

# 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

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<b>Contents</b>	<b>Page</b>
<b>Acknowledgements</b>	<b>3</b>
<b>Background</b>	<b>4</b>
<b>Terms of Reference</b>	<b>5</b>
<b>Section One</b>	
1.0 The Regulation and Quality Improvement Authority	<b>6</b>
1.1 The Context for the Pathway Inspection	<b>7</b>
1.2 Admission to Care	<b>7</b>
1.3 Secure Accommodation	<b>8</b>
1.4 The Restriction of Liberty Panel	<b>8</b>
1.5 The Human Rights Framework and Pathways Through Care	<b>9</b>
1.6 Methodology	<b>10</b>
<b>Section Two</b>	
2.0 The Restriction of Liberty Panel Policy and Procedures	<b>13</b>
2.1 The Restriction Of Liberty Panels	<b>19</b>
2.2 Human Rights and the Restriction of Liberty Panels	<b>20</b>
<b>Section Three</b>	
The Five Young People whose Pathways went to Secure Accommodation	<b>22</b>
<b>Section Four</b>	
The Five Young People whose Pathways did not go to Secure Accommodation	<b>32</b>
<b>Section Five</b>	
Analysis of the Pathways of All Ten Young People	<b>42</b>
<b>Section Six</b>	
Conclusion	<b>47</b>
Recommendations	<b>48</b>

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In order to preserve anonymity, each young person has been given a fictitious name. Individual children's homes or social work teams have not been identified in any sections of the report.

## Background

Every year in Northern Ireland over 2,500 children and young people are 'looked after' in the care of the state. Responsibility for the wellbeing and care of these young people is vested in the Health and Social Care (HSC) Board which delegates this responsibility to the five HSC trusts. Under Article 18 of The Children (NI) Order 1995 each trust has a duty to safeguard and promote the welfare of children within their respective areas.

The United Kingdom has ratified the 1989 Convention on the Rights of the Child and its optional protocol which refers to the state's responsibility to ensure the wellbeing of children and, more specifically, children in the care of the state. The government has described the further statements by the convention as a helpful framework for future action.

Under the provisions of the Children (NI) Order 1995 each trust, as a corporate parent, has a legal and ethical duty to provide looked after children with the care and support that any good parent would provide.

The HSC Board and each trust is required to keep in place arrangements for monitoring and improving the quality of health and personal social services provided to individuals, including children and young people.

Some children in care are looked after in their own home with support, others in foster-care and some are looked after in residential facilities or children's homes. These services are established to meet the needs of young people who live away from home and are subject to relevant legislation and regulations in respect of their looked after status.

There are 54 registered children's homes in Northern Ireland divided across the five trust areas. Forty one of these homes are managed by the five trusts, with the remaining 13 owned and managed by the independent sector.

On average, over 300 young people live in children's homes in any given year and at any one time. Some children's homes provide short term or long term care, some provide more specialist care for young people who need an intensive form of support and others offer respite care to children with disabilities. Northern Ireland has one children's home that is registered to provide secure accommodation.

For the vast majority of 'looked after' children and young people placements in children's homes offer a level of stability and an opportunity to address difficult life issues in order to move forward successfully into adulthood. However, there is a core group of young people averaging between 40-50 per year, who meet the criteria for secure accommodation as defined under Article 44 of the Children (NI) Order 1995 and are admitted to secure accommodation, with a number of them experiencing repeat admissions.

The admission of a group of young people to secure accommodation each year is a predictable and recurring set of circumstances. These circumstances are viewed in the context of the commitment of the UK government to children's rights and the findings of RQIA inspections over recent years. RQIA considered it necessary to make an assessment of the factors in the care system that may contribute to the significant admissions of children and young people to secure accommodation each year.

## **Terms of Reference**

The terms of reference for this thematic inspection were:

1. To inform on the type and availability of HSC trust services for an identified group of young people who met the criteria for secure accommodation, in line with Article 44 of the Children (Northern Ireland) Order 1995.
2. To describe the care pathways for this identified group of young people.
3. To report on the quality of service provision made available to young people on their pathways through the care system incorporating a human rights perspective, including the key principles of 'best interests', 'right to be heard' and 'detention as a last resort'.
4. To examine the operation of the restriction of liberty panels through which young people are assessed and prioritised as in need of secure accommodation, by reviewing the implementation of policies and procedures and via telephone interview with the respective chairs of each HSC trust panel.
5. To assess whether the five HSC trusts in their capacity as corporate parent had acted in the best interests of the young people.

RQIA used the standard for care planning from the Social Services Inspectorate (SSI) Standards 'Children who live away from Home' (1996) as a benchmark for this thematic inspection and drew upon the guidance issued from the UN Committee on the Rights of the Child.

## **Section One**

### **1.0 The Regulation and Quality Improvement Authority**

The Regulation and Quality Improvement Authority (RQIA) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland. RQIA provides independent assurance about the quality, safety and availability of health and social care services, encourages continuous improvement in those services and safeguards the rights of service users.

RQIA was established under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. This Order places a statutory duty of quality upon health and social care organisations and sets out the responsibility of the Department of Health, Social Services and Public Safety (DHSSPS) (Article 38) to develop standards against which the quality of services can be measured.

RQIA through its Corporate Strategy 2009-12, has developed a human rights based approach to the way it discharges its statutory regulatory functions. Inspections are based on minimum care standards which ensure that the public and service providers know what quality of service is expected.

The purpose of this thematic inspection was to explore the care pathways of a group of young people in order to identify areas of improvement, to improve the quality of care, and to influence relevant policy.

The state has an overarching duty to prevent inhuman or degrading treatment of children and young people and the detention of any child or young person must be considered in this context. The United Kingdom has ratified the UN Convention against Torture, 2002 (OPCAT). As a consequence RQIA is one of four organisations designated as a national preventive mechanism, responsible for reporting to OPCAT on places of detention in Northern Ireland.

## 1.1 Context for the Pathway Inspection

As a result of RQIA's ongoing inspection programme, over a sustained period of time, a particular trend was noted regarding the care pathways of some young people who had been admitted to Northern Ireland's only secure accommodation facility. Some young people had been admitted to secure accommodation having spent only a comparatively short period of time in a children's home. For others, their care plans on admission to the children's home indicated a range of alternative care options that could have been potentially utilised and did not involve secure accommodation. RQIA was interested therefore in examining more closely the care pathways of these young people and the factors that had influenced their pathways and had a direct impact on the outcomes they experienced.

A series of reports have highlighted issues relating to 'looked after young people' within the care system and their involvement with the secure accommodation facility including:

- Social Services Inspectorate (SSI) and Education and Training Inspectorate (ETI) (2002) Secure Care: An Inspection of Secure Accommodation at Shamrock House and Linden House. Belfast: DHSSPS
- National Children's Bureau: A Review of the Use of Secure Accommodation in Northern Ireland. Sinclair and Geraghty (2008)
- NIO and DHSSPS Passing the Black Bag - Evaluation of Children and their Pathways into Secure Care and Criminal Justice Systems. Independent Research Solutions (2006)

## 1.2. Admission to Care

In Northern Ireland, government policy stipulates that it is in the child's best interests to be brought up and cared for within their own families. However, for some children this is not always possible and they require state intervention and support from their local HSC trust under the provision of Article 17 of the Children (NI) Order 1995.

The Children (NI) Order 1995, Article 21, also makes provision which enables the state to remove a child from the care of parents if they believe the child is at risk of harm. The decision is based on an assessment of the young person's needs which, for some young people, can be very complex and present a challenge to the HSC trusts who are working to achieve child centred, positive outcomes in their lives. The majority of children who require care away from their parents are usually accommodated by foster parents or in a residential care setting. Preferably, this is achieved through consultation and by agreement with the child's parents and at this point the child becomes 'looked after' by the HSC trust.

The decision to remove a child from the care of his parents/carers is usually a traumatic event for the family and child, and is only considered when all other options have been exhausted. It is, therefore, incumbent upon the trust to ensure that the plan of intervention causes the least disruption to the child's family life. Young people can be placed in a range of settings including with family members or in foster care or residential care. If, for whatever reason, the care plan does not meet the young person's needs and he/she continues to be considered at risk, the

trust, as corporate parent, provides on going assessment of the young person to consider how best to respond if they meet the threshold for secure accommodation. At this stage the trust will consider the range of options available to them including use of secure care or other intensive support options.

### **1.3 Secure Accommodation**

The Children (Secure Accommodation) Regulations (Northern Ireland) 1996 provides that a child may have his liberty restricted in a facility that can be physically secured for an aggregate period of 72 hours within any 28 day period without the authority of the court. Thereafter, the trust must apply to the court for a secure accommodation order under article 44 of the Children (NI ) Order 1995. The maximum period for which a court may authorise a child to whom Article 44 applies to be kept in secure accommodation is three months. A court may authorise a young person to whom Article 44 applies to be kept in secure accommodation for a further period not exceeding six months at any one time. A young person under 13 years of age cannot be placed in secure accommodation without the prior approval of the DHSSPS.

Northern Ireland's only secure accommodation centre is a regional facility, based in Bangor, County Down. The centre provides accommodation for up to 16 young people, both males and females, from the five HSC trusts within Northern Ireland. It is comprised of two units accommodating up to eight children each.

Restricting the liberty of children is a serious step which must be taken only as a measure of last resort. Therefore, trusts have a duty to take all reasonable steps to avoid the need for children to be placed in secure accommodation.

A trust may apply to a magistrate's court to admit a young person to secure care, if a child meets one or all of the following criteria:

- (a) S/he has a history of absconding and is likely to abscond from any other accommodation; and,  
If s/he absconds is likely to suffer significant harm, or
- (b) If kept in any other description of accommodation s/he is likely to injure himself or other persons.

### **1.4 The Restriction of Liberty Panel**

The gateway to the secure care facility is through a referral to the trust's restriction of liberty panel which has been established to consider applications to secure accommodation. The panel comprises a group of senior representatives from the trust who have differing areas of responsibility for the looked after population.

Each trust has a defined number of placements in the secure facility. The panel must ensure that the criteria have been met in relation to those children who are being considered for secure accommodation. Based on those who are most in need or those who pose the greater risk to themselves and others, this panel must prioritise referrals in respect of all young people who require a secure place.

## **Secure Accommodation Order**

The courts in Northern Ireland require the young person concerned to be present in court in order that a secure accommodation order can be made. This ensures the fairness of the process in relation to the Human Rights Act 1998, but also recognises the right of the young person to be heard in decisions affecting them.

### **1.5. The Human Rights Framework and Pathways through Care**

In this thematic inspection, the young peoples' care pathways were considered from both a social care and human rights perspective. The inspection drew upon key human rights legislation including, the United Nations Convention on the Rights of the Child, the General Comment of United Nations Committee on the Rights of the Child and relevant judgments of the European Court of Human Rights.

The commitment of the United Kingdom to this legislative framework underpins the Children (NI) Order 1995 and is considered binding on the Government and all public authorities.

A number of general principles highlighted by the United Nations are considered within this report. Specifically:

- the best interests principle
- the right to be heard
- detention as a last resort

#### **The Best Interests Principle**

The UN Committee on the Rights of the Child has articulated the best interests principle on a number of occasions within its decision making. The European Court of Human Rights has considered the work of the committee and emphasised that the best interests of the child is the accepted principle by which state intervention and support to family life is determined. As a consequence, The Children (NI) Order 1995 places an emphasis on the welfare of the child being of paramount importance in this context.

#### **The Right to be Heard**

The right of all children to be heard and taken seriously is a fundamental value of the Convention on the Rights of the Child. "States parties shall assure, to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child<sup>1</sup>."

HSC trusts are obliged to listen to young peoples' views. Highly vulnerable young people with complex needs require a person centred environment to encourage their engagement in the process. Responsibility sits with the HSC trust, as corporate parent, to provide an environment that is conducive to promoting such participation.

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<sup>1</sup> Article 12 of the United Nations Convention on the Rights of the Child

## **Detention as a Last Resort**

The Convention on the Rights of the Child asserts that the principle of detention as a last resort has a number of elements:

- the decision to detain a young person is made by a trust or court
- the decision is in the best interests of the young person
- other alternate options have been exhausted
- there is no other appropriate response
- there is an expectation of a positive outcome for the young person

The United Nations Convention on the Rights of the Child connects the best interests of the child, the right to be heard and the need to prevent young people from entering secure care in the first place. In consideration of such matters, the range of specialist services required to meet the ongoing needs of young people in an alternative setting to secure care defines the responsibility of the trust under this principle.

### **1.6. Methodology**

A range of methodologies have been used in this inspection, including an assessment of primary data from the young peoples' statutory case records, face to face interviews with the young people and with a range of social work staff, telephone interviews with the chair of each trusts' restriction of liberty panel<sup>2</sup> and a table top review of the protocols/procedures relating to the day to day operation of the panels.

The initial results of this inspection posed further questions around the restriction of liberty panels and an approach based on the principles of action research was adopted at the latter stages of the inspection in an attempt to respond to those questions. The report also examines the ways in which each of the trusts' restriction of liberty panels have been established and operate. These are recognised research methods and are reflective of both a child centred and rights based approach to regulation and oversight adopted by RQIA as the health and social care regulator for Northern Ireland.

This report has been structured to provide the reader with a series of 10 case studies, each outlining an overview of the young person's journey through the care system, identifying the key factors that influenced their progression towards admission to secure accommodation. Within this context, the report highlights themes around how the trusts as corporate parents discharged their duties and functions in relation to these 10 young people.

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<sup>2</sup> The chairperson of the Northern Trust was unavailable due to leave. An alternate Head of Service completed the interview

## **Identification of Young People**

- A lead professional from each trust sought the consent of the young people and their respective parents in relation to participating in this inspection
- Two young people from each trust who had met the criteria for admission to secure accommodation were chosen for this inspection. (This set of young people represented a sample group of 12% of all young people who had been referred as in need of secure accommodation).
- These young people comprised two distinct groups. The first group of five met the criteria and were admitted to secure accommodation; the second group met the criteria but did not get a place in secure accommodation.
- Data submitted by each of the trusts was analysed.

## **Establishment of Advisory Panel**

- In order to provide quality assurance and specific specialist advice in respect of the thematic inspection, a panel of professionals with expertise in a range of areas was constituted by RQIA. This panel was used to reflect on the development of the methodology, and the identification of core themes arising out of the inspection. The panel was comprised of senior representatives from The Human Rights Commission, Northern Ireland Children's Commissioner, Criminal Justice Inspectorate and The Voice of Young People In Care (VOYPIC) organisation.

## **Interviews with Young People and Key Relevant Staff**

- Six of the 10 young people agreed to be interviewed by the inspector. Four of those interviewed were young people who were admitted to secure accommodation and a further two who did not go to secure accommodation. The remaining four young people declined to be interviewed. These interviews were based on themes arising out of the inspection of their statutory case records and their experience of living in the care system.
- The inspector interviewed the social workers associated with the care of each young person and interviews were conducted by the same inspector to provide a consistency of approach. These interviews were based on themes arising out of the inspection of the statutory case records for the young people.

## **Records Audit**

- Statutory case records were examined by the inspector and were measured against the care planning standard (SSI standard - Children who live away from home) for all 10 young people. This included both statutory records held in the children's home and by the child's social worker.
- Case records relating to the early history of a young person, for example, placements in foster care were not examined by the inspector as these were considered to be outside the remit and scope of this work. The inspector focused on the period from admission to the care system leading up to admission/non-admission to secure accommodation.

## **Restriction of Liberty Panel**

- The policies and procedures governing each restriction of liberty panel were analysed using a desk top tool designed to highlight the core operating procedures for each panel.
- A questionnaire was designed to explore key themes from a human rights perspective in respect of the operation of the panels. The inspector completed telephone interviews with the chair of each restriction of liberty panel. The analysis of these interviews is presented in section 2.1

## **Section Two**

### **2.0 Restriction of Liberty Panel Policy and Procedures**

#### **Policy and Procedure**

In the absence of regionally approved guidance, each trust submitted a copy of their policy and procedures in relation to their respective restriction of liberty panel. There was considerable variance in the quality and nature of the information provided. For example, the Western HSC Trust submitted a one page protocol which governs the operation of their panel. This is in contrast to the South Eastern HSC Trust which had developed a protocol with comprehensive detail about the operational practice of the panel. There were substantive inconsistencies across trusts in the criteria applied to prioritise young peoples' cases for secure accommodation, frequency of meetings, composition of the panels, and monitoring arrangements for those young people who are not allocated a place in secure accommodation.

An audit tool was developed by RQIA to analyse the procedures against specific criteria. The overall analysis of trust procedures highlighted variances across trusts as illustrated in table 1.

Table 1. Analysis of Trust Restriction of Liberty Panel Procedures

HSC Trust	Chairperson	Frequency of meetings	Composition of Panel	Attendance of secure unit Representative	Trust additional Criteria	Attendance of Independent Person/Advocate	Attendance or regard for the voice of the Young Person	Monitoring of Young People who do not get a place in secure
Belfast	Children's Services Manager	Once per fortnight	Children's Services Manager plus two principal social workers (residential and fieldwork) plus a representative from therapeutic services	Yes 1. To advise panel of risk to young person by making placement and agree group care strategy.  2. Progress reports on young people in secure care	Four criteria- 1. vulnerability 2. ability to respond to treatment 3. alternative strategies to risk 4. placement plan in secure	Not referenced in procedure	Not referenced in procedure	Yes - update reports submitted to panel. social worker (SW)/ Senior SW can also attend if required by panel. If young person no longer meets criteria then decision to remove from panel agreed with chair and confirmed in writing.

<b>HSC Trust</b>	<b>Chairperson</b>	<b>Frequency of meetings</b>	<b>Composition of Panel</b>	<b>Attendance of secure unit Representative</b>	<b>Trust additional Criteria</b>	<b>Attendance of Independent Person/Advocate</b>	<b>Attendance or regard for the voice of the Young Person</b>	<b>Monitoring of Young People who do not get a place in secure</b>
South Eastern	Senior Manager Residential Care	Following request from assistant principal social workers (APSW) (within two working days)	Senior Manager, two assistant principal social workers with no responsibility for applicants	Yes - role not defined in protocol	Four criteria: 1. age of young person 2. previous admissions 3. levels of risk 4. likely outcomes of placement	Not referenced in procedure. Social worker advises young person and parents or independent visitor if decision made to send to secure	Not referenced in procedure. Brief reference to human rights in introduction but not specific to right to be heard	Yes: 1. Weekly update to resource panel. 2. Weekly review of case to manage risk and minutes sent to resource panel. If young person no longer meets criteria decision to remove approved by Assistant Director of Safeguarding

<b>HSC Trust</b>	<b>Chairperson</b>	<b>Frequency of meetings</b>	<b>Composition of Panel</b>	<b>Attendance of secure unit Representative</b>	<b>Trust additional Criteria</b>	<b>Attendance of Independent Person/Advocate</b>	<b>Attendance or regard for the voice of the Young Person</b>	<b>Monitoring of Young People who do not get a place in secure</b>
Northern	Head of Service - Children's Residential Homes and 16+	Once per week as part of the trust resource panel	Chair and quorum of eight members	Invited to attend panel. Minutes of panel sent to General Manager of secure unit.	Not referenced in the procedure	Not referenced in procedure	Not referenced in the procedure	Not referenced in procedure
Southern	Head of Short Term Residential Care or Assistant Director for Corporate Parenting	Criteria for convening: (a)Once every two weeks as part of the trust resource panel (b)When a bed	Chairperson and three senior managers	Not referenced on protocol	Four criteria- 1. vulnerability of young person 2. ability to respond to treatment 3. alternative strategies to risk 4. Proposed	Not referenced in protocol	Not referenced in protocol	No-safeguarding arrangements and specialist packages of care for those who do not get a place discussed at panel. No reference to

		becomes available and more than two young people meet the criteria			placement plan in secure care			monitoring of progress afterwards in protocol
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<b>HSC Trust</b>	<b>Chairperson</b>	<b>Frequency of meetings</b>	<b>Composition of Panel</b>	<b>Attendance of secure unit Representative</b>	<b>Trust additional Criteria</b>	<b>Attendance of Independent Person/Advocate</b>	<b>Attendance or regard for the voice of the Young Person</b>	<b>Monitoring of Young People who do not get a place in secure</b>
Western	Not designated on policy	Meets once per month. Emergency applications circulated and phone call by chair for approval	Four named individuals on sheet. No designation, titles or seniority outlined in protocol	Not referenced in policy	Not explicit in policy. Reference to a mapping exercise but no explanation of what this is and how it relates to the decision making process of panel	Not referenced in policy	Not referenced in policy. A section on human rights noted in one application form to panel but no other specific reference	Not referenced in policy

## 2.1 The Restriction of Liberty Panels

Each panel is chaired at the level of Head of Children's Service /Service Manager or above. Each of the chairpersons hold operational responsibility for the young peoples' cases referred to the panel. Given the authority inherent in this combined role, greater consideration should be provided about how objectivity and equitable decision making can be guaranteed by this process. It is notable that the Belfast HSC Trust reported that the chairperson distances themselves from the referral process in an effort to be more objective in their decision making.

The panels in the Belfast, Northern and Western trusts meet regularly on a structured basis. The Southern and South Eastern trusts convene when requested by management or when a vacancy arises within secure accommodation. Greater consideration of the experience of the panels in respect of these differing operating arrangements as to which model, if any, is more conducive to effective planning should take place to ensure maximum benefit for the young people in need of a secure care placement.

Each panel is constituted differently and whilst there are some similarities there is no regional uniformity of composition in respect of attendees. With the exception of the Belfast Trust it was also noted that a representative from mental health services was not referenced within the policies as attending panel meetings. It was also noted that within the five trusts' policies and procedures there was no reference made to how the young person's views on their possible detention is sought and presented to the panel. It is further noted that the regional trust pro forma (which must be endorsed at trust director level) to apply for secure accommodation makes no direct reference to the view of the young person about the possible restriction of their liberty.

The five chairpersons reported that discussion does take place at the panel about the views of the young person; however core social work values and good practice requires that the young person is placed at the centre of the process. The court process attaches significance in respect of a young person being in attendance at court, with their views and wishes about the application being formally sought, presented and considered in a structured way. The restriction of liberty panel process, by comparison, does not routinely have the young person in attendance, nor their views referenced on the application. When considering the young person's human rights, in particular their best interests and their right to be heard, it would be viewed as advantageous for the young person to have the option to be present at these meetings or by agreement with the young person to have an identified independent person in attendance to represent their interests and to act as an advocate on their behalf.

A senior representative from the secure accommodation unit attends and provides an input to the Belfast and South Eastern trust panels. A representative also attends the Southern Trust panel however, their attendance is reported to be infrequent. There is no reported attendance at either the Western or Northern trust panels. RQIA considers that

representation from the secure accommodation centre is crucial as this ensures comprehensive discussion around the risks and advantages in making the placement and any associated management strategy. Ultimately this involvement would further inform decision making which, in turn, may lead to improved outcomes for this specific group of young people. Inconsistent practice in the area of staff attendance from secure care has the potential to disadvantage those young people whose cases do not benefit from such direct representation.

The procedures for the Belfast, South Eastern and Southern trusts include explicit criterion when a surfeit of applications arises and the respective panels need to prioritise applications in order of greatest need. The Northern and Western trusts have not explicitly designated their criteria for prioritising a young people in line with their specific needs in such circumstances. There is also no uniformity across trusts in monitoring the needs of young people who meet the criteria when there is no availability of places. The trusts, as corporate parent, have clear duties and responsibilities for these young people, therefore greater clarity needs to be provided about the role and function of the restriction of liberty panels in respect of the needs and requirements of young people who present as requiring secure accommodation but who, for whatever reason, are not placed in secure accommodation.

## **2.2 Human Rights and Restriction of Liberty Panels**

A telephone interview was conducted with the chairperson<sup>3</sup> from each trust's restriction of liberty panel to explore aspects of the young person's human rights in relation to best interests, right to be heard and detention as a last resort.

### **Best Interests**

In measuring how the placement in secure accommodation is in the young person's best interests, all five panel chairs reported that this issue is addressed during looked after children (LAC) reviews or core group meetings prior to a referral being made to the panel. When applying for secure accommodation the trust pro forma must reflect the anticipated outcomes in respect of each young person. However there was lack of clarity in respect of how these processes benefit the young person or how the benefits are measured by the panel both on an ongoing basis and/or retrospectively. Given that some young people have repeated admissions to secure care, establishing a structure to measure the retrospective benefit may be of importance and real value to the panel and its decision making processes.

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<sup>3</sup> The chairperson of the Northern Trust was unavailable due to leave. An alternate Head of Service completed the interview.

## **Right to be Heard**

All five chairpersons stated that the young person's right to be heard is encouraged throughout the social work process leading to the referral to the panel. According to the chairpersons, young people are advised if their name is being put forward for consideration by the panel. The exception to this is where professional judgement considers that to do so will increase risk. The view of the young person is also discussed at panel. The South Eastern trust conveyed one example where a young person attended the panel and discussed her application directly. This dialogue had a positive impact on her pathway which resulted in an alternative care option and support package being provided. This helps to illustrate the strength of the young person's voice and reinforces the principle of the right to be heard. This aspect of the process should be developed further to bring about improvements in the care system.

## **Detention as a Last Resort**

All five chairpersons stated that they are satisfied that the panel provides a place in secure care only as a measure of last resort. Yet, some pathways illustrated that alternative care options that were identified when a secure bed was not available for the young person.

The panel chairs reported that young people who present to the panel on multiple occasions cause considerable debate about the advantages and disadvantages of making further applications. On one occasion, the South Eastern Trust's panel engaged in a critical path analysis of a young person's journey to generate new thinking about risk management. This is an innovative approach which attempted to prevent further restrictions of liberty of the young person. The Western Trust engages their at risk young people on a mapping exercise to identify the risk and develop a subsequent strategy. No other panel reported using critical path analysis as a measure to ensure that the detention was a measure of last resort.

## **Section Three**

### **A Description of the Five Young People who Met the Criteria for Admission to Secure Accommodation and whose Care Pathways Resulted in Admission to Secure Accommodation**

#### **Jane**

##### **Background**

Jane is a 16 year old female known to social services in the Belfast HSC Trust since childhood. Jane has a moderate learning disability and her case re-opened during adolescence, following the death of her parents. Her behaviour pattern included sexual activity, absconding, alcohol and drug use. Jane has also been the victim of rape.

##### **Pathway to Secure Accommodation**

Jane was admitted to residential care and presented to the restriction of liberty panel two weeks after her admission to the children's home. She was prioritised for a place in secure accommodation and was admitted two weeks later.

##### **Best interests and the decision to admit to residential Care**

Jane had received ongoing social work support and counselling. The strategy to support Jane relied on intensive support from her social worker. However, an increase in caseload meant that the social worker could not intervene with the intensity that was intended in this case.

The intervention plan for Jane also lacked an explicit and structured strategy to manage her behaviour during the evening and weekends when a lot of her high risk taking behaviours occurred. Her personal vulnerability and high risk behaviours when outside of her home triggered ongoing involvement with the police. The trust held a risk strategy meeting, but not a child protection case conference, during this period. During interview her social worker stated that in retrospect, it was her opinion that a case conference should have been held given the level of risk identified.

Jane engaged positively with a counselling service and some diversionary activities, however, these interventions were of limited duration and did not provide the continuity necessary to meet her identified needs. Jane's absconding behaviour increased significantly and culminated with a period of sleeping rough on the streets. She was subsequently admitted to residential care.

## **Decision to Refer to the Restriction of Liberty Panel**

Jane's placement in the children's home resulted in the development of significant at risk behaviours which impacted on her care plan. She was identified as being in need of secure care after only two weeks in the children's home. Jane's first experience of residential care left her exposed to new and additional risk in terms of bullying by the peer group. This developed to the extent that the trust returned her back to the care of a relative for a few days shortly before going to secure accommodation, illustrating that the environment in the children's home was not conducive to Jane's best interests.

In terms of Jane's right to be heard she alleged that "the staff were in the office not on the floor, they did nothing about the bullying and did not stop me from sniffing or doing self harm, the kids could do whatever they want". As regards the issue of bullying Jane reported feeling that her voice had not been heard. It is important to acknowledge that this was her personal perspective and that a children's home can be a challenging place for a young person with vulnerabilities. It would be useful in this context to further reflect on the UN convention where it comments on the importance of a young person feeling that they have been heard and their concerns taken seriously.

Fresh referrals were made to counselling and other helping services but Jane was already in secure accommodation before some of these providers had commenced working with her. Such a delay in providing specialist support to young people in an acute phase of high risk behaviour is of concern, as the underlying reasons for her behaviours may not have been fully responded to by the care package designed to meet her needs.

The short time Jane was in the children's home combined with her experience of bullying gives rise to the question as to whether it was in her best interests to be admitted to a group living setting. Given the outcomes of this placement and her rapid progression into secure care, the Belfast Trust may wish to consider if an alternative living environment, assuming such an option was available, would have better suited her particular needs.

## **Outcome of Restriction of Liberty Panel**

Jane was prioritised for a place in secure care and moved there two weeks later.

## **Secure Accommodation Order**

Jane remained in secure accommodation for six weeks before returning to the care of her relative.

## **Susan**

### **Background**

Susan is a 15 year old female who has been known to social services in the South Eastern HSC Trust since early childhood. Susan has a significant history of absconding, sexual activity and a high risk of significant personal harm through misadventure. She was assessed as having an insecure attachment disorder.

### **Pathway to Secure Accommodation**

Susan was admitted to residential care. She was presented to the restriction of liberty panel after two months and provided with a place in secure accommodation. She went on to have further admissions to secure care.

### **Best Interests and the Decision to Admit to Residential Care**

Susan was admitted to foster care when she was seven years old and went on to experience multiple placements with different foster families. Her final foster placement broke down as she approached adolescence and the behaviours associated with her diagnosis became more prominent. She was transferred into a long term children's home and then into short term care.

### **Decision to Refer to the Restriction of Liberty Panel**

Records indicated that the incidences of Susan's self harming and absconding behaviour increased following admission to residential care. Other records noted that she did not function well in a group setting and she was easily influenced by her peer group. Given this information, it could be argued that the repeated use of children's homes by the trust may not have been the best option for her. The decision to transfer Susan from foster care into a children's home provided the trust with a second opportunity to meet her needs in a different care setting with additional resources. Susan experienced elements of placement instability in both care settings and intervention by support services did not prevent her behaviour being high risk during the period under examination.

The staff in the home struggled to engage with her around the underlying causes of her behaviour and this presented a significant challenge to all concerned with her care. It is notable however that one project worker developed a positive working relationship with her which provided a substantive measure of continuity and support in her life. The trust is to be commended for this commitment. However the care plan was hindered by the absence of continuous engagement by child and adolescent mental health services (CAMHS) and other helping services. Her stay in the short term facility was characterised by high risk and absconding behaviour which meant that she did not receive the ongoing treatment that she required. The trust took cognisance of her desire to remain close to her local community and

family as well as being committed to providing stability to her in one specific location. However, it is also worth considering the identified difficulties with group living that she articulated to staff in residential care. The option to manage her elsewhere in a non group setting may have provided a useful alternative in the intervention that took place on her pathway. When in residential care Susan made it clear that she did not wish to be placed in a children's home. This factor, combined with the identified issues about group living, should have carried greater significance in respect of her voice being heard within the care system.

Susan experienced multiple moves during her childhood when she was in a foster care setting. In its 2008 report the UN Committee on the rights of the child registered a "concern at the too frequent moves between places for children in alternative care".<sup>4</sup> Given this comment, the South Eastern HSC Trust may wish to consider the impact of these moves on Susan's life and whether it had been delivering best interest outcomes on Susan's behalf during that period. Susan was admitted to residential care with a range of high risk behaviours that made it difficult to complete on going assessment work and therapeutic intervention. Given this, the trust may wish to consider if the safety plan in place was sufficiently robust to prevent her from being exposed on an ongoing basis to her own vulnerabilities during this time.

### **Outcome of Restriction of Liberty Panel**

Susan was presented to the restriction of liberty panel and was admitted to secure accommodation within two months of being admitted to residential care.

### **Secure Accommodation Order**

Susan remained in secure accommodation for six weeks before returning to the children's home. This placement lasted for four weeks and she was re-admitted to secure care for a further period of three months.

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<sup>4</sup> The UN Committee on the Rights of the Child. The Examination of the UK Concluding Observations, paragraph 44.

## **Kevin**

### **Background**

Kevin is a 14 year old male with a considerable in-care history outside Northern Ireland before his family moved to this jurisdiction. His family came to the attention of social services in the Northern HSC Trust in relation to poor parenting, alcohol misuse and an unstable home life. Kevin's natural father died when he was one year old.

### **Pathway to Secure Accommodation**

Kevin was admitted to residential care and presented to the restriction of liberty panel after seven weeks in the children's home. He was admitted to secure accommodation on the same day as the panel met.

### **Best Interests and the Decision to Admit to Residential Care**

Kevin had lived at home with his mother and wanted to remain in her care but his level of vulnerability remained high. The risk management strategy showed considerable input by his social worker, however, the intervention strategy lacked structured support for him at evenings and weekends, when he had limited parental care or support. This led to increased engagement with the PSNI. It also increased the possibility that Kevin may be taken into care, which occurred four months later.

Undoubtedly Kevin was at risk when in the community however, his stated opposition to being removed from the care of his mother was an early indicator of his unwillingness to positively engage with any alternative care plan. It is important to acknowledge the complex task of helping young people and their families as well as the safeguarding responsibilities that the trust had in this case. However, given his difficult experience in the children's home and considering his right to be heard, it may have been in his best interests for the trust to consider how they could have involved Kevin's mother in such a way that it may have increased his level of co-operation with his care plan. Due to the ongoing deterioration in his parental placement, Kevin was admitted on an emergency basis to a long term children's home.

### **Decision to Refer to the Restriction of Liberty Panel**

When Kevin entered the care system he did not receive specific risk assessment work around his admission to the children's home. It was reported that there was a high level of instability in the placement due to a complex resident case-mix which created an environment that prevented staff from fully responding to Kevin's needs. Support from helping services struggled to engage with him during the period of his placement which left the underlying reasons for his behaviour largely untreated.

Kevin engaged in high risk behaviours and experienced a short but challenging time in the home which did not produce the intended outcomes. The principle of last resort requires the trust to have considered or exhausted all reasonable possibilities for Kevin. The Northern Trust may wish to consider if a more intensive care environment for Kevin, assuming that it was available, may have provided the robust support and intervention that he required. This appears to be an omission in his care pathway, as does the absence of a pre-placement risk assessment which may have indicated the need for a more specialist therapeutic environment to meet his acute needs.

### **Outcome of Restriction of Liberty Panel**

Kevin was presented to the restriction of liberty panel within seven weeks of his admission to the home and was admitted to secure care on the same day.

### **Secure Accommodation Order**

Kevin remained in secure accommodation for three months. He was subsequently returned to the same children's home. This further placement lasted six weeks before he was readmitted to secure accommodation.

## **Joan**

### **Background**

Joan is a 15 year old female who has been known to social services in the Southern HSC Trust throughout her life. Issues of concern at home involved domestic violence, alcohol use and poor parenting. Joan had been on the child protection register for two years and engaged in sexually active behaviour when living in her local community. Joan had identified concerns about her mental health and well being.

### **Pathway to Secure Accommodation**

Joan was admitted to residential care and referred to the restriction of liberty panel after six weeks. She was admitted to secure accommodation within two days of the panel meeting.

### **Best Interests and the Decision to Admit to Residential Care**

Joan had been the subject of ongoing safeguarding concerns and had moved to live with her father. After an initial settled period the situation deteriorated as Joan's underlying needs adversely impacted upon her behaviour. The mental health services struggled to engage with Joan on a consistent basis and it became more difficult to manage her behaviour when in the care of her father, as she became increasingly vulnerable to sexual exploitation by local adult males.

Given her mental health and vulnerability, the absence of a consistent therapeutic service when she lived with her father is of concern. It is notable that the UN Committee called for "Improved facilities"<sup>5</sup> to be employed to meet the needs of children with mental health problems, with particular attention to be paid to children deprived of parental care.

### **Decision to Refer to the Restriction of Liberty Panel**

Joan was admitted to residential care but this admission further exacerbated her behaviours when living in the children's home. Her needs were assessed by a multi-disciplinary team but the subsequent intervention was not sufficiently robust to address her identified needs. The helping services also struggled to engage her on substantive personal issues although it is noted that she engaged more positively with two professionals who worked with her directly in the home.

Joan's social worker stated that, in her opinion, Joan had been "ready for secure accommodation" by the time she was admitted to the children's home. Given this statement and the short and difficult experience she had in the children's home, the Southern Trust, as corporate parent, may wish to

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<sup>5</sup> The UN Committee on the Rights of the Child. The UK report Concluding Observations paragraph 57

consider if the decision to place her into residential care at that stage of her pathway was in her best interests or if she required a more robust form of intervention.

During her interview Joan said she wanted the professionals to "listen to the reasons behind what I was doing". The fact that she did not feel listened to had aggravated her inner chaos, which in turn promoted the ongoing risk taking behaviour. One key reflection from Joan's pathway is that the two services she did engage with involved professionals who carried out direct work with her in the children's home. Her description of a service that failed to "listen to the reasons behind what I was doing" is an insightful reflection into the type of service that Joan felt she needed but did not receive.

### **Outcome of Restriction of Liberty Panel**

Joan was presented to the panel within six weeks of being placed in the children's home and was placed in secure accommodation two days later.

### **Secure Accommodation Order**

Joan spent six weeks in secure accommodation and was subsequently admitted to a long term children's home. She went on to have a second admission to secure care before returning to the same long term children's home.

## **Hannah**

### **Background**

Hannah is a 13 year old female who has been known to social services in the Western HSC Trust since childhood. Hannah was involved with the Police Service of Northern Ireland (PSNI) due to sexually deviant and anti-social behaviour in the community. She was initially cared for at home with monitoring by social services. This was followed by a series of admissions to the Juvenile Justice Centre from the community. She was admitted to secure accommodation and then into a long term children's home.

### **Pathway to Secure Accommodation**

Hannah remained in a parental home setting and had repeat admissions to the Juvenile Justice Centre. She was subsequently referred to the restriction of liberty panel and was admitted to secure accommodation three days after the panel had met.

### **Best Interests and the decision to provide support to Hannah and family**

The trust decided to manage Hannah from her home with social work support and requested a specialist psycho-sexual assessment of her needs. Due to a series of protracted difficulties including legal challenges and the identification of a suitably qualified professional, the completion of this assessment was significantly delayed.

The Convention on the Rights of the Child concluded that "[the state] should adopt special measures to ensure the physical, sexual and mental integrity of adolescents ... who are particularly vulnerable to abuse and neglect. State parties should ensure that adolescents who are socially marginalised are not criminalised."<sup>6</sup> From a human rights perspective, it would appear that, despite frequent planning and strategy meetings around Hannah's case, the ongoing delay in assessment, caused further delay in Hannah getting access to the specialist service she required. The general range of helping services struggled to engage her on a substantive personal and emotional level, leaving her psycho-social condition largely unassessed and untreated throughout this period.

It was in Hannah's best interests to identify an in-patient facility within Northern Ireland that could meet her needs and its absence on this pathway is a notable omission. The UN convention on the rights of the child states that "a young person with a mental disorder has the right to be treated and cared for, as far as possible, in the community in which he or she lives".<sup>7</sup> However, instead of receiving a specialist form of care and treatment Hannah became increasingly exposed to the criminal justice system. Over a seven month period Hannah was admitted to the Juvenile Justice Centre on five occasions.

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<sup>6</sup> The UN Committee on the Rights of the Child. General Comment 4, paragraph 12

<sup>7</sup> The UN Committee on the Rights of the Child. General Comment 4, paragraph 29

Each time she was returned back to home to await the assessment that remained outstanding. This pattern is hard to reconcile with research evidence<sup>8</sup> which indicates that failure to address the underlying issues relating to offending behaviour can lead to sustained involvement with the criminal justice system.

Further complications arose with Hannah being in breach of her bail conditions for not being at home when social services came to visit. Considering this arrangement from the care perspective, it is not clear who was ensuring that Hannah's voice was being heard and represented within the criminal justice service. Following her release from the Juvenile Justice Centre, she was subsequently placed in secure accommodation.

### **Decision to Refer to the Restriction of Liberty Panel**

The timing of the decision to present Hannah to the restriction of liberty panel is significant on her pathway. The United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) has as one of its central values the least possible use of institutionalisation for young offenders. Moreover, the state has a clear responsibility to provide treatment and rehabilitation for adolescents with mental "disorders" and to protect them from psychosocial pressures<sup>9</sup>. It is difficult to understand the rationale that allowed Hannah to remain exposed to her own psychosocial pressures whilst not providing a more robust therapeutic intervention.

It is understood that the multiple admissions to the Juvenile Justice Centre are directed by the court. These admissions were as a result of her offending behaviour and consequently could not fulfil the intense and therapeutic intervention that she required from care services. Given the repeat admissions to the Juvenile Justice Centre, the Western Trust, as corporate parent, may wish to consider the intervention strategies it employed and how it could have had greater impact upon her offending behaviour, whilst simultaneously meeting her therapeutic and care needs.

### **Outcome of Restriction of Liberty Panel**

Hannah was presented to the restriction of liberty panel fourteen months after her engagement with social services. She was admitted to secure care three days later.

### **Secure Accommodation Order**

A secure accommodation order was made in respect of Hannah for three months.

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<sup>8</sup> Office of the Minister for Children and Youth Affairs. The National Children's Strategy Research Series. *Young People On Remand*. Seymour and Butler, 2008

<sup>9</sup> The UN Committee on the Rights of the Child. General Comment 4, paragraph 29

## **Section Four**

### **A Description of the Five Young People who Met the Criteria for Admission to Secure Accommodation but were not Admitted**

#### **John**

##### **Background**

John is a 17 year old male known to social services in the Belfast HSC Trust since shortly after his birth due to parental difficulties relating to alcohol. His natural father died when he was three years old and his mother moved away from Northern Ireland. He was placed in long term foster care where he remained for 10 years. This placement broke down due to a range of behaviours presented by John including absconding and theft. He has a diagnosis of attention deficit hyperactivity disorder (ADHD) and impulsivity and engages in regular use of alcohol and cannabis.

##### **Pathway**

John was admitted to residential care and presented to the restriction of liberty panel on six occasions but there were no available places. He had subsequent repeat, short term admissions to the Juvenile Justice Centre for criminal behaviour whilst retaining his residential placement in the Trust's Intensive Support Unit (ISU).

##### **Best Interests and the Decision to Admit Him to Residential Care**

John had historic involvement with social services and foster care which provided a stable placement throughout his childhood. As John developed into adolescence he established a pattern of anti-social activities and drug use. Following a period of escalating behaviour a decision was taken to admit him into residential care.

##### **Decision to Refer to the Restriction of Liberty Panel**

From his admission to care John's challenging behaviours continued. He was not presented to the restriction of liberty panel until six months into his placement, although the records in the home indicated that he clearly met the criteria for secure accommodation from the outset. When John was presented to the panel there were no available places and he was transferred to an intensive support unit (ISU). Within a few weeks he was presented to the panel a second time. Again there was no availability of places and John was detained in the Juvenile Justice Centre a short time later for breach of bail conditions.

In interview with his key worker comment was made that John was vulnerable, easily led by his peer group and in need of a facility with smaller numbers of young people than the ISU would allow for. Given these factors the decision to place him repeatedly in the same facility appears incongruent with detention as a last resort. This requires all options to have been considered or exhausted, rather than the same option used repeatedly without evidence of improved outcomes. John had engaged with the restorative aspects of the criminal justice system however his cycle of criminal behaviour continued, leaving him exposed to further involvement with the courts. CAMHS had been unable to engage him in a continuous manner, therefore, his underlying addiction and mental health issues remained largely untreated.

John's long term rehabilitation and ongoing therapeutic intervention required continuity of care in a stable setting. Arguably the multiple admissions to the Juvenile Justice Centre were potentially counterproductive to this goal. The UN also acknowledged this tension between the care and justice systems stating that in respect of best interests, the goal of rehabilitation takes precedence over the retributive function of criminal justice when dealing with child offenders.<sup>10</sup> Placement stability is the identified foundation stone for successful care placements<sup>11</sup> and this cycle of short term admissions is hard to reconcile with John's long term best interests. The pattern of admissions to the Juvenile Justice Centre caused disruption to his placement in the ISU. The Belfast Trust, as corporate parent, should reflect on how their intervention plan could have addressed more robustly his offending behaviour whilst in foster care and throughout his time in residential care. The Belfast Trust may wish to consider the consequences for John's pathway by not receiving a place in secure accommodation prior to his first admission to the Juvenile Justice Centre.

### **Outcome of Restriction of Liberty Panel**

John was not provided with a place in secure care. The ISU remained his ongoing placement and he experienced further admissions to the Juvenile Justice Centre.

### **Secure Accommodation Order**

A secure accommodation order was not made during the timeframe under examination in this report.

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<sup>10</sup> The UN Committee on the Rights of the Child. General Comment 10

<sup>11</sup> Stein, M (2005) Resilience and young people leaving care - overcoming the odds, page 4, Joseph Rowntree Foundation.

## **Mary**

### **Background**

Mary is a 15 year old female who had no previous history with social services. She lived with her family when she came to the attention of the PSNI for disorderly behaviour and was referred to social services in the South Eastern HSC Trust the following year due to absconding, alcohol use and sexual activity in her local community.

### **Pathway**

Mary had been admitted to residential care and was presented to the restriction of liberty panel after three weeks, however, there were no vacancies in the unit. Mary remained in the children's home and was admitted to the Juvenile Justice Centre two months later.

### **Best Interests and the Decision to Admit to Residential Care**

Mary had received social work support for one year following a referral from the police. By this stage Mary had a well established behaviour pattern which culminated in a lengthy period of absconding from parental care. She was admitted to residential care as a response to her escalating challenging behaviour.

### **Decision to Refer to the Restriction of Liberty Panel**

Following admission to care Mary's level of alcohol use and absconding behaviour increased as did her association with an older peer group from within the local community. She was presented to the restriction of liberty panel on four separate occasions over a two month period. On each occasion there was no placement available within the unit. Staff in the children's home struggled to engage her on underlying issues. Whilst there was some positive engagement with one project worker in particular, this had a limited impact on her ongoing behaviour pattern in the home.

Mary's behaviour led to her being convicted by the courts of a significant criminal offence. Consequently, she became subject to bail conditions which she breached on 47 occasions. The PSNI was not consistent in its response and there was a continuing lack of availability of places in secure care. In the meantime Mary had resumed her risk taking activities in the community and care staff observed that she felt herself to be untouchable by the adult authorities in her life. Arguably this period is likely to have provided Mary with a diminished sense of personal responsibility about the consequences of her actions.

Eventually, an opportunity arose to enforce the bail conditions through a minor incident in the home. From examination of the case records and interview with staff, this response does not appear to be proportionate to the incident itself. Mary ultimately required a care response which provided an effective means of dealing with the underlying reasons for her ongoing behaviour. However, the intervention plan she received did not place effective boundaries around her activity in the community. The South Eastern Trust, as corporate parent, may wish to consider the consequences of Mary not having received a place in secure accommodation. The principle of detention as a last resort requires that alternatives to secure care should exhaust the options to prevent Mary's liberty being restricted unnecessarily. A greater understanding of why the intervention plan was not more effective on this pathway should be considered by the trust.

Mary was already opposed to the authority of her parents and the care staff. Inconsistent decision making in respect of the bail conditions by her adult carers is neither in her best interests nor is it likely to have encouraged her to engage more fully with those responsible for her welfare. It is also hard to understand how her right to be heard can have been taken seriously. Not only was her liberty restricted on the strength of such a minor incident, it was also not clear who was advocating on her behalf during this period.

### **Outcome of Restriction of Liberty Panel**

There were no places available for Mary in secure accommodation.

### **Secure Accommodation Order**

An order was not made during the timeframe under examination in this report. Mary was subsequently admitted to secure care from the Juvenile Justice Centre. She returned to the care of her parents a few weeks later.

## **Peter**

### **Background**

Peter is a 14 year old male known to social services in the Northern HSC Trust since early adolescence due to incidents of criminal and anti-social behaviour. His home life featured parental alcohol abuse and domestic violence. Peter has addiction issues with cannabis and associated mental health difficulties.

### **Pathway to the Restriction of Liberty Panel**

Peter was admitted to residential care and presented to the restriction of liberty panel twice. He did not meet the criteria the first time and there was no availability of places on the second occasion.

### **Best Interests and the Decision to Admit to Residential Care**

Peter and his family had considerable involvement with social services over a number of years. He developed a pattern of criminal behaviour partly to support his burgeoning addictive behaviour and as a result of peer influence. He was admitted to care in response to escalating behaviour in the community.

### **Decision to Refer to the Restriction of Liberty Panel**

Peter's challenging behaviours continued after his admission to the children's home. The placement underwent an initial period of instability, in part due of the admission of another young person with similar addiction issues. Given Peter's background and the destabilising effect this had on him, as demonstrated through the records in the home, it could be argued that making the placement for the second young person was not in Peter's best interests.

The trust's care plan for Peter initially appeared to lack clarity and highlighted uncertainty about what options were in his best interests. Peter had ongoing mental health issues linked to drug use. However, for his first three months in the home care planning decisions took place without an initial mental health screening or a professional assessment of his psychological needs. This also meant that Peter's mental well being and addiction issues went largely untreated throughout this period.

Peter was presented to the restriction of liberty panel twice during this period but did not receive a placement. The Northern Trust, as corporate parent, may wish to consider the consequences of this. Peter's case files indicated that when the secure care option was not available his care plan took on clearer definition. He was engaged by a multi-disciplinary team which completed intensive work and successfully returned him to home.

Given the principle of detention as a measure of last resort this positive turnaround brings into question how the panel was satisfied that all options had been exhausted or ruled out when he had been presented to them. It is hard not to conclude that this key moment became the catalyst for intensive intervention that he should have had from the outset of his care experience.

Peter's pathway had considerable offending behaviour and significant involvement with the youth justice services. However his criminal behaviour, anti-social activity and drug addiction behaviours continued despite these interventions. It was noted from the case file that there were considerable lapses in time between a criminal offence and the subsequent restorative conference being completed. This leads to concern about the effectiveness of this process from the young person's perspective. The unduly protracted timeframes involved allow for the possibility that Peter's involvement in the restorative framework could become tokenistic.

Due to his offending behaviour and the ongoing restorative process, Peter was also required to complete a number of offending programmes within short intervals of each other. Peter himself described how he felt a bit bewildered at times during this process, and it is not clear how his voice was being heard. Given the way the programmes were structured, his reflection on the process is an important statement. This format of running back to back restorative justice programmes may be neither in his best interests, nor the most effective way of producing the positive outcomes for Peter that are desired by the professionals involved.

### **Outcome of Restriction of Liberty Panel**

Peter was not provided with a place in secure care. He remained in the children's home and following intensive therapeutic work returned to his family home.

### **Secure Accommodation Order**

A secure accommodation order was not applied for by the trust.

## **Lisa**

### **Background**

Lisa is a 14 year old female who had brief involvement with social services in her childhood. Her case then re-emerged during adolescence with concerns regarding her sexual vulnerability in the community. She was admitted to a short term children's home in the Southern HSC Trust for six months before being moved to a specialist foster placement.

### **Pathway to the Restriction of Liberty Panel**

Lisa was in the children's home for six months, she was presented to the panel after four months but there were no places available. She was subsequently transferred out of residential care.

### **Best Interests and the Decision to Admit to Residential Care**

Lisa had been the subject of ongoing safeguarding concerns and had moved to live with her father prior to being admitted to care. She was the subject of regional child protection procedures. However, the trust's interventions were unable to reduce her level of sexual activity and it was considered to be in her best interests to admit her to residential care.

### **Decision to Refer to the Restriction of Liberty Panel**

Lisa initially settled well in the home, however, the situation deteriorated after an admission of another young person with similar vulnerabilities. This had a negative effect upon her and her high risk sexual behaviour re-emerged. Given Lisa's background the admission of the second young person to the home does not appear to have been in her best interests.

The UN Committee refers to the need for the formulation of specific strategies and policies to address sexual abuse that specifically affects this age group. In its recent report the committee called upon the UK government to "intensify its efforts to collect data on the extent of sexual exploitation ... of children."<sup>12</sup> Placing young people in the same children's home with these identified risk patterns can have the effect of intensifying the risky behaviour patterns. Research also shows that within this context, the mix of young people placed in children's homes was a significant risk factor.<sup>13</sup>

Lisa's assessment recommended counselling however a specialist psychotherapist was not available within CAMHS to complete therapeutic work with her during this placement. The other helping services struggled to meaningfully engage with her either. The absence of these services left Lisa

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<sup>12</sup> The UN Committee on the Rights of the Child. The 2008 Examination of the UK, Concluding Observations paragraph 74

<sup>13</sup> Farmer, E (2004). *Patterns of placement, management and outcomes for sexually abused and/or abusing children in substitute care*, British Journal of Social Work, **34**.

exposed to her established behaviour patterns. Lisa's case was presented to the restriction of liberty panel however there were no available places in secure care. The level of concern about her behaviour was so high that she was discharged from the home into foster care on a permanent basis. Given this outcome the Southern Trust, as corporate parent, may wish to consider her needs assessment prior to residential care and the apparent benefits provided by this foster placement as an alternative option to residential care.

### **Outcome of Restriction of Liberty Panel**

Lisa was not admitted into secure care and was transferred to a foster placement.

### **Secure Accommodation Order**

An order was not made during the timeframe under examination in this report.

## **Lynda**

### **Background**

Lynda is a 16 year old female who spent the majority of her life in foster care in the Western HSC Trust. She has had no contact with her mother for most of her life and her father has maintained infrequent contact with her. She had a significant history of alcohol and drug use and engaged in sexual activity.

### **Pathway to the Restriction of Liberty Panel**

Lynda had been admitted to residential care and then transferred to a long term placement. She was presented to the panel during this placement however there were no beds available. She was subsequently admitted to the Juvenile Justice Centre for six months.

### **Best Interests and the Decision to Admit to Residential Care**

Lynda experienced a number of moves in foster care and in later life made an allegation that she had been sexually assaulted during one of these childhood placements. Her final placement broke down during her adolescence due to an increase in challenging behaviours and she was admitted to a short term children's home.

### **Decision to refer to the restriction of Liberty Panel**

Given Lynda's complex family history and the allegation made in foster care, it was concerning that she did not receive a full psychological assessment when admitted to residential care. The absence of such essential information arguably left her vulnerable and made the task of looking after her all the more challenging for the care staff.

Lynda presented significant at risk behaviour when in residential care, which was managed through a series of core group meetings. However, the risk levels evidenced through incident records in her case file demonstrated that it may have been more appropriate to initiate the child protection case conference process. During this period of behaviour she was presented to the restriction of liberty panel but there was no placement available. This is a key moment on her pathway as one week later Lynda was arrested and admitted to the Juvenile Justice Centre for breach of bail conditions.

Lynda was discharged from the Juvenile Justice Centre straight into a semi-independent living facility. This decision has to be questioned, as she had limited preparation work and her readiness to manage such responsibility had not been properly tested. She was also being placed in an environment designed to provide less support and give her more responsibility for her own welfare. It is difficult to reconcile this decision making in respect of her best interests particularly when she was readmitted to the Juvenile Justice Centre a short time later. It could be argued that the poor outcomes from this

placement indicated that the preparation and subsequent intervention plan were not adequate to meet her needs in that setting.

Following her discharge from the Juvenile Justice Centre, Lynda was subsequently returned to the same home one month later. This placement produced similar outcomes with the addition of a joint suicide pact with two other young people. The care planning and risk management decision making that led to the placement of all three young people in the same home at the same time was a high risk option that could have easily led to serious consequences. The UN Committee has repeatedly recognised the special vulnerability of children in institutions especially in relation to suicide amongst adolescents with psychosocial illness and mental disorders. "The Committee is also very concerned about the high rate of suicide among this (adolescent) age group. State parties should provide these adolescents with all the necessary services ... to drastically reduce levels of vulnerability and risk factors."<sup>14</sup>

Given the poor outcomes from her first stay in the home and the short timeframe involved in the Juvenile Justice Centre, the Western Trust, as corporate parent, may wish to consider why it expected better outcomes to be achieved by re-admitting her to the same home without evidence of significant change in her behaviour patterns.

### **Outcome of the Restriction of liberty panel**

Lynda was not admitted into secure care during the timeframe under examination in this report. She was subsequently presented to the panel and admitted to secure care six weeks after being returned to the children's home for a second time.

### **Secure Accommodation Order**

An order was not made during the timeframe under examination in this report.

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<sup>14</sup> The UN Committee on the Rights of the Child. General Comment 4, paragraph 22

## **Section Five**

### **Analysis of the Pathways of the Ten Young People**

#### **Best Interests**

The HSC trusts have a legal and ethical duty to provide young people who are looked after with the continuity of care and support that any good parent would provide. In all aspects affecting a young person's life trusts have a duty to act in their best interests in the decision making processes. In addition to the protection of young people, trusts have responsibility, as corporate parent, to meet the duty of quality in respect of services provided to young people. This means that trusts are accountable for the provision of robust governance arrangements to ensure high quality health and social services including those services which accommodate children and young people.

Each year secure accommodation is populated almost entirely by young people who are in residential care and have highly complex needs. Meeting these needs is a resource intensive activity and poses significant challenges to care providers. This inspection report highlights that, in terms of their best interests, challenges remain with the quality of service provision to this group.

At the point of admission to residential care all 10 young people's cases indicated the preferred care option was to remain in the community or residential care or move into foster care. Yet over time, nine of these young people were presented to the restriction of liberty panel as in need of secure accommodation. The tenth young person was managed at home and subsequently admitted to the juvenile justice centre where he subsequently experienced multiple admissions. Acknowledging the complex behaviours of this group, it is envisaged that young people could receive a service that is increasingly more able to manage such behaviours and prevents them from reaching the threshold for secure care in the first place.

Once admitted to residential care there were examples of good quality assessment work in some children's homes. One trust in particular has developed a multi-disciplinary format that provides good quality in depth assessment of need. However, over the 10 pathways it was not always the case that this led to effective care planning and outcomes for the young people. For example, one young person had multiple admissions to the same children's home despite her risk assessment stating that the placement had increased the frequency and severity of self-harming and absconding behaviours. The case records for the majority of the young people indicated that they did not respond well to a group living environment yet were placed in residential children's homes. This resulted in an escalation in their ongoing at risk behaviours which may have been avoided in an alternative setting. Therefore, each trust may wish to consider the interconnectedness of their assessment outcomes and care planning decision making in terms of achieving better outcomes for highly vulnerable young people.

For these young people, being admitted to care also acted as a conduit to some new or increased risk factors including being bullied, sexual exploitation and predatory adult networks, suicide pacts, and exposure to increased criminalisation. Acknowledging the already existing trauma and the extremity of their behaviours prior to care, it is important to note this as a distinct feature for some young people after they have entered care. In two pathways the young people were moved as the level of risk to them was deemed to be higher had they remained in the children's home. Given these outcomes the trusts may wish to further consider how admissions to children's homes and the subsequent outcomes for some young people could be improved in this context. Developing alternatives to group care may be a significant means of reducing the progress of young people into secure accommodation.

A range of helping services is provided by the trusts to offer therapeutic, timely and supportive interventions to these young people. This report highlights issues of accessibility to quality therapeutic services in all 10 cases. These services appeared to have difficulty in engaging the young people with the consistency and continuity required to facilitate their rehabilitation. Issues arose in all 10 cases where the trust did not always deliver the therapeutic support with a speed and intensity that was commensurate with the crisis unfolding around the young person. That four young people had been admitted to secure care before some of the helping services had even commenced illustrates the vacuum that arose in some support packages being provided. Two young people required mental health services but this was not accessible in a timely fashion. Given this, there are implications for trusts to review and examine how these services can be delivered more effectively.

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 after they did not gain a place in secure care. One young person remained in their residential placement, and the other in a foster placement.

Two issues emerge here. Firstly, in respect of the three that were admitted to the Juvenile Justice Centre the trusts should reflect on the quality of their contingency planning and consider why the intervention struggled to prevent their ongoing anti-social behaviour and criminalisation. Secondly, it would appear that their presentation to the restriction of liberty panel which determined the need for secure care would also appear questionable as two of the young people were able to have their needs met successfully in alternate care options. This would indicate that all options had not been exhausted before their cases came to the attention of the panel.

## Right to be Heard

As corporate parent, the trust has the responsibility to ensure that the health and social services they provide to children and young people are responsive to their views, giving due weight to their voice depending on the age and maturity of the young person. However, the young person's right to be heard is about more than expressing an opinion. Young people in care are a vulnerable group in society and those progressing towards secure care can become marginalised. Their right to be heard is about strong representation by the trust acting in their role as a good parent, to advocate on their behalf and to protect them against discrimination and prejudice.

This report highlights that on all 10 young person's pathways significant issues affecting the young people's lives and stability arose. It could be argued that the trusts could have done more to respond with the provision of advocacy as is required of the trust as a good parent.

The implications for the young people as a result of this included:

- the imposition of unrealistic bail conditions
- multiple moves in residential and foster care
- sexual exploitation by adult males
- suicide pacts with other young people
- peer bullying
- unduly protracted justice processes.

Within this context, the trusts could have been more robust in their interventions and advocacy to ensure effective management of these situations and the support and protection of the young people concerned.

It is undoubtedly a difficult task to listen and respond to young people against a backdrop of chaotic and destructive behaviour and it can be a challenge for their voice to be heard and responded to in the midst of a crisis. However, the onus remains with the trust to assure itself that it has mechanisms in place to provide systems within the health and social care system to allow for the individual young person's voice to be heard.

A repeated theme that emerged from the young people during their interviews was their strong sense of powerlessness and lack of influence over decision making. In each of the pathways young people conveyed to the trust their views in respect of their placement and care plans. Alternative options and proposed solutions were suggested by young people but the young people felt that these were not seriously pursued by the trust. The Interviews with the chairs of the restriction of liberty panels highlighted the considerable tension between listening to the wishes of the young person on one hand and fulfilling their safeguarding responsibilities on the other. Trying to work within these twin pressures is a considerable challenge in childcare. It is not proposed that having pursued all these alternatives would necessarily have resulted in a more positive outcome. However better outcomes may be achieved by exhausting all reasonable and safe alternatives that have some merit in the opinion of the young people.

## **Detention as a Last Resort**

The United Nations connects the best interests of the child, the right to be heard and the need to prevent young people from entering secure care in the first place. The Children (NI) Order 1995 and associated regulations and guidance mirror these principles.

Taking a holistic overview in relation to the 10 young people's cases involved in this inspection, there were defining milestones where intervention deficits could be tracked. These shortfalls ultimately led the young person to the restriction of liberty panel and in the case of five young people, secure care itself.

The first of these milestones can be traced to the point of the young people's admission to care. The findings of this report would suggest that each of the trusts should further reflect on the decision to admit young people to residential care at that particular stage on their pathway. There is merit in considering the pathways of young people who are on the fringes of care and reflecting whether earlier intervention may have prevented them from arriving at that stage. Greater insight on a regional basis, in respect of the reasons why some trust intervention plans have more positive effect than others, prior to the young peoples' admissions to care, is essential to reducing the numbers of young people entering the care system. Increasing the ability to maintain these young people in their own homes and communities, where appropriate, would be invaluable to all involved in front line service provision.

The records and Interviews with front line staff identified some strengths and shortcomings in availability of resources and social work support. The commitment of front line staff was evident in the case files as was the very positive effect of professionals who were adept at the highly skilled task of relationship building with traumatised young people. However, the interviews repeatedly highlighted that greater consideration of the level of support required during evenings and at weekends. The case files highlighted a number of pathways where the intervention plan struggled to keep pace with the speed and intensity of the young peoples' behaviours. This left the young people exposed to a series of vulnerabilities during high risk periods. For almost all the young people this led to increased high risk behaviour, involvement with the PSNI and their subsequent admission to a children's home.

The second definable aspect identified through this inspection was the challenge in accessing timely and effective intervention both within the children's homes and in accessing specialist services. Young people with complex needs require a holistic yet flexible approach to their care, encompassing an integrated response between residential care, secure accommodation and the justice system. Intervention activity needs to focus on their long term best interests and achieving successful rehabilitation and reintegration back into everyday society. The critical reflection by front line staff and managers that did take place on the 10 young persons' pathways

about the level of integrated intervention between the services did not deflect the majority of these young people on their journey to secure accommodation or the Juvenile Justice Centre.

There were some notable exceptions, and in these cases, 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 particularly noted as being of value during times of crisis. The introduction by some trusts of the specialist multidisciplinary teams to engage with young people in residential care is a positive progression in this regard. However, there is scope to consider how the required quality and intensity of support can be more innovatively and uniformly developed to this group of young people on a regional basis.

The final area of practice identified through this inspection was in relation to the operation and effectiveness of the restriction of liberty panels regionally. The restriction of liberty panels are the decision making body which determined which young people were put forward for secure care. As discussed earlier in this report there are inequities in how they are constituted and in their operational practice. 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. As referenced throughout this report this breadth of enquiry was found to be not a thorough as it could be in all pathways. Within this context the lack of the voice of the young person and/or advocate was also an area to be addressed.

The consequence of not getting a place in secure care was considerable for this group of young people. The alternative contingency planning did not provide the robust form of intervention required. Three out of five young people who did not get a place in secure care went into the Juvenile Justice Centre shortly afterwards. The implications inherent in this scenario could imply that the trust, as corporate parent, should have done more to adhere to the principle of detention as a measure of last resort and prevented the young people's pathways from entering a criminal justice regime.

Given that the 10 young peoples' cases involved in this inspection were selected from each of the five HSC trust areas, the trusts should consider the findings of this report and consider how, as corporate parent, they can further act in the best interests of these and other young people in their care.

## **Section Six**

### **Conclusion**

RQIA understands the scale of the challenge faced by the HSC trusts in fulfilling their ethical and statutory duties to young people with complex needs across Northern Ireland. From the vantage point of the regulator, it is essential to contribute to the overall vision of what constitutes best practice and necessary practice to properly meet the needs of these young people.

This report highlights the significant challenges faced by the HSC trusts as they work on a daily basis to meet the needs of young people who meet the criteria for secure accommodation. These young people are 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.

However, there are some very positive comments to make also, especially in relation to the development of the models of intervention in residential care across the region. These provide the necessary focus and theoretical structure to the critical intervention work taking place each day.

In addition, the implementation of bespoke multi-disciplinary teams to work specifically with at risk young people in the care system is a very welcome development, the benefits of which should become evident over the coming years.

This thematic inspection of the pathways of 10 young people who met the criteria for secure accommodation has reflected upon critical features of their journey through the care system. It is hoped that this identification of strengths and deficits in the care they received can be used to inform future improvements in the delivery of services to this particularly vulnerable group.

## **Recommendations**

### **DHSSPS and HSCB**

1. A regional review of the restriction of liberty (ROL) panels should be undertaken to ensure an equitable and consistent approach to the placement of young people into secure accommodation. The review should address the following core elements:
  - An evaluation of the costs/ benefits of a single ROL panel model in contrast to the current five trust ROL panel models
  - The provision of 'greatest need' access across the region in respect of the 16 places available in secure accommodation
  - The development of regional guidelines in respect of the role and function of the ROL panels
  - The role and autonomy of the chair and the group composition of the ROL panels.
  - The introduction of an advocacy role within the panels to explicitly address the human rights principles of 'right to be heard', 'best interests' and 'detention as a last resort'.
  - A model for the measurement and evaluation of outcomes for young people placed in secure accommodation. Data should be collated and analysed and this information should be included in corporate parenting reports and fed into respective trust boards

### **The Five Health and Social Care Trusts**

2. Each trust should review their prevention and intervention strategies to support children and families in the community. This review should address:
  - the trust's capacity for early identification of placements at risk of breakdown in the community
  - the identification of young people on the fringe of residential care or an 'out of home' care setting
  - the trust capacity to provide robust and flexible support to young people whose behaviour requires intensive support intervention
3. Each trust should review how as a corporate parent it can provide prioritised access to specialist therapeutic services to address the health and social care needs for the looked after children in its care.
4. Each trust should implement robust contingency planning when a young person meets the criteria for secure care. Consideration should be given to various forms of intensive support responses to divert young people from restriction of liberty and the criminal justice system.





The **Regulation and  
Quality Improvement  
Authority**

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel: (028) 9051 7500

Fax: (028) 9051 7501

Email: [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web: [www.rqia.org.uk](http://www.rqia.org.uk)