

AN ANNOUNCED INSPECTION OF WOODLANDS JUVENILE JUSTICE CENTRE

June 2018





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**WOODLANDS JUVENILE
JUSTICE CENTRE**

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June 2018





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List of abbreviations

CAMHS	Child and Adolescent Mental Health Service
CHAT	Comprehensive Health Assessment Tool
CJCO	Criminal Justice (Children) (Northern Ireland) Order 1998
CJI	Criminal Justice Inspection Northern Ireland
CSE	Child Sexual Exploitation
DAISY	Drug and Alcohol Intervention Services for Young People
DoH	Department of Health
DoJ	Department of Justice
EA	Education Authority
EOTAS	Education Other Than At School
ETI	Education and Training Inspectorate
HSCB	Health and Social Care Board
IPC	Infection Prevention Control
JJC	Woodlands Juvenile Justice Centre
LAC	Looked After Child/Children
MMPR	Minimising and Managing Physical Restraint
NIAO	Northern Ireland Audit Office
NICTS	Northern Ireland Courts and Tribunals Service
NITC	Northern Ireland Teachers' Council
NOMS	National Offender Management Service
PACE	Police and Criminal Evidence (Northern Ireland) Order 1989 placement
PCC	Personal Control in Care
PPANI	Public Protection Arrangements Northern Ireland
PPE	Protective Personal Equipment
PPS	Public Prosecution Service for Northern Ireland
PSNI	Police Service of Northern Ireland
RQIA	Regulation and Quality Improvement Authority
SBNI	Safeguarding Board for Northern Ireland
SEHSCT	South Eastern Health and Social Care Trust
TCI	Therapeutic Crisis Intervention
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
VES	Voluntary Exit Scheme (of the Northern Ireland Civil Service)
YJA	Youth Justice Agency
YOI	Young Offenders Institution (in England and Wales)



Chief Inspector's Foreword

Fewer children are entering the criminal justice system in Northern Ireland and this is to be both welcomed and expected as early intervention programmes and diversionary schemes take hold. For a small number of children who offend, custody remains the only effective means of keeping them safe and delivering a progressive, child-centred regime.

This cyclical inspection of Woodlands Juvenile Justice Centre (the JJC) confirms that it remains the 'jewel in the crown' for the Department of Justice (DoJ) and is the envy of neighbouring jurisdictions. The small number of children are mostly admitted as a result of their offending behaviour in the community or when in the care of the State. Most benefit from the specialist and individual care provided during their time at Woodlands, but many reoffend on their release and are brought back.

With a declining population and the availability of highly trained staff in an excellent facility, it is entirely appropriate that a Review of Secure Care and Regional Specialist Children's Services is currently underway with both the Departments of Justice and Health recognising the benefits of closer alignment; I would therefore be entirely supportive of the proposal to repurpose the JJC.

Despite the absence of political leadership, I would urge both Departments to publish the Review and after appropriate consultation, take the necessary decisions as soon as possible.

This inspection was led by Tom McGonigle with support from the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI). My sincere thanks to all who supported their work.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

June 2018

Criminal Justice Inspection
Northern Ireland
a better justice system for all





Executive Summary

The last inspection of Woodlands Juvenile Justice Centre (the JJC) was undertaken by Criminal Justice Inspection Northern Ireland (CJI) in September 2014 and the report published in May 2015. It made four strategic recommendations for improvement in relation to bail, the regime, education and healthcare. The Youth Justice Agency (YJA) accepted these recommendations and published a detailed action plan to implement them.

There had been good progress in relation to the strategic recommendations. Inspectors found that:

- bail arrangements had improved, though they continue to require attention;
- the regime had been redesigned to include 17-year-olds and they were being successfully managed by the Centre;
- responsibility for education had been transferred as recommended in the last inspection with the JJC designated as an Education Other Than At School (EOTAS) Centre in May 2016. The Education Authority and a vocational education provider had begun to deliver education in September 2017; and
- although efforts to transfer healthcare provision to a Health and Social Care Trust had been unsuccessful, the JJC had made its own arrangements which have proved effective.

The JJC population was steadily declining - it was 15% less in 2016-17 than in the previous financial year. At the time of this inspection, there were only 15 children in the Centre. This trend was positive insofar as it suggested Northern Ireland was diverting some difficult children from custody and managing them in the community.

However other population trends were less satisfactory. The proportions of Looked after Children (LAC) and those sent to the JJC on Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE) proceedings had both increased since the last inspection. PACE admissions were often of questionable value since 50% were released within 24 hours.

The JJC was still being used when no alternative accommodation was available for children with complex needs and challenging behaviour. Yet the offending profiles of the current group were not significant. Some had no previous

convictions and the others were mainly petty, persistent offenders who had breached the terms of their bail and/or probation orders. Several children had numerous repeat admissions. These factors were beyond the JJC's control and represented inappropriate use of a facility which cost around £8 million per year.

Management remained effective, collaboration with external agencies was good and a number of detailed policies were in place. Despite budget cuts and a 26% reduction in staff, morale was better than in 2015 and staff attendance levels had improved.

A significant childcare ethos prevailed and standards of healthcare were generally good. The building was well-maintained, security measures were effective and at the time of writing, there had been no escapes since the last inspection.

While there is always room for improvement, this inspection found the JJC was essentially fulfilling its legislative remit to *"Protect the public by accommodating children ordered to be detained therein in a safe, secure and caring environment; and work to reintegrate children into the community..."*

High costs and high reoffending rates are common features of custodial facilities for children in any developed society. The JJC was very expensive and outcome data showed it had little impact on the one year proven reoffending rate. However the quality of comparator provision also needs to be considered.

The Chief Inspector of Prisons for England and Wales in their Annual Report for 2016-17 was very critical of all seven children's establishments that he inspected:

*"We reached the conclusion that there was not a single establishment that we inspected in England and Wales in which it was safe to hold children.... The current state of affairs is dangerous, counterproductive and will inevitably end in tragedy unless urgent corrective action is taken..."*¹

The same cannot be said of the JJC where practice was of a good standard. It is imperative that the progress which has been achieved in Northern Ireland's child custody provision over the past 10 years be maintained.

There is a significant degree of commonality between the JJC and Lakewood Secure Care Centre in terms of their populations, staffing and high operating costs. They are less than one mile apart and the similarities suggest that closer alignment between the JJC and Lakewood would improve the care of children and provide better value for money and shared costs. This is the direction of travel proposed by a Review of Secure Care and Regional Specialist Children's Services by the Departments of Justice and Health which is ongoing.

Given the fact that the JJC has been consistently under-occupied and the high fixed costs, it seems eminently sensible that the YJA should actively support the proposal for closer alignment. This will require a vision for secure care, structure, legislation and resources to appropriately address the needs of children who require care and custody in Northern Ireland, a review of relevant Health and Justice legislative frameworks, plus strong leadership at local level.

1 HM Chief Inspector of Prisons for England and Wales Annual Report 2016-17 available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/629719/hmip-annual-report-2016-17.pdf



Recommendations

This inspection report makes one strategic recommendation which can be found below and a further 34 operational recommendations for improvement which are incorporated within the body of the report.

Strategic recommendation



The Youth Justice Agency and the Department of Justice should collaborate with other government departments and agencies to implement the recommendations outlined in the *'Review of Secure Care and Regional Specialist Children's Services'*, particularly in relation to closer alignment between Woodlands JJC and Lakewood Secure Care Centre (paragraph 3.10).



Inspection Report



Introduction

- 1.1 Woodlands Juvenile Justice Centre (the JJC) is located in Bangor, Co Down. It is the custodial directorate of the Youth Justice Agency (YJA), which also had community-based teams that supervise the majority of community-based orders, including the community phase of a Juvenile Justice Centre Order. The YJA is a “next steps” agency, sponsored by the Department of Justice (DoJ), and has its own management board that includes the JJC Director.
- 1.2 In September 2014 the DoJ Reducing Offending Directorate became the sponsor for the YJA. The YJA remains an independent agency, with the Director of Reoffending acting as sponsor and line manager for the Chief Executive.
- 1.3 The Criminal Justice (Children) (Northern Ireland) Order 1998 (CJCO) provides the legislative basis for the JJC’s operation. The Order and supporting JJC Rules are modelled on international best practice, in particular the United Nations Convention on the Rights of the Child (UNCRC) which states that: *“Deprivation of liberty should be avoided wherever possible and alternative disposals provided.”*² The Attorney General for Northern Ireland had provided human rights guidance about conditions of children’s detention, and this was also now incorporated within the JJC procedures.
- 1.4 Three sets of United Nations rules and guidelines are incorporated in the Orders and Rules. They provide for the:
 - protection of juveniles deprived of their liberty;
 - prevention of juvenile delinquency; and
 - administration of juvenile justice.
- 1.5 The CJCO is therefore premised on the expectation that only serious or persistent child offenders should be sent to custody. It includes provisions for diverting children from custody and the maximum custodial sentence that can normally be imposed is two years.
- 1.6 The JJC is the only custodial facility for children in Northern Ireland. It moved into new purpose-built accommodation - which comprises six self-contained living units clustered around an education area - in January 2007. Eight of the 48 places were reserved for girls and it has always been staffed for 36 children.

2 Article 40, United Nations Convention on the Rights of the Child, UN General Assembly, November 1989 available at <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

- 1.7 Children can be sent to the JJC by criminal courts, either on remand or on a sentence. The JJC must accept any child sent there by a criminal court, and there is no right to exclude, nor option to assess suitability before admitting a child. The other route for children to be sent there is on foot of proceedings taken by the Police Service of Northern Ireland (PSNI) under the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE). This is usually overnight or during a weekend, until they can be produced in court.

Purpose and function

- 1.8 The UN Committee on the Rights of the Child states that the goal of rehabilitation should take precedence over the retributive function of criminal justice when dealing with child offenders.³ In keeping with international legislation and best practice, the underpinning purpose of the JJC is explicitly to treat child offenders as children first: The CJCO⁴ states *“The Secretary of State may provide Juvenile Justice Centres, that is to say, places in which offenders in respect of whom JJCOs [Juvenile Justice Centre Orders] have been made may be detained and given training and education and prepared for their release.”*
- 1.9 The JJC Rules came into operation in November 2008. The Rules set out provisions for management of the JJC and a Statement of Aims to:
- protect the public by accommodating children ordered to be detained therein in a safe, secure and caring environment; and
 - work to reintegrate children into the community.
- 1.10 These aims are underpinned by eight principles which emphasise children’s best interests, the creation of a positive environment, fair treatment and partnership working. An internal ‘Statement of Purpose’ and ‘Woodlands Operational Procedures’ which were published in September 2010 reflect the spirit of the Rules, and emphasise the paramount childcare ethos in the JJC. The Operating Procedures were being updated at the time of this inspection.
- 1.11 The general policy intent has therefore been to develop custody arrangements for children that are humane, effective and that measure up to accepted international standards. The current arrangements are administrative only. The DoJ considered introducing legislation to regularise the position and to future-proof the policy, but this was paused in November 2015 to allow for a scoping study of juvenile justice arrangements. One of the proposals made in the scoping study into children in the justice system was a repurposing of the JJC, which is being taken forward through the Review of Secure Care and Regional Specialist Children’s Services, led by the Health and Social Care Board. If its recommendations are to be delivered, then fresh legislation will be required which can address any deficiencies in the current JJC arrangements.

3 The UN Committee on the Rights of the Child, General Comment 10 available at <http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.10.pdf>

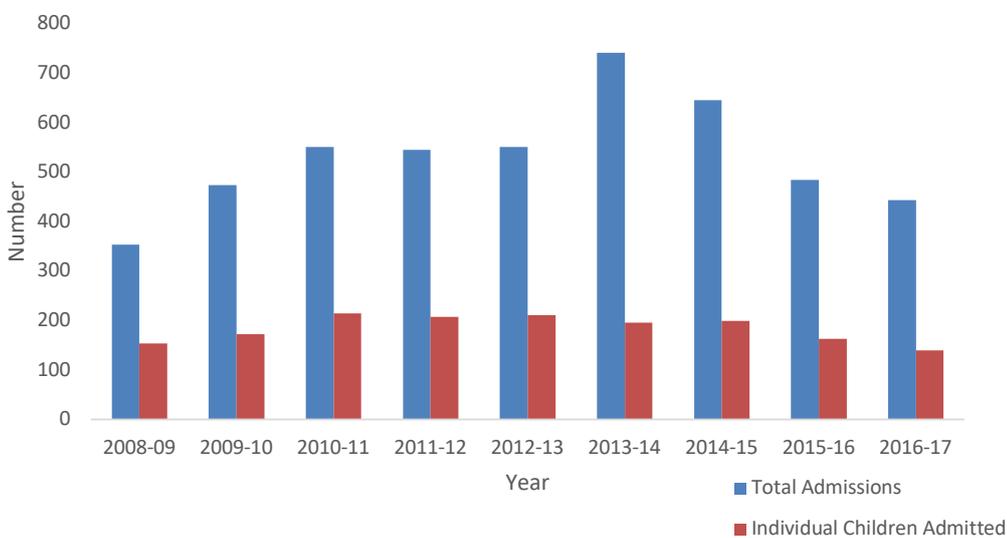
4 Criminal Justice (Children) Order 1998, Section 51 available at <http://www.legislation.gov.uk/nisi/1998/1504/article/51>

2

Profile of the children

2.1 JJC children had distinctive characteristics. Data provided for this inspection shows a population that had been in decline for the past three years. It comprised predominantly Catholic males aged 16-17. Only a minority of the children were sent there on sentence. Many were admitted on multiple occasions; and around 40% were Looked After Children under the care of Social Services.

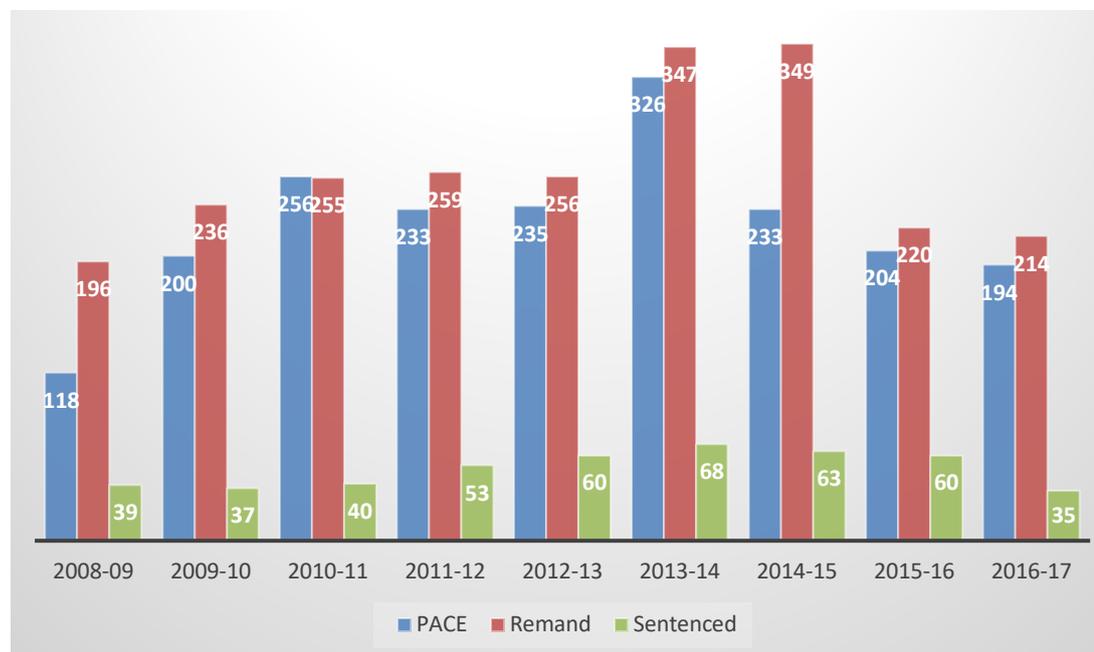
Figure 1 Woodlands JJC total and individual admissions 2008-17



2.2 Unsurprisingly Belfast had the highest single rate of committal to the JJC. In 2017 there was a more even spread of children sent from the other PSNI Districts than in 2015, when children who lived closer to the JJC were more likely to be sent there.

2.3 In 2016-17 the rate for children being sent into custody in Northern Ireland stood at 0.8 per 1,000 population. This represented a significant reduction from the 2012-13 rate of 1.1 per 1,000 children.

Figure 2 Woodlands JJC admissions by status 2008-17



- 2.4 Over the last 10 years the PACE conversion rate remained largely consistent at around 50% each year. This meant that half of the children admitted to the JJC on PACE were released within 48 hours. Many only remained in the JJC for a matter of hours, which suggested custody was not used as a last resort, but because there was no alternative accommodation available at the time of their court appearance. While PACE generated a large number of admissions, it had very little impact on the average daily population.
- 2.5 There was a clear pattern of increased PACE admissions at weekends, with twice as many on Saturday or Sunday than any other day of the week. This had implications for staff deployment as well as other negative consequences including:
- possible diversionary disposals being bypassed;
 - disruption to the JJC regime;
 - the deterrent value of the JJC being lost; and
 - the personal impact on a child, which could be significant.
- 2.6 Considerable efforts had been made to deal with this issue. The JJC routinely challenged police officers when they enquired about a PACE admission in order to ensure more appropriate placements had been explored and an inter-agency group reviewed the operation of PACE procedures and bail conditions for children. There had been some successes and the reduced population trend may be partly due to inter-agency efforts. However it is highly unlikely that the PACE problem will ever be completely eradicated unless legislation is changed.

Figure 3 Woodlands JJC average daily population by status 2008-17

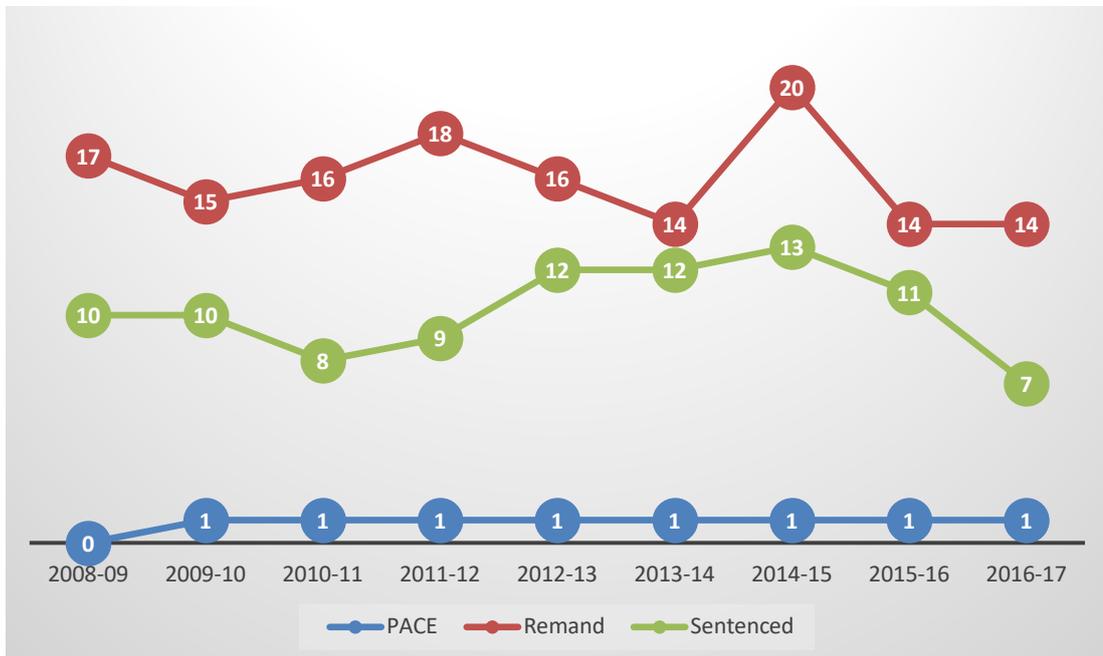
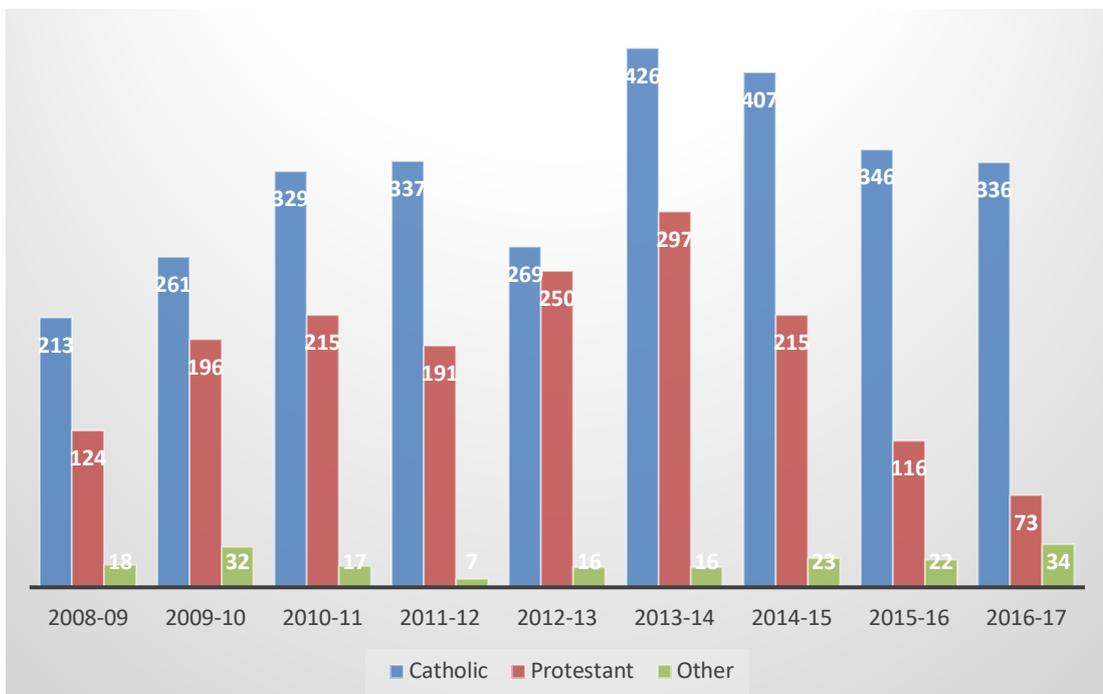
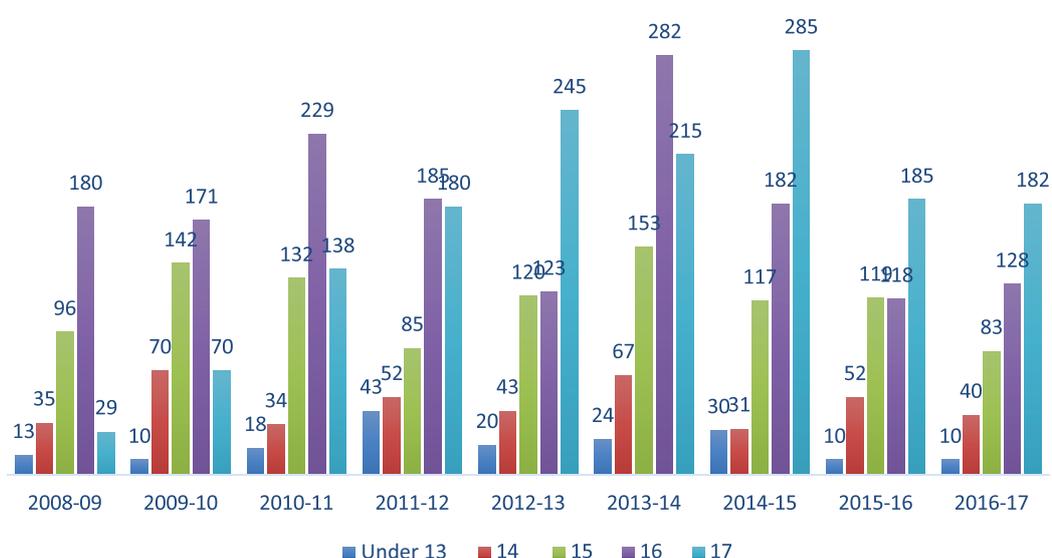


Figure 4 Woodlands JJC admissions by religion 2008-17



2.7 The proportion of Catholic children admitted to the JJC was consistently higher than the proportion of Protestants or other religions. It is concerning that, as well as the actual number of Catholic children admitted, their proportionate representation had increased steadily in recent years: from 57% in 2013-14 to 76% in 2016-17. This matter was not within the control of the JJC. Rather it was a matter for community agencies such as the PSNI, the Public Prosecution Service for Northern Ireland (PPS) and the Northern Ireland Courts and Tribunals Service (NICTS) to address.

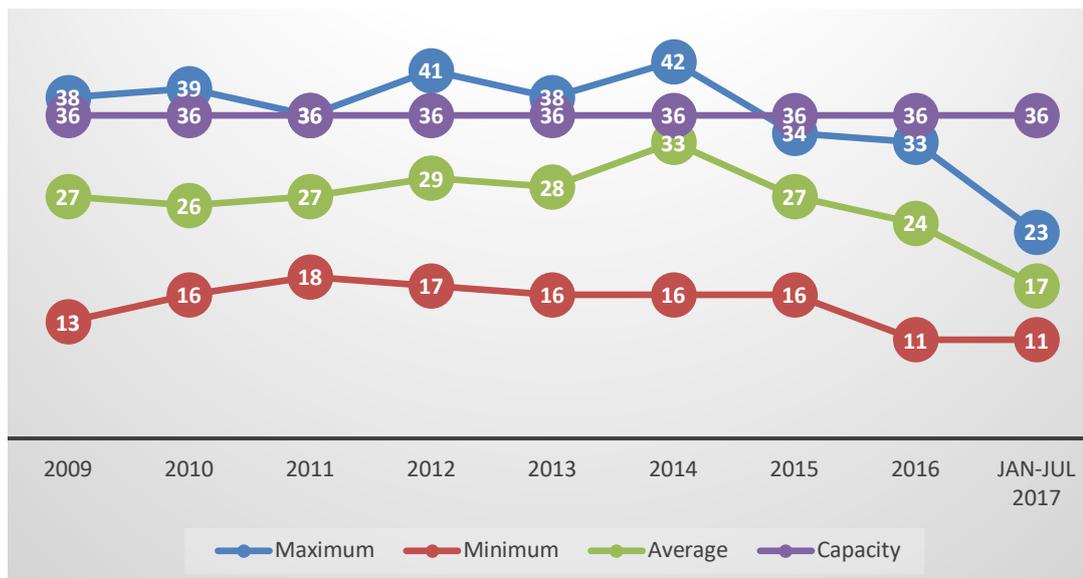
Figure 5 Woodlands JJC admissions by age 2008-17



- 2.8 Figure 5 shows many more 17-year-old children being admitted than a decade ago. The numbers of children under 13 years was appropriately low.
- 2.9 The JJC was routinely staffed for 36 children. It was demand-led and therefore had to provide flexibility. However Figure 6 shows it has consistently operated well below capacity since opening.
- 2.10 The offending profile of the current population was different from 2015. On this occasion we found an average of 30 previous convictions per child, with a range of 0-57. In 2015 the average number of previous convictions was 20, with a range of 1-74. It is however inappropriate to draw firm conclusions as the samples in both inspections were small and easily skewed by individual cases.
- 2.11 While the JJC sometimes held children who were charged with, or convicted of grave crimes, all 15 residents who were there during this inspection were charged with low level offences of dishonesty and behavioural matters. Only a few were known to the PSNI as prolific offenders, but several had breached conditions of their bail or probation orders.

2.12 YJA risk assessment scores for 96 children admitted to the JJC during 2016-17 showed a mean score of 31. This placed them predominantly in the medium risk band.

Figure 6 Woodlands JJC minimum, maximum and average population vs. capacity 2009-17



- 2.13 The average duration of children's stays in the JJC were short. Most releases were unpredictable, as they were determined by the courts following a period on PACE detention or remand. These factors had significant impact on planning and on opportunities to improve social, health and educational outcomes. The average time spent in JJC custody during 2016-17 for sentenced children was 7.7 months, but only 24 days for remands and one day for PACE.
- 2.14 In 2016-17, 39% of the children were Looked After. A total of 20% had a Care Order and 19% were voluntarily accommodated. This had considerable implications as it was difficult to obtain accommodation for many Looked After Children, especially 17-year-olds, when they were being released from the JJC.
- 2.15 The fluid nature of the JJC population meant there might sometimes be only a single girl in the Centre, or none, though this was seldom the case for long. A total of 12% (575/4,786) of all admissions over the past 10 years were girls. During this inspection three of the 15 residents were girls.
- 2.16 A small number of remanded children had been granted bail but preferred to remain in custody and refused to perfect their bail. It is inappropriate that children should remain in custody after bail has been granted. This situation was not legally possible in England and Wales, where children who have been granted bail cannot remain in custody. The Health and Social Care Board had engaged with Health and Social Care Trusts and the Northern Ireland Housing Executive to address this issue, though more remains to be done.

2.17 Inspectors recommended in 2015 that the YJA and its statutory partners should set targets to improve the arrangements for children who did not have a suitable bail address and ensure they could not refuse to perfect personal bail. The YJA had subsequently worked with partner agencies to promote the prospects of appropriate bail candidates, review the proportionality of conditions and manage breaches within children's homes - 50% of all admissions in 2016 resulted from breaches of bail conditions, primarily by Looked After Children who lived in residential care. There had been some success, and the reduced population may be partly due to their collective efforts. However it was very difficult for Social Services to obtain suitable accommodation, especially for 17-year-olds. It is therefore essential that collective efforts continue to address the situation.

Looked After Children

- 2.18 The high numbers of Looked After Children being admitted to custody was similar to the position elsewhere in the United Kingdom (UK). There were considerable challenges in managing Looked After Children who offended, particularly if - as was often the case - their offences were committed against other children or staff in the residential facility where they lived. These challenges cannot be remedied by the YJA alone.
- 2.19 More children were being admitted to care at ages 15 and 16, sometimes with established offending histories and significant substance abuse habits. When combined with greater levels of risk-aversion in residential care settings, recourse to the criminal justice system, including custodial placements, was an inevitable consequence.
- 2.20 Research recently carried out by the Department of Health as part of the Review of Secure Care and Regional Specialist Children's Services, found that in 2016 there were 644 admissions involving 214 Looked After Children to Northern Ireland's four specialist units. A total of 72% of these were to the JJC.

Child custody in England and Wales

- 2.21 The numbers of children in custody in England and Wales had been reduced significantly in recent years. There was no PACE provision, due to distance and costs, and police cells were routinely used to detain children pending their production in court. While undesirable, this was considered preferable to police escorts having to drive children unnecessarily long distances to a facility where they would only remain for a matter of hours.
- 2.22 The majority of remanded and sentenced children in England and Wales were detained in Young Offenders Institutions that were managed by the National Offender Management Service (NOMS) and staffed by prison officers. The purpose-built and well-staffed JJC provided a far superior environment and regime for children who had to go into custody.



Governance, management, staffing and costs

- 3.1 A review of Northern Ireland's youth justice system in September 2011 made 31 recommendations⁵ and the then Minister of Justice published an Implementation Plan in October 2012. CJI reviewed progress in 2013 and 2015⁶ and on both occasions it found a loss of momentum in implementing the Review's recommendations.
- 3.2 A Scoping Study was commissioned by the DoJ in 2015 to further the aims of the Youth Justice Review. The study produced a series of high-level proposals which were to be delivered by an implementation group. However suspension of the Northern Ireland Assembly in January 2017 stymied this work, though officials continued to progress things.

The Review of Secure Care and Regional Specialist Children's Services

- 3.3 In January 2017 the then Health Minister with the support of the Justice Minister commissioned a 'Review of Secure Care and Regional Specialist Children's Services,' led by the Health and Social Care Board (HSCB). This was designed to provide a holistic analysis of the provision offered by Northern Ireland's four regional facilities, the relationship between them and the pathways of children and young people into and between the facilities. The review aimed to identify gaps and consider alternative models that might better meet the needs of children; and to address problems such as the overuse of PACE admissions and further criminalisation of children for anti-social behaviour in residential care.
- 3.4 Research carried out by the DoH as part of the review identified a significant degree of commonality between the JJC and Lakewood Secure Centre, including high operating costs, similar staff requirements and populations that present complex and challenging behaviours. The research findings pointed to a need for standardised staff training and behavioural control methods. It concluded that the JJC model was operating most effectively.

5 A review of the Youth Justice System in Northern Ireland Reference, September 2011 available at <https://restorativejustice.org.uk/sites/default/files/resources/files/Report%20of%20the%20Youth%20Justice%20System%20in%20Northern%20Ireland.pdf>

6 Monitoring of Progress on Implementation of the Youth Justice Review, CJI, December 2013 available at <http://www.cjini.org/getattachment/c1e0f527-fef3-439d-a4aa-a6f414a7ff0d/picture.aspx> and Monitoring of Progress on Implementation of the Youth Justice Review, CJI, December 2015 available at <http://www.cjini.org/getattachment/355260de-ceb0-43f8-ad83-e91fee363dd1/picture.aspx>

- 3.5 While the review has yet to report, it is expected to make several radical and far-reaching recommendations. The most significant of these indicates closer alignment between the JJC and Lakewood facilities and resources given their similarities, close proximity and the fact that the same children frequently transfer back and forth between both centres.
- 3.6 The YJA and its sponsor body, the DoJ were always keen to promote more collaborative working between the Departments of Health and Justice to improve outcomes for children. The proposed alignment would require a review of the Health and Justice legislative frameworks. New management and governance arrangements, structure, legislation, resources and oversight arrangements would also be required.
- 3.7 This would be by far the most strategic development to affect the JJC since it opened in 2007. It broadly accords with the thinking in the DoJ's scoping study into Children in the Justice System,⁷ regarding the development of a closely aligned Health and Justice facility to provide support to children with psychiatric, substance misuse and behavioural problems, encompassing step-up and step-down intensive units.
- 3.8 The Scoping Study also aspired to repeal all orders relating to community and custodial disposals for under 18-year-olds, to create new custodial orders and community orders and include provisions relating to the use of remand and bail.
- 3.9 A Children's Bill had been put onto the Departmental Legislative Programme in order to progress this thinking, with a view to introduction in 2020. However this work was halted due to suspension of the Northern Ireland Assembly in January 2017. If and when the Assembly reconvenes, it will be for new Ministers to determine the pace of progress. In the meantime the YJA and the JJC should proactively engage with others in planning for the future along these lines.
- 3.10 If the changes are to be delivered in their entirety, then a far-reaching change programme would have to be initiated for the JJC and the other specialist providers in Northern Ireland. The intention is to 'repurpose' the JJC into a multi-use facility for all children who require secure placements, supporting them in a welfare, rather than justice, setting. It is envisaged that issues such as the overuse of custody for PACE placements, and debates about whether health or criminal justice providers should be responsible for the welfare needs of child offenders, could be resolved to a large extent through addressing the locus and purpose of the JJC.

7 Northern Ireland Assembly Official Report (Hansard) Monday 14 March 2016, Volume 113 No.4 available at <http://data.niassembly.gov.uk/HansardXml/plenary-14-03-2016.pdf>

Strategic recommendation

The YJA and the DoJ should collaborate with other government departments and agencies to implement the recommendations outlined in the 'Review of Secure Care and Regional Specialist Children's Services,' particularly in relation to closer alignment between the JJC and Lakewood Secure Care Centre.

Staffing

- 3.11 As a result of budget cuts and the Northern Ireland Civil Service (NICS) Voluntary Exit Scheme (VES) the JJC staff complement had changed dramatically since the last inspection. On 31 October 2017 there were 126 staff in post, 44 (26%) less than in 2015. This included 19 staff who were employed by the Education Authority, healthcare and private contractors. A total of 107 people (103.25 Full Time Equivalents) were employed directly by the YJA. Of these, 62% were female; 66% were Protestants; and 34% were Catholics. Since the last inspection (in May 2015), 67 staff had left and 23 new staff had commenced work in the Centre.
- 3.12 A total of 32 of the current staff complement were professionally-qualified social workers. Interdisciplinary relationships between residential staff and teachers had improved since the last inspection; and the ageing profile of the workforce was no longer the cause of concern that it had been in 2015.
- 3.13 The departure of so many experienced staff, many without replacements, meant that managers had to prioritise personnel matters and shift patterns were changed to meet business needs. Unit Manager and Team Leader roles were redesigned and several people were redeployed. The Healthcare and Education teams had to be completely rebuilt.
- 3.14 A transfer to NICS terms and conditions of employment which was finalised in 2017 however meant that salaries increased and were better than in most other residential facilities. By November 2017, the JJC had a good mixture of staff qualifications and experience. It was reinvigorated by 10 recent appointees including new night care supervisors.
- 3.15 There was no staff sick leave data available for the JJC at the time of the inspection as the calculation was only being done for the entire YJA following transfer to NICS terms and conditions of employment. However sick leave was reported by JJC management to have reduced considerably since the 2015 inspection. There were six staff on sick leave during the week of this inspection. Managers were alert to the risk of sick leave rising in line with population increases and incidents of challenging behaviour by children.
- 3.16 Clear reporting lines, disciplinary and grievance procedures, financial checks and balances, and independent audit arrangements were in place and functioning properly. A full range of up-to-date corporate documentation was in place. JJC business formed a significant element of the YJA Management Board's monthly meetings and their minutes showed appropriate stewardship by YJA headquarters.

- 3.17 There was ample evidence of effective internal communication processes at the JJC. Inspectors observed meetings and saw minutes of residential, Heads of Service and daily planning meetings. All dealt with relevant issues and had appropriate levels of delegated authority. Staff reported that supervision and appraisals were being undertaken as part of accountability and support mechanisms. All grades of staff and trade union representatives suggested that management was robust but fair. Structures for staff supervision and care were intact.
- 3.18 The findings of unannounced monthly monitoring visits by the YJAs Management Board, and biannual unannounced CJJ inspections, had been invariably positive since the last inspection.
- 3.19 The JJC had contracts and some informal arrangements with voluntary and community sector providers to deliver services in the JJC. They included the Conservation Volunteers, NIACRO, Opportunity Youth, the local Baptist Church and the Duke of Edinburgh's Endeavour Award. A number of children who were known to the Children and Adolescent Mental Health Service (CAMHS) were involved in the Drug and Alcohol Intervention Services for Young People (DAISY). The JJC made its facilities available for external agencies in certain circumstances. These links were working well and provided the benefit of bringing external visitors into the JJC, which is important in a secure residential setting.
- 3.20 Training had been important in re-establishing an effective staffing group following the dramatic reduction in experienced staff. During the past two years the priority had been to train all staff in Minimising and Managing Physical Restraint (MMPR). This replaced Physical Control in Care (PCC) and Therapeutic Crisis Intervention (TCI) as the approved methods of behaviour management and physical restraint. Supervisory management training was provided for Team Leaders and leadership; and induction training was provided for all new Care Workers and Night Support Staff.
- 3.21 Woodlands Training Plan 2017-18 outlined refresher training in Child Protection and Safeguarding procedures; Infection Control; and Health and Safety. Inspectors noted gaps in the plan in relation to understanding the effects of trauma on children, as well as specialist needs for example, learning disability and attention deficit hyperactivity disorder (ADHD).
- 3.22 A well-established structure of team meetings, individual and group supervision was in place for all grades, for care workers as well as practice nurses. Staff identified opportunities for reflective practice, though suggested they would benefit from a more structured approach to support their professional development. They also commented on the difficulty of maintaining consistent practice within teams.

Operational recommendation 1

A review of additional training needs identified by staff should be undertaken and a bespoke programme developed to meet any needs that are agreed as relevant to manage children with complex behaviours. The review should ensure reflective practice opportunities are provided to deliver better consistency of practice by staff between houses.

Costs

- 3.23 In 2016-17 the JJC's operating costs were £6.64m. This figure excluded corporate overheads, which were significant, because they were skewed by an exceptional payment of £5.6m in relation to the VES and NILGOSC⁸ pension scheme. This amount and a payment of £8.4m in 2015-16 were largely attributed to the JJC accounts given the higher number of staff either directly employed there or associated with the Centre during those periods.
- 3.24 Most of the JJC's costs were fixed with salaries accounting for 90% of expenditure. Table 1 shows the JJC costs calculated per place and per occupant, with and without reallocation of Corporate Services overheads. Each is a valid calculation and each yields quite different results. Whatever way the figures are calculated, it is clearly expensive to manage children in custody.

Table 1 JJC Costs 2007-17

Year	Places	Occupants (Average no)	Cost exc. Corporate Overheads (£)	Costs inc. Corporate Overheads (£)	Cost per Place exc. Corp Overheads (£)	Cost per place inc. Overheads (£)	Cost per occupant exc. Corp Overheads (£)	Cost per Occupant inc. Overheads (£)	Ratio of Cost per place to Cost per occupant (%)
2016-17	48	22	£6,643,820	£10,722,524	£138,413	£223,386	£288,862	£466,197	208
2015-16	48	26	£6,943,534	£12,686,586	£144,657	£264,303	£267,059	£487,946	184
2015-15	48	34	£7,650,287	£10,554,614	£159,381	£219,888	£225,008	£310,430	141
2013-14	48	27	£7,835,966	£10,055,211	£163,249	£209,484	£290,221	£372,415	178
2012-13	48	29	£7,750,188	£10,353,277	£161,461	£215,693	£267,245	£357,010	166
2011-12	48	28	£7,460,565	£9,664,505	£155,248	£201,344	£266,449	£345,161	171
2010-11	48	27	£7,283,815	£9,400,667	£151,746	£195,847	£269,770	£348,173	178
2009-10	48	27	£7,599,189	£10,478,468	£158,316	£218,301	£281,451	£388,091	178
2008-09	48	27	£7,866,480	-	£163,885	-	£291,351	-	178
2007-08	48	32	£7,481,040	-	£155,855	-	£233,783	-	150

- 3.25 The Northern Ireland Audit Office (NIAO) calculated that the average annual cost of custody for each child in Northern Ireland was £324,000⁹ since 2009. The NIAO also indicated that the JJC average cost per occupant was more than four times higher than Young Offenders Institutions (YOI) in England and Wales; and it was also much more expensive than two other comparators - Secure Training Centres (£178,000 average cost) and Secure Children's Homes (£212,000). However, the comparator costs did not include services that the JJC provided such as education, healthcare, nor corporate overheads. Excluding corporate overheads the average cost per occupant in the JJC over the last four years was £268,000, which was still 26% higher than the cost of Secure Children's Homes.
- 3.26 Northern Ireland did not have the same critical mass of children requiring custody and was therefore unable to achieve similar financial efficiencies as England and Wales. Nonetheless, in the current financial climate it remains incumbent on JJC managers to continuously review and rigorously manage and reduce operating costs, while avoiding any negative impact on the regime for example, by ensuring appropriate grades of staff are recruited and deployed in various specialist areas of the Centre.
- 3.27 The JJC had reduced its operating costs by £1m since the 2015 inspection. The cost per place fell by over 15% during the same period, though lower occupancy rates saw the ratio of the cost per place to cost per occupant rise.
- 3.28 The JJC offered an alternative cost per place calculation based on a daily population of 32, but with an upper tolerance of 36. Although this idealised model was of limited validity since it excluded corporate overheads, depreciation and notional costs, it was nonetheless another comparator.

Table 2 Woodlands JJC and comparator costs per place

Comparator	Operating Capacity	Cost per Place (£,000)
Secure Children's Homes, Scotland	18	296
Oberstown, Dublin	54	303
Secure Children's Homes, England and Wales	variable	212
Woodlands, JJC	36	185

- 3.29 Lakewood had 16 places and usually ran at over 90% occupancy. It cost £5,410,000 in 2016-17. This gave a combined annual cost of around £13m for less than 40 children to be held securely in Northern Ireland at any point in time for justice or care reasons. When considered along with the very high costs for a small number of children who went to specialist centres in England immediately after leaving the JJC, there is clearly merit in closer alignment between the JJC and Lakewood in the interests of good childcare and cost efficiencies.

9 Managing Children who Offend, NIAO, July 2017 available at https://www.niauditoffice.gov.uk/sites/niao/files/media-files/174770%20NIAO%20Managing%20children%20who%20offend_Fnl%20LowRs_5.pdf

- 3.30 The reoffending rates of children who have been in custody are broadly similar in every developed society. While reoffending rates and costs are very important, they are not the only measure that needs to be assessed and compared when inspecting child custody.
- 3.31 The quality of the provision is also critical. In that respect the Chief Inspector of Prisons for England and Wales Annual Report for 2016-17¹⁰ outlined serious concerns about the seven facilities that he had inspected that year.

"The outcome of inspections of the custodial estate for children and young people has been very troubling....in early 2017 I felt compelled to bring to the attention of ministers my serious concern about our findings....By February this year we had reached the conclusion that there was not a single establishment that we inspected in England and Wales in which it was safe to hold children and young people....The speed of decline has been staggering.

...We have seen regimes where boys take every meal alone in their cell, where they are locked up for excessive amounts of time, where they do not get enough exercise, education or training and where there do not appear to be any credible plans to break the cycle of violence.

...The current state of affairs is dangerous, counterproductive and will inevitably end in tragedy unless urgent corrective action is taken....All of the STCs [Secure Training Centres] were judged to be insufficiently safe, with poor behaviour management, high levels of violence and overuse of force to manage children."

- 3.32 It is imperative that Northern Ireland takes account of these findings, especially as inspection reports and other oversight demonstrates considerable improvements here since the JJC opened in 2007. It would be a retrograde step if financial considerations were to justify a return to the past and risk similar criticisms from oversight bodies here.
- 3.33 The NIAO report also cast doubt on the accuracy of the YJA's published information, indicating inconsistent definition of performance targets and inconsistencies in data recording. This resonated with previous CJI findings. In 2015 Inspectors recommended the JJC should develop its database to capture more detailed information about the offending profile of its population, including repeat admission rates. The YJA accepted the recommendation but could still improve their performance in this area of accountability. For example, some data was represented as percentages while others were represented as actual incidents/events; and data was varyingly represented in both calendar and financial year formats.

Operational recommendation 2

The YJA should benchmark its custody quality and costs against other regions; benchmark quality and costs against similar services in other jurisdictions; and standardise its counting rules.

10 HM Chief Inspector of Prisons for England and Wales Annual Report 2016-17 (pgs9-10) available at http://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2017/07/HMIP-AR_2016-17_CONTENT_11-07-17-WEB.pdf



Care of children

- 4.1 The JJC placed considerable emphasis on meeting the needs of the children in its custody. Its *'Operational Procedures and Statement of Purpose'* were derived from the Northern Ireland Strategy for Children 2006-16¹¹. They state that the JJC will operate "...safe, secure and caring environments that address the needs of the child whilst reducing the risk to and from others... The centre contributes to the aim of reducing offending behaviour by delivering a co-ordinated and consistent programme of interventions aimed at challenging children about their attitudes, thinking, behaviours and consequences of their offending behaviour."
- 4.2 An explicit childcare ethos was evident and staff worked hard to create a caring atmosphere in the JJC. External relationships with Health and Social Care Trusts and other agencies were reported as positive.
- 4.3 The regime delivered planned activities throughout each 24 hour period. Care teams addressed needs through programmes, pro-social modelling and monitoring from the point of rising in the morning until bedtime. Staff ate with the children and oversaw visits between them and their parents/carers and professional representatives.
- 4.4 The regime was designed to address wellbeing and physical health issues such as regulating sleep patterns and diet control as well as rest periods for children. This involved close observation of children's behaviour when in their rooms.
- 4.5 The JJC had continued to invest in staff training and accreditation. Its Physical Control in Care licence expired in 2015, so a replacement was required. During 2017 a new accredited system of physical restraint was introduced - Minimising and Managing Physical Restraint (MMPR). Each member of staff received five days initial training, which was provided by the NOMS; and refresher training was also required on a six-monthly basis. MMPR had improved staff confidence and they reported that body worn cameras - which were introduced as part of the process - were especially helpful in defusing situations.

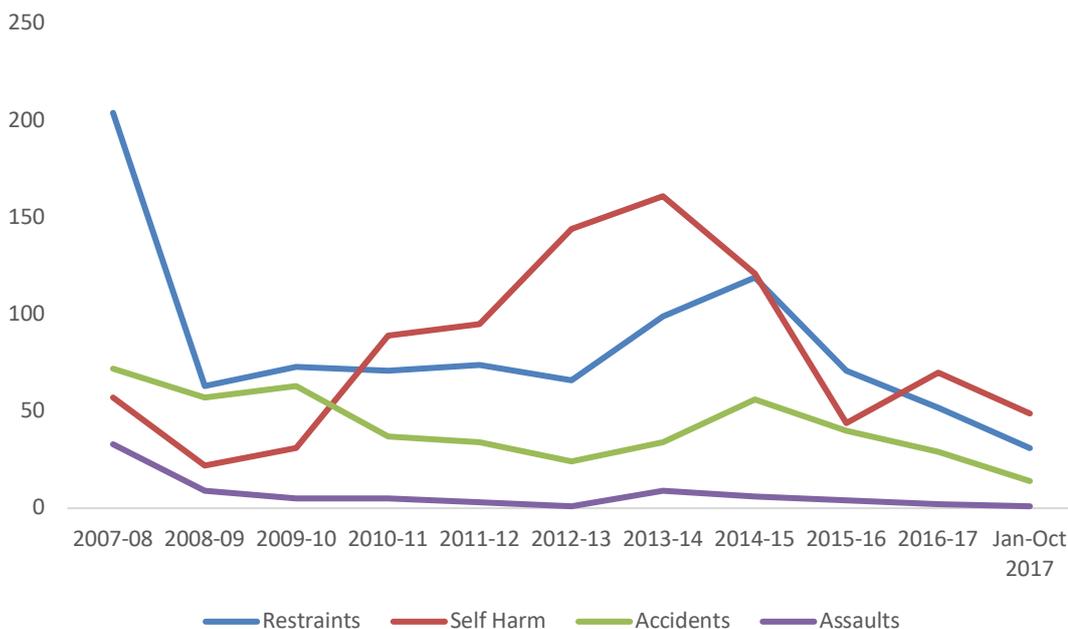
11 Our Children and Young People – Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016 available at <https://www.education-ni.gov.uk/sites/default/files/publications/education/ten-year-strategy.pdf>

- 4.6 Comprehensive governance and oversight were built into the MMPR process. It provided a national quality assurance and reporting process and feedback from the lead trainer suggested the JJC restraint rates were much lower than in any of the three comparable sectors in England and Wales where the Chief Inspector of Prisons Annual Report for 2016-17 found:

“Self-harm rates running at 8.9 incidents per 100 children compared with 4.1 in 2011. Assault rates were 18.9 per 100 children, compared with 9.7 in 2011.... The proportion of boys engaged in a job (16%), vocational training (11%) and offending behaviour programmes (16%) across the YOIs was lower in 2015-16 than at any point since 2010-11.... The speed of decline has been staggering....

- 4.7 Since the JJC opened its managers had emphasised the removal of institutional responses by staff to poor behaviour and self-harm. This led to a continuing reduction in the use of force since 2007 as illustrated in Figure 7.

Figure 7 JJC restraints, self-harm, accidents and assaults 2007-17



- 4.8 Self-harm rates were frequently due to children coming off drugs as they entered custody. High levels of complex needs often had an adverse impact on children’s emotional stability. JJC staff reported that the requirement to adhere to rules and boundaries could have a beneficial impact upon children by helping to stabilise their behaviour.
- 4.9 Most self-harm incidents involved superficial cutting, and some involved ligatures. A disproportionate number involved girls, which corresponded to a UK-wide higher rate of self-harm among female adults and female children in custody. Many restraints were initiated in order to prevent self-harm and several of the assaults on staff arose when they intervened in disputes between children.

- 4.10 Records were audited by management to ensure staff behaved consistently and proportionately, and incidents were monitored by gender, religion, location and type. Inspectors' examination of the data and underpinning documentation did not reveal disparities on any of these grounds. YJA managers shared their analysis with staff and encouraged exploration of reasons and methods of reducing incidences even further.
- 4.11 At the time of this inspection staff were still becoming accustomed to the MMPR requirements. In one file that Inspectors viewed the incident report was not completed, the risk assessment was not updated, details about the incident were not included in the child's progress records, and there was no evidence of reflection with staff or the child.

Operational recommendation 3

JJC management should undertake routine audits to ensure that all staff trained in MMPR adhere to the agreed procedure before, during and after an incident of physical intervention.

Single separation and sanctions

- 4.12 There were 534 single separations in 2016, down from 820 in 2015. As well as a nett reduction, this was also proportionately lower within the overall JJC population. Single separation entailed children being temporarily kept apart from other children in their residential group, normally by going to their bedroom.
- 4.13 Children did not make any complaints about being separated. The additional time to be spent in their rooms was limited and they had access to reading material, games and television while locked. Some actually preferred separation as they did not cope well in groups, and the residential houses' atmosphere could be claustrophobic when seven or eight children were congregated there with staff.
- 4.14 Although the majority of separations were of short duration, Inspectors identified concerns about the recording in some instances. In three cases the files did not contain evidence to justify continued separation, there was no clear exit plan in place, or the placement was contrary to advice from a psychologist and mental health practitioner.
- 4.15 Managers were mindful of the need to comply with the JJC Rules which require the shortest possible time in separation and regular reviews. Safeguards included 15 minute observations for children while locked. All children's appointments were maintained during periods of separation and out-of-room education, social and recreational opportunities continued to be provided on a risk-assessed basis.

Operational recommendation 4

Staff should ensure that children are separated for the shortest time possible and the recording of decisions taken following any dynamic risk assessment process by staff should clearly demonstrate the justification for continued separation. Audits of compliance with this standard should be routinely undertaken by management.

Operational recommendation 5

The Management of Challenging and/or Difficult Behaviour policy needs to be updated as it has been outdated since 2014.

- 4.16 There were 691 sanctions in 2016. A total of 70% entailed an adverse report and the next most commonly-applied were early bed (13%) and temporary reduction in regime level (7%). The impression was of a proportionate response that was based on incentivising children rather than punishing them. Children said they understood the process and recognised the benefits of an early return to former status when they transgressed. The template format for recording sanctions prevented the recording of some details about incidents.

Operational recommendation 6

There should be a clear behavioural management plan in place to direct the care and treatment of each child. This should include a step by step action plan to identify triggers and prevent incidents from occurring.

Operational recommendation 7

Support and training should be provided for residential staff (by the clinical psychologist when they are in post) on managing children who challenge the service.

Regime

- 4.17 The children told Inspectors they felt safe in the JJC. They were able to describe the progressive regime and knew how to make progress. Some said they appreciated the opportunity for a break from chaotic lifestyles in the community.
- 4.18 The JJC buildings were designed for a 10 to 16-year-old population and its staffing model was relationship-based with a child-centred approach. It used incentives which allowed children to earn privileges that could also be forfeited for misbehaviour. A five-tier regime, with commensurate privileges, was in place and there was good buy-in from children. Infractions were met with reasonable penalties and restoration of privileges could be earned quickly. The JJC did not undertake full body searching of children.

- 4.19 The CJI 2015 inspection report recommended the JJC regime should be redesigned to ensure it would meet the needs of the changing population, including 17-year-olds, who up until then were being detained at Hydebank Wood. There was considerable trepidation among staff about the prospect of accommodating 17-year-olds. However their fears were not realised. The regime was amended to include extra-curricular activities and the vocational educational programme was now predominately aimed at post school leavers. A suite of offence reduction and social development programs were predominantly delivered on Saturday mornings.
- 4.20 No children had been transferred to Hydebank Wood for misbehaviour since the last inspection, but nine had transferred in 2017 upon reaching the age of 18. Some children were kept in the JJC beyond their 18th birthday if their release date was soon afterwards. This was good practice in order to avoid disruption and provide continuity of care planning.
- 4.21 A separate night support staff group was on duty between 9pm and 8am. During night hours each house had a dedicated night support worker to monitor the children's wellbeing and conduct.
- 4.22 Basic provision such as food and laundry remained of a high standard in the JJC. Staff normally ate alongside children in the communal area of each house. The houses were clean, warm and tidy.
- 4.23 Inspectors were advised by staff and children that there was no menu choice for lunch or evening meal. This was in order to avoid waste and minimise costs. Cutlery was counted in and out and children were not permitted to leave the tables until this was done. A maximum of two children were permitted at each table.

Operational recommendation 8

Staff should engage with children to develop nutritious meal choices - this could be achieved through working with the VOYPIC [Voice of Young People in Care] advocate or the JJC's Youth Forum.

Assessment, planning and case recording

- 4.24 Inspectors viewed several children's files. They had a consistent structure and were reasonably easy to follow, though were voluminous in some cases. All necessary statutory records including court orders and reports, criminal records, risk assessments, minutes of planning meetings and keyworker assessments, were on file and there was evidence of liaison with external agencies. There was also evidence that management undertook audits and provided feedback as a component of the staff supervision process.

- 4.25 Children and their parents were actively included in meetings, their contributions were heard and formed part of the process along with JJC staff, social workers, probation officers and others. The approach was holistic, with accommodation, health and court requirements considered in detail. Everything was clarified to ensure children understood their options.
- 4.26 Each file that we examined had been audited by a team leader. There were examples of key work sessions though they contained limited information in relation to the impact and outcome of the sessions for each child. Detail tended to centre on session content rather than analyse progress.
- 4.27 There was plentiful evidence in files of liaison with relevant partners such as the child's family, Social Services, children's homes, health, youth justice services and legal representatives. Staff were also trying to develop better feedback mechanisms and some children had been informally interviewed about their experiences when they were leaving the JJC.

Operational recommendation 9

JJC managers should introduce a formal debriefing interview with children before they leave the Centre in order to obtain their views on improvements that could enhance the experience of others.

Operational recommendation 10

Care plans should be written in a format that is easily understood by children, including those who have poor literacy skills.

Safeguarding

- 4.28 The YJA revised its safeguarding procedures in October 2017. This document was an interim revision of the YJAs 2015 policy and at the time of writing had not yet been approved by the Management Board. The proposed date of implementation was 1 January 2018, which was intended to take account of the Safeguarding Board for Northern Ireland's (SBNI) review of its procedures. All relevant staff received child protection training, refresher training was provided every three years and managers undertook Designated Safeguarding Officer training.
- 4.29 There was a child protection file in each unit. The JJC had made 68 safeguarding referrals to Social Services since the last inspection. All of these concerns were disclosed in the JJC, though only three arose following the child's arrival at the Centre.
- 4.30 Proper procedures were followed in each case. While evidence was available of referrals having been made to the appropriate authorities, in some cases the relevant Health and Social Care Trust had not formally acknowledged receipt of the referral. These failures were routinely notified to Trust senior managers.

- 4.31 Safeguarding was a regular feature of reports to the YJA Management Board. The JJC and the YJA were represented at appropriate levels on Northern Ireland's child protection structures. In addition to dealing with current concerns, JJC managers had established protocols with senior PSNI officers and South Eastern Health and Social Care Trust (SEHSCT) officials to review historic allegations and Child Sexual Exploitation (CSE) cases.
- 4.32 The YJA was represented on the SBNI which entailed a duty to co-operate under The Safeguarding Board Act (Northern Ireland) 2011. It was also represented on the SBNI subgroups including its Case Management Review Panel, local Safeguarding Panels and the local Strategic Liaison Group on missing children and children at risk of child sexual exploitation.
- 4.33 A Youth Justice Agency CSE audit was carried out in June 2017. It confirmed that staff were cognisant of their responsibilities in respect of CSE. JJC staff were complying with the requirement to complete timely CSE assessments. On the whole the picture in relation to CSE was positive.
- 4.34 There had been an increase in the number of children under paramilitary threat during 2016-17. The YJA and others were developing regional guidance and in each case the YJA's Serious Incident Reporting Procedures were implemented.

Complaints and representation

- 4.35 Considerable attention was paid to children's complaints at the JJC. The complaints procedure was simple and transparent. Detailed analysis was undertaken at local and corporate levels and an Independent Complaints Reviewer visited once per year. Each of the reviewer's last three annual reports reflected positively on the JJC's handling of children's complaints.
- 4.36 The complaints policy was explained to children upon committal and they were given a child-friendly copy upon arrival at the Centre. The Voice of Young People in Care (VOYPIC) organisation also visited regularly and children could speak with them privately to raise their concerns.
- 4.37 Children in the JJC made a total of 37 complaints between April 2015 to March 2017, an average of one each month. The majority were about matters that predated their arrival in the Centre, such as being under paramilitary threat or their treatment by the PSNI. Internal topics included being refused food and preferential treatment of others, but more serious complaints such as availability of mental health services, education needs not being met and the impact of staff changes also arose. Nearly all the complaints were resolved internally and in one instance an independent expert review was commissioned to address the issues that were raised.
- 4.38 Each residential unit had its own complaints folder where original complaint forms were logged and summary details were collated for monitoring purposes. Complaints featured as a standing item at management meetings. This highlighted their importance, ensured issues could be addressed quickly, and lessons learned and shared. The YJA Management Board also received complaints data and analysis on a quarterly basis.

- 4.39 Feedback was sought from children by a variety of formal and informal methods. Staff, including managers worked in such close proximity to children that continuous feedback was possible. In addition there were formal meetings with groups of children; and their views were elicited for example when research was being conducted into perceptions of the YJA.
- 4.40 Some children were cynical about making requests or complaints and suggested it was pointless as they said no action would be taken. Three sets of minutes of the JJC's Youth Forum appeared to support this contention. For example, in March 2017 children said they would like extra DVDs and games, yet the May 2017 minutes only said *'Xbox games would be categorised for borrowing.'* The March 2017 minutes reported the catering manager would be invited to the next meeting to address concerns about food. However by the September 2017 meeting this had not taken place.

Operational recommendation 11

JJC managers should address recording deficiencies in files and in minutes (such as of the Youth Forum) in order to encourage children to participate and provide them with confidence that their concerns will be addressed.

- 4.41 Inspectors spoke to all 15 children who were in the JJC during the week of this inspection. Their levels of satisfaction varied - a few were so content that they refused to perfect personal bail in order that they could remain in the JJC. Others complained about not being allowed to smoke or the quality of food. Inspectors sampled the food and examined contents of the fridges in the houses. The food was wholesome, plentiful and varied.
- 4.42 The pastoral team had been bolstered by recruitment of two new members since the last inspection. They had an active presence in the Centre throughout the year and were valued by children and staff.

Family and other relationships

- 4.43 A list of approved external contacts was identified with each child when they arrived at the JJC. Children were allowed to make one free telephone call each day and they could also make a second call for a fixed cost. Staff monitored children's calls when necessary and letters were required to be opened in front of staff.
- 4.44 Family visits were encouraged and accommodation was available for relatives who had to travel from afar which was used on average once per week. A Parents Group that met in Belfast was reported as supportive for those involved. Video link could be used if families were unable to travel and a pilot 'Skype visits' project had recently begun in an attempt to cater for children whose visitors lived far away. Compassionate leave would also be provided under certain circumstances, if managerial approval was forthcoming.

- 4.45 Following a 2015 judicial review of PSNI practice about production of detainees, in which the JJC was joined, a practice direction was issued. It clarified the situation and headed off the risk of unnecessary gate arrests of children when they were being released from the JJC.
- 4.46 Sentenced children could apply for home leave as their release dates approached. Each period of home leave was risk-assessed and venues, dates and times were tailored to suit individual circumstances. The mobility policy involved close co-operation with local PSNI. Nine children had been permitted offsite mobility during the past year.
- 4.47 Professional visitors such as social workers, probation officers and legal advisors, were frequent attenders at the JJC, and they could also consult with children by video link.



Addressing offending behaviour

- 5.1 The aim of the YJA is to *'Reduce youth crime and build confidence in the youth justice system.'* While the JJC had a strong childcare ethos, it was primarily a custodial facility which was expected to address children's criminal behaviour.
- 5.2 Research shows that first conviction at an early age is a reliable indicator of a continuing criminal career; and the likelihood of reoffending increased after children reached the custodial threshold. The latest statistics, released in 2017 for the 2014-15 cohort, shows that 28 out of 39 children released from custody in Northern Ireland committed a proven re-offence.¹² This contrasted sharply with a 28% overall youth reoffending rate; and 78% rate for children serving sentences of less than six months in England and Wales.¹³
- 5.3 The criminal records, current charges, compliance levels with community supervision and bail requirements, as well as the social circumstances of the children in JJC custody at the time of this inspection indicated they had the worst prognosis of all in terms of avoiding reoffending.
- 5.4 Each file contained individual work sessions to address offending behaviour. The quality, clarity and extent of the records varied between staff. Some files also included records of group work sessions which covered risks and dangers, drugs and impact on health, consent for sex and the law.
- 5.5 Although offending behaviour was obviously reduced while children were in the JJC, it could not be expected to deliver lasting interventions with children who only remained there for short periods of time and/or were suddenly released by courts. This applied to most of the children, particularly those who were admitted on PACE or who were granted bail. Since only around 50 children received JJC sentences each year - and the majority of these left shortly after being sentenced due to having already served their time on remand - opportunities to address offending behaviour were in reality very limited.

12 Adult and Youth Reoffending in Northern Ireland (2014/15 Cohort) Research and Statistical Bulletin 29/2017 Department of Justice, October 2017 available at <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/r-bulletin-29-2017-adult-and-youth-reoffending-northern-ireland-201415-cohort.pdf>

13 Proven reoffending Statistics January-December 2015, MoJ, London (2016) available at <https://www.gov.uk/government/collections/proven-reoffending-statistics>

- 5.6 In a few cases, although bail was granted, children had refused to perfect it. This resulted in unnecessary overstays which were linked to complex family circumstances and were therefore beyond the influence of the JJC.
- 5.7 Consequently the JJC attempted to reduce children's offending by delivering personal development programmes that addressed the underlying social issues which affected them. These interventions included alcohol and drugs, making choices, family relationships, sectarianism, social and life skills, emotions, physical and mental health, and citizenship. Programmes were also delivered in relation to specific offences such as car crime, violence or arson for which children were convicted.
- 5.8 The 'Justice Outcomes Star' programme which had recently been introduced was internationally accredited as a measurement tool to track children's progress. Training had been provided to assist staff in delivering the programmes. Saturday mornings were designated as the optimum time for group work and there had been good uptake: 91 children attended a total of 596 programme sessions during March-October 2017.
- 5.9 There was also input from external agencies such as the PSNI, Northern Ireland Fire and Rescue Service and drug and alcohol workers, which provided links that could support children after their release from custody.
- 5.10 Only a small minority of children in the JJC were assessed as posing a high risk of harm to others. Regional Risk Panels and Public Protection Arrangements Northern Ireland (PPANI) provided a structure for managing the risks posed by these children when necessary. No children had been referred to the PPANI since the last inspection. All who required special supervision upon release had been managed through normal child protection and children in need arrangements as set out in the Northern Ireland Regional Safeguarding Guidance.
- 5.11 The YJA accepted a 2015 recommendation to improve the bail prospects for children who did not have a suitable bail address and ensure they could not refuse to perfect their own bail. It had subsequently engaged with the NICTS, the PSNI and Social Services departments to review the proportionality of bail conditions and manage breaches within children's homes. In 2016 50% of all admissions resulted from breaches of bail conditions, primarily by Looked After Children who lived in residential care.
- 5.12 Ultimately this recommendation can only be completely achieved when all the agencies involved agree to proportionate bail conditions that correlate with the seriousness of current offences and it is possible to arrange suitable accommodation and manage risks.



Education and vocational training

- 6.1 The 2015 CJI inspection recommended the JJC should explore options for alternative mechanisms to deliver education because it had previously attracted criticism for its limited curriculum provision, as well as a lack of corporate governance.
- 6.2 Negotiations to transfer responsibility for education provision from the YJA to the Education Authority (EA) had taken longer than expected, but the process was completed in September 2017. A small number of teachers had transferred to the employment of the EA and vocational education was provided by a training organisation.
- 6.3 The EA now managed delivery of education within the JJC as part of its Education Other Than At School (EOTAS) provision. A temporary EA senior officer had interim management responsibility for the JJC EOTAS Centre until a permanent senior officer could be appointed. At the time of the inspection there was a Head of Education with management responsibility; two permanent senior teachers; and three temporary teachers. There were six instructors providing vocational education in catering, hair and beauty, construction, motor vehicle maintenance and horticulture. The C2k information management system had recently been installed in the Centre.
- 6.4 Four of the teaching unions which made up the Northern Ireland Teachers' Council (NITC) had declared industrial action, primarily in relation to a pay dispute. This included non-co-operation with the Education and Training Inspectorate (ETI). Prior to the inspection, the organisation informed the ETI that all of the teachers would not be co-operating with the Inspectors. The ETI have a statutory duty to monitor, inspect and report on the quality of education under Article 102 of the Education and Libraries (Northern Ireland) Order 1986. Therefore the inspection proceeded and the following evaluations are based on the evidence made available at the time of the inspection.

Focus of inspection

6.5 The inspection focused on:

- the outcomes for pupils; in particular, how the organisation was addressing individual needs;
- the quality of provision in the organisation; and
- the quality of leadership and management.

6.6 As a result of the industrial action by the teachers, the ETI was unable to evaluate fully the:

- quality of the provision and the overall outcomes for the pupils;
- quality of the care, welfare and support of the pupils; and
- the Centre's leadership and management and its capacity to effect and sustain improvement in its provision and outcomes.

Where it was possible to evaluate aspects of the Centre, they are reported below.

Table 3 Overall effectiveness and findings of the education inspection

Overall effectiveness	Unable to assure the quality of education.
Achievements and outcomes	No performance level available.
Provision for learning	No performance level available.
Leadership and management	No performance level available.

Outcomes for Learners

6.7 In the eight weeks prior to the inspection, there were 75 pupils accessing the EOTAS education provision, a majority of whom had full attendance. Almost half of the pupils had special educational needs requiring additional support with aspects of their learning. Almost 60% were Looked After Children.

6.8 The Centre's data indicated that the pupils made progress across an appropriate range of qualifications in numeracy and literacy. In the previous year almost all of the pupils who attended the JJC for eight weeks or more achieved accredited qualifications in literacy and numeracy ranging from Entry Level to Level 1 or 2. In addition, a majority achieved accreditation in Information Communication Technology. Pupils had the opportunity to complete units towards accreditation in occupational studies.

6.9 A small number of pupils attending the Centre could not read. There was a need to provide an intensive support programme to more effectively engage pupils to become literate and numerate when they would be attending the Centre for extended periods of time.

- 6.10 A small number studied personal and social education courses leading to accreditation. However, there were insufficient opportunities for all pupils to complete the courses which they started after transitioning from the JJC.
- 6.11 Baseline assessments were not updated when appropriate to record pupils' progress and inform planning for learning and teaching.
- 6.12 In discussions with groups of pupils they were engaged, courteous, articulate and had appropriate aspirations. They valued the respect shown to them and the support and understanding provided by the education staff.
- 6.13 The ETI was unable to evaluate fully:
- the progression in the pupils' learning;
 - the pupils' wider skills and dispositions; and
 - outcomes attained by the pupils.

Quality of provision

- 6.14 The curriculum was narrow and did not comply with EOTAS Guidance 2014/24¹⁴. There was a need to provide greater and better opportunities for the pupils to study a wider range of subjects, including a personal and social education and employability programme. In addition there was a need to develop a therapeutic programme to provide the pupils with appropriate strategies to more effectively manage their behaviour and emotions. The Centre did not have a robust baseline assessment system to identify the social and emotional needs of the pupils and the appropriate strategies to support them. Educational psychology support was not provided to support pupils or teachers in planning to meet the wide range of special educational needs.
- 6.15 The Centre provided opportunities for all pupils in Key Stage 4 to attend a planned programme of vocational education. The provision for construction studies required significant improvement. The room was inappropriately resourced and unfit for purpose. The planning and quality assurance systems for this provision required significant improvement.
- 6.16 Provision for catering studies was effective and classes were planned well and managed with a consistent approach. The pupils enjoyed the lessons and were supported well.
- 6.17 Individual education plans were not fully developed and had been appropriately identified by senior managers as an area for improvement.
- 6.18 The pupils had recently been provided with access to careers education, information, advice and guidance. It is appropriate that careers education, advice, information and guidance is developed further. However, there was a lack of co-operation between education and other professionals to provide effective and individualised transition experiences for all the pupils.

14 Education Other Than at School (EOTAS) Guidance, Circular 2014/24, Department of Education, September 2014 available at <https://www.education-ni.gov.uk/sites/default/files/publications/education/2014-24-eotas-guidance.pdf>

6.19 The ETI was unable to evaluate fully the:

- effectiveness of guidance and support in delivering high quality individual learning experiences;
- effectiveness and impact of planning, engagement, teaching/training and assessment in promoting successful learning; and
- the impact of care and welfare on teaching, learning and outcomes for pupils.

Leadership and management

- 6.20 The Director and Assistant Director were part of the joint YJA and EA education and learning steering group who agreed and monitored the quality and effectiveness of the new EOTAS provision. The necessary robust and objective quality assurance systems were not in place to enable the Directors of the JJC to monitor the effectiveness of the vocational education programmes.
- 6.21 The EOTAS Centre management team had started to review the provision and assist the Head of Education to produce a development plan. The plan was not adequate and required further improvement in partnership with all staff, including the JJC Director and Assistant Director, in order to develop a shared strategic vision, enable collective ownership and commitment to the priority areas and actions identified. In addition, the EA, in collaboration with the management team needs to provide a broader curriculum with a therapeutic programme and effective transition arrangements. The Education Centre management also need to prioritise additional training and development for teachers to ensure they can plan to effectively meet the wide range of special needs that the pupils present.
- 6.22 The EOTAS Centre was governed by an education and learning steering group. Based on the evidence available at the time of the inspection, parents and staff can have limited confidence in the aspects of governance evaluated. The governance group need to urgently address the serious deficiencies in the provision for construction studies, associated health and safety issues, training and curriculum in order to ensure the pupils needs can be met. The education and learning steering group need to prioritise the development of effective working relationships between all staff in the EOTAS Centre and the JJC management to implement their shared vision in a cohesive manner.

Safeguarding

- 6.23 Based on the evidence available at the time of the inspection, the arrangements for safeguarding pupils reflected broadly the Department of Education's guidance. The pupils reported that they felt safe in the Centre and that they were aware of what to do if they had any concerns about their safety or welfare. However, the Centre needs to update the necessary training for the Head of Centre and review policies as identified below.

6.24 The EOTAS Centre needs to address the following:

- the Head of Education to attend principal child protection training;
- updating of all child protection and safeguarding policies; and
- development of a Relationships and Sexual Education policy.

6.25 The ETI was unable to evaluate fully the:

- effectiveness and impact of the strategic leadership;
- effectiveness and impact of the middle leadership; and
- the effectiveness of action to promote and sustain improvement, including self-evaluation and the development planning process.

6.26 Owing to the impact of the action short of strike being taken by the teachers, the ETI is unable to assure parents/carers, the wider community and stakeholders of the quality of education being provided for the pupils. The JJC EOTAS Centre is a high priority for future inspection.

Health and safety and accommodation

6.27 The provision for construction studies requires significant improvement. The room used for vocational construction studies was not fit for purpose; it did not reflect the same standards for health and safety required of a school building as set out in EOTAS Guidance 2014/24. In particular, the conduit protruding from the floor was a potential danger and required urgent remedial action. All surplus equipment and furniture should be removed from the room. The facility should not be used until the provision is appropriately resourced and developed.

6.28 The facilities for technology and design were unsuitable and required significant improvement. The art room was unsuitable for that purpose or for use as a technology and design workshop.



Healthcare and health promotion

- 7.1 The 2015 inspection made a strategic recommendation that clinical leadership and governance should be provided for Healthcare staff in order to maintain and improve the quality of nursing care provision, if necessary by outsourcing to a mainstream provider. This model is recognised as best practice and used by most children's homes and custody providers, including the Northern Ireland Prison Service (NIPS).
- 7.2 Prolonged negotiations to transfer responsibility for JJC children to a Health and Social Care Trust had not been successful. While there was still an intention for health services to be commissioned from a mainstream provider, this was deferred pending the outcome of the Review of Regional Specialist Facilities for Children and Young People.
- 7.3 The situation for the JJC was exacerbated as Healthcare staff numbers were seriously depleted by the NICS VES in 2016. In these circumstances the JJC's managers had to take prompt action. They agreed a long term secondment of an experienced mental health Nurse Manager from the Belfast Health and Social Care Trust. Her immediate task was to rebuild a primary care nursing team comprised of agency nurses who had experience of working with children in a secure setting.
- 7.4 Healthcare provision and governance subsequently improved considerably. The new Head of Healthcare stabilised and improved the situation to the extent that the JJC managers said it was fortuitous that Healthcare was not transferred to a Health and Social Care Trust. However, the secondment remains a temporary arrangement. It is not sustainable in the longer term as corporate governance and overall provision for Healthcare should rest with the Department of Health.
- 7.5 The Healthcare team was supported by an Occupational Therapist who was seconded from the SEHSCT and a Learning Disability nurse - who was an agency staff member - for eight hours per week. They provided shift cover from 8am to 9pm every day. The SEHSCT's Child and Adolescent Mental Health Service (CAMHS) provided in-reach support based on a referral pathway. This arrangement should also be seen as a temporary measure and it is not an effective solution for the future.

- 7.6 The JJC part-funded the CAMHS in-reach service and in return received mental health nurse services as well as a range of in-reach psychiatric, child clinical and forensic psychological services. Child psychiatry and GP clinics took place weekly. Depending on severity, mental health episodes were for the most part managed by the on-duty nurse, supported by care staff and with advice from the psychiatrist or a local GP. If necessary cases of extreme or prolonged episodes were discharged to hospital Emergency Departments or to Beechcroft Child and Adolescent Mental Health Unit.
- 7.7 An average 80% of the children were prescribed some form of controlled medication. A range of healthcare protocols were in place, including for infection control, pharmacy and dispensing of medication. The JJC had commenced a full Health Needs Assessment for all children in conjunction with the Public Health Agency.
- 7.8 For many of these children, their offending behaviour was symptomatic of chronic health, social care and environmental needs which would be more effectively addressed in partnership with other agencies through a strengthened welfare model, rather than by the justice system alone. Consequently the YJA and the DoJ welcomed the Review of Regional Specialist Facilities for Children and Young People. They viewed it as providing a significant opportunity to take forward important aspects of their Youth Justice Scoping Study and to that end were prepared to consider a fundamental change in the purpose and usage of the JJC.

Children's views

- 7.9 The children commented very positively about the Healthcare they received in the JJC, including external appointments that were arranged for them. They said the Healthcare staff were approachable, accessible and responsive to their requests for treatment or to discuss concerns. It was apparent that the Healthcare staff had a good rapport with the children.
- 7.10 Inspectors sought to ensure the YJA was meeting Healthcare Standards for Children and Young People in Secure Settings June 2013¹⁵. Inter alia these state: *'The healthcare plan is integrated and aligned with, where applicable, the looked after child's education, sentence, care and transition plans.... Children are cared for by a health service that assesses and meets their needs for healthcare while in custody and which promotes continuity of health and social care on release. The standard of healthcare provided is equivalent to that which children could expect to receive in the community.'*

The extent to which the criteria were met is as follows:

15 Healthcare Standards for Children and Young People in Secure Settings, Royal College of Paediatrics and Child Health, June 2013 available at https://www.rcpch.ac.uk/sites/default/files/2018-03/healthcare_standards_for_children_and_young_people_in_secure_settings_june_2013.pdf

Health assessment

- 7.11 Healthcare staff were informed of all children's admission to the JJC. Every child received an examination at the point of admission or within 24 hours of arrival. An accredited assessment tool - the Comprehensive Health Assessment Tool (CHAT) - was in use. It was used in custody suites in England and was recommended in Healthcare Standards for Children and Young People in Secure Settings. The CHAT was completed irrespective of the number of the previous admissions.
- 7.12 Healthcare staff aimed to complete a CHAT reception screen within two hours or before the first night of admission to assess for urgent physical and mental health needs including suicide, self-harm and substance withdrawal. The preliminary findings determined whether any additional features of the CHAT would require completion. These might include:
- a physical health assessment;
 - a mental health assessment;
 - a substance misuse assessment; and
 - a neuro-disability assessment.
- 7.13 Consent was sought and reviewed on a regular basis for each proposed healthcare assessment and intervention and this was documented in children's health records. All Healthcare staff had been trained in use of the CHAT and it had become firmly embedded in the JJC practice.
- 7.14 Although useful, the CHAT was not presented in child-friendly language, was repetitive in some parts and did not offer an opportunity for the child to include their views. It was not available electronically and had no provision to re-evaluate recent admission history. This was time-intensive for staff given the frequency of some admissions, and had implications for information storage, at additional cost to the YJA.
- 7.15 Further work with mainstream Healthcare Trusts is required in order to establish a database that captures the wide range of information gained via the CHAT process. Consideration should also be given to integrating the speech/language and communication assessment screen into the CHAT process. A target date for piloting this had been suggested (January 2018) with the SEHSCT's speech and language therapist.

Operational recommendation 12

JJC managers should assess the effectiveness of the current CHAT format and seek to introduce an electronic version.

Operational recommendation 13

JJC managers should engage with Health and Social Care Trusts to establish a database that captures the information contained in the CHAT.

- 7.16 Healthcare staff liaised with children's General Practitioners (GPs) and other relevant community Healthcare providers. Following the initial health assessment, information in relation to risk of self-harm or suicide, along with other healthcare needs such as drug and alcohol management, was immediately referred to care staff and teachers. The information was retained in the child's case record and was easily accessible for all relevant staff. Healthcare staff attended daily briefing meetings and a handover in relation to significant healthcare issues was provided to the duty manager at the end of the evening shift. This provided valuable information-sharing opportunities and helped ensure continuity of care.
- 7.17 A separate nursing care plan - which was signed by the child - was held in the Healthcare Department. Three that were reviewed indicated short-term individualised care plans had been developed where appropriate. A file audit was undertaken quarterly by the Head of Healthcare and any gaps in completion of the CHAT assessment and care planning were brought to the attention of staff at supervision.

Primary Care

- 7.18 The JJC had five agency nurses in post at the time of this inspection, with one on duty each day. Four were general nurses, of whom one had RMN (mental health) status, and one was a learning disability nurse. There was also one permanent general nurse. Since the 2015 inspection, all agency nursing staff received induction training which included modules on the use of personal alarms, awareness training, working within a secure environment and all nursing task requirements.
- 7.19 All of the JJC Healthcare policies and procedures had been reviewed and were due to be incorporated within the Standard Operating Procedures. They had been made available to staff in November 2017. However there were still no review dates appended to the approval date on Healthcare policies.

Operational recommendation 14

We repeat Operational Recommendation 11 from the 2011 and 2015 inspections that 'All healthcare policies should have a review date appended to the approval date and all policies should be reviewed and updated as required to ensure continuing accuracy'.

- 7.20 The nursing staff displayed a professional and dedicated approach to their work, which was person-centred in every respect. There was evidence of supervision being undertaken on a six-monthly basis by the Head of Healthcare and she intended to increase this to quarterly supervision.
- 7.21 Since the 2015 inspection the JJC had introduced a monitoring system to ensure the Nursing and Midwifery Council (NMC) registrations of nursing staff were up to date. Registrations were monitored by the Head of Healthcare and by the nurses' employing agency. The YJA did not intend to recruit permanent nursing staff until the outcome of the Regional Review was known.
- 7.22 All Healthcare staff received relevant mandatory training to maintain safe working practices plus basic life support/first aid training. Training was also provided in child protection and in MMRP. The 2017-18 training plan indicated that First Aid at Work training (including refresher training) for residential staff required further discussion and collaboration with Healthcare as a priority.
- 7.23 Following the 2015 inspection, all Healthcare staff were trained in infection prevention and control. However in both 2011 and 2015, it was recommended that infection prevention and control training should be provided to all staff. At the time of this inspection a plan was in place for training in November and December 2017.

Operational recommendation 15

All staff should receive mandatory training in infection prevention and control, in line with their organisation's training plan.

Operational recommendation 16

JJC managers should provide training for residential staff to administer effective first aid in the event of an emergency.

Operational recommendation 17

We repeat Strategic Recommendation 4 of the 2015 report that 'Clinical leadership and governance should be provided for healthcare staff to maintain and improve the quality of nursing care provision.' This should be prioritised following publication of the Regional Review.

- 7.24 The JJC was registered with a local GP surgery and a doctor visited weekly. The practice provided an out-of-hours service which children could access in an emergency.
- 7.25 Other allied health professionals such as physiotherapists and opticians visited the JJC upon request. A fully-equipped dental suite was located in the Healthcare Department and a dentist and dental nurse visited fortnightly.

- 7.26 Referrals were made as required for sexual and reproductive health services, and children had been screened for sexually transmitted infections. Referrals were also made for substance misuse services and health promotion and for lifestyle advice such as smoking cessation and physical activity.

Secondary Care

- 7.27 Children were not unnecessarily restricted from attending Healthcare appointments or from receiving emergency care because of security concerns. Rather security measures were appropriately risk-assessed and were proportionate. If emergency care was required, children attended the Ulster Hospital Accident and Emergency Department. They also had access to minor injury units at Bangor and Ards Community Hospitals. Healthcare staff liaised with hospitals in advance to ensure these visits could be appropriately facilitated. The risks could sometimes delay children receiving hospital examinations or treatment. If difficulties arose, a domiciliary visit might be possible.

Child and Adolescent Mental Health Services (CAMHS)

- 7.28 Many JJC children were vulnerable due to complex alcohol, drugs and mental health problems. A locum consultant psychiatrist (0.2 WTE) was attached to the CAMHS team and worked closely with other Healthcare professionals. A permanent consultant psychiatrist had recently been appointed and it was envisaged they would provide three sessions each week to the JJC. There was limited indication of evidence-based, NICE [National Institute for Health and Care Excellence]-recommended individual therapies being provided to children, and much more use was made of psychotropic medication. Some children admitted to the JJC were already being prescribed high doses of anti-psychotic and anti-depressant medication, when living in community.

Operational recommendation 18

The Healthcare team should review the need for the high level of prescription of controlled medication and whether other therapies are being actively considered, given the age of the children, and in order to prevent addiction to prescribed drugs. More evidence-based NICE-recommended individual therapies should be available to children rather than over-dependence on psychotropic medication.

- 7.29 Five of the children in residence during this inspection were known to the CAMHS team. Each of their files demonstrated evidence of a care plan. However two of the plans did not have the section 'Discussion with Child' completed. The CAMHS team explained this was because they did not have access to the TRIM computer system. A lot of time was spent manually rewriting assessments which could have been much more easily updated electronically, particularly when children were readmitted.

Operational recommendation 19

CAMHS staff should ensure all sections of the Mental Health Care Plan are completed, including discussions with children.

Operational recommendation 20

Relevant professionals should be able to electronically access all records which involve children's care and treatment.

- 7.30 The CAMHS clinical psychologist had left post in May 2017 and a new appointee was not due to take up post until February 2018.
- 7.31 The mental health practitioner advised that he spent the majority of his time liaising with professionals in the community and with families in order to complete assessments and plan for forthcoming releases. He completed progress reports on the work undertaken with children and shared these with the Healthcare team and care staff. He suggested it would be beneficial for children to have more time to complete individual psychology work; and to spend time with care staff to discuss techniques they should use with children.
- 7.32 The CAMHS team suggested they proactively promoted good communication, but this was not reciprocated. For example, they said they were not made aware of a number of occasions when children were involved in drug and alcohol interventions, even though they had completed substance misuse work with these children.
- 7.33 The CAMHS team also said they were not involved in management meetings within the JJC, in individual case reviews, nor in analysing trends in regard to critical incidents, accidents, self-harm and physical restraints.
- 7.34 It was not clear how effectively the multi-disciplinary teams were working together towards agreed goals and outcomes. Various staff were devising their own care plans: there were mental health plans, general health plans and custody care plans. The approach was not integrated and there was a lack of collaborative working between the different teams. There should be one single multi-agency care plan.

Operational recommendation 21

JJC managers should promote a more collaborative approach to care planning and delivery. They should also ensure that Healthcare plans are developed and reviewed by the multidisciplinary team that works with each child.

- 7.35 Continuity of Healthcare services is vital for children who will have specialist needs after release. The JJC Healthcare staff faced particular challenges in linking children effectively with community CAMHS teams because the children were often highly mobile and known to more than one agency.

Operational recommendation 22

All professionals who are involved with young people in the JJC should attend monthly case review meetings to ensure continuity of care and clear communication about the needs of each child and types of intervention that are agreed.

Operational recommendation 23

The CAMHS manager should be involved in the JJC management and governance meetings.

- 7.36 At the time of the last inspection a specialist forensic assessment service was being established. It was now in place and comprised a multi-disciplinary partnership between the SEHSCT and the YJA. It provided specialist forensic input to address the mental health and risk management needs of children who were already in the youth justice system, or who posed a high risk to others.
- 7.37 There was a very limited clinical and forensic psychology resource (0.15 WTE each) within the Centre which was concerning. Therefore there was limited opportunity to develop and provide timely access to NICE-recommended psychological services when indicated by the psychological formulation/care plan. Furthermore the need to evaluate outcomes, undertake psychometric assessments and provide oversight and governance of psychological interventions will be severely limited without an increase in this service.

Operational recommendation 24

The JJC should review the adequacy of its clinical and forensic psychology resource and identify any additional resources required.

Operational recommendation 25

The JJC should review the trend data in relation to psychological formulation by the Clinical Psychologist and Forensic Clinical Psychologist in the YJA to ensure an appropriate level of psychological intervention is provided to young people in accordance with their assessed needs.

Self-harm and risk of suicide

- 7.38 The mental health assessment upon admission included screening for risk of suicide or self-harm; and the assessment informed each child's Individual Crisis Management Plan. Children who were identified as being at risk were closely observed; and written protocols were in place to document their care management. All relevant personnel were made aware of children at risk and the interventions necessary to keep them safe. They were attentive in applying the policies and protocols and knowledgeable about the levels of observation that children required. Healthcare staff contributed to clinical observations when there was an identified need.
- 7.39 There was a template available for staff to record self-harm, but no template was available to record other accidents or incidents. As these were recorded in free text documents and forwarded to managers, the levels of detail provided varied depending upon who wrote the report.

Operational recommendation 26

An Accident Incident reporting template should be devised by JJC managers in order to reduce variation in the quality and extent of recording and reporting.

Health promotion

- 7.40 All staff promoted personal hygiene with the children, encouraged healthy lifestyles, healthy eating and physical education. Each house had allocated time to use the physical education centre which incorporated a swimming pool, weights room and a gymnasium. Residential staff helped the children to set personal goals and encouraged them to achieve awards. There was evidence of children's achievements on display in the physical education centre.
- 7.41 There was a 'No Smoking' policy in the JJC. Cigarettes, tobacco and other illicit substances were confiscated upon admission and bedrooms were regularly searched to ensure adherence to the policy. Healthcare staff would assist with smoking cessation if required and nicotine patches could be prescribed. Most children adapted to the 'No Smoking' arrangements and care staff usually did not find it difficult to implement the policy.
- 7.42 Auricular acupuncture was being piloted to assist with addiction control and reducing anxiety, and staff training had been completed. Children could self-refer to the Drugs and Alcohol Support Service (DAISY) which took place on Wednesday evenings. Topics such as drugs awareness, homelessness, identity, Mind your Mates (mental health awareness), sex and relationships, values and moral reasoning, were scheduled into the programmes timetable; and nursing staff contributed when there was a healthcare theme. The nurses were keen to develop this area of work though felt constrained by time. Care staff said the healthcare inputs were professionally delivered and the nurses' expertise was valued. There was no evaluation framework in place to demonstrate the outcomes of this programme.

Operational recommendation 27

JJC staff should establish the topics that children would consider relevant to help raise their awareness about health promotion and wellbeing.

Operational recommendation 28

Participation of nursing staff in delivery of health promotion topics should be further developed.

7.43 A formal health promotion programme was planned for delivery in conjunction with the SEHSCT in 2018, to involve nurses leading Wellbeing clinics for children and a Wellbeing Centre was being established.

First Aid

- 7.44 A transportable cardio-pulmonary resuscitation bag was available in the Healthcare Department. There was also a separate oxygen bag, which at the point of inspection did not contain an equipment checklist. A fully-equipped first aid bag was available. Defibrillators were located in the physical education centre, in each of the houses and in the hub at the entrance to the building.
- 7.45 JJC staff had a weekly maintenance schedule to ensure that defibrillators, including the pads, were checked to establish they were in proper working condition. There was evidence that Healthcare staff had checked the defibrillator in their department, but there was no similar evidence of maintenance checks elsewhere in the Centre. While defibrillators have a mechanism to deliver an automatic signal if not functioning correctly, this is not sufficient and weekly manual checks must also be carried out on all defibrillators.

Operational recommendation 29

We repeat Operational Recommendation 18 of the 2015 report that ‘Checks of all defibrillators and first aid equipment should be carried out in line with guidance and all checks should be recorded.’

Infection control

- 7.46 The JJC had produced guidance on infection control. This guidance should continue to be reviewed in line with the Northern Ireland Regional Infection Prevention Control manual.

- 7.47 There had been no Infection Prevention Control (IPC) training to update non-Healthcare staff and there were gaps in staff knowledge and practice in the application of standard infection control precautions. Examples of these gaps included the management of blood and body spillages, decontamination of equipment and the correct dilution rates for disinfectants. There were no posters offering advice and guidance on IPC topics for staff reference.
- 7.48 A genito-urinary medicine clinic was offered regularly to the children, on a consent-only basis. Healthcare staff were in the process of organising a 'flu clinic for the children during this inspection.
- 7.49 There was a good supply of Personal Protective Equipment (PPE) for staff when required, in the house units and in the Healthcare Department. Staff knew where to find the PPE and emergency PPE packs. When large spillages of blood or body fluids occurred, the area would be closed until it was industrially cleaned. However there was no specific policy available in relation to the management of laundry.
- 7.50 Cleaning schedules were not available for equipment in the Healthcare Department. Storage facilities were limited and some equipment was inappropriately held in the staff toilet. This was removed immediately when highlighted by Inspectors. The medical fridge temperatures were not being recorded on a daily basis to ensure a cold chain failure had not occurred.
- 7.51 In 2015 a recommendation was made for a review of the decontamination of reusable instruments within the JJC to be undertaken and steps implemented to ensure compliance with best practice standards. By November 2017 the JJC was part of a regional sterilisation contract operated by the SEHSCT and it was expected that a new contract would come into effect in 2018. Decontamination arrangements for a proposed new dental clinic were to be overseen by the clinical lead for dentistry within the SEHSCT.

Operational recommendation 30

We repeat Operational Recommendation 27 of the 2015 report that 'A review of the decontamination of reusable instruments within the JJC should be undertaken and suitable steps implemented to ensure compliance with best practice standards.'

- 7.52 A recommendation was made in 2015 for a suitable hand washing facility to be installed in a treatment room in accordance with infection control best practice. This was completed in March 2015.

Medicines Management

- 7.53 The medication policy had been revised in May 2017 and forwarded to the Department of Health for ratification. A copy was available in the medicine room in each house.
- 7.54 Children's medication histories, including allergies, were recorded by a registered nurse during the initial reception screen. There was a personal medication record for each child who was prescribed medication. Personal medication records were updated by the prescribers and prescriptions (FP10) were issued by GPs. When a dose of a currently prescribed medicine was changed, a new label was requested from the community pharmacist. This practice was unsafe and should be reviewed by JJC managers.
- 7.55 Arrangements were in place with a local pharmacy for delivery of medications to the JJC. A medicines cupboard and controlled drug cupboard were available in the central treatment room and in the medicine room in each house. Children attended the medicine room in their house individually. Medicines were administered from this secure and respectful environment by a registered nurse and administration was witnessed by a care worker. This practice helped reduce the possibility of diversion. The registered nurses confirmed there was no disruption in prescribing regimens, that urgent/critical medicines could be accessed promptly and doses were not omitted due to lockdowns. Medicines were not brought to rooms unless the child was unfit to attend.
- 7.56 Children's adherence to medication regimens was monitored. They were promptly reviewed when adherence was poor and/or diversion was suspected. Children received information about their medicines in an understandable format and had weekly medication reviews.
- 7.57 Children could access self-care medicines via the discretionary list. When no registered nurse was on shift, the duty manager had access to the discretionary medicines. Any administration was recorded and discussed at handover.
- 7.58 Children who were being released were given seven days' supply of medication prior to seeing their community GP. The amount supplied partly depended on the level of support available at their home address. These medicines were transferred to a responsible adult and records were maintained.
- 7.59 Records of ordering and receipt of medicines were maintained. Prescribed medicines were received into the central treatment room and then transported to the medicine rooms of each house in a locked metal box by a registered nurse during times when children were out of the house for example, in school.
- 7.60 Discretionary medicines and medicines awaiting disposal were stored in the central treatment room. Running balances of discretionary list medicines were not maintained. With the exception of controlled drugs, records of medicine disposal were not maintained.

- 7.61 A controlled drug record book was available in each house. Administration was witnessed by a care worker and both staff signed the entry in the controlled drug record book. Quantities of controlled drugs were checked each morning. It was noted that some balances had not been brought to zero when the controlled drugs had been disposed of or transferred out.
- 7.62 The refrigerator temperatures and room temperature were being monitored daily in the central treatment room. They were not within the accepted range (there were no medicines requiring cold storage at the time of this inspection). Room temperatures were not recorded in the medicine rooms in each house and hence there was no evidence that medicines were being stored at the manufacturer's recommended temperatures.
- 7.63 Prescribed medicines were audited on a weekly basis. The community pharmacist also carried out an audit at approximately quarterly intervals. There was a system in place to record medication incidents.
- 7.64 The following areas require improvement as a priority:

Operational recommendation 31

Governance systems should be put in place for the management of medicines to ensure the safe management of medication changes, records of the disposal/ transfer of medicines and the storage temperature of medicines as follows:

- **management of medication changes - obsolete labels should be scored through and annotated to refer the registered nurses to the current directions on the personal medication record;**
- **a running balance for discretionary list medicines should be maintained. A record for disposal of all medicines should also be maintained. The balance recorded for controlled drugs should be brought to zero on disposal/discharge; and**
- **storage temperatures for medicines: Room temperature must be maintained at/below 25°C. Refrigerator temperatures must be maintained between 2 and 8°C.**



Premises, security and safety

8.1 The JJC had remained significantly unaltered since the 2015 inspection report. In November 2017 only four of the houses were occupied, with 15 children in residence. The building comprised a 7,000 metres squared facility that could accommodate up to 48 children within six eight-bed residential units which were integrated with a range of support facilities. These included:

- educational facilities;
- recreational and sports facilities including swimming pool, gym, and outdoor artificial turf pitch;
- spacious outdoor leisure areas within courtyards;
- a Healthcare Centre, including dental suite;
- main kitchen;
- main laundry;
- visitors' accommodation;
- court video link facilities;
- a horticultural area; and
- a new urban gym.

Recommendations from the 2015 inspection report

8.2 The recommendations made in the 2015 inspection report had been substantially implemented. Relocation of electrical sockets in each of the bedrooms had been done as part of a planned programme of maintenance. All works had now been fully completed in all six houses.

General maintenance

8.3 The management of general maintenance in the JJC continued to be of a high standard. Planning, monitoring and recording procedures for building and engineering services were implemented in a professional manner and met all relevant statutory requirements. Documentation to support the maintenance procedures was well presented and comprehensive. This included records of ongoing fault reporting and subsequent remedial actions. Overall the Centre presented in good condition and appeared to be well-maintained in line with current standards and good practice.

- 8.4 The general environment in the Centre could be described as functional. Furniture was kept to a minimum. The soft room in House Two would benefit from the carpet either being deep cleaned or replaced and some areas of graffiti removed from seat coverings.
- 8.5 The JJC decorative condition was generally satisfactory, with any defects being dealt with promptly. After 10 years the education units and en-suites were beginning to show signs of wear and tear. It was positive to note that staff had made efforts to improve the environment in House Four. This was with the addition of decorative features (butterflies) and soft furnishings in the soft room (cushions, throw and rug).
- 8.6 The main entrance foyer was large and could be more inviting by presenting children's art work. The information stand in the entrance foyer could also be more organised and should contain relevant literature for parents and carers who are visiting the site, for example regarding drugs, alcohol and mental health related issues.

Operational recommendation 32

The JJC should develop a time bound programme for upgrading and refurbishment of the education facilities and all en-suites.

Operational recommendation 33

The entrance foyer should be revamped to include presentation of children's artwork combined with provision of more relevant literature for children and their carers.

Water safety

- 8.7 Water safety control measures were well-established in the JJC. The risk assessment for control of legionella bacteria in the hot and cold water systems had been reviewed at appropriate intervals; and suitable control measures had been implemented to reduce the risk of bacterial growth within these systems. Monitoring of the systems continued and records were maintained and available for inspection.
- 8.8 The control of hot water temperature to safe levels was also ongoing in line with current standards and good practice.

Ventilation

- 8.9 Records indicated that the ventilation system was maintained in line with current standards and good practice.

Fire safety

- 8.10 The fire risk assessment had been subject to review at appropriate intervals and the action plan that was prepared following the most recent risk assessment (in September 2017) had received appropriate attention. Records indicated that staff undertook suitable fire safety training which continued to be provided within the Centre, delivered by the in-house specialist fire safety adviser.
- 8.11 Following the 2015 inspection, a recommendation was made for a solution to be identified for improving in-room smoke detection, which should be installed in all bedrooms once its effectiveness was confirmed. New fire detection systems were subsequently installed in 2015. The current fire protection systems had been upgraded whereby all bedrooms were fitted with new fire detection heads and met design criteria. The business case for installation of an aspirating fire detection system was approved on 23 August 2017. The test bedroom was completed by the end of October and at the time of the inspection, a planned schedule of works was in place for the remaining 47 bedrooms. Inspectors did not observe any cases of inappropriate storage of items within the premises that would compromise the premises' fire safety.

Security and safety

- 8.12 Security and safety remained a key priority at the JJC. Comprehensive risk assessments continued to be developed and reviewed in order to reduce the risk from unauthorised use of sharp tools and implements. It is essential that these reviews continue, to reflect the changing levels of risk which present in the Centre.
- 8.13 In the 2015 inspection it was noted that trees in the courtyard were obscuring the view of the CCTV installation. A programme of planned preventative maintenance was subsequently put in place to avoid this problem recurring.
- 8.14 The Centre's Healthcare Department was a very comprehensive facility which was well-decorated and maintained. A recommendation was made in the 2015 inspection that a suitable hand wash facility should be provided in the treatment room, in accordance with current infection control best practice. This recommendation was implemented.
- 8.15 The dental treatment room was maintained to a high standard. As per our recommendation about the steam steriliser in the 2015 inspection, the JJC had now been included on the regional sterilisation contract operated by the SEHSCT. As such this recommendation was met. However in November 2017 we identified that a clinical hand washing sink in the dental treatment room still did not meet standards within local and national guidance and arrangements for decontamination of dental equipment did not comply with HTM 01-05 'Decontamination in Primary Care Dental Practices.'

Operational recommendation 34

A suitable clinical hand washing sink should be provided in the dental treatment room, in accordance with current infection control best practice.



Appendix



Appendix 1: Terms of reference

Announced Inspection of Woodlands Juvenile Justice Centre 2017

Terms of Reference

Background

The last inspection report on Woodlands JJC issued in May 2015. The Youth Justice Agency subsequently issued an action plan to implement the recommendations of that report.

This announced inspection contributes to CJJ's and RQIA's responsibilities as members of the UK National Preventive Mechanism for the Optional Protocol to the Convention against Torture (OPCAT).

Aim and Objectives

The key aim is to assess the totality of the regime that is provided at Woodlands JJC to deliver care and supervision to children who are held in custody at the Centre.

Within this aim, the main objectives are to evaluate:

- Implementation of previous inspection recommendations;
- Governance and management of the JJC;
- Specialist provision including healthcare and education;
- Quality of interagency communication and collaborative working; and
- Comparison, including costs between the JJC and child custody provision in other jurisdictions, particularly England, Wales and Scotland.

In light of findings the inspection report will make recommendations for future developments at the JJC.

Methodology

The inspection will be conducted against ETI and RQIA Standards and the JJC Standards and Rules:

<http://www.statutelaw.gov.uk/content.aspx?LegType=All+Legislation&PageNumber=1&NavFrom=3&parentActiveTextDocId=3525718&ActiveTextDocId=3525718&filesize=96502.aspx?LegType=All+Legislation&PageNumber=1&NavFrom=3&parentActiveTextDocId=3525718&ActiveTextDocId=3525718&filesize=96502>

The inspection team will comprise representatives from CJJ, the Regulation and Quality Improvement Authority and the Education and Training Inspectorate. The team will undertake:

1. Background reading - legislation, policies, procedures, standards, minutes of management and other meetings.
2. Literature search in relation to child custody provision in other jurisdictions.
3. Data analysis covering period May 2015 – October 2017 inclusive: occupancy levels, trends, internal audit and monitoring reports, costs.
4. Sample residents' case records.
5. Observe reviews and other relevant meetings.
6. Structured interviews/questionnaires/focus groups with:
 - Relevant managers and staff at all levels in the JJC and its partner agencies; and
 - Children – still in the JJC and, if possible following release in the community.

Report

The written report will follow the same format as the 2015 inspection report, with individual chapters provided as follows:

- | | |
|-------------------------------------|--------------|
| • Introduction | CJJ |
| • Purpose and function | CJJ |
| • Management and staffing | CJJ |
| • Care of children | RQIA |
| • Addressing offending behaviour | RQIA and CJJ |
| • Education and vocational training | ETI |
| • Healthcare and health promotion | RQIA |
| • Premises, security and safety | RQIA |

Timetable

A proposed timetable is as follows:

- 26 September 2017 – Preliminary Visit;
- 13 November 2017 – Forward posters to inform staff and children about the forthcoming inspection;
- 20 – 24 November 2017 – Inspection fieldwork;
- 23 February 2018 – Draft report to JJC;
- 23 March 2018 – FA feedback from JJC; and
- May 2018 – Publish report.



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CRIMINAL JUSTICE INSPECTION NORTHERN IRELAND
Block 1, Knockview Buildings
Belfast BT4 3SJ
www.cjini.org

