’t as bored because you had something to fill your day. Having a bit of routine helped a lot actually”

(Young person, Lakewood)

“Routine [helped me]. I have had a problem with sleeping since I was about 12 and I was 15 when I was in Lakewood. So having that routine back in place after three years was very important to me”

Ten young people interviewed by VOYPIC said that they had not been attending school or engaging in education prior to entering the regional facility despite being of

compulsory school age. The majority of young people however talked positively about school in the facilities and the opportunity to reengage in learning and achievement.

“It helped, it got me a qualification I wouldn’t [otherwise] have got. I enjoyed the teachers and the lessons. They tried to engage you so much”

(Young person, Lakewood)

“[In Woodlands JJC] they help with work when you leave. It’s more one to one. They actually got you somewhere with things that can help you get a job in the future”

The young people told VOYPIC that being made to go to school every day, the teachers and having an on-site classroom help with their education. On the other hand, dealing with other issues such as their own mental health and being distracted by other young people can stop them doing well in education.

VOYPIC reported that a stay in a regional facility represents a significant opportunity to promote education among some of the most vulnerable young people. However, one young person told VOYPIC that he had completed the same course work in the two facilities he stayed in and that there was no co-ordination of course work or transfer between them. He also said that all his course work has been left in the facilities and that he has no access to it. VOYPIC advised that this pointed to a lack of connection between education in regional facilities and in the community or onward placement which could support young people to continue or complete their education.

While the primary purpose of these facilities is not as ‘detox centres’, a number of young people highlighted that being off drugs and alcohol (presumably ‘going cold turkey’) was often an unintended benefit of their stay. VOYPIC advised that while this is positive, it is important that managing such a process is done in a safe and controlled way and supported by appropriately trained staff to mitigate against any unintended outcomes.

VOYPIC advised that there seemed to be a significant opportunity in these facilities to support young people to learn new, healthier coping mechanisms and techniques.

There were mixed opinions among young people about whether staying in the facility was impacting on their mental health. Some claimed it had a positive impact as they were off drugs or had the opportunity to talk to someone. However, others believed that it had a detrimental impact on their mental health.

“At that point I didn’t know I had mental health problems, but I think they all knew and they could have supported me more with that. They knew about my self-harming and they never really supported me on that”

(Young person, Lakewood and Woodlands JJC)

“[It made my] mental health worse, [in particular] the restraint of someone who has mental health problems – why are they not talking to them instead?”

(Young person, Woodlands JJC)

“It makes you worse than before”

(Young person, Beechcroft)

“[Staying in Beechcroft, Lakewood and Woodlands JJC] made my mental health ten times worse. Because you are so enclosed”

The majority of young people said they would talk to staff in a facility if they were feeling unwell or had a problem with their health. VOYPIC reported however that it appeared at times, (excluding Beechcroft) that there were missed opportunities to assess, diagnose and treat young people’s mental ill health, and a lack of response and therapeutic input to the causes of young people’s behaviour.

“They said they’d refer you for things, like a person to review your tablets, but they would make you talk about your past when you just didn’t want to keep talking about it. There was no other support – staff were too busy”

(Young person, Beechcroft)

Furthermore, VOYPIC advised that it seemed that certain practices in the facilities, such as physical restraint, can pose a risk to young people with poor mental health.

“Every time I got restrained I just wanted to kill myself”

(Young person, Woodlands JJC)

Smoking was a major issue for nearly everyone interviewed by VOYPIC. Young people expressed concern that smoking, which for many was a coping mechanism, was being taken away from them. Smoking was often one of the things that young people said they were most looking forward to upon leaving the facility. This was also reflected in the findings from the surveys and workshops.

“Smoking can actually help young people. It calms them down and keeps them a little more sane. If they have problems with anxiety, I know doctors might not approve, but smoking can help calm them down.

Having something in your hand, like a cigarette, is something to concentrate and focus on”

(Young person, Beechcroft)

VOYPIC’s engagement with the young people indicated that other health and wellbeing opportunities also exist. Young people spoke positively about the sports activities available. A number of them also talked about food and about how, in particular, their diet had improved and they were eating more as they were off drugs. VOYPIC suggested that this may be a significant opportunity to introduce healthy diet and nutrition to young people, as well as to teach them the importance of a healthy, active lifestyle with good eating and sleeping routines.

“[Before I came to Lakewood] I never really would have ate as I would have always been out, so it got me into a good eating routine. It got me into a really good sleeping routine which really helped with my mental health. That was one thing I always struggled with – I would have been sleeping all day and up all night”

VOYPIC also highlighted that there were also opportunities to teach young people the necessary life skills required to succeed outside the facility.

“When I went [to Woodlands JJC] I didn’t know how to put a quilt cover on, but I know now. I learnt how to do it there”

However VOYPIC reported, as with education, it seemed that opportunities were missed to continue this development towards independence upon discharge.

“They don’t really do anything, just lead you to the door and say bye”

(Young person, Lakewood and Woodlands JJC)

“I think they should have an extended programme outside Lakewood. They should arrange for Barnardo’s or something to help you keep going. Because whenever you get out you can go and do what you want again”

“Not enough support for people when they are getting out. They don’t have things for you to do on the outside – they are setting you up to fail. I would like them to give you money to get by – to set you up to achieve something. I was put in a hostel in Ballymena when I left last time. Not having things to do [means] I only have drink on my mind when I get out”

(Young person, Woodlands JJC)

When You Leave Here and Your Advice

Based on VOYPIC’s engagement with young people some young people felt they were being well supported in their preparation to leave and knew where they will be moving out to. Others, however, said they are not receiving adequate or any support and that they did not know where their next placement would be. They talked of a lack of planning and follow-up once they had left.

The majority of young people indicated that they were most looking forward to freedom, seeing family and friends, and being able to smoke when they leave. Some also expressed worries about leaving because of death threats, the temptation of drugs, and not being able to manage on their own back in the community.

Young people had advice for staff working in facilities for now and in the future: ***“take more time to talk to young people and listen to what they have to say”***.

Their advice to other young people who may spend time in these facilities was: ***“don’t take drugs or misbehave while you’re here and make the most of the opportunity to deal with any issues you have”***.

Consider and Recommend

In the conclusion of the written report on the views and experiences of young people VOYPIC included a number of areas for future consideration which are noted below:

- Ensure greater **transparency** about decisions to move young people into facilities to advise and prepare young people appropriately to make best use of support and treatment. Improve support for young people when they first arrive to **orientate** them and help settle in.
- Practice effective **communication, information sharing and co-ordination** between facilities when young people are transferring between facilities.
- [Excluding Beechcroft] Undertake early assessment of young people’s **physical and mental health needs** and effective treatment at the earliest opportunity. Maximise the opportunity to support young people to develop **healthy lifestyles** and good eating and sleeping routines.
- Fully exploit the potential of **routine and activities** to increase benefits and outcomes for young people. Reaffirm the importance of **relationships** between staff and young people as key to positive outcomes.
- Consider recruitment, selection and training of staff and **staffing levels** to ensure that daily plans and routines are not unnecessarily interrupted.
- Review the need to safely and effectively support the **detox** process that occurs for some young people’s stay in facilities mindful that this is not their primary purpose. Maintain this outcome by supporting the continuation of the process upon discharge. This should include supporting young people to learn new coping techniques and mechanisms for times of crisis or anxiety to reduce smoking, substance misuse or aggression.
- Develop a clear and consistent procedure for **room searches** across the facilities and fully explain this to young people upon admission. Young people should be given reasonable advance knowledge of a room search and the act itself should be carried out in a way that is respectful of property and personal space.
- Review the policy, practice and impact of **restraint** on young people and staff.

- Develop and manage multi-disciplinary **discharge plans** for each young person leaving a facility. Include plans for regular **follow up and continuation** of education, healthcare and independence support and outline the roles of key support services in the community.
- Plan, implement and evaluate a **process of co-production** should this review take forward recommendations for change to services for vulnerable children and young people.

b) Perspectives of Professionals

Introduction:

The following section is a summary of the findings of a report written by an experienced social worker who coordinated the case studies examination of the views of social workers.

In keeping with the Terms of Reference for the Review of Regional Facilities for Children and Young People, the involvement of young people with experience of one or more of the regional facilities was deemed to be integral to the Review process.

Twenty five young people were subsequently selected against an agreed criterion by each of the five Trusts i.e. young people admitted on one occasion to a regional facility, young people admitted on more than one occasion to one or more regional facility during 2014/15 and 2015/16 were invited to participate.

Questionnaires were designed to elicit key information about the child's admissions, pathways into and across the regional facilities, risks, needs, outcomes etc. (A copy of this questionnaire is attached for information).

The questionnaires were issued to each Trust for allocation to relevant professional staff for completion in respect of the named children identified for case study analysis. Completion of the questionnaires were undertaken by the young person's current social worker (not necessarily social worker at time of placement), keyworker in residential care and / or team manager.

On receipt of all 25 completed questionnaires an analysis of these was undertaken by an external lead with direct follow up through in-depth interviews with the nominated professional leads.

Twenty three interviews were completed; two could not be completed as one social worker had changed employment and another was unavailable.

The majority of staff with whom the external lead met were members of the 16 + Teams and Residential Social Workers, and some Team Managers also participated.

The rationale for the follow-up interview was to provide clarification in relation to information shared and achieve a more comprehensive understanding of what the experience in the regional facility had been like for the young person, and to afford staff the opportunity to reflect on the overall placement and its outcomes.

Legal Status at Time of Admission

Seventeen of the 25 young people were subject of a Full Care Order while the remaining 8 were “Voluntary Accommodated”.

In 100% of cases there was parental agreement to the young person being admitted to the Regional Facility.

Ages at Time of Admission

Five young people were aged 17 years, 2 young people were aged 16 years, 14 young people were aged 15 years, 2 were aged 14 years and the remaining 2 were aged 13 years.

Family Circumstances

Six young people had experienced loss either through bereavement of a parent, grandparent or sibling. One young person had been abandoned by a parent and another had experienced a breakdown of their adoption.

Of the remaining number of young people the majority came from families where the parents were not living together and where contact with their father was the exception.

Education

In relation to engagement with education only three of the 25 young people were meaningfully engaged. The remainder were registered either in school or on training courses but the pattern was very clearly one of, “poor attendance”, “sporadic attendance” or “does not attend”.

One young person had been expelled from school due to their aggressive behaviour.

Duration of Admission to Regional Facilities

Eight young people had a single admission to just one facility the duration ranging from 23 days to 3 ½ months i.e. 3 to Woodlands, 3 to Lakewood, 1 to Beechcroft and 1 to Donard.

The remaining 17 young people had multiple admissions to and across the facilities.

Of this group, 11 of the young people experienced two to four admissions while 4 young people experienced five to ten admissions.

Lengths of stay ranged from a few weeks to a few months.

Another young person had experienced ten admissions to Woodlands JJC with lengths of stay ranging in duration from one night to a two year Juvenile Justice Care Order.

One other young person had 14 admissions to Woodlands JJC over a two-year period.

Needs of the Young People at the Time of Admission

In discussing and reviewing the needs of the young people at the time of their admission to the facility there was a clear demarcation in terms of needs between those young people who were admitted to Beechcroft and those who were admitted to other facilities.

In relation to the seven young people who were admitted to Beechcroft there were clear concerns in relation to their mental health. Some had disclosed suicidal ideation accompanied by the repeated tying of ligatures and attempts to overdose using prescription medicines. Some of these young people had engaged in repeated self-harm in the form of “cutting” and while staff may have understood this as a coping strategy, however when presenting alongside drug overdoses and the tying of ligatures staff concerns were compounded.

The presenting issues in relation to the young people who were admitted to the other three facilities were all of a very similar nature and in the main were multifaceted and included:

- Drug and alcohol misuse, resulting in their being beyond parental / staff control
- Violent aggressive behaviour, often linked to drug use
- Risk- taking behaviour
- Anti-social behaviour
- Pattern of absconding
- Engaging in criminal activity with older persons
- Behaviour resulting in there being a risk to life
- Placing themselves at risk of Child Sexual Exploitation
- Risk to self and others

Two young people with a diagnosis of ADHD had refused to take their prescribed medication so this compounded their difficulties and challenging behaviour.

While the misuse of drugs and alcohol had been referenced in the questionnaires, further discussion tended to suggest that it was primarily the use of drugs which resulted in greater difficulties for these young people as it generally gave rise to;

- “Risk-Taking Behaviour” resulting in vulnerability to CSE;
- Displays of violent and aggressive behaviour; and
- Engagement in anti-social and criminal behaviour.

Such behaviours presenting in young people in mid / late adolescence proved challenging for those providing care for them.

Of the 25 young people placed in a Regional Facility, drug and alcohol use featured heavily in 20 of these cases with the attendant outcomes detailed above.

Four of the 20 young people also presented with mental health concerns while one had a diagnosis of ADHD but did not take the prescribed medication.

Of the remaining 5 young people, four displayed mental health concerns while the fifth young person had a learning difficulty with a diagnosis of ADHD.

Interventions with Young People prior to their admission to the Regional Facilities

From discussions with the social workers and team managers, it appeared in all cases that staff had made strenuous efforts to work with the young people e.g. residential and field social workers worked closely together agreeing plans of action with the young person in an attempt to prevent situations of concern arising or escalating, sharing these with all relevant services in the hope that placement in a regional facility might be prevented.

The difficulty however, was that many young people presenting with a reliance on drugs or alcohol did not engage with those who could possibly help or simply did not feel able to engage at the time. Not all young people who initially engaged in a meaningful way with the services had positive outcomes; this was due largely to a lack of consistent participation or full commitment to the programme. This was often related to the negative influence of the peer group and the addictive nature of the young person's behaviour in relation to the use of drugs.

All Trusts detailed a comprehensive range of services and interventions available to the young people which included:

- Trust Looked After and Adopted Children's Therapeutic Support Services – offer a wide range of support services
- CAMHS
- DAISY - A Drug and Alcohol Intervention Service for Young People which provides person-centred programmes for young people and young adults to help reduce the harm caused by their substance misuse
- ADEPT- Alcohol and Drugs – Empowering People Through Therapy
- Start 360: Mentoring, Advocacy and Support services
- Safe Choices - Barnardo's NI Safe Choices aims to reduce the risk of children and young people being sexually exploited and to help reduce the number of missing episodes from home or care, which can make young people vulnerable to being exploited
- Young People's Centre – located Belfast, offering a comprehensive range of services including CAMHS, DAMHS and Services relating to Eating Disorders.

Staff also provide wide ranging support and training to groups such as GPs and Education Staff

- Intensive Adolescent Support Team
- Youth Justice
- Harm Reduction Programme
- Making Changes Programme in relation to Sexual Behaviour
- Safety in Partnership
- Forensic Psychological Assessment
- Milieu Therapeutic Model
- Savvy Assessment
- Holistic Planning
- Drugs and Alcohol awareness work
- Emotional Well-Being work
- Work in relation to Child Sexual Exploitation

Despite the availability of these services for the young people and the efforts of staff involved e.g. arranging appointments at times suitable for young people, providing transport, offering to remain with them etc. it was not possible to effect the desired change in the behaviour of the young people or to help them gain a better understanding of the risks they posed to themselves and to others by continuing on their current path.

From the perspective of professionals interviewed it seemed that for some young people the outcome of their continued behaviour regrettably suggested a strong likelihood of their eventual placement in a regional facility.

The general consensus among staff was that all avenues of support had been explored and made available to the young people but it was their ongoing pattern of behaviour, as opposed to any one specific incident, which had resulted in their admission to the regional facility.

Aims of Admission to Regional Facility

All Trusts identified similar aspirations arising from the admission of the young person to the regional facility regardless of the reason for admission. The key objective was to provide a safe place for the young person thereby ensuring their safety and in some situations, the safety of others.

While the young person's safety was paramount other themes emerged as detailed below:

- To stabilise mood and behaviour of concern
- To stabilise behaviour and promote positive future release plan
- To be in a secure setting and engage in therapeutic intervention
- An opportunity to withdraw from drug use
- Need for containment, safety and security

- Break the pattern of absconding and criminal activity
- Break the cycle of negative lifestyle choices
- Time to reflect on behaviour
- Time to settle and re-establish boundaries
- Opportunity to begin to address some issues
- Safeguarding in a therapeutic environment
- To keep safe and manage risk
- Opportunity to work on re-establishing family contact

In relation to the young people who were admitted to Beechcroft the aims were detailed as below:

- Mental Health assessment to be completed
- Mental State assessment to be completed
- Opportunity to re-engage with Mental Health Services
- Clarify relevant supports and appropriate medication
- To determine if suicide attempts were real and thereby enable staff to better understand and work more effectively with the young person

Common to all social workers was a stated need that the young person had to be kept safe and an acknowledgement that this was no longer possible in their present environment.

Many social workers also mentioned that for the young person, time outside of their present facility would hopefully enable them to re-establish family contact which had been affected due to the offending and difficult behaviour.

The natural break from using drugs was seen as being beneficial not just in relation to potential/possible addiction but also in terms of general health and wellbeing. It was hoped that the young person would avail of the opportunity to address their misuse of drugs and alcohol.

By having time to reflect on their behaviour / actions which had resulted in their placement it was hoped that the young person would begin to realise the negative impact which this was having on their life.

Admission Meetings

All staff confirmed that admission meetings were held in each facility at the time of placement of the young person. Almost all social workers were able to confirm that there was a record on file of the content of the meeting, detailing those who had attended and what plans had been drawn up (while invited to attend not all young people choose to do so).

Of the two social workers who were unable to do so, this may have been due to the fact that information was drawn from SOS CARE records and discussion with the young

person's social worker at the time of placement rather than directly from the files as these had not been easily accessible.

At the initial planning meeting the 'holistic support needs' were agreed in respect of many young people and tasks were allocated to staff both within the facility and outside of it to ensure that this was followed through on.

Agencies represented at these meetings varied depending on the particular young person and their needs, but below is a reflection of personnel in attendance:

- Field social worker
- Residential social worker
- Team manager
- Education Representative
- Trust support services
- Forum for Action on Substance Abuse
- CAMHS
- Youth Justice
- Sixteen Plus
- PSNI
- Trust Looked After and Adopted Children's Therapeutic Support Services
- Forensic CAMHS
- Independent education

Some staff reported that regular core group meetings were held and all staff confirmed that review meetings in respect of the young people were held in accordance with Policy and Procedures as per "The Children Order".

Some social workers also referenced a monthly "Therapeutic Forum" where the needs of the young person were clearly identified and a plan was drawn up as to what work needed to be done and by whom. Where such a plan was drawn up there was only one instance in which it was not effected, this being due to staff shortages in the facility.

The key objective of these meetings was to identify appropriate therapeutic support for the young person during their time in the facility and post- discharge.

Some of these meetings also agreed that particular assessments be completed, these included:

- Community Forensic Assessment
- Mental State Assessment
- Ongoing assessment through CAMHS
- Mental Health Assessment
- Forensic Psychological Assessment with a weekly consultation.

Interventions Offered to Young People while in a Regional Facility

Education, both formal and informal, was on offer to all young people irrespective of age.

As the majority of young people were not attending school the structure of the regional facility whereby those of school going age were required to attend school each day proved beneficial in the re-establishment of a sense of structure in their lives. Many of the young people over school-leaving age also elected to attend school as it provided valuable social stimulation.

Many young people completed individual and group work in relation to drug and alcohol misuse e.g. participation in the Start 360 Programme relating to drugs. Other young people also completed Child Sexual Exploitation Safeguarding Work and where a young person had been involved with the Intensive Support Service their weekly meetings continued while in the regional facility.

The DAISY and ADEPT Programmes, relating to drug and alcohol use, were also offered to young people although some chose not to avail of this work.

Staff from CAMHS also provided support through an advisory role to those working directly with young people.

While not all young people engaged either fully or even partially in the services offered to them, those who did were, on their discharge, able to reflect as to the benefit of so doing. For some, the educational element in relation to health risks associated with the misuse of drugs proved instrumental in their turning over a new leaf in their own life and no longer continuing to use drugs.

One young person on his discharge re-engaged in full-time education and for those young people for whom the re-establishment of links and contact with their families had been identified as being of particular significance; many, but not all, now have some form of contact with their parents and siblings.

While in the regional facility the consistency, structure, routine and opportunity to re-engage with education appeared to prove beneficial to most of the young people and they responded positively to it.

Some young people who were not engaging with social work staff and other services prior to admission did engage with staff during their time in the regional facility and also following discharge through participation in a training programme in which the staff member was involved.

Was the Placement Successful in Achieving its Objectives?

The majority of social workers interviewed confirmed that in the short-term, placement in the regional facility had indeed been useful and reported that about 60% of the young people had been able to maintain some of the positive changes arising from their placement and carry these with them following discharge.

For those young people for whom the benefit was simply short-lived at the time of admission the objectives of keeping them safe and giving them a break from drug use were certainly achieved.

For some young people the admission afforded them the opportunity to re-establish links with their families and again this was very important as many of these young people would soon be moving on to independent living.

For one young person who had only one placement of a few weeks the social worker felt that this was too short to really effect any change. Another social worker reported that at the time of admission the young person could not see any benefit to their being in the facility but post-discharge they had reflected on the services they had availed of and acknowledged how useful this had been.

Some young people appeared to be either unwilling or unable to change their lifestyle so did not gain from their time in the regional facility.

However, in relation to those young people for whom the experience had very positive outcomes, social workers' comments were as follows:

- Decreased drug use
- Ability to engage positively with support services
- Engaging with drug and alcohol counselling
- Great educational element
- Young person realised risks to self
- Kept him safe and well
- Provided important networks and subsequent training opportunities
- Engaged well and got a lot out of it
- More aware of personal risks
- Missed the children's home and was ready to engage in work on her return
- Able to break the cycle of criminal activity and benefited from the time to reflect on the direction in which her life was going
- Made use of the time to think things through and re-establish contact with Mum and is back in full time education
- Drug use has decreased and has re-engaged with education through the Prince's Trust
- Engaged well in education while in the facility and this has continued since discharge. Now involved with 16+ services and no further arrests.

Outcomes

Of the 25 young people:

- Three are in Hydebank Wood College due to criminal activity.
- Six are living independently in the community and of this group five have settled really well and have made positive changes in their lives.

- Six have returned to live in Residential Care and of these three have shown signs of being more settled.
- Five are living in Supported Accommodation and are doing reasonably well despite some concerns around continued drug use.
- Two are living in a hostel, with one doing very well.
- One is living in a Specialist Facility in Scotland.
- Two have returned to live at home and so far this is working really well.
- Of the total group two young people have returned to full-time education.

Overall this represents positive change for 58% of this group of young people but also indicates ongoing concerns for the remaining 42%.

General Comments

At the end of each interview the social workers were invited to make any other general comments in relation to their experience of the young person being in a regional facility.

In relation to the facilities and the staff therein the overwhelming majority of comments were positive in all respects. Social workers felt that the young people were well treated and taking into account difficulties in staffing levels, they believed that the staff there did their best for the young person while in their care.

The social workers felt that overall, good working relationships had been established with staff in all of the facilities and no major issues or difficulties emerged. While some social workers would not have chosen the particular facility for their young person they acknowledged that the decision was “court directed” and that other avenues had been explored but nothing suitable was available.

Notwithstanding the positive feedback, there were however comments expressing concerns and the need for change in some areas.

In relation to admissions to Beechcroft, one social worker felt that where young people were almost 18 years of age there appeared to be a tendency towards inaction in respect of requests for Mental Health assessments suggesting a preference to delay and then refer to Adult Mental Health Services.

Another social worker referenced the fact that a robust assessment of the young person’s mental health was delayed due to ongoing discussions by professionals as to which service was most appropriate to meet his needs.

In another situation it was felt that the admission to Beechcroft was not really helpful in that nothing new came out of it and there was no guidance as to how best help the young person.

In contrast other comments in relation to Beechcroft included, “Services available were excellent, there were good levels of communication and flexibility in terms of trying to support the young person”.

“The practical support in the early stages of the discharge plan was very useful and Beechcroft staff were accessible to residential staff for advice and guidance”.

In terms of other facilities concern was raised in relation to one young person who was admitted to Woodlands JJC and for whom a Care Plan had been drawn up but was never actioned as, due to staff shortages, his identified key-worker was deployed in another unit.

This had profound implications for the young person who then spent most of his time in his room due to very real concerns about being bullied by some of the young people in the group, who were already known to him and had bullied him prior to his admission.

Another social worker felt that secure accommodation was not a therapeutic environment for any Looked after Child. They felt that what was required was a Trust-based secure or semi-secure unit where the young person would remain within their community and could more easily be re-integrated. The social worker felt that for some young people the experience of secure accommodation was in effect, “Professionals re- traumatising young people through the experience”. They did not feel that secure accommodation could ever be successful for any young person.

Several social workers felt that what was really needed is a specialist facility in each locality, primarily to deal with the issue of drug use and to a lesser degree alcohol related problems rather than a “custodial or secure setting”, located a long distance from the young people’s families.

The necessity for on-site Mental Health Services was highlighted many times and one social worker felt strongly that Adolescent Mental Health Services should be extended to young people up to the age of at least 21 years as her experience of working with such young people was that they were neither socially nor psychologically ready or able to engage with Adult Mental Health Services.

In relation to outcomes staff felt that this often depended on the timing of admissions and on the duration of the stay. Sometimes young people would be admitted multiple times for very short periods, i.e., days or over a weekend and in such situations it was unrealistic to expect that any real change would be effected.

For one young person who had been experiencing difficulties for over 10 years and for whom the outcomes were less than positive, the social worker felt that had a therapeutic placement been sought earlier there may well have been improved outcomes in terms of his being more receptive to accepting help.

There was also evidence that for many young people the benefits of the experience in the regional facility did not register with them until much later following their discharge, so

while appearances and comments, at the time, may have suggested that attempts to work with the young person was not having any impact this was not in fact the case - "I wish I had listened more".

The social worker felt that such reflections underlined the importance of continuing to try to work with young people even if they had not engaged fully.

c) Perspectives of Parents

Regrettably the level of engagement with parents as part of this Review has been less than hoped for, for a number of reasons, mainly as it has proved difficult for parents groups to meet on the dates offered. Where engagement with parents has been possible it is attributed to the existence of a live and proactive parent support group in Woodlands. Whilst a similar support group for parents operates in Beechcroft it was not possible to make arrangements for representatives from the Review Team to meet with this group of parents within the timescale of the Review. Parent support groups do not currently feature across Lakewood or Donard; similarly parent support groups do not exist within Children's Services in Trusts. Attempts were made to seek the engagement and views of parents of those young people who were subject of case studies through Trusts; however this did not achieve any significant input from the parents. It will be important to ensure the engagement of parents at the implementation stage, and recommendation 16 emphasises the need for building ongoing engagement and involvement of parents.

The engagement with parents was undertaken by the independent chair of the Review and a representative from the HSCB through an informal discussion with three parents in attendance and supported by those staff that facilitate the parents support group at Woodlands. Whilst a small number and thus not a representative sample, the views expressed by parents were informative.

Key messages from parents:

- Parents had tried to deal with their children's behaviour themselves in the first instance
- Difficulties tended to be behavioural and manifested in terms of drugs, going missing, self-harming behaviours, including attempted hanging in one case, theft
- Parents reported that they were at a loss as to what to do and noted the change in their child / young person's behaviour; in one case it was described as "I didn't recognise my own son" (as a result of drugs)
- Pathways for one young person included Beechcroft, Woodlands, Lakewood, mainstream children's homes; the parent of this young person spoke highly of all staff and their efforts to support the young person stating that "they went over and beyond"

In terms of the impact of being in a regional facility one parent reported that:

- He didn't get using drugs

- He thrived, put on weight
- He got involved in activities, education
- That same parent stated that new ways of working need to be found and that “it seems to be more about young people’s rights and entitlements than what is needed”.
- Frustration was expressed by one parent who said that “Lakewood has only so many beds; there should be more beds in secure care rather than ending up in Woodlands”.
- That same parent, despite the many moves and concerns experienced, talked about resilience and continuing to be there for her son despite how others might view him; her son now resides with her and she concluded by stating “He is my son”.
- Another parent spoke of how her son’s behaviour changed at age 13 when he became involved in using glue and drugs and breaking into cars; of particular note was the significant change in her son’s behaviour and attitude
- Her son’s behaviour escalated which resulted in admission to Woodlands where he is serving a sentence
- Her son refused bail as he wanted more time to “get away from drugs” and is fearful of returning to the community because of paramilitary threats relating to drugs and antisocial behaviour
- This parent felt that her son needs this time in Woodlands to learn consequences and to benefit from structure and felt that “there was only so much that a mum can do as a parent”
- Comments from this parent included:
 - Support is too late and there should be more prevention
 - Only when in trouble that parents get the help / support required
 - There should be something for young people coming out of Woodlands, to support and assist them to move on to the next step
 - He is off drugs in Woodlands however when he comes out and falls back in with his friends, the cycle begins again
 - There should be support post exit- they should have to go to programmes, education, employment
- Another parent in explaining her son’s experience of being in Woodlands advised that difficulties only presented when he was 16 and he seemed to “go off the rails” with involvement in taking cocktails of drugs, antisocial behaviour and criminal activity.
- This parent had the following contribution to make:
 - If he hadn’t gone into Woodlands he would probably be dead
 - Woodlands is a good thing – I feel kids know that they need to be in Woodlands
 - Parents should be going to panel to be involved in making decisions
 - Parents’ views should be sought in relation to locking kids up
 - Kids get a criminal record in order to get into a safe space – this is wrong

- They are kids, our kids – they aren't brought up bad; they are teenagers making their own choices but they are our kids
- It is a pity that Woodlands is criminal, that there wasn't an alternative to getting the right help without getting a criminal record
- There should be support to parents to support their children; where parents are involved it makes a positive difference
- We are getting the kind of help now that we needed earlier; it will help us to parent our other children.
- We have been helped through being in the parents' group to go to programmes, to learn skills, to get help and advice.

(d) Perspectives of staff from Childrens homes and the four regional facilities

A workshop for managers and staff in children's homes and in the regional facilities for children and young people was hosted by the HSCB and the Northern Trust as part of the Regional Review. The primary purpose of the workshop was to illustrate the connection and pathways between residential Childrens homes and the regional facilities and to provide an opportunity for operational staff and managers to be engaged in contributing to the design of future service provision.

The workshop provided attendees with:

- An overview of the current review processes being undertaken across the care placement continuum – residential care, regional facilities, foster care and edge of care
- Information on key messages, learning and themes arising from the Review of Regional facilities; and
- An opportunity to express views and comments and to give feedback on shaping the pathways for children and young people in care and on the future service delivery of regional facilities

In small working groups attendees were invited to:

- Comment on material presented and specifically in relation to the emerging themes arising from the review of regional facilities
- Identify any gaps or critical areas that had not been considered as part of the Review
- Prioritise areas for implementation, short, medium and long term
- Challenges and opportunities to be considered

An overview of the main messages emerging from the workshop is provided below.

General feedback

- Review of residential care, including the regional facilities, is timely and welcomed

- The regional facilities provide a degree of containment which supports young people's engagement in structure and routine; this environment benefits young people. Could this be made possible within children's homes by bringing additional services into local homes?
- Legislation, regulation and standards needs to be aligned to current challenges and changing needs
- Development of specialist drug/ alcohol interventions are required to assist young people to reintegrate back into children's homes; there needs to be professionals from health, medical, psychology and addictions available to work with young people within secure care and within children's homes; existing staff should be trained to deal with these challenges as well as the availability of staff with diverse skills to provide a timely response
- There should be clear legislation to address drug and alcohol addiction
- There is a distinction between secure care and youth justice provision and is there opportunity for cross facility learning
- Specialist foster care provision is required however there are challenges faced in the recruitment of foster care generally; specialist foster carers need to be trained and paid appropriately
- Services need to fit the needs of young people
- There is a need for differentiated beds within secure care
- CAIT needs to be developed and available across all Trusts and care settings; ideally there needs to be a named CAMHS link worker for each residential unit
- Decision making about placement options for young people should involve CAMHS
- Consideration needs to be given to a unified, standardised regional therapeutic model that operates across all facilities
- More emphasis needs to be placed on prevention, particularly for late care entrants, pre admission and post discharge i.e. those aged 16/17
- Staff need support arrangements to promote their wellbeing and resilience
- Recruitment of staff to residential care should be more targeted and specialist in its approach; additionally there should be specialist training for staff in residential care instead of a staff group who become "jack of all trades"
- Regional panels and decision making should be introduced to ensure consistent application of thresholds

Gaps / Critical Areas

- Consideration needs to be given to the staff skill mix within residential care as well as recruitment practices, exit pathways for those wanting or needing to leave residential care and further training opportunities to build expertise, knowledge and skills
- Greater consideration needs to be given to the role of families and to how links with family are maintained whilst children / young people are in care, taking

account of trends of older adolescents and care leavers returning to family post care

- A skill mix model of residential staff should be developed and comprise of youth workers, teachers, health care staff etc
- Services, such as CAMHS, need to be available on a 24/7 hour basis
- End to end services and interventions to address mental health concerns, drug and alcohol misuse need to be available pre admission to care and post care in order to effectively prevent admissions and sustain discharges from facilities
- Health and social care need to be better integrated in order to meet the holistic needs of young people in care

Priority Areas for Implementation

Immediate areas for inclusion in the implementation plan were identified as:

- Training for residential staff
- Recruitment of specialist foster carers
- Review of job descriptions for residential workers
- Introduction of skill mix to residential workforce
- Introduction of targeted value based recruitment approach for residential workforce
- Review of regulations and standards
- Improved support services for staff
- Engagement with universities to develop specialist training for residential workers
- Development of CAIT across all Trusts
- Provision of step down services to support young people exiting regional facilities
- Introduction of a regional decision making panel

Challenges and Opportunities

- Retention of staff in residential units as advancement opportunities are limited
- Application of consistent thresholds for decision making
- Use of physical restraint, limitations of models available and risk of allegations
- Lack of appropriate drugs, alcohol and mental health services
- Language and culture
- Recruitment of the right staff with the right skills
- Ensuring that action, informed by the review of residential care and regional facilities, is meaningfully progressed and takes shape

Opportunities

- Greater multi-agency working and cohesion across PSNI, Probation, primary health care, mental health, CAMHS

- Redeployment opportunities being afforded to staff to allow transition from residential care
- Commission medium secure mental health beds in new unit being developed in Dublin
- Development of specialist foster care to enhance the care continuum and to afford space, time out and step down

Section 6: Themes and Considerations for Improvement

As the Review Team considered the position statements, activity data, analysis of the case studies, young peoples' input, and all the other information coming to its attention, it became clear that the Review provided a timely opportunity to draw together and address in a systemic fashion a number of key themes. Each theme is an attempt to describe one particular dimension of the overall focus of the review, as represented in its Terms of Reference. They are themes that emerged from the lived experiences, the problems and the potential, of the young people whose complex needs and rights those involved with the regional facilities strive to meet. They are themes that reflect those efforts as apparent in the previous sections. They are themes that contain many overlapping elements and inter-dependencies. The content and the number of themes evolved as the Review Team's understanding and reflection on the material presented in the previous sections progressed. The aim of this section is to set out the themes, the challenges they pose and the considerations for improvements as we see them, before going on, in the final section that follows, to set out specific recommendations.

In summary the list of themes is as follows:-

- 1. Integrating functions and services across all the regional facilities**
- 2. Reviewing legislation in order to allow improved integration**
- 3. Enabling children's homes to control, contain, and prevent escalation to regional facilities**
- 4. Investing in staff training, increased confidence, and resilience**
- 5. Improving the provision and coordination of child and adolescent mental health services**
- 6. Preventing unnecessary admissions and providing timely stepdown arrangements**
- 7. Providing coordinated and accessible drugs and alcohol, addiction, and detox services**
- 8. Improving needs assessment and measuring effectiveness and outcomes**
- 9. Developing a shared approach to risk assessment and thresholds**

Each of those nine themes will now be considered. In addition to more fully setting out the themes, a number of considerations for improvement are identified for each one. Just as the themes themselves are interlinked so too some considerations contribute to more than one theme and the full set of considerations needs to be seen as a whole.

Theme 1: THE NEED FOR GREATER INTEGRATION OF CLEARLY DEFINED FUNCTIONS AND SERVICES, ACROSS ALL OF THE REGIONAL FACILITIES, BUT PARTICULARLY IN RELATION TO GREATER INTEGRATION OF THE CURRENT WOODLANDS AND LAKEWOOD FACILITIES

There is a clear consensus in the Review Team that the case is clear for greater integration, in order to provide young people with more consistent and aligned care and

to seek to meet their needs consistently, while minimising unnecessary moves. The evidence of the data analysis and the case studies is that some young people are moved around within the system from facility to facility, while their needs remain broadly the same. The evidence is clear that multiple moves are not conducive to good progress and often damaging, and the Review Team was clear that many young people had not benefitted, and indeed had suffered from repeated moves.

The Review Team was also of the view that the needs of many young people who went to different facilities were broadly similar. This is consistent with the thinking set out within the Juvenile Justice scoping papers, about needs of offenders. There is a real opportunity to jointly adopt a welfare model which focuses on the needs of young people, works to improve opportunities and outcomes, and diverts young people from the justice system.

At both workshops convened by the Review Team, participants were broadly in favour of greater integration, and convinced of its benefits. This first theme of greater integration was seen by the Review Team as very much a cross-cutting theme, and as such many of the considerations for improvement set out below also emerged under the headings of other themes.

CONSIDERATIONS FOR IMPROVEMENT

- There was a consensus that Donard, while included in the Terms of Reference of the Review, was somewhat different from the other three facilities. It was clear to the Review Team that this facility functioned more akin to a mainstream children's home. The statistical analysis evidences that young people were admitted to Donard from their parental home in the community, a differentiated children's home or from Woodlands potentially as part of bail accommodation arrangements. Equally discharges from Donard were primarily to independent or supported living which coincided with the end of the young person's care pathway. It was also acknowledged that the admission criteria for Donard were very broad and Trusts were not always clear as to why this particular unit was selected as a placement for some young people. In the main, reasons for placement related to paramilitary threat and the corresponding need for geographical distance; and highly challenging behaviour linked to drug and alcohol misuse. The majority of admissions were young people aged 16/17 and the average length of stay was 7/8 months. In light of this it was agreed that the future of Donard should be considered as part of the regional review of residential childcare, taking account of some of the themes arising from this review regarding late entry to care, prevention initiatives and effective drug and alcohol interventions.
- Dramatically improve the availability of specialist mental health, wellbeing, and therapeutic services, within both reconfigured regional facilities, and also open children's homes.
- Reconfigure current Lakewood and Woodlands facilities, to replace them with a new integrated and more aligned model of provision, which will significantly reduce unnecessary placement moves, provide greater continuity, and make best use of the available estate. The newly integrated model would include:-
 - Justice beds

- Secure care beds
- Step-up and step-down facilities, and potentially day treatment programmes and intervention
- The provision of drugs and alcohol, addiction, and detoxification services on site, to meet the obvious needs of residents
- Potentially, secure mental health beds, subject to a needs assessment, and option appraisal for provision
- Emphasis on resettlement for 17 year olds

This new integrated provision should be commissioned jointly by Children’s Social Care and Juvenile Justice, and potentially also Mental Health commissioners. It will clearly involve joint planning between DoH, and DoJ, to implement the recommendations of this review, and those of the DoJ Scoping Studies, and will ensure flexibility across the integrated facility to best meet the needs of the young people, and deliver better coordination of admission arrangements.

- Establish a regional, independently chaired admissions panel, to consider admissions of looked after children to the regional facilities, and to make decisions regarding appropriate placements, expected outcomes, and exit pathways. This panel would include representatives of children’s social care, justice, and mental health, including CAHMS and LAAC Therapeutic services. The panel would include a strong focus on restorative justice, reducing the criminalisation of LAC, and flexibility to divert young people away from entry to the justice system.
- Ensure that education and preparation for employment remains a fundamental component of the reconfigured service model.

Theme 2: REVIEW LEGISLATIVE FRAMEWORKS, AND AMEND AS NECESSARY TO ALLOW IMPROVED INTEGRATION AND BETTER OUTCOMES, AS SET OUT IN THEME 1

The Review Team recognised that some of the elements of Theme 1 could be delivered quickly, through an approach based on improvement and better alignment of current services and facilities. However it recognised that it would probably be necessary to review and amend elements of the legislation in order to fully deliver the objectives set out in Theme 1.

CONSIDERATIONS FOR IMPROVEMENT

- Review the current legislative framework, to enable all of Theme 1 to be fully implemented
- Review inspection frameworks to reflect changes to legislation, guidance, and regulations.
- Review staff terms and conditions to ensure a fit with revised legislation, and service models.
- Create a new set of standards for reconfigured provision, to support inspection arrangements.

Theme 3: ENABLE STAFF IN OPEN CHILDREN’S HOMES TO SUPPORT AND MANAGE BEHAVIOUR, KEEP YOUNG PEOPLE SAFE, AND PREVENT ESCALATION TO REGIONAL FACILITIES

This is the first of 2 themes in relation to staffing, and it emphasises the need to give staff the tools, resilience, and confidence to do their job well. The Review Team heard repeatedly that staff in open children’s homes do not feel empowered to exercise sufficient controls on young people to keep them safe.

CONSIDERATIONS FOR IMPROVEMENT

- Review the legislation and guidance concerning the Deprivation of Liberty for young people, with a view to being clearer about the steps which staff in open children’s homes can take to protect young people, particularly when they seek to leave a children’s home when this is likely to place them at significant risk. (It is useful to note that this issue was raised by Sir Martin Narey in his 2016 Independent Review of Residential Care, carried out for the Department for Education in London, to which the response of the Department was that “statutory guidance is clear – matters of restraint require the exercise of confident professional judgement, and this can only be done by those on the front line”, and that it will “create additional practice advice for residential care workers”)
- Undertake an analysis of behaviour management approaches to working with young people, and identify and implement a suite of measures to assist staff in working with challenging young people.
- Introduce enhanced restorative approaches, working together with PSNI, Youth Justice, Youth Service, and Education.

Theme 4; INVEST IN STAFF TO STRENGTHEN AND ENHANCE CONFIDENCE AND RESILIENCE THROUGH SPECIALISED TRAINING AND SUPPORT.

This second theme on staff emphasises the need to select, train, develop and support staff for the vital but challenging work they carry out. The evidence is clear that relationship is crucial in work with young people. Feedback from young people based on the findings of the VOYPIC engagement emphasises that young people value staff who clearly care for them, respect them, and try to help them.

CONSIDERATIONS FOR IMPROVEMENT

- Development of value-based recruitment to ensure that the right staff with the right skills, ethos, and approach are employed in residential settings, and in secure care
- Improve staff support outside normal working hours
- Develop mentoring, on-site support, and post-incident reflective supervision
- Develop health and wellbeing support for staff, through reflective practice, health and wellbeing screening, self-care plans, and supervision

- Introduce multidisciplinary teams to the residential staffing model
- Engage with academic institutions to provide appropriate staff training
- Provide specialist mental health services to advise and assist staff to manage risk, and to inform interventions within the secure care model
- Embed reflective practice for staff
- Acknowledge and address the impact of secondary trauma
- Enhance undergraduate training for residential staff
- Greater emphasis on promoting staff resilience, and skills required to work across the regional facilities

Theme 5: IMPROVE THE PROVISION AND COORDINATION OF MENTAL HEALTH SERVICES, ENSURING TIMELY ASSESSMENT, DIAGNOSIS, INTERVENTION, TREATMENT, AND GUIDANCE ON MANAGING BEHAVIOUR. A RECURRENT THEME HAS BEEN THE USE OF DRUGS AND POLY SUBSTANCES, THEIR AVAILABILITY TO YOUNG PEOPLE, AND THEIR IMPACT ON BEHAVIOUR, RISK, AND PLACEMENT STABILITY

The Review Team was struck by the extent of this challenge. While there is a range of mental health provision, it is insufficient to meet the needs of young people, and needs to be better coordinated. There is a perceived lack of clarity about the respective roles of Tier 3 CAMHS, Beechcroft, and LAAC Therapeutic Services, and significant gaps in relation to levels and availability of service, clarity about who does what, and continuity of service when young people move. In relation to drugs and alcohol, many of the most challenging young people have very significant issues. While many would benefit from broader measures to control the availability of drugs, this is beyond the terms of reference of this review. Where young people have such issues, they have an urgent need for timely detoxification under medical supervision, and expert treatment for their substance abuse.

CONSIDERATIONS FOR IMPROVEMENT

- Roll out CAIT service across the region (currently understood to be in place in 2 Trusts), and ensure that it is available to young people who need it
- Co-locate CAMHS and LAAC Therapeutic Service, in order to improve coordination between them, at both operational and strategic levels. Co-location is reported to improve working relationships, coordination, and clarity of roles, where it already exists.
- Involve CAMHS and LAAC Therapeutic Services in the proposed Placement Panel, in order to ensure that treatment options are fully considered
- Provide universal and timely DAMHS services across the region, specifically to open children's homes, and regional facilities

- Provide dedicated CAMHS input to LAC in care placements, including a named CAMHS link with each residential unit

Theme 6: THE NEED FOR URGENT AND INTENSIVE WORK TO PREVENT ADMISSION TO REGIONAL FACILITIES WHERE THIS CAN SAFELY AND APPROPRIATELY BE AVOIDED, AND FOR TIMELY STEP-DOWN ARRANGEMENTS IN ORDER TO AVOID THE NEED FOR A YOUNG PERSON TO REMAIN IN PLACEMENT LONGER THAN IS NECESSARY OR HELPFUL

The Review Team was clear about the desirability of preventing admission to a regional facility where that was safe and appropriate, and was keen to see step-up alternative arrangements created, along with step-down arrangements to achieve timely and appropriate discharge from regional facilities.

CONSIDERATIONS FOR IMPROVEMENT

- Develop step-up and step-down facilities as part of the proposed integrated replacement for the current Woodlands and Lakewood facilities, to prevent avoidable escalation to regional facilities, and ease young people back to more local open facilities. Such step-up and step-down facilities were observed when a group of Review Team members visited a secure care campus in Scotland.
- Develop system flexibility to allow for the use of timeout, diversionary, and cooling-off interventions, including appropriate use of Safe Places/ Safe Spaces. This development should be assisted by reviewing how Trusts have successfully made other non-secure arrangements, in situations where a secure admission was judged necessary, but no space was available (the Review Team has already commissioned the gathering of this information)
- Improve multi-agency working, particularly between Children’s Social Care, Police, and Youth Justice
- Strengthen the provision of highly specialist, professional fostering

Theme 7: DEVELOP A RANGE OF ACCESSIBLE DRUGS AND ALCOHOL, ADDICTION, AND DETOXIFICATION SERVICES, BASED ON AN UNDERSTANDING OF THE BROADER IMPACT IN TERMS OF CRIMINALITY, CHILD SEXUAL EXPLOITATION, AND THE NEED FOR AN INTEGRATED APPROACH ACROSS CHILDREN’S SOCIAL CARE, PSNI, YOUTH JUSTICE, YOUTH SERVICE, AND EDUCATION

This is a crucial area, given the high profile of drugs and alcohol in admission to regional facilities, and the impact on individual young people, and needs to be tackled robustly by all agencies.

CONSIDERATIONS FOR IMPROVEMENT

- Provision of a DAMHS model in each Trust, aligned to CAMHS, and connected to Step 2 commissioned drugs and alcohol services

- Greater integration of specialist services for tackling drugs and alcohol within the secure facilities
- Provision of urgent, timely intervention for young people who are in the proposed integrated facility, to urgently address these issues
- Ensure a clear medical responsibility for detoxification services

Theme 8: ONGOING NEEDS ASSESSMENT, UNDERSTANDING NEED IN A CHANGING SOCIETY, TARGETTING RESOURCES, MEASURING EFFECTIVENESS AND OUTCOMES

This theme notes that whatever changes and improvements are agreed and implemented now, there will be an ongoing requirement for needs assessment, and an understanding of what works to improve outcomes for young people.

CONSIDERATIONS FOR IMPROVEMENT

- Ongoing needs assessment
- Ongoing evaluation of effectiveness
- Ongoing monitoring of outcomes for young people
- The adoption of a single therapeutic model across all children's homes in Northern Ireland

Theme 9: DEVELOP A REGIONAL APPROACH TO THE ASSESSMENT OF RISK, AND ADMISSION DECISIONS TO A REGIONAL FACILITY

CONSIDERATIONS FOR IMPROVEMENT

- Develop a regional approach to risk assessment
- Develop a regional approach to admission decisions relating to looked after children with complex needs, by means of an independently chaired panel
- Consider the effectiveness of admissions of young people direct from home to secure care, to establish whether their outcomes were improved, and whether they might have alternatively been placed in foster care or an open children's home
- Consider the effectiveness of admissions of those admitted at the age of 17, and nearing their 18th birthday, to establish whether their outcomes were improved, and whether they might have been dealt with differently

These themes represent the agenda that needs to be addressed in response to the Review Team's work. As indicated above, some aspects of the themes are beyond the terms of reference of the Review, some represent other work already in progress, and generally they remind us that the regional facilities, while important, are one small part of a much bigger system of care and intervention. The recommendations which follow are

more specific to the terms of reference, but must be seen within the broader context of these themes.

Section 7: Recommendations

The Review Team is clear that bold, imaginative steps should be taken now to repurpose Woodlands and Lakewood and to develop a new joint Care and Justice provision, based on welfare values, and designed to improve outcomes across the board for some of the most challenged and challenging young people in society. There is a real opportunity to move quickly to deliver better outcomes for the young people who currently use these facilities.

The Review Team's work has focussed primarily on its terms of reference, but inevitably its considerations have taken in broader related issues to do with the whole system of services to children and young people. It is essential that the implementation of these recommendations continues to be aligned with and take account of that broader agenda, and other ongoing work such as the reviews of children's homes, foster care and family support, the Looked After Children Strategy being developed by the Departments of Health and Education, the scoping studies undertaken by the Department of Justice in connection with Juvenile Justice, (including proposals in relation to restorative justice, reducing the criminalisation of young people resident in children's homes, reducing the volume of PACE placements, reducing the number of remand placements where bail should be granted) and the proposed review of the Mental Health Order 1986.

The recommendations and the implementation process and approach that will follow should be founded on and grounded in a rights based framework that, at its heart, demonstrates a commitment to children's rights in keeping with international children's rights and human rights standards as incorporated into domestic law by the Human Rights Act 1998 and the United Nations Convention on the Rights of the Child.

The Review recommends:

A NEW CARE AND JUSTICE CAMPUS

1. The introduction of a new integrated Regional Care and Justice Campus in Northern Ireland, in place of the current Secure Care Centre and Juvenile Justice Centre. The new Campus should comprise the Lakewood and Woodlands sites. It should operate under new legislative and standards frameworks and have clear

admissions criteria also established in law [see recommendation 2]. It should also operate on a shared and/or integrated service basis and have a unified management structure. The Campus should be capable of offering a short-term safe space at one end of the spectrum through to longer-term, high intensity, therapeutic support at the other. Children residing in the Campus should receive high quality education and preparation for employment, in order to help them catch up on missed education, and prepare them for successful futures in employment. It should provide a purposeful, daily structure for children and young people which operates on the basis of both enforceable boundaries, and strong, positive, and empowering relationships. It should also ensure timely and effective health interventions for young people with significant issues in relation to drugs and alcohol, mental health, addiction, and detoxification [see recommendations 3 and 4].

It should be capable of addressing identified criminogenic needs; ensuring effective pathways back to families, carers, community-based services and other support networks intended to enhance re-integration at the earliest opportunity; and minimising the risk of re-admission. It should be capable of providing step-up and step-down services as young people move in and out of the Campus. Decision-making about admission into the Campus and level of supervision/support required within the Campus (based on level of risk and needs) should be made by a Regional Panel [see recommendation 5].

Close consideration should be given to managerial/staffing levels and structures and the skills and competences required to deliver a safe operation and to effectively meet the needs of the children and young people, who are admitted to the Campus. Consideration should also be given to the employment rights of Campus staff and the impact on existing employee contracts.

2. The establishment of a workstream responsible for the design and introduction of new legislative and standards frameworks to support the operation of the Campus and governing inspection arrangements. The new legislative framework should establish the new vision, culture and values-base for the Campus, define admission criteria and specify the roles and responsibilities of the Campus Director and staff.

New legislation and standards should also address the issue of behaviour management to ensure that staff, including staff in children's homes, are enabled to provide appropriate protections to young people at risk, as any good parent would.

3. The establishment of a workstream, tasked with delivering improvements in the provision and coordination of mental health and wellbeing services for young people in the Campus, and more generally in care, ensuring timely assessment, diagnosis, intervention, treatment, and guidance on managing behaviour. Improvements should ensure the seamless provision of services, based on assessed need, and clarify the respective roles of Beechcroft, CAMHS, and LAAC Therapeutic Services, so that young people receive the help they need in a timely and consistent manner, without disruption over time between different services.
4. The establishment of a workstream, tasked with delivering coordinated drugs and alcohol, detoxification, and addiction health services, which are accountable and available in a timely manner for all young people who need them, within the Campus, and generally in care.
5. The establishment of a workstream to deliver the establishment of a regional, independently chaired Panel responsible for decision-making relating to admissions to the new Campus [other than admissions directed by a criminal court or the PSNI] and admissions of looked after children to Beechcroft, to include representatives of Trust Family and Child Care, CAMHS (including the upcoming Managed Care Network of CAIT Services), Beechcroft, and LAAC Therapeutic Services and a senior Campus representative. This Panel should ensure consistent and effective decision-making re admissions, deploying step-up and step-down arrangements where appropriate, prevent inappropriate admissions, minimise unnecessary placement moves, and ensure a consistent approach to the management of risk. The Panel should put mechanisms in place to ensure that the voice of children and young people are represented in the process of decision-making, either directly, or through a competent advocate.

ESTABLISHING THE NEED FOR SECURE MENTAL HEALTH BEDS

6. The establishment of a workstream to undertake an early, detailed needs analysis in relation to the stated need for secure mental health beds in Northern Ireland, and following that, exploration of whether such provision might appropriately be commissioned and provided on the site of the Care and Justice campus.

EMPOWERING AND ENABLING WIDER RESIDENTIAL CARE¹

In preparation for the introduction of the new Care and Justice Campus, the establishment of a workstream to:

7. Deliver the early adoption of a single therapeutic model, including behaviour management techniques, across all Children's Homes (Trust and non-Trust) in Northern Ireland; and
8. Undertake an early examination of staffing in all Children's Homes to identify what is needed, in investment terms, to ensure that the best possible staff, with the right skill set, are recruited, trained, developed, and supported in the critical work they carry out. The examination should extend to skill mix in Children's Homes and the training and development needs of staff and their managers.
9. As part of the regional review of residential childcare consider and determine the future of Donard, taking account of some of the themes arising from this review regarding late entry to care, prevention initiatives and effective drug and alcohol interventions.

DEVELOPING A BETTER UNDERSTANDING OF SPECIFIC GROUPS OF YOUNG PEOPLE

10. The establishment of a workstream to undertake an examination of specific groups of children and young people and their pathways into and out of regional facilities, both in terms of admissions made over the last 3 years, and going forward. The examination should include the following groups:

¹ Recommendations 2, 3 and 4 as they relate to the wider care system, including children's homes are also relevant to this category of recommendations

- a. those who have had 5 or more admissions to the regional facilities in the past;
- b. those admitted straight from home;
- c. those admitted to secure care at the age of 17, sometimes nearing their 18th birthday;

In relation to group b, it is important to understand why they could not be admitted to foster care, to open children's homes, or supported to remain safely at home with their parents and families. In relation to group c, it is important to understand whether considerations were given to and / or plans put in place to meet a continued need for "secure care" beyond their 18th birthday.

IMPLEMENTATION ARRANGEMENTS

11. Robust implementation arrangements should be put in place, to include:
 - a. The establishment of an Implementation Group jointly led by the Departments of Health and Justice, with input from the Department of Education as necessary. The work of the Group should be supported by clear Terms of Reference, time bounded and resourced appropriately. Task and Finish groups will be necessary to undertake specific work streams, including those referenced above;
 - b. The development of a detailed Implementation Plan, including implementation timescales, outline costs and an estate plan for the new Care and Justice Campus;
 - c. A close level of involvement of young people, using a co-production approach, which is child-centred and based upon children's rights and child centred approaches. The recommendations made as part of the VOYPIC contribution to this review have much to commend them, and should be addressed at the implementation stage; and
 - d. The establishment of Parent/Carer Support Groups, building on the strength of the model operated at Woodlands. The purpose of the Groups should be to support parents and carers to help their children return home and to prevent readmission into the Regional Campus.

Parents/Carers should also be fully engaged in the process of implementation of the review recommendations.

Section 8: Bibliography / References

Anglin JP (2003) *Pain, Normality and the struggle for Congruence: Reinterpreting Residential Care for Children and Youth* London: Haworth Press

Biehall, N., Ellison, S. and Sinclair, I. (2012). Intensive Fostering: An Independent Evaluation of MTFC in English Setting. *Adoption & Fostering*. 36, 1, 13-26.

Byrne B, Maguire L and Lundy L (2015) *Reporting on Best Practice in Cross-departmental Working Practices for Children and Young People* NICCY

Cantwell N, Davidson J, Elsley S, Milligan I & Quinn N (2013) *Moving Forward: Implementing the 'Guidelines for the alternative care of children'*

Carr N and McAlister S (2016) *The Double-Bind Looked After Children, Care Leavers and Criminal Justice in Mendes P and Snow P (eds) Young People Transitioning from Out of Home Care: International research, policy and practice* Palgrave Macmillan

Children's Law Centre (2017) *Briefing Paper regarding Review of Regional Children's and Young People's Facilities including Lakewood Secure Unit; Beechcroft Child and Adolescent In-patient Unit, Donard/Glenmona Regional Unit and Woodlands Juvenile Justice Centre* CLC

Children's Law Centre (2017) *Forensic Child and Adolescent Mental Health Services* CLC

Children's Law Centre (2017) *Drug and Alcohol Services for Children and Young People* CLC

Duffy J (2014) *Children's Residential Care Review Overview Report* H&SCB NI

Department of Communities & Peak Care Queensland. (2010) *A Contemporary Model of Residential Care for Children and Young People in Care*. Queensland Government.

Department of Justice NI (2011) *A review of the youth justice system in Northern Ireland*

Gilligan R (2015) *Forward* in Whittaker JK, del Valle J and Holmes L (eds) *Therapeutic Residential Care for Children and Youth* London: Jessica Kingsley

Hart D and La Valle I (2016) *Local authority use of secure placements* DoE

Haydon D (2016) *Children's Law Centre Consultation with young people in Lakewood regional secure centre about their care experience* CLC

Harder AT and Knorth EJ (2015) *Uncovering what is in the black box of effective therapeutic residential care* in Whittaker JK, del Valle J and Holmes L (eds) *Therapeutic Residential Care for Children and Youth* London: Jessica Kingsley

James, S. (2011) *What Works in Group Care? – A Structured Review of Treatment Models for Group Homes and Residential Care*. *Children and Youth Services Review*. 33(2): 308–321

Jones I (2016) *De-escalating Interventions for Troubled Adolescents* Public Policy Institute for Wales

- Macdonald G and Millen S (2012) Therapeutic approaches to social work in residential child care settings: Literature review SCIE
- Macdonald, G., Millen, S., McCann, M., Roscoe, H. and Ewart-Boyle, S. (2012) Evaluation of therapeutic approaches to social work in residential child care settings (Report 58). London: Social Care Institute for Excellence.
- McTernan E and Godfrey A (2006) Children's Services planning in Northern Ireland: Developing a Planning Model to Address Rights and Needs *Child Care in Practice* 12,3, 219-240
- Moodie K (2015) Secure Care in Scotland, a Scoping Study: Developing the measurement of outcomes and sharing good practice Centre for Youth & Criminal Justice
- Moodie K and Gough A (2017) Chief Social Work Officers and secure care Centre for Youth & Criminal Justice
- Narey M (2016) Residential Care in England DoE
- Northern Ireland Audit Office (NIAO) (2017) Managing children who offend
- Pinkerton et al (2015) Thematic Review into Child Sexual Exploitation DHSSPS
- Rees D et al (2014) Child and Adolescent Health: A Review Beechcroft and the acute child and adolescent mental health pathway
- RQIA (2011) A Report on the Inspection of the Care Pathways of a Select Group of Young People who Met the Criteria for Secure Accommodation in Northern Ireland
- Roesch-Marsh A (2016) Professional relationships and decision making in social work: Lessons from a Scottish case study of secure accommodation decision making *Qualitative Social Work*
- Roesch-Marsh A (2014) Out of Control!: Making Sense of the Behaviour of Young People Referred to Secure Accommodation *Br J Soc Work* (2014) 44 (2): 197-213.
- Shaw J (2016) Policy, Practice and Perceptions; Exploring the Criminalisation of Children's Home Residents in England *Youth Justice* 16, 2, 147-161
- Sinclair R and Geraghty T (2008) A review of the use of secure accommodation in Northern Ireland London NCB
- Thorburn J (2016) Making Sense of Differential Cross-National Placement Rates for Therapeutic Residential Care in Whittaker JK, del Valle J and Holmes L (eds) *Therapeutic Residential Care for Children and Youth* London: Jessica Kingsley References
- Souverein FA, Van der Helm GHP and Stams GJJM (2013) 'Nothing works' in secure residential youth care? *Children and Youth Services Review* 35, 1941-1945
- Walsh C (2015) Multisystemic Therapy (MST): An overview of model development and implementation in Northern Ireland Extern
- Whittaker JK, del Valle J and Holmes L (eds) (2015) *Therapeutic Residential Care for Children and Youth* London: Jessica Kingsley

APPENDIX 1

Project Board: Membership

Name	Organisation
Fionnuala McAndrew (Chair)	Director, Social Care and Children, Health and Social Care Board
Deirdre Coyle	Commissioning Lead, Children and Families, Health and Social Care Board
Paul Cummings	Director, Finance, Health and Social Care Board
Cecil Worthington	Director of Childrens Services & Executive Director of Social Work, Belfast Trust
Brendan Whittle	Director of Children's Services & Executive Director of Social Work, South Eastern Trust
Marie Roulston	Director of Childrens Services & Executive Director of Social Work, Northern Trust
Kieran Downey	Director of Childrens Services & Executive Director of Social Work, Western Trust
Paul Morgan	Director of Childrens Services & Executive Director of Social Work, Southern Trust
Carol Diffin	Co-Director, Belfast Trust
Judith Brunt	Assistant Director, Northern Trust
Declan McGeown	Chief Executive, Youth Justice Agency
Brian Ingram	Director, Youth Justice Agency
Eilis McDaniel	Director of Children and Family Policy, Department of Health
Jonathan Taylor	Department of Legal Services
Vivian McConvey	Chief Executive, Voice of Young People in Care
Olive Macleod	Chief Executive, Regulation and Quality Improvement Authority
David Archibald	Independent Chair

Sean Wright	Superintendent/District Commander, PSNI
Clare Mangan	Director of Children & Young People's Services, Education Authority

Review Team: Membership

	Name	Organisation
1.	David Archibald	Independent Chair
2.	Paul McStravick	Manager, Woodlands, Youth Justice Agency
3.	Michael Hoy	Assistant Director, South Eastern Trust
4.	Fiona Gunn	Manager, Lakewood, Secure Care, South Eastern Trust
5.	Tom Cassidy	Assistant Director, Western Trust
6.	Colm McCafferty	Assistant Director, Southern Trust
7.	Carol Diffin	Co-Director, Belfast Trust
8.	Billie Hughes	Director, Beechcroft, Belfast Trust
9.	Barney McNeany	Director, Belfast Trust
10.	Judith Brunt	Assistant Director, Northern Trust
11.	Paula Smyth	Human Resources, Business Service Organisation
12.	Una Turbitt	Assistant Director, Public Health Agency
13.	Willie Coman	Consultant Clinical Psychologist, Therapeutic Services for Looked After and Adopted Children, Northern Trust
14.	Gerry Marshall	Inspector, Regulation and Quality Improvement Authority
15.	Sean Wright	Superintendent/District Commander, PSNI
16.	Anne Marks	PSNI
17.	Eithne Gilligan	VOYPIC
18.	Tommy Doherty	Information Manager, Health and Social Care Board
19.	John Pinkerton	Queens University, Belfast
20.	Peter Reynolds	Chief Executive, NIGALA
21.	Deirdre Coyle	Commissioning Lead, Children and Families, Health and Social Care Board
22.	Liz Shaw	Commissioning Lead, Children and Families, Health and Social Care Board