



## **Criminal Justice Inspection Northern Ireland**

### **EXPECTATIONS**

**Criteria for assessing the treatment of children and conditions in the Juvenile Justice Centre**

**Adapted for use from Her Majesty's Inspectorate of Prisons Expectations for children in custody**

Version 1 (adapted for use in Northern Ireland November 2021)

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## Foreword

This is the first edition of our *Expectations* for children in custody – the criteria we use during our inspections to assess the treatment of children and the conditions in the Juvenile Justice Centre (JJC).

The JJC will be inspected by Criminal Justice Inspection for Northern Ireland (CJI), the Regulation and Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI) working in partnership.

The *Expectations* were developed by HMIP<sup>1</sup> and have been adapted for use in Northern Ireland by CJI as the framework for our inspection of Woodlands JJC. These *Expectations* should be read in conjunction with The Quality Standards for Health and Social Care, Supporting good governance and practice in the Health and Personal Social Services (March 2006) and the Inspection and Self Evaluation Framework (ISEF): Effective Practice and Self Evaluation Questions for Education Other Than At School.

These *Expectations* help us to fulfil our responsibility to deliver independent and objective assessments of outcomes for children in the JJC. All inspections carried out in places of detention by CJI in partnership with the RQIA contribute to our obligations as Northern Ireland members of the National Preventative Mechanism and the United Kingdom's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The *Expectations* are based on four tests: Safety, Care, Purposeful Activity and Resettlement. Her Majesty's Inspectorate of Prisons drew up the *Expectations* after extensive consultation and they are based on and referenced against international and regional human rights standards. They also draw on the cumulative learning from JJC inspections to date and best practice.

The *Expectations* reflect that those to whom they apply are children first, and the standards we expect of their treatment should take into account their vulnerability and the care due to any child. Each expectation area is presented alongside short summaries of the relevant human rights standards. Inspectors will consider how the specific needs of girls are met when applying the *Expectations*.

The *Expectations* are accompanied by a list of indicators to illustrate how outcomes in each expectation may be met. While the indicators will be helpful for the JJC to consider, the primary focus of the inspection will be assessing the outcomes for children against the expectation areas and listening to their experience of custody. Simply using the indicators as a checklist does not automatically translate into good outcomes for children.

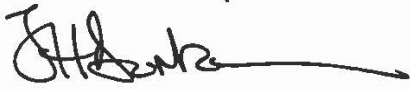
They will provide a good foundation to discuss and agree future inspection arrangements with partners as the Woodlands JJC repurposing project progresses.

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<sup>1</sup> Version 4 December 2018

I am grateful to Inspectors Maureen Erne, Rachel Lindsay and Roisin Devlin working with RQIA and ETI partners, to develop our first version of these important *Expectations*. I hope you are interested in them and the transparency they provide about inspection criteria, indicators and evidence gathering.

This version of the *Expectations* takes effect from November 2021.

A handwritten signature in black ink, appearing to read 'J Durkin', with a long horizontal line extending to the right.

**Jacqui Durkin**  
**Chief Inspector of Criminal Justice in Northern Ireland**

## Section I: Safety

***Children, particularly the most vulnerable, are held safely.***

### Early days in custody

**Children transferring to and from custody are safe and treated decently. On arrival children are safe and treated with respect. Their individual needs are identified and addressed, and they feel supported on their first night. Induction is comprehensive.**

### Expectations

**1. Children travel in safe, decent conditions, are treated with respect and attention is paid to their individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are collected from court soon after their case has been dealt with.*
- *Unless not in their best interest children are able to spend time with their parents or carers after their case has been dealt with and before their journey to custody.*
- *Children do not travel with adult prisoners.*
- *Children are not held in cellular vehicles.*
- *Children are given information they understand about the Centre. Children can make a telephone call to their family, next of kin and legal advisor.*
- *Escort vehicles are clean and meet the needs of children.*
- *Escorting staff are aware of the individual needs of the children in their care and provide an effective written and verbal briefing to receiving staff.*
- *Children are given adequate toilet breaks and refreshments during transfer.*
- *Children arrive in sufficient time to allow the admissions procedures to be conducted.*
- *Any issues regarding the safety of children under escort are quickly resolved.*
- *Restraint techniques are only used as a last resort and for the shortest possible time, when there is an immediate risk to the safety of the child or others, and when all other alternatives have been explored.*

**2. Children are safe and treated with respect on their admission to and first night in custody. Risks are identified and children are supported according to their individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The needs of newly arrived children are promptly assessed to ensure they are safe and supported. Initial assessments are based on all relevant information, with attention to the individual needs and characteristics of each child and their safety.*
- *Staff engagement is focused on future outcomes and is strength-based in nature.*
- *Appropriate action is taken to identify children or other dependants who may be at risk because of their carer's imprisonment, and to ensure their safety where necessary.*
- *The admission area and where children are accommodated on their first night provide a safe, welcoming and supportive environment.*
- *Children are offered drinks and hot food on their arrival.*
- *Searches involving the removal of clothing are only conducted where there are well evidenced individual security concerns and with proper authorisation.*
- *Interviews are private, take account of all available information and identify vulnerability and risk. Admissions staff provide an effective briefing to House staff.*
- *Children are reunited with their property on arrival and are moved quickly to their accommodation on their first night in custody.*
- *Children know how to and can access help and support from staff, family and peer supporters.*
- *Children can shower on their first night.*
- *Children can make a telephone call and additional help is provided to those who do not have external support from family and friends.*
- *Children receive basic equipment and supplies.*
- *Regular welfare checks are carried out on new arrivals.*
- *Information on admission, place, transfer and release is provided without delay to the parents and guardians or closest relative of the child concerned, unless this is not in the best interests of the child.*

**3. Induction takes place promptly. On its completion all children understand the Centre's routines and how to access available services and support.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Induction begins within 24 hours of arrival at the Centre. Induction is comprehensive, structured and multidisciplinary. It is delivered in a range of formats and languages to ensure children understand it.*
- *Children are informed of independent sources of information, advice and assistance, including advocacy services and other external sources of support.*
- *Children meet their key worker/named key worker in person during induction.*
- *Children's immediate needs (including contact with families, reassurance about safety, accommodation on release, education, language and health care) are identified on arrival and met.*

- *Following induction children are aware of how to get information and help, deal with problems and complain about treatment. Checks are made to ensure they have understood.*
- *Children understand that their personal mail and telephone calls may be monitored.*
- *Children are purposefully occupied during the induction process and have access to at least 10 hours out of their room each day.*
- *Within 24 hours of admission, children have the opportunity for an individual interview with key worker staff, which is recorded. Children's concerns about custody are addressed and they are asked about any feelings of anxiety, self-harm or suicidal thoughts.*
- *Children are informed about the Centre's procedures to protect them from bullying, peer pressure, and/or any form of abuse or neglect. They are given information about how they will be protected if they have been threatened or harmed.*
- *Children who face long or indeterminate sentences are identified on arrival and given support. The elements and implications of a long or indeterminate sentence are explained to them and, where appropriate, their families.*
- *Children are supported to have a first visit with family after admission.*

Cross reference with: safeguarding of children; bullying and violence reduction; suicide and self-harm prevention; education, skills and work activities; resettlement.

In relation to expectations 1–3: Human rights standards set out a number of requirements which are applicable to arrival and early days in detention. These include ensuring children are transported safely and in conditions that do not subject them to hardship or indignity, requiring they be provided with information about their place of detention in a language and format they understand, identifying their health care and other needs, ensuring their safety and allowing them to contact family. See CRC 3, 19; ERJO 62; HR 21–27; CPT 115, 122, 130; SMR 7, 54, 55, 58, 67, 68, 73; EPR 15, 16, 30, 31, 32; BOP 16, 24, 31.

See also standards in relation to safeguarding of children and security.

## Safeguarding of children

**The Centre promotes the welfare of children, particularly those most at risk, and protects them from all kinds of harm and neglect.**

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### Expectations

**4. Children are provided with a safe and secure environment which protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children feel safe and are protected from harm.*
- *Children have a member of staff they can turn to if they have a problem. Staff have the time to build positive relationships with children and to effectively respond to children's concerns.*
- *Multidisciplinary planning provides effective care and support for children. This is done in consultation with the child, to identify and implement strategies for reducing risk.*
- *There are arrangements in place for internal and external scrutiny of safeguarding performance at the Centre.*
- *There is a mechanism for notifying relevant parties of significant events.*
- *Outcomes of child protection referrals are clearly recorded, including the support given to children who are the subject of any referrals or enquiries.*
- *Staff are subject to recruitment and vetting procedures that comply with necessary legislation.*
- *Children are consulted regularly and safety is given a high profile at consultation forums to strengthen the whole Centre approach. There is evidence of action and outcomes where children have raised concerns about safety.*
- *Staff share and have access to up-to-date information about the children in their care.*
- *Staff model caring, respectful and non-violent behaviour.*
- *Staff take appropriate action to protect children from harm.*
- *Injuries and incidents of violence, including restraint, bullying and self-harm, are closely monitored. There is good data collection and analysis at regular intervals to help identify patterns and trends and to implement preventive measures.*
- *Children are protected and helped to keep themselves safe from abuse, including bullying, radicalisation and discrimination. Any discriminatory behaviours are challenged and children are helped and supported to treat others with respect.*
- *Children's families, carers, friends, legal representatives and external agencies can easily provide information to the Centre about children who are vulnerable and may need support.*

- *Potential victims of trafficking are referred under the National Referral Mechanism (NRM). Any referral to the NRM is made with informed consent whenever possible.*

Cross reference with: behaviour management; early days in custody; children, families and contact with the outside world.

## **5. Child protection concerns are identified and investigated, and action is taken to prevent further harm.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff understand and follow procedures for responding to concerns about the safety of a child. Any child protection concerns are shared with the Health and Social Care Trust (HSCT) Gateway Teams without delay, and a record of that referral and outcome is retained. Staff immediately take appropriate action to protect children from harm.*
- *Children who allege abuse or mistreatment are offered the assistance of an independent advocate.*
- *Staff follow up the outcome of referrals quickly. If staff are dissatisfied with the response from HSCTs they escalate their concerns appropriately and without delay, in accordance with the Safeguarding Board Northern Ireland Resolution of Professional Differences protocol.*
- *Investigations into allegations or suspicions of harm are shared with the appropriate agencies and are handled fairly, quickly and in accordance with statutory guidance. Children are supported and protected, including through specialist mental health and medical care. Support is given to the person making the allegation.*
- *Children or parents who allege harm are given a written response which sets out the action that has been, or will be, taken. Children are consistently reminded of their right to assistance from an independent advocate.*
- *The Centre has effective links with HSCTs, designated officers and other safeguarding agencies.*
- *Visitors and families know how to raise concerns directly to the HSCT if they think a child is being, or has been, maltreated while in custody.*
- *Children can raise concerns in confidence with a range of people and services outside the Centre.*
- *Alleged criminal acts are investigated in the same way that they would be outside of detention.*

Cross reference with: relationships between staff and children; children, families and contact with the outside world; education, skills and work activities; daily life – residential services, requests and redress; early days in custody.

In relation to expectations 4 and 5: Human rights standards require children who are detained be held safely. Any child who is detained must be protected from exploitation and abuse and be provided with care and protection to ensure their well-being. Staff must receive sufficient training on how to safeguard children. See

CRC 3, 19, 33–37(a), 39; ERJO 52, 127, 129; HR 82, 85–87; CPT 121; SMR 1, 76; EPR 52.2, 81.

In addition, human rights standards require prompt and impartial investigation where there are reasonable grounds to believe an act of torture or ill-treatment has occurred in detention, or when an allegation of torture or ill-treatment is made by a detained individual. See HR 84, 85, 87; SMR 1, 34, 57, 71, 76; EPR 1, 8, 42, 55, 81; BOP 6, 33; CAT 2, 10, 12, 13, 16; ECHR 3; ICCPR 7, 10.1.

See also standards in relation to security, behaviour management, bullying and violence reduction, and relationships between staff and children.

## Suicide and self-harm prevention

**The Centre provides a safe and secure environment which reduces the risk of self-harm and suicide. Children at risk of self-harm or suicide are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

### Expectations

#### **6. Children at risk of self-harm or suicide receive personal and consistent care and support to address their individual needs and have unhindered access to help.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Incidents of self-harm reduce over time.*
- *Planning is in place, with input from the child, which identifies risk and meets needs. A consistent key worker is responsible for each child.*
- *A consistent senior manager oversees care and planning to ensure continuity of care for each child.*
- *Children subject to such care planning are engaged by staff and have access to education and activities.*
- *Personal factors or significant events which may trigger self-harm are identified and included in the child's care plan.*
- *Personal possessions are only removed in well documented, exceptional circumstances. They are returned to the child as soon as it is safe to do so.*
- *Where appropriate, family, friends or the assigned HSCT representative for looked after children are informed of care planning and invited to contribute to the child's care.*
- *Children are supported to express any thoughts of suicide and/or self-harm and are given the opportunity and assistance to contribute to reviews of their care, identifying their own support needs.*

- *All incidents of self-harm or attempts to self-harm are referred to the safeguarding lead and parents/carers are informed.*
- *All staff, including night staff, are appropriately trained in suicide prevention and understand what to do in an emergency. Refresher training takes place regularly.*
- *Children are never placed in protective clothing or monitored remotely as an alternative to engagement with and constant observation by staff.*
- *Constant observation affords privacy and decency for the child. When it is in the child's best interests, parents and carers are given additional opportunities to visit children who are subject to constant observation.*
- *Arrangements are in place for following up after a care and support plan has been closed.*
- *All information about children at risk of self-harm or suicide and nearing release is communicated to relevant people who can offer support in the community.*
- *Serious incidents are thoroughly and properly investigated to establish what lessons can be learnt to improve the care and protection given to children.*
- *An action plan is devised and acted on promptly as a result of an investigation into an apparent self-inflicted death. This is reviewed following the subsequent findings of an inquest, a police investigation, a HSCT review and learning arising from Serious Adverse Incident reviews.*

Cross reference with: residential services; early days in custody; children, families and contact with the outside world; relationships between staff and children; safeguarding of children; health services; training planning and remand management.

In relation to expectation 6: Human rights standards require children's right to life to be protected and promoted, and children to be treated with respect for their dignity and human rights. Standards require children to be provided with sufficient mental health care and staff to pay special attention to the prevention of self-harm, including recognising risk. Staff should have sufficient training, and communicate and cooperate effectively, to provide care. See CRC 3, 6; ECHR 2; ICCPR 6, 10; HR 1, 12, 49, 51, 52, 56, 81, 84, 85; ERJO 1, 8, 51, 70, 71, 129; SMR 1, 2, 30, 31, 33; EPR 1, 18.10, 25.4, 39, 42.3, 43.1, 47.2, 52.2, 52.4, 87.1.

See also standards in relation to health services – mental health.

## Security

**Children are kept safe through attention to physical and procedural matters, including effective security intelligence and positive relationships between staff and children.**

### Expectations

#### **7. Children live in a safe environment where security is proportionate. Effective intelligence is used to safeguard children.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Security is proportionate to risk and the impact of security measures on children's well-being and development is considered. The security measures applied are the least restrictive necessary.*
- *The Centre provides conditions that resemble life in the community as closely as possible.*
- *The elements of 'dynamic security' are in place to maintain security and good order. These include:*
  - *relationships between staff and children which are positive and professional*
  - *constructive activity to stimulate and educate children*
  - *established and effective procedures for resolving complaints, grievances and conflicts.*
- *There are no weaknesses or anomalies in the physical and procedural security of the Centre.*
- *Children's access to education, activities and health services are not impeded by an unnecessarily restrictive approach to security.*
- *There are effective arrangements for sharing intelligence with all who need to know, including external agencies. Intelligence is acted on appropriately.*
- *Effective intelligence and age-appropriate security measures are in place to safeguard children from gang/paramilitary related crime and guard against the trafficking/manufacturing of illicit items, including drugs, alcohol and mobile phones.*
- *A supply and reduction strategy is in place and where problems have been identified prompt remedial action is taken, documented and evaluated.*
- *Children found to be using illicit substances receive support from substance use services.*
- *Staff know about whistle-blowing procedures and feel confident to use them.*
- *Where inappropriate or abusive practice is found staff are held to account.*

Cross reference with: substance misuse; bullying and violence reduction; daily life – residential services, requests and redress; education, skills and work activities; relationships between staff and children; children, families and contact with the outside world; health services; time out of cell.

**8. Children are subject to searching measures that are appropriately assessed and proportionate to risk.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children’s clothing is not routinely removed during searching and force is never used.*
- *Searches involving the removal of clothing are carried out sensitively and are only conducted in response to well documented security concerns. Such searches are undertaken in private and only in the presence of more than one member of staff, of the child’s own gender.*
- *Reasons for searches involving the removal of clothing are fully documented and are authorised and monitored by senior managers.*
- *Children understand why their clothes are removed during a search and the process for doing so. They are offered assistance from an independent advocate to record any questions or concerns they have about why they were searched in this manner, or how it was carried out.*
- *Children are informed that their cells or personal property are being searched and cells/property are left in the condition in which they were found.*
- *Searches are intelligence-led. They are conducted sensitively and the process is clearly explained.*
- *Searches of staff, visitors, children and their property are conducted in a religiously and culturally sensitive manner.*

Cross reference with: early days in custody; safeguarding of children; equality and diversity; children, families and contact with the outside world.

In relation to expectations 7 and 8: Children who are detained should be held with no more security restrictions than necessary to ensure safe custody and in conditions which resemble life in the community as closely as possible. The approach to safety should build on positive relationships between staff and children. See ERJO 53.2, 53.3, 88; SMR 36; EPR 18.10, 24.2, 51–52.

In addition, human rights standards require clearly defined procedures and justifications for conducting searches, and that they are conducted in a manner which respects human dignity and privacy, as well as the principles of proportionality, legality and necessity. See CRC 16; ECHR 8; ERJO 89.1, 89.3, 89.4; EPR 54.1–54.5, 54.8–54.10; SMR 50; BOP 1.

## Behaviour management

**Children live in a safe, well-ordered and motivational environment where their good behaviour is promoted and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner.**

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### Expectations

- 9. Children live in a safe, well-ordered and motivational environment where their achievements and good behaviour are recognised, promoted and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner which safeguards children's welfare.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a coherent approach to behaviour management in all areas of the Centre that focuses on rewarding children for positive behaviour and effort.*
- *Staff model respectful, calm and positive behaviour. Staff understand the impact of trauma and implement effective strategies to address it.*
- *Behaviour management schemes are underpinned by a focus on positive relationships between staff and children.*
- *Staff engagement with children regarding behaviour is strength-based in nature and focused on the future.*
- *Managers understand the link between behaviour in custody and the community.*
- *The behaviour management strategy involves all departments and external agencies. There are clear links with other relevant strategies which protect children.*
- *The strategy outlines a range of disciplinary procedures and tools and refers to methods for dealing with fights, assaults and other forms of violent behaviour.*
- *The strategy and underpinning policies and procedures are reasonable and fair and encourage staff to use sanctions only when necessary.*
- *The strategy outlines the use of conflict resolution, mediation and other interventions available to help children to manage and control their behaviour.*
- *Staff have been trained in and understand the strategy.*
- *The application of the strategy is appropriately monitored to ensure it is implemented consistently.*

- 10. Children understand the standards of expected behaviour and the rules and routines of the Centre. Children are encouraged to behave responsibly.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children receive and understand information about standards of expected behaviour in a format and language they can understand.*
- *Children understand the benefits/incentives/rewards of positive behaviour and the consequences of poor behaviour.*
- *Rules and routines are proportionate, promote responsible behaviour and focus on the well-being of children.*
- *Rules and routines are applied openly, fairly and consistently, with no discrimination. Systems are in place to monitor this.*
- *Staff demonstrate a measured and balanced level of tolerance of adolescent behaviour and deal with it appropriately.*
- *Children are supported to take age-appropriate risks as part of their development of independent living skills.*
- *Staff use their authority appropriately and set clear boundaries which support and encourage good behaviour. When rules are breached, staff take time to explain how and why to the child concerned.*
- *Children can express their views through effective consultation arrangements. Their views are listened to and acted on fairly.*
- *Children can challenge decisions appropriately and are confident that their views are taken seriously.*

Cross reference with: early days in custody; daily life – residential services, request and redress; behaviour management; security; equality and diversity.

## **11. Children are motivated by an incentives scheme which rewards effort and good behaviour and has fair sanctions for poor behaviour.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The scheme is motivational, age-appropriate and easily understood by staff and children.*
- *The implementation of rewards and sanctions is swift, proportionate and consistent.*
- *Children are informed of the scheme in a format and language they can understand.*
- *There is sufficient difference between the incentives levels to encourage responsible behaviour.*
- *Children and staff are clear about the criteria for promotion and demotion.*
- *Every child's behaviour is regularly reviewed and they are encouraged and enabled to participate in person.*
- *Sanctions are age appropriate and are made fairly and consistently. Sanctions are realistic and aimed at achieving positive behaviour and where necessary, reparation.*
- *Children are kept up to date with their progress on the scheme, can access reports made about them and have the opportunity to comment.*
- *Children who are likely to be demoted are warned beforehand and are given reasons for a change in status.*
- *Children can appeal against a decision and are helped to do so.*

- *The rewards scheme does not limit contact with the outside world.*

Cross reference with: early days in custody; daily life – requests and redress; relationships between staff and children.

**12. The rewards and sanctions scheme is proportionate and applied fairly, transparently and consistently.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children’s positive attitude, actions and effort are appropriately acknowledged and rewarded.*
- *Children are not discriminated against directly or indirectly in the application of the scheme.*
- *The regime for children on the lowest level of the behavioural management scheme is not overly punitive and provides sufficient opportunity and support for them to demonstrate improvement in their behaviour.*
- *There are interventions in place for children who remain on the lower levels of any scheme for significant periods of time. This includes small, achievable targets.*
- *Sanctions are understood by the child and are recorded in detail.*
- *The scheme is monitored and reviewed at least quarterly to check for fairness and encourage responsible behaviour. Regular consultation takes place about the scheme.*
- *There are quality control measures in place.*
- *Parents and carers are routinely informed of children’s positive attitude, actions and effort.*
- *Data from all sanctions are monitored on a routine basis. They cover all S75 groups to ensure emerging patterns and trends are identified and acted on if necessary.*
- *Collective sanctions are not used.*

Cross reference with: equality and diversity; daily life – residential services; substance misuse; education, skills and work activities; training planning and remand management.

*Section 75 groups.*

*In relation to expectations 9–12: Staff should provide positive role models for children and be trained to motivate and guide them and develop positive relationships with them. Any sanction imposed should be proportionate. Children’s contact with the outside world should never be limited as a sanction and children must not be subject to unofficial or collective punishments. See CRC 12; ERJO 18, 88, 94, 95.1–95.3, 95.6, 129; HR 24, 25, 66–71, 83, 87(a); CPT 112; SMR 36–43; EPR 30.1, 56–60.3, 60.6–63; BOP 30.*

*See also standards relating to relationships between staff and children, equality and diversity and daily life – consultation, requests and redress.*

## Bullying and violence reduction

**Everyone feels safe from bullying and victimisation. Active and fair systems to prevent and respond to bullying and violence are known to staff, children and visitors.**

### Expectations

- 13. Children, staff and visitors understand that bullying and intimidating behaviour are unacceptable and are aware of the consequences of such behaviour. Any form of intimidating or violent behaviour is consistently challenged and not condoned.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children feel safe. Levels of bullying and violence reduce over time.*
- *Staff promote positive and supportive relationships, identify and challenge problematic behaviour and model pro-social behaviour.*
- *There is an effective whistle-blowing procedure in place for staff and managers to raise concerns about bullying or violent behaviour within the workplace, including use of aggressive and intimidating language.*
- *The Centre has an effective evidence-based bullying and violence reduction strategy. This strategy is linked with other relevant strategies that protect children and is regularly reviewed.*
- *Incidents and indicators of violence and bullying are comprehensively monitored and regularly reviewed.*
- *Accurate records of violent incidents are overseen by a senior manager.*
- *Staff are trained to understand all forms of bullying and how to apply anti-bullying procedures.*
- *Allegations of bullying behaviour are treated consistently and fairly. They are investigated thoroughly and outcomes are recorded.*
- *Planned actions are aimed at achieving sustained and agreed changes in behaviour and include mediation and conflict resolution. As a result of such actions children are helped to understand the root-cause of their violent behaviour and develop alternative non-violent coping skills.*
- *Children who have been identified as displaying bullying or violent behaviour have individual plans that ensure they are supported to address their behaviour. The contents of plans are properly linked to any other existing plan involving that child.*

Cross reference with: safeguarding of children; early days in custody; behaviour management; children, families and contact with the outside world.

**14. Children at risk or who have been subject to bullying or victimisation are protected by staff from any further victimisation.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children feel confident to report bullying and it is easy and safe for them to do so without fear of further intimidation.*
- *Staff are aware of all forms of bullying and victimisation, including verbal abuse, theft, threats of violence and assault.*
- *Attention is given to identifying and protecting vulnerable children who may be victimised due to the nature of their offence or personal circumstances.*
- *The violence reduction strategy is explained to children during induction and they know where they can get help to report bullying and victimisation.*
- *Children do not share rooms.*
- *Opportunities for bullying are minimised through a range of protective measures.*
- *Children who report bullying are protected from further intimidation or victimisation.*
- *Staff identify children who self-isolate and provide support to promote positive relationships, well-being and participation in the regime.*
- *Children's families/carers and friends are able to report any concerns they have about bullying. A visitor's survey asks about safety.*

Cross reference with: relationships between staff and children; children, families and contact with the outside world; equality and diversity; early days in custody; safeguarding of children.

In relation to expectations 15 and 16: Human rights standards require staff to pay particular attention to protecting vulnerable children and preventing victimisation. In addition, standards require children to have their own rooms unless it is in their best interests to share and they have been consulted about sharing. See CRC 3; ERJO 63.2, 88; CPT 104; SMR 2.2; EPR 18.6.

See also standards relating to safeguarding of children and equality and diversity.

## The use of force

**Force is used only as a last resort and if applied is used legitimately by trained staff. The use of force is minimised through preventive strategies and alternative approaches which are monitored through robust governance arrangements.**

### Expectations

- 15. When children are physically restrained, the minimum degree of force is used for the shortest time necessary, by trained staff using approved techniques. Following restraint, children are appropriately monitored and supported.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All staff are trained in and promote de-escalation techniques. The Centre recognises and disseminates good practice in avoiding the use of restraint.*
- *There is a restraint-minimisation strategy in place that involves all departments and there are clear links with other relevant strategies which protect children.*
- *Staff have up-to-date training in de-escalation and in using the appropriate, approved techniques.*
- *A restraint handling plan is in place for all children with a medical condition who may be adversely affected by restraint. All staff are aware of the information in the plan and use it during restraint.*
- *Children with challenging behaviours, including as a result of past abuse, neglect and trauma, physical disability, learning disability or personality disorder, have care plans which highlight risk factors and set out alternative management protocols which reduce the likelihood of restraint techniques becoming necessary.*
- *Pain infliction is not applied as a form of restraint.*
- *Handcuffs are only used when there is evidence to support their use as the safer option, and with the proper authority.*
- *Parents/carers and, for looked after children, the HSCT, are notified of incidents of restraint.*
- *Children can learn how to manage and take control of their behaviour, and are given the opportunity to talk about their experience with someone impartial as soon as possible after an incident. Children receive an explanation of why force was used on them. This is recorded and used to inform any other existing plans relating to the care of the child.*
- *Children are offered the opportunity to speak to an advocate or make a complaint about the incident without fear of repercussions.*
- *Child protection referrals and investigations are undertaken where necessary.*
- *Use of personal protection equipment is proportionate to the risks posed and is reviewed regularly by a senior manager and the local authority. The effects on children of being restrained by staff wearing personal protection equipment are understood.*

Cross reference with: safeguarding of children; daily life – consultation, requests and redress.

**16. Restraint techniques are only used legitimately and as a last resort when all other alternatives have been explored. Restraint techniques are not used as a punishment or to obtain compliance with staff instructions.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Restraint techniques are only used as a last resort and for the shortest time possible, when there is immediate risk to the safety of the child or others, and when all other alternatives have been explored and have failed.*
- *The level of restraint used is the minimum necessary.*
- *Any incidents of restraint are properly authorised and correctly and comprehensively recorded.*
- *Force is never used or threatened as a punishment.*
- *An appropriately qualified health service professional attends all restraint incidents.*
- *Children subject to unplanned restraint procedures or those outside normal working hours are seen by a qualified health service professional as soon as possible after force is removed.*
- *Use of force documentation is completed within 24 hours. It is routinely scrutinised by a senior manager to ensure force is used as a last resort and is lawful.*
- *All use of force incidents are filmed with sound (including body-worn video cameras). Recordings and documentation are promptly reviewed and retained.*
- *Use of force data is analysed, particularly with regard to injuries sustained during restraint, complaints about excessive or inappropriate use of force and feedback from children through the debriefing process.*

Cross reference with: safeguarding of children; relationships between staff and children; security; suicide and self-harm prevention; health services; separation/removal from normal location.

In relation to expectations 17 and 18: Human rights standards only allow for the use of force and restraint when absolutely necessary and as a measure of last resort. If it is absolutely necessary to use force or restraint, this must be the minimum necessary and for the shortest possible time. There must be clear procedures governing the use of force and restraint and staff must be trained to use techniques that minimise the use of force. See CRC 3; HR 63–65, 85; ERJO 90, 91.2; SMR 49; EPR 43; 64.2–66, 68.3; CCLEO 3.

See also standards relating to safeguarding of children and daily life – consultation, requests and redress.

## Separation/removal from normal location

**Children are only separated from their peers with the proper authorisation, safely, in line with their individual needs, for appropriate reasons and not as a punishment.**

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### Expectations

**17. Children are only separated from others or removed from their normal location with the proper authorisation and are located for appropriate reasons. Separation is not used as a punishment.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a clear strategy in place for the use of all forms of separation.*
- *The use of separation and segregation on normal is appropriately authorised, monitored by senior staff and analysed for patterns and trends.*
- *Health care staff promptly assess all separated and segregated children and contribute to care planning.*
- *Segregation and separation is used only as a last resort after other alternatives have been considered. It is used for the shortest time possible.*
- *Children at risk of suicide or self-harm are only segregated in clearly documented, exceptional circumstances.*
- *Children are not separated as a punishment and the decision to separate them is for justifiable reasons, authorised properly and recorded.*
- *Children are given the reasons for their separation in a format and language they understand.*
- *Children and their parents, carers or outside workers can make representations to a senior manager before they are separated in specialist units or on normal location.*

Cross reference with: equality and diversity; safeguarding of children; security.

**18. Children whose behaviour requires them to be temporarily separated from others are located in a suitable environment where their individual needs are fully met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children temporarily separated from normal location have regular and meaningful contact with staff. They are able to have meals and continue their education and other activities outside their room, within the restrictions of their temporary environment.*

- *Children are never subjected to a regime that amounts to solitary confinement.<sup>2</sup>*
- *Children separated in on normal location have a plan which ensures that their time is spent addressing their problematic behaviour. The contents of plans are always properly linked to any other existing plans involving that child.*
- *Staff are vigilant in detecting signs of decline in emotional and mental well-being.*
- *Children have meaningful conversations with a range of staff every day, including the opportunity to speak in confidence with a senior manager, a health care professional and a chaplain.*
- *Those who are temporarily removed from mainstream activities can access equivalent activity to their non-segregated peers, including time in the open air.*
- *Children have sufficient activities to occupy and stimulate them in their rooms.*
- *Children are separated for the shortest possible period before being reintegrated to a normal regime.*
- *Reviews are held regularly and involve the child and all relevant staff.*
- *Parents/carers and relevant professionals, including social workers, youth justice workers and key workers and advocates, are engaged where appropriate.*
- *Data is used effectively to identify and minimise risks to the safety of children and staff.*

Cross reference with: education, skills and work activities; safeguarding of children; health services.

In relation to expectations 19 and 20: As with any restrictions imposed on people already deprived of their liberty, human rights standards require that segregation or separation (or any practice which isolates children) must only be used when absolutely necessary, for the shortest possible time, and be proportionate to the legitimate objective for which they are imposed. Because of the harm that can be caused by segregation and separation, specific and additional safeguards also need to be in place. Children, wherever located, should not be subject to solitary confinement. See CRC 3, 37(a); HR 12, 67; ERJO 93, 95.3; SMR 43–46; ECHR 3; ICCPR 7; CAT 1, 2, 16. See also CRC CO 79(f) and SRT 44, 86(d).

See also standards relating to security.

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2 The United Nations Standard Minimum Rules for the treatment of prisoners define solitary confinement as confinement 'for 22 hours or more a day without meaningful human contact'.

## Section 2: Care

**Children are cared for by staff and treated with respect for their human dignity.**

### Relationships between staff and children

**Children are treated with care by all staff, and are expected, encouraged and enabled to take responsibility for their own actions and decisions. Staff set clear and fair boundaries. Staff have high expectations of all children and help them to achieve their potential.**

### Expectations

**19. Children are treated with care and respect for their human dignity at all times. Relationships between children and staff are warm, compassionate and helpful but staff maintain appropriate boundaries.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Relationships between staff and children are based on mutual respect. Staff and children are fair and courteous in their day-to-day interactions with one another.*
- *Staff behave in a fair and consistent way, care for children as individuals and respond to their different needs.*
- *Staff deployment ensures that children's individual needs are met sensitively and consistently.*
- *Staff show a genuine interest in children and listen to them, giving their time freely.*
- *Consultative committees or equivalent consultation processes are held at least monthly, and children are able and encouraged to present any suggestions, or areas of grievance or dissatisfaction, directly to senior members of staff.*
- *Staff are professional in their conduct. All staff, including senior managers, lead by example by regularly engaging positively with children.*
- *Staff can easily access information about individual children which is based on comprehensive and up-to-date information about their needs.*
- *Staff take time to build relationships with children and know their strengths and weaknesses. Relationships are purposeful, offering support and challenge where needed.*
- *Children have opportunities to get to know staff. Staff wear name badges at all times.*
- *All children have someone to turn to if they have a problem.*

- *Staff maintain accurate records of children's progress within the Centre which identify any significant events affecting them. Entries are balanced, detailed and indicate interaction.*
- *Staff understand the impact of life experiences, such as trauma, abuse and mental illness, on behaviour.*
- *Markers (such as coloured stickers or notes on room doors) to indicate behavioural problems or concerns are not used where they are visible to children.*
- *Staff know how to raise concerns about colleagues' behaviour or interactions with children. They are not victimised for doing so.*

Cross reference with: equality and diversity; time out of cell; daily life – residential services.

**20. Children are encouraged and supported to take responsibility for their rehabilitation and to contribute positively to the Centre community.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are helped to take appropriate responsibility for meeting their day-to-day needs.*
- *Children are encouraged to attend activities regularly and on time.*
- *Staff support and motivate children to engage positively with activities designed to reduce their risk of reoffending and help them to prepare for release.*
- *There are mechanisms in place to encourage 'active citizenship' within the Centre community.*
- *There are mechanisms in place to support children effectively engage in consultation activities*

**21. Children have an identified member of staff they can turn to on a day-to-day basis who is aware of and responds to their individual needs. Staff provide support and help children to make positive changes in their lives.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children know the name of their identified member of staff and can access them as an initial point of reference. Frequent changes of staff are avoided.*
- *Staff know the personal circumstances of children in their care and play an active role in supporting them. Their responsibilities are clear and well-coordinated with other departments.*
- *Staff are proactive in maintaining at least weekly contact to discuss overall progress. This is face-to-face and of sufficient duration to allow meaningful discussion and relationship-building.*
- *Staff maintain regular contact with children's families and encourage effective links with them to keep them up to date with children's progress.*

- *Staff are caring and compassionate and support children to make good choices and manage their emotions. Staff attend all meetings and reviews relating to the care and management of the children for whom they are responsible and share information appropriately.*

Cross reference with: training planning and remand management; behaviour management; suicide and self-harm prevention; safeguarding of children.

In relation to expectations 21–23: Human rights standards emphasise that staffing and resources should be sufficient to ensure meaningful interventions for children. Staff should provide positive role models and have adequate training to carry out their roles. See CRC 12; ERJO 18, 19, 88, 127–130, 132; HR 12, 81–87; SMR 5.1, 74.1, 75–77; EPR 5, 8, 71–77, 81, 83, 87.1. The obligation to treat all children deprived of their liberty with humanity and respect for their inherent dignity is also relevant. See SMR 1; EPR 72.1; BOP 1; BPTP 1; ICCPR 10.1.

See also standards relating to safeguarding of children and daily life – consultation, requests and redress.

## Daily life

**Children live in a clean and decent environment and are aware of the rules and routines of the Centre. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.**

## Expectations

### Living conditions

#### **22. Children live in a safe, clean and decent environment which is in a good state of repair and suitable for adolescents.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Rooms and communal areas are light, well decorated and suitable for adolescents.*
- *Children have their own bed, chair and lockable cupboard and provision for the storage of personal belongings is adequate.*
- *Children are allowed to personalise their rooms.*
- *Children have access to drinking water, a toilet and washing facilities at all times.*
- *All toilets in rooms have lids and are screened. Washing facilities are screened.*
- *Residential units are as calm and quiet as possible to avoid incidents and to enable rest and sleep.*
- *Children can operate the lights in their rooms.*
- *Children have access to telephones in their rooms.*

- *Notices are displayed in accessible and suitable ways for the Centre population.*
- *Children have the use of properly equipped areas for association and outdoor areas for daily physical activity. Children can influence what activities they engage in.*

Cross reference with: equality and diversity – Section 75 groups.

### **23. Children feel and are safe in their rooms and communal areas.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Effective safeguards are in place to ensure all children are kept and feel safe, and the design and size of the residential units supports this.*
- *Staff are aware of any areas which are potentially unsafe and of times when children may need additional supervision, for example, during mealtimes and the distribution of items bought by children.*
- *Children are not required to share accommodation.*
- *Communal areas meet the needs of the population and are supervised effectively by staff.*
- *All children can raise the alarm in the case of an emergency. Staff respond promptly when the alarm is raised.*
- *Children have privacy keys to their rooms.*
- *Observation panels in room doors remain free from obstruction.*
- *Staff undertake regular, unobtrusive supervision of sleeping areas to ensure children's safety.*

Cross reference with: bullying and violence reduction; equality and diversity; safeguarding of children; suicide and self-harm prevention.

### **24. Children are encouraged, enabled and expected to keep themselves, their rooms and communal areas clean.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children have access to necessary supplies of their own personal hygiene items. Basic hygiene items are provided free of charge.*
- *Children can shower or bath daily, and immediately following physical exercise, vocational exercise or work, before court appearances and before visits.*
- *Freshly laundered bedding and towels are provided for each new child on arrival and then on at least a weekly basis. Replacement bedding in the event of bedwetting is provided discreetly and sensitively. A system for the replacement of mattresses is in operation.*
- *Children have access to sufficient cleaning materials to keep their rooms and communal areas clean and are encouraged to use them.*

Cross reference with: early days in custody; equality and diversity – Section 75 groups.

**25. Children have enough clean clothing of the right kind, size and quality to meet individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children can wear their own clothes.*
- *Children have at least weekly access to laundry facilities to wash and iron their clothing.*
- *Children are provided with enough clean underwear and socks to change them daily.*
- *Children are issued with enough warm, weatherproof clothing and shoes to go out in all weather conditions.*
- *Centre issue clothing is suitable, fits and is in good repair.*

**26. Children's property held in storage is secure, and they can access their stored property on request.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The amount of property children are allowed to keep in their possession and in storage takes account of individual needs.*
- *Children can receive parcels. Any unauthorised articles received are held in secure storage and returned to the child on release.*
- *A standard list details the possessions that children can keep. The list of authorised possessions is adequate to meet the needs of children.*
- *Children's valuable property is routinely security marked before it is issued.*
- *Children can access their stored property by application and on release.*
- *Children are fairly compensated for clothing and possessions lost or damaged in storage.*

Cross reference with: daily life – consultation, requests and redress; equality and diversity.

In relation to expectations 24–28: Human rights standards require that children be housed in accommodation that respects their human dignity and privacy. Accommodation should be clean, adequately ventilated and lit (by both natural and artificial light) and provide sufficient living space. Children should be provided with adequate bedding and with materials to keep their cells clean, and instructions in how to use them. Children should have daily access to showers. See CRC 27, 37(c); ERJO 53, 63, 65, 66; HR 31–34; CPT 104–105; EPR 18, 19, 21; SMR 12–21. Places of detention must have an alarm system that allows children to contact staff without delay and there must be sufficient unobtrusive supervision by staff during the night to ensure children are kept safe. See ERJO 64; HR 33; EPR 18.2; SMR 12.

Children should be allowed to wear their own clothing. Suitable clothing must be provided to those children who do not have their own. See ERJO 66; HR 36; CPT 106; EPR 20; SMR 19–20. In addition, standards recognise that children should be

able to keep property in their possession and require that property should be kept safely when not in their possession. See ERJO 62.2; HR 35; EPR 31; SMR 67.

Poor living conditions, in and of themselves, can and have been found to violate ICCPR 10 and ECHR 3. A lack of resources does not justify detention conditions that infringe a detainee's human rights. See ERJO 19; EPR 4.

### Residential services

#### **27. Children have a varied, healthy and balanced diet which meets their individual needs, including religious, cultural or other special dietary requirements.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All meals are served at reasonable times and children can eat communally.*
- *Children have a choice of meals and can make lifestyle choices about diet.*
- *Catering staff provide meals that meet medical dietary requirements.*
- *Children's meals are healthy and reflect the needs of adolescents.*
- *Children on transfer or at court do not miss out on their main meal.*
- *Catering arrangements and menus take into account the need to promote healthy eating as part of a healthy lifestyle.*
- *Children have access to drinking water (including at night) and the means of making a hot drink after their rooms are locked in the evening.*
- *Children have access to healthy snacks in between main meals.*
- *Children are consulted about the menu and can make comments about the food.*
- *Children are given the opportunity to cater for themselves.*

Cross reference with: equality and diversity; residential services; daily life – consultation, requests and redress.

#### **28. Children's food and meals are stored, prepared and served in line with religious, cultural and other special dietary requirements and prevailing safety and hygiene regulations.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All areas where food is stored, prepared or served conform to the relevant food and safety hygiene regulations.*
- *All areas where food is stored, prepared or served are properly equipped and well managed.*
- *Religious, cultural or other special dietary requirements relating to all aspects of food preparation and storage are fully observed and communicated to children.*
- *Children and staff who work with food are trained and wear proper clothing. Children can gain relevant qualifications.*

- *Staff supervise the serving of food to prevent tampering with food and other forms of bullying.*

Cross reference with: equality and diversity; health services; education, skills and work activities.

**29. Children can purchase a suitable range of goods at reasonable prices and can do so safely.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are given advice and support on how to manage their money.*
- *.*
- *Children have access to a wide range of all products on offer, and the range and cost of items are comparable to what is available in the community.*
- *The list of goods available to children is publicised prominently in every house in a range of formats and languages that are easy to understand.*
- *Children arriving at the Centre without private money are offered an advance to use for purchases, with repayment staged over a period of time.*
- *Children without private money are not disadvantaged.*
- *Children can place and receive orders at least once a week and receive their items promptly.*
- *Children can access accurate and up-to-date records of their finances, and can do so free of charge.*
- *Children can order items from catalogues, and are not charged an administration fee if they do so.*
- *A wide range of hobby materials is available. Systems are in place to ensure children are protected from bullying and theft.*

Cross reference with: equality and diversity; health services; early days in custody; bullying and violence reduction; residential services.

In relation to expectations 29–31: Human rights standards require that children be provided with nutritious food that takes into account their personal needs (such as religion, age, health and culture) and that they are given the opportunity to cater for themselves. Children should also be able to purchase goods for themselves. See ERJO 68; HR 37, 62; EPR 22, 31.5; SMR 22.

See also standards relating to equality and diversity.

## Consultation, requests and redress

### **30. Children can take an active role in influencing decisions about services, routines and facilities in the Centre and in managing their own day-to-day life. There is evidence of change in policy and practice arising from the views and experiences of children.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All children are given the opportunity to have their voice heard and inform decision-making.*
- *Children are regularly consulted and given the opportunity to present their views, ideas, any areas of grievance or dissatisfaction directly to managers. Consultation methods are co-created by children and staff.*
- *Children can raise issues or concerns for discussion.*
- *Children can challenge decisions appropriately and are confident that their views are taken seriously.*
- *Children can challenge information contained in their records.*
- *The selection of children to take part in more formal consultation events or to represent others is fair and transparent.*
- *Children are informed of the outcome of consultation and provided with justifiable reasons for any decision made.*
- *Ongoing feedback mechanisms, for example food comments books, are readily available, regularly checked and responded to appropriately.*

### **31. Staff and children are encouraged to resolve requests informally. When this is not possible children understand how to apply for available services, and are able to do so easily.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff and children are encouraged to resolve requests informally, before making a formal, written request or complaint.*
- *Children know how to make requests and can do so confidentially.*
- *Staff help children to make requests, as requested.*
- *Children do not have to make repeated requests for services they access or receive on a regular basis.*
- *Children receive timely responses to their requests which are respectful, easy to understand and address the issues raised.*
- *There are effective and thorough quality assurance arrangements in place.*

### **32. Children have confidence in complaints procedures, which are effective, timely and well understood.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff make efforts to resolve complaints promptly without requiring children to go through formal procedures unnecessarily.*
- *Children can access and submit complaint forms easily, in confidence and without fear of punishment or recrimination.*
- *All complaints, whether formal or informal, are dealt with fairly and promptly, considering individual circumstances.*
- *Children can be heard in person at all stages of the complaint process if they so choose.*
- *Children are encouraged to state what they would like the outcome of their complaint to be and, if that outcome is not possible, staff explain why.*
- *Children receive responses to their complaints that are respectful, easy to understand, address the issues raised and, where appropriate, contain an apology.*
- *Children can ask for help in completing their complaint and in copying relevant documentation.*
- *Children can ask their legal advisor or family member/carer to make a complaint on their behalf.*
- *An effective monitoring system is in place to analyse complaints so that patterns can be identified and appropriate changes made.*
- *Children are consulted regularly about the internal complaints system to monitor and maintain confidence in the system.*
- *Information about complaints is reinforced through notices and posters displayed prominently across the Centre in a range of formats and languages.*
- *There is an effective and thorough quality assurance system in place.*

Cross reference with: equality and diversity; relationships between staff and children; daily life – residential services.

### **33. Children feel safe from repercussions when using complaints procedures and are aware of appeal procedures.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are offered an informal resolution to their complaint when it is appropriate to do so and are not deterred from making a formal complaint if that is their preferred action.*
- *Complaints against staff are reviewed by trained staff for child protection implications.*
- *Children and visitors who make a complaint are protected from recrimination.*
- *Children know how to appeal against decisions and are helped to do so. Appeals are dealt with fairly and responded to promptly.*
- *Children receive help to pursue complaints and grievances beyond the Centre if they need to do so.*

Cross reference with: safeguarding of children; daily life – residential services.

**34. Children are informed of their legal rights and are supported by Centre staff to understand and freely exercise those rights.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are informed of their legal rights verbally and in writing, in a way they understand.*
- *Parents/carers are informed of children's legal rights at the request of the child.*
- *Staff are proactive in enabling children to pursue their legal rights, and no formal or informal sanctions operate to deter children from doing so.*
- *Children can easily and confidentially communicate with their legal advisors free of charge.*
- *Letters from legal advisors to children remain confidential and are not opened by Centre staff.*
- *Children requiring help with reading or writing legal correspondence are offered help, including the option of accessing help from outside the Centre.*
- *Children receive help in contacting legal advisors or making direct applications to the courts.*
- *Children who choose to represent themselves in court are given stamps and writing materials free of charge as needed to pursue their case. They have access to a computer and printer to type court correspondence and documents.*
- *Private and confidential legal visits are supported and accommodated without delay in suitable facilities.*
- *Secure facilities are provided to allow children to keep documents relating to their legal proceedings in their cells. Children may request that legal documents are held securely and confidentially on their behalf.*

Cross reference with: education, skills and work activities; daily life – residential services.

**35. Children are informed of and understand their sentence or remand in custody.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children can readily access effective legal advice and are referred to specialist practitioners if necessary. Available advice or referral schemes include, but are not limited to:*
  - *bail for unsentenced children*
  - *criminal case review commission*
  - *immigration advice for foreign nationals.*
- *Recalled children are quickly identified and promptly receive documented explanation about the reason for recall, their right to make representations or appeal and the possibility of an oral hearing.*
- *Children are provided with verbal and written information about childcare proceedings and how to access advice services in relation to their parental rights and children's welfare.*

- *Children subject to licence conditions on release have the requirements of the licence explained to them and can discuss their rights and responsibilities prior to release.*
- *Children have access to independent advocacy services.*

Cross reference with: education, skills and work activities; equality and diversity; training planning and remand management.

In relation to expectations 32–37: The ability to make requests or complaints without repercussions and the requirement that these receive a prompt response is clearly set out in human rights standards, as is the ability to make complaints to external bodies and to access confidential legal advice. See CRC 3, 12, 13, 37(d); ERJO 50.3, 105, 120–124; HR 18, 24, 25, 60, 75–78; CPT 130–131; SMR 56, 57, 61; EPR 23, 70; BOP 17, 18, 33; BRPL 1, 5, 6, 8.

## Equality and diversity

**The Centre demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no child is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The diverse needs of each child are recognised and addressed.**

### Expectations

#### Strategic management

**36. Managers demonstrate strong leadership in delivering a coordinated approach to embedding equality considerations in regimes, eliminating all forms of discrimination and promoting inclusion and respect for diversity.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a local strategy that outlines how the needs of all groups within the Centre will be identified and addressed.*
- *The Director leads by example in promoting equality and diversity.*
- *Staff are trained on equality, diversity and non-discrimination.*
- *Policies and regime activities reflect the diverse needs of the population.*
- *A named person of appropriate seniority (JJC/YJA) has overall responsibility for equality and diversity.*
- *Staff with specific equalities responsibilities are given sufficient time and support to fulfil their role, and have clear job descriptions and objectives.*
- *Equality and diversity issues and outcomes are monitored regularly by a committee involving managers and staff from across the Centre/Agency.*
- *There is regular and effective input by external community representatives, providing advice at a strategic level and support to children.*
- *Awareness of equality and diversity is promoted by educational and celebratory events.*

**37. By employing fair processes, the Centre ensures that no child or group is unfairly disadvantaged.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *The Centre has clear systems in place, which are known and used by all staff, to identify and take appropriate action to minimise and prevent all forms of discrimination or disadvantage.*
- *Staff are trained and supported to identify and eliminate discrimination.*

- *Effective and regular monitoring is in place, covering all diverse needs, to ensure equality of treatment and access to services, for example, allocation to activities, health care, complaints, use of force and rewards and sanctions.*
- *Results of equality monitoring are communicated in an easy to understand format to staff and children and appropriate action is taken when necessary.*
- *Incident reporting systems are developed to facilitate the reporting of all types of discrimination.*
- *Data on discriminatory incidents and allegations is routinely analysed for patterns.*
- *Potential adverse outcomes are investigated thoroughly. Remedial action is promptly taken and evaluated.*
- *There are effective interventions in place for both the person being discriminated against and the perpetrator of discrimination.*

Cross reference with: daily life – consultation, request and redress; bullying and violence reduction; early days in custody.

### **38. Discriminatory behaviour is challenged robustly and consistently.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All forms of discriminatory language and conduct are challenged.*
- *Children and staff know what behaviours and language are acceptable.*
- *Children, staff and visitors know how to report discrimination, are supported to do so and are safe from any repercussions.*
- *Responses to discrimination complaints are timely and are based on a thorough investigation. Allegations and incidents are investigated thoroughly.*
- *There are clear links between designated equality staff and the Centre's approach to violence reduction.*
- *There are effective interventions to support children experiencing discrimination and to challenge and educate perpetrators.*
- *Children who have been involved in hate crime or incidents are supported to understand the harm caused and to change their behaviour.*

### **39. Children are given the opportunity to play an active role in eliminating all forms of discrimination and are consulted frequently to strengthen and support the elimination of discrimination.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Consultation methods are co-created by children and staff.*
- *Children who are equality representatives effectively represent the views of their peers, have appropriate job descriptions and meet regularly, both with equality staff and as part of a wider forum that includes managers, staff and children.*
- *Equality representatives contribute their views to equalities monitoring.*
- *Through regular consultation meetings and surveys, children can raise issues on any aspect of equality.*

- *Equality representatives are supervised and supported.*
- *Children have access to staff and outside agencies on a regular basis to answer queries and seek advice about equality and diversity issues.*

### Section 75 groups<sup>3</sup>

#### **40. Children are treated equitably and according to their individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff promote and model inclusion in all aspects of their work and show an awareness of equality, anticipating and addressing the needs of children.*
- *Assessments on arrival at the Centre establish individual needs, including covering all Section 75 characteristics.*
- *Children have access to information in a format and language they can easily understand, such as DVD, easy read or Braille.*
- *Any child who requires a personal care plan is identified quickly and an individualised plan is put in place. Care plans are kept up to date and, where appropriate, are multidisciplinary.*
- *Staff are aware of children who may require extra support in the event of an emergency. Personal emergency evacuation plans are used.*
- *Staff are aware of children who need help to complete everyday activities.*
- *Staff make reasonable adjustments to ensure that all children can participate in education and activities which meet their needs.*
- *External support groups and networks are effectively promoted and children are helped to contact them.*
- *Rehabilitation and release planning work takes account of the specific needs of children.*

#### **41. The specific needs of children from all black and minority ethnic groups are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff are aware of and respond appropriately to race and cultural issues.*
- *Sufficient attention is paid to the distinct needs of all black and minority ethnic groups.*
- *Sufficient attention is paid to the distinct needs of children who are members of the Travelling community.*

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<sup>3</sup> As per Section 75 of the Northern Ireland Act (1998) between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without.

**42. The specific needs of foreign national children are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Foreign national children receive practical help to keep in touch with family, including regular free phone calls and opportunities for appropriate contact with family and friends abroad.*
- *Children are provided with information about their immigration status and immigration procedures in different languages and formats and helped to understand them.*
- *Regular liaison takes place with immigration authorities and children are informed as early as possible in their sentence whether they are being considered for removal or deportation.*
- *Children at risk of deportation are offered appropriate support when visited by immigration officials.*
- *Staff understand the potential impact of deportation decisions on a child's mental health and provide appropriate support.*
- *Deportation matters are concluded before the end of the custodial sentence.*
- *Children are informed that they may be able to be transferred to their home country to serve their sentence.*
- *Staff are aware of and trained in immigration issues and any matters arising are reflected in custody and discharge plans.*
- *Children understand and receive their entitlements and can participate fully in the activities and services of the Centre.*
- *Accurate records are kept of staff and children who can speak languages other than English and children who may find communicating in English challenging.*
- *Children are not held solely under administrative powers beyond their sentence expiry date.*
- *Staff are aware of the distinct needs and cultural preferences of foreign nationals.*
- *Children have access to accredited, independent immigration advice and support agencies, including confidential translation and interpreting services, with appropriate specialisms for issues relating to children.*
- *Children can readily access the relevant consulate or embassy and are informed without delay of their right to do so.*

Cross reference with: daily life – residential services; education, skills and work activities; children, families and contact with the outside world.

**43. The specific needs of children with disabilities are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children with disabilities are identified on arrival and their needs assessed. They are given (where appropriate) a multidisciplinary care plan which is kept up to date and shared appropriately with all relevant staff.*
- *Children with special educational needs, including those with education, health and care plans, are given the support they are entitled to.*

- *All staff have access to relevant information about children in their care who have a disability.*
- *Children have access to information in a format and language they can easily understand. Children can access appropriate specialist support services and equipment to enable them to communicate and understand the regime. Accredited interpreting services are used wherever accuracy or confidentiality is important.*
- *Reasonable adjustments are made to ensure that children with disabilities, including those with learning disabilities/difficulties, have equitable access to the full regime and facilities.*
- *Children who are unable to take part in normal timetabled activities due to a disability have opportunities to leave their rooms during the day and provided with appropriate education and sufficient activities.*
- *Senior managers make appropriate representations for the transfer of children whose needs cannot be met in the Centre.*

Cross reference with: early days in custody; daily life – residential services; time out of cell; education, skills and work activities; safeguarding of children; health services.

#### **44. The specific needs of trans and intersex children are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Decisions about the location of a trans or intersex child are taken following a case conference and take account of the child's views. Children are located in an institution that can meet the needs of the gender with which they identify.*
- *All children have access to the items they use to maintain their gender appearance.*
- *Children are permitted to live permanently in the gender with which they identify.*
- *Children are referred to and addressed using terminology agreed with the child, including in relation to gender, names and pronouns.*
- *Children, including children who wish to begin gender reassignment, are able to access appropriate, specialist medical and psychological support that meets their needs and is equivalent to what they would receive in the community.*
- *All children are supported in relation to their gender identity and expression through specific support groups and schemes within the Centre, and referral to external support networks.*
- *There are arrangements to educate staff, enabling them to adequately support children in transition and on all matters relating to gender identity and expression.*

Cross reference with: safeguarding of children; security; daily life – residential services.

**45. The specific needs of children of all sexual orientations are met.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Staff training and development promotes equal respect for people of all sexual orientations and raises awareness of the discrimination faced by gay and bisexual children.*
- *Acceptance of all sexual orientations is promoted.*
- *Action is taken to identify and prevent homophobic language and behaviour and interventions for challenging homophobic/discriminatory bullying are in place.*
- *Children who are gay or bisexual are supported via specific support groups and schemes within the Centre and through referral to external support networks.*

**46. The specific needs of children of all religions beliefs and community backgrounds are met.<sup>4</sup>**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children have easy access to corporate worship and faith-based classes and groups.*
- *Children have access to spaces which are suitable for contemplation, reflection and prayer.*
- *Alternative or additional provisions are made when individual children are excluded from corporate worship.*
- *Children can obtain, keep and use artefacts that have religious significance.*
- *Children can fulfil religious lifestyle requirements.*
- *Staff are aware of religious diversity and the way this interacts with cultural and racial identities.*
- *Searches of staff, visitors, children and their property are conducted in a manner that is sensitive to religion and culture.*
- *Children can learn about different faiths and are free to change or abandon their religion.*
- *Children can celebrate all major religious festivals and these are actively promoted to all children.*
- *The chaplaincy team delivers its statutory duties.*
- *Chaplains can provide support, when requested, to children who have experienced bereavement or loss.*
- *Chaplains contribute to multidisciplinary teams across the Centre, and attend individual case reviews where appropriate.*
- *Chaplains establish and maintain links with faith communities outside the Centre.*
- *Chaplains support the role of faith in promoting desistance from crime and help children meet their faith needs on release.*

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<sup>4</sup> For the purposes of Section 75, the term 'religious belief' is the same definition as that used in the 'Fair Employment and Treatment (NI) Order.

- *The chaplaincy team has a role in identifying and challenging extremist ideologies that purport to be based on religious belief.*
- *Children of no faith can receive support from the chaplaincy team and are not less favourably treated than children of faith.*

In relation to expectations 38–48: Non-discrimination is a fundamental principle enshrined in human rights treaties and standards. See CRC 2; ICCPR 26; CERD 1, 2; CEDAW 1, 2; ICESCR 2.2; CAT 1; CRPD 5. Human rights standards relating to places of detention expressly note that standards should be applied impartially and without discrimination. See HR 4, 28; ERJO 11; SMR 2; EPR 13; BOP 5.

In addition to the general non-discrimination provisions set out above, there are specific human rights standards relating to some Section 75 groups including the following.

- Children with disabilities: CRC 23; ERJO 107; HR 38; CRPD 2, 3, 5, 9, 14; SMR 5.2, 55.2, 109.2.
- Children from national, ethnic, cultural, religious or linguistic minorities: CRC 30; ERJO 106; HR 6, 38; DRM 2; EPR 38.
- Sexual orientation and gender identity: Yogyakarta Principles; Council of Europe Committee of Ministers, Recommendations on measures to combat discrimination on grounds of sexual orientation or gender identity.
- Foreign nationals: ERJO 104, 105; HR 6.

All children have the right to freedom of thought, conscience and religion – see CRC 14; ICCPR 18; ECHR 9. Human rights standards require that there be no discrimination on the grounds of religious belief and that children belonging to religious minorities must be able to profess and practise their religion without any interference. See ERJO 87; HR 48; EPR 13, 29; SMR 2, 65, 66; BOP 5.

See also standards relating to relationships between staff and children and daily life – consultation, request and redress.

## Health services

**Children are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which children could expect to receive elsewhere in the community.**

The Regulation and Quality Improvement Authority's will assess the health services expectations using its Quality Standards for Health and Social Care, Supporting good governance and practice in the HPSS (March 2006)<sup>5</sup>.

## Expectations

### Strategy, clinical governance and partnerships

#### **47. Children are cared for by services that accurately assess and meet their health, social care and substance use needs and which promote continuity of health and social care on release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Effective partnership working between the Centre, commissioners and providers ensures that health, social care and substance use services meet the assessed needs of children.*
- *Effective leadership and governance systems ensure good patient outcomes.*
- *Health, substance use and social care provision meet the required regulatory standards, including the duty of candour.*
- *Health staff work closely with staff in other areas of the Centre to ensure effective, integrated, child-focused care.*
- *Service delivery is informed by effective consultation with children and by lessons learned (for example, from adverse incidents and complaints).*
- *Health staff are easily recognisable. Staffing levels and skill mix throughout a 24-hour period meet patients' needs.*
- *Staff are well trained and supported; this includes regular clinical and managerial supervision.*
- *Every patient has a single clinical record which meets contemporary record-keeping standards.*
- *Information is shared within the bounds of medical confidentiality to promote continuity of care and maintain patient safety.*

<sup>5</sup> DHSSPS, *The Quality Standards for Health and Social Care, March 2006*. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/the-quality-standards-for-health-and-social-care.pdf>

**48. Children receive treatment, which is sensitive to their diverse needs, from competent staff in an environment that promotes dignity and maintains privacy.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All children have equal access to health, well-being and social care services, regardless of location, regime, disabilities or language barriers.*
- *Patients are treated with dignity, respect and compassion.*
- *There are sufficient rooms to provide a full range of health services.*
- *Infection prevention and control measures are robust.*
- *Patients are seen in private, except in clearly documented exceptional circumstances.*
- *Competent health staff respond promptly to medical emergencies with appropriate emergency equipment.*
- *All clinical equipment is appropriately maintained and serviced.*
- *Arrangements to gain and review children's consent are effective, with appropriate consideration of their capacity to understand. Children are helped to exercise their ability to consent, including by making reasonable adjustments and by allowing them to be supported by a third party. If competence to provide informed consent is absent, arrangements are made to obtain consent from parents/carers. If this is not possible health professionals make 'best interests' decisions in accordance with legislation.*
- *Patients are kept safe, are safeguarded from abuse and have access to independent advocacy services if required.*
- *Patients can complain about their treatment in confidence, without recrimination. Responses are timely, easy to understand and address all the issues raised.*

Cross reference with: security; equality and diversity.

Promoting health and well-being

**49. Children are supported and encouraged to optimise their health and well-being.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a whole-Centre approach to promoting health and well-being.*
- *Information about available health services and current national health campaigns is accessible in all required formats and languages.*
- *Children can easily access age-appropriate health checks, disease prevention and screening programmes.*
- *Children can access sexual health services and are provided with barrier protection. Related health advice is easily available, including on release.*
- *Children who smoke can access community-equivalent smoking cessation support.*

- *There are robust systems to prevent, identify and manage communicable diseases.*

#### Primary care and inpatient services

#### **50. Children's immediate health, substance use and social care needs are recognised on admission and responded to promptly and effectively.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *A competent health professional screens all children on the day of arrival to identify their immediate needs and make appropriate onward referrals.*
- *Relevant risk and care planning information is shared between Centre and health staff on admission to the Centre and throughout the child's detention.*
- *With consent, the child's community clinical records are obtained promptly.*
- *Children receive timely secondary health assessments from health and substance misuse professionals.*

Cross reference with: early days in custody; substance misuse.

#### **51. Children's individual, ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer or release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children can access all necessary primary care services, including effective out-of-hours GP services, within equivalent waiting times to the community.*
- *Children have access to a health professional of their gender and/or a chaperone if desired.*
- *Patients with long-term conditions and complex health needs receive appropriate joined-up care. Recorded care plans demonstrate patient involvement and support continuity of care.*
- *There is an effective appointments system.*
- *Health services staff provide community-based services on the wings when required.*
- *Health staff complete a restraint handling plan for all children with a medical condition who may be adversely affected by restraint. All staff are aware of the content of restraint handling plans and use this information during restraint.*
- *Patients receive secondary care services within community-equivalent waiting times.*
- *Security measures on hospital escorts are proportionate and are based on an individual risk assessment, which includes a detailed contribution from health care professionals who know the child.*
- *Timely joint working with relevant internal and external departments and services supports continuity of care.*

- *Children receive relevant pre-release assessments and interventions and are supported to register with community health services.*

### Mental health

#### **52. Children with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental well-being during their detention and on transfer or release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children's immediate mental health needs are assessed during their health screening at admission to the Centre and appropriate onward referrals are made.*
- *Custody staff receive training to enable them to recognise when a child requires referral for mental health assessment. There is a clear referral pathway.*
- *Referrals are reviewed promptly and appointments allocated on clinical need and risk.*
- *Competent practitioners deliver a community-equivalent range of evidence-based interventions and support for primary and secondary mental health problems. Support is also available for children with learning disabilities, autistic spectrum disorders and for speech, language and communication difficulties.*
- *Prescribing reviews and related physical health checks occur regularly.*
- *Patients are assessed using a standardised format and additional information is obtained from other sources as required.*
- *Patients have written care plans which are regularly reviewed with their mental health practitioners. Parents and carers are involved if the patient requests it.*
- *Liaison and joint working with other departments and health providers, including substance use treatment services, is effective.*
- *Patients with severe and enduring mental illness are supported by specialist children and adolescent mental health services.*
- *Patients who require assessment or treatment under the current mental health legislation/ The Children (Northern Ireland) Order 1995 are assessed and transferred promptly. Children understand why they are being transferred and are given information about their destination.*
- *Effective discharge planning and liaison with youth justice workers and community mental health services ensures continuity of care following release.*

Cross reference with: education, skills and work activities; daily life – residential services; substance misuse; resettlement.

### Substance misuse

#### **53. A whole Centre strategic approach to drugs and alcohol ensures supply and demand reduction and that treatment is integrated, effective and meets children's individual needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Effective joint working between departments in the Centre, treatment providers and other relevant stakeholders embeds a dynamic, whole-centre drug and alcohol strategy.*
- *A regular and comprehensive needs assessment informs the strategy and action plans.*
- *Sufficient competent staff provide effective, evidence-based psychosocial and clinical services which meet the needs of the population.*
- *Psychosocial and clinical substance use treatment services are well integrated with each other, the Centre and all health services.*
- *All new arrivals receive prompt assessment of their substance use and specialist clinical support, prescribing and monitoring in line with national guidance.*
- *All new arrivals receive relevant harm reduction information to help them stay safe.*
- *Service users have personalised recovery plans which are regularly quality-assured.*
- *Patients with both mental and substance-related problems have prompt access to joined-up, comprehensive support.*
- *Consultation with and feedback from children using drug and alcohol services informs service delivery.*
- *All children receive harm reduction advice prior to release.*
- *Effective discharge planning and liaison with other departments and community services ensures post-release continuity of care.*

Cross reference with: health services, training planning and remand management; children, families and contact with the outside world.

#### Medicines optimisation and pharmacy services

#### **54. Children receive community equivalent, patient-centred medicines optimisation and pharmacy services.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Patients' medication histories, including allergies, are recorded during the initial health screening and a full medicines reconciliation is completed within 72 hours of admission.*
- *Any disruption in prescribing regimens is minimised and urgent/critical medicines can be accessed promptly.*
- *Patients can access clinical pharmacy services and advice.*
- *All medicines are handled, transported and stored legally, safely and securely with effective pharmaceutical stock management and use.*
- *Robust governance processes are in place to ensure safe and effective medicines management, including monitoring of medication incidents and prescribing trends.*

- *Patients' medicines are prescribed safely in line with evidence-based practice and formularies. They are reviewed regularly and are administered at clinically appropriate times.*
- *Patients' adherence to medication is monitored. Patients are promptly reviewed when adherence is poor and/or diversion is suspected.*
- *Children are supported to take responsibility for their own medication and to engage effectively in required prescribing reviews. Subject to a regularly reviewed in-possession risk assessment, patients can store their medicines securely and self-administer.*
- *Medicines are administered from a secure and respectful environment and medication administration queues are managed effectively.*
- *Children going to court or being released receive adequate supplies of medication or a community prescription to meet their needs.*

### Dental services and oral health

#### **55. Children receive timely, community-equivalent dental services, including oral health promotion.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children have timely access to dental checks, oral health promotion and any necessary treatment, including orthodontic treatment where necessary, regardless of their sentence.*
- *Emergency dental cover is well organised, responsive and effective.*
- *Patients have prompt access to required medicines following dental interventions.*
- *Dental care meets contemporary professional standards.*

### *Health services*

In relation to all health services expectations: Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health, see CRC 3(3), 24; ICESCR 12. Human rights standards require that children be provided with the same standard of health care as available in the community and that places of detention should safeguard and improve the health of those in their care. See ERJO 28, 69–75; HR 28, 49–52, 55; SMR 24, 25; EPR 39, 40.

It is important that the impact of detention on children is monitored. See ERJO 70; HR 52.

### *Strategy, clinical governance and partnerships*

In relation to expectations 49–50: Human rights standards emphasise the role of health care staff in evaluating, promoting, protecting and improving the physical and mental health of children, paying particular attention to those with special health care needs. There should be an interdisciplinary team with full clinical independence. There must be prompt access to medical care in urgent cases and referral to

external care when needed. See ERJO 69, 73, 74, 102.1; HR 49, 51, 81, 84; SMR 25–27, 31; EPR 40–42, 46.

#### *Promoting health and well-being*

In relation to expectation 51: Activities and interventions should promote children’s physical and mental health and children should be provided with health information. See ERJO 50.1, 71; HR 1, 12.

#### *Primary care and inpatient services*

In relation to expectations 52–54: Human rights standards require children’s health care needs to be assessed on arrival, including identifying all health care needs, the risk of self-harm and any previous ill-treatment. See ERJO 62.2, 62.5; HR 21, 31, 50; EPR 40; SMR 30. Standards require health needs to be monitored and met throughout detention. See HR 49, 51, 52; EPR 39–43, 46, 87(d); SMR 24, 27, 31–34.

#### *Mental health*

In relation to expectation 55: Human rights standards require places of detention to monitor and meet children’s mental health needs and to ensure referrals are made to external care when needed. See ERJO 70.2; HR 49, 51, 81, 85; EPR 39–43, 46, 47.2; SMR 24–27, 31–34.

#### *Substance misuse*

In relation to expectation 56: Human rights standards provide that initial health assessments should include an assessment of symptoms of withdrawal resulting from the use of drugs, alcohol or medication, and note the need for continuity of care for drug dependence. See ERJO 62.2, 62.5, 72; HR 54; SMR 24.2, 30; EPR 42.3.

#### *Medicines optimisation and pharmacy services*

See the standards under health services heading above.

#### *Oral health*

In relation to expectation 58: Human rights standards require children to have access to dental services. See HR 49; SMR 25.2; EPR 41.5.

## Section 3: Purposeful activity

***Children are able, and expected, to engage in activity that is likely to benefit them.***

### Time out of room

**Children spend most of their time out of their room, engaged in activities such as education, leisure and cultural pursuits, seven days a week.**

### Expectations

**56. Children spend at least 10 hours out of their room during the day, including at least one hour in the open air.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are out of their rooms for a minimum of 10 hours each day, including some time in the evening.*
- *Children are never subjected to a regime that amounts to solitary confinement.<sup>6</sup>*
- *Children have access to a wide range of constructive and age-appropriate activities while they are out of their room.*
- *Children have access to properly equipped association areas, which are in good order, with seating, tables, games and a quiet area.*
- *The regime of the Centre encourages children to make the most of their time there.*
- *Daily routines for children are predictable. Normal times for association and time in the open air are publicised and consistent.*
- *Activities are not cancelled without good reason. Reasons for cancellation are explained to children in advance.*
- *Children are given the opportunity and are encouraged to spend at least one hour a day engaged in outdoor physical activities.*
- *Children are unlocked at the published times.*
- *Timetabling arrangements maximise the use of resources and staff time and allow training and education activities to take place with minimal interruptions.*

Cross reference with: equality and diversity; separation/removal from normal location; health services; safeguarding of children; daily life – residential services; relationships between staff and children.

<sup>6</sup> The United Nations Standard Minimum Rules for the treatment of prisoners define solitary confinement as confinement 'for 22 hours or more a day without meaningful human contact'.

**57. Children are actively encouraged to spend time out of their rooms usefully and feel safe to do so.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are properly supervised by staff when out of their room, and feel safe. Staff monitor and take appropriate action to find out why children do not participate in activities out of their rooms and provide them with support.*
- *Staff engage actively with children during association and time in the open air, and attempt to improve the quality of their free time.*
- *Effective use is made of sports and games-trained staff to offer additional recreational activities.*
- *Children are encouraged and enabled to socialise with one another and take part in recreational activities that interest them.*
- *Activities are not constrained by overly restrictive security.*
- *Children are encouraged to give their time to benefit others, for example in peer support roles.*
- *Waterproof coats are available.*
- *Children do not have to choose between access to the open air and other important regime activities.*

Cross reference with: education, skills and work activities; bullying and violence reduction; security; equality and diversity; daily life – residential services.

In relation to expectations 59 and 60: Human rights standards state that children's lives while detained should approximate as closely as possible life in the community and that children must be allowed to take part in meaningful activities and socialise, including over weekends. Children must be allowed at least one hour in the open air each day (in addition to other activities and time to socialise). All children should be included and encouraged to participate. See HR 12, 47; ERJO 53.3, 76–81; CPT 107–108; EPR 5, 25, 27.

See also human rights standards in relation to expectations 61 to 65/66, relationships between staff and children, safeguarding of children and separation/removal from normal location.

**58. Children have good access to a well-equipped library and are encouraged to use it frequently.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children can use the library at least once a week.*
- *Children use the library frequently for leisure reading, social interaction and to support their education programmes.*
- *Library materials are age-appropriate and the quantity and quality are sufficient to meet the needs of children.*

- *Library materials reflect the diverse needs and abilities of all children and are available in a range of formats and languages.*
- *Children have access to additional learning resources, including IT and the internet.*
- *Children can make reasonable requests for specific learning materials.*
- *Library sessions are rarely cancelled and if they are, children are told why.*

Cross reference with: equality and diversity; daily life – residential services; time out of room.

**59. Children benefit from physical education and fitness provision that meets their needs.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All children have good access to timetabled physical education each week (in addition to optional, recreational physical education) that includes a range of indoor and outdoor activities.*
- *Children receive an appropriate and timely induction into physical education and fitness activities.*
- *Children engage safely in a range of physical education, fitness and associated activities, based on an effective assessment of their needs.*
- *Physical education, fitness facilities, resources and an inclusive range of activities meet the developmental and educational needs of children, including those who have health needs, regardless of ability.*
- *Physical education and fitness staff have appropriate qualifications and expertise.*
- *Children can shower in good quality facilities after each session, and feel safe in doing so.*
- *The physical education and fitness provision is effective at improving and maintaining the physical fitness of children.*
- *There are opportunities to gain meaningful qualifications.*
- *Physical education staff liaise appropriately with health services, substance misuse services and other departments and agencies involved in the care and resettlement of children.*
- *The physical education facilities are in good condition and are well supervised so that children feel safe when using them.*
- *There is appropriate provision for children who have little or no previous experience of formal physical education.*
- *The range of activities caters for all levels of abilities and fitness.*
- *Children's views on physical education are sought and acted on.*
- *There are opportunities for children to take part in leagues and competitions with community-based teams.*
- *Those children who refuse to attend physical education are monitored robustly and reasons for refusals are sought and acted on.*
- *Outside exercise is only cancelled in extreme weather conditions.*

Cross reference with: early days in custody; daily life – residential services; safeguarding of children; behaviour management; equality and diversity – Section 75 groups; health services; substance misuse.

**60. Children understand the importance of healthy living and personal fitness.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Healthy living and personal fitness are effectively promoted to children.*
- *Healthy living and personal fitness objectives form an explicit part of sentence planning and remand management.*

Cross reference with: daily life – residential services; sentence planning and remand management.

**61. Children can access creative activities which promote learning, well-being and support rehabilitation.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are encouraged to engage in creative activities to promote more formal learning and boost employability.*
- *Children have access to creative opportunities that improve health and well-being.*
- *Children are encouraged to engage in creative activities to reflect on their lives and social responsibilities.*
- *Art and cultural experiences are used to enhance the Centre environment, making it more conducive to rehabilitation.*
- *Creative activities are used to help children maintain contact with their families and to promote resettlement into the community.*

In relation to expectations 61 to 64: The right of each child to rest and leisure and to engage in recreational activities is recognised in the Convention on the Rights of the Child (see CRC 31). Human rights standards require that a range of activities be provided which meet children's individual needs and promote their health, self-respect and all aspects of their development, including their creative and social skills (see HR 12, 47; ERJO 71, 76–77; CPT 107–108; EPR 27). Children should have access to an adequately stocked library and be encouraged and enabled to make use of it (see CRC 13, 17; HR 41, 62; EPR 28.5; SMR 63, 64). Children should also be able to participate in a range of physical exercise and maintain their fitness (see HR 47; ERJO 76–77; CPT 107–108; EPR 27, 39).

See also human rights standards in relation to expectations 59, 60 and 65/66 and standards relating to health services.

## Education, skills and work activities

**All children are expected and enabled to engage in education, skills or work activities that increase their employability on release. There are sufficient, suitable education, skills and work places to meet the needs of the population and provision is of a good standard.**

The Education and Training Inspectorate's (ETI) Inspection and Self-Evaluation Framework (ISEF) sets out the main criteria for judging outcomes for children. To ensure that the Centre is held accountable to the same standard of performance as Education Other than at School performance standards, CJI has chosen to explicitly adopt ETI's inspection framework. The performance standards are set out below.

### Expectations

#### **62 Children achieve the best possible outcomes in their education, work and activities**

##### **Standards attained**

Effective practice is demonstrated when:

- *the organisation has raised attainment of the children and they achieve consistently high outcomes across all aspects of their learning;*
- *there are opportunities provided for the children to achieve appropriate levels of competencies in the development and application of their skills in English, mathematics and ICT;*
- *the children achieve appropriate communication, social, life and interpersonal skills;*
- *there are opportunities for the children to work independently for increasing periods of time and with others, demonstrate effective personal and social skills, show perseverance and apply their learning in a range of social contexts;*
- *suitably high standards are attained by the children to enable them to achieve success in internal and external assessments and examinations, when appropriate; and*
- *the children have increasing levels of attendance and engagement.*

##### **Progression**

Effective practice in progression is demonstrated when:

- *the children make very good progress relative to prior levels of attainment and commensurate with their abilities and stage of development;*
- *through well-planned learning opportunities the children acquire skills and concepts which they can apply across a range of contexts;*
- *the children have their holistic progress tracked accurately to inform their learning;*

- *the children are, where appropriate, engaged in making decisions about their learning pathways and future career aspirations; and*
- *through appropriate intervention and support the children are well prepared socially, emotionally and academically for transition at the end of each stage of their learning pathways.*

### **Wider skills and dispositions/capabilities**

Effective practice is demonstrated when:

- *the children are courteous and their behaviour is good as they are fully engaged and focused on learning;*
- *the children demonstrate positive dispositions to learning relative to their stage of development;*
- *the organisation actively encourages the children to show curiosity, respect, commitment, determination, resourcefulness and community spirit;*
- *the children are developing the capacity to work well with others, respect different perspectives and reach agreement through compromise;*
- *the organisation ensures that the children feel safe, respected and nurtured by all staff who have high expectations of them; and*
- *the children are supported and encouraged to take on increasing roles within and beyond the organisation, where appropriate.*

### **63 Children benefit from good quality teaching and a relevant range of learning experiences that equip them for their release from the Centre.**

#### **Quality of the curriculum**

Effective practice is demonstrated when:

- *the curriculum meets fully statutory requirements and implements fully the current SEN Code of Practice;*
- *the curriculum is broad, balanced, relevant and flexible, and is tailored to meet the needs, interests and aspirations of individual children and includes, where appropriate, opportunities for work-related learning and skills development;*
- *there is an appropriate therapeutic curriculum designed around the needs of the children that is responsive to changing circumstances;*
- *the organisation provides accurately targeted support that is well matched to the additional learning and social needs of the children, including newcomers;*
- *the learning experiences contribute to the children's fulfilment, personal development and education;*
- *all staff have clearly defined roles, and have received appropriate training and resources; and*
- *the overall curriculum planning is well aligned to a development plan that is reviewed and updated at least annually.*

## **Effectiveness of guidance and support in bringing about high quality individual learning experiences**

Effective practice is demonstrated when:

- *the learning environment is built on positive, nurturing and appropriately challenging relationships which lead to high quality learning outcomes;*
- *parents/carers/ referring schools and key stakeholders are well informed about all aspects of the learning programme and the opportunities for development and progression;*
- *Individual learning needs are clearly identified, appropriate supportive interventions are planned, and the impact of the support arrangements are effectively tracked and monitored; and*
- *there is effective and impartial careers education, information, advice and guidance available to children informed by local knowledge of employment opportunities.*

## **Effectiveness and impact of planning, teaching and assessment in promoting successful learning**

Effective practice is demonstrated when:

- *there is clear and coherent long- and short-term planning within and across all areas of the curriculum which ensures that there is effective learning;*
- *learning and teaching strategies match the needs of the children ensuring activities are differentiated, motivating, appropriately challenging, well-paced and build on prior learning and the interests of the children;*
- *there is a systematic and agreed commitment to sharing and disseminating best practice in learning and teaching;*
- *the learning and teaching, provide children with consistently high-quality learning experiences which are inspirational, engaging, challenging and result in successful outcomes;*
- *a wide range of assessment strategies are used appropriately to guide planning, teaching, and training, and to support learning; and*
- *the organisation communicates regularly and effectively with parents/carers and referring schools to provide comprehensive information on children's progress and achievement.*

## **64 Leadership and management of education, skills and activities improve outcomes that children achieve.**

### **Effectiveness and impact of the strategic leadership**

Effective practice is demonstrated when:

- *there is a shared strategic and vision which is based on the organisation's values and aims and is learner-centred;*
- *the leadership team develop an effective organisational structure with clear roles and responsibilities for staff that support the achievement of objectives,*

*and which build and sustain positive working relationships and supports their continuing professional development;*

- *there are well-developed productive links and partnerships with key stakeholders to support the work of the organisation that improve the achievements, attainment and well-being of the children, and the work of the organisation;*
- *the leadership team fully comply, and actively engage with, the statutory requirements in relation to equality, diversity and inclusivity;*
- *the leadership team use key management information processes, indicators and benchmarking to implement, monitor, evaluate, review and action strategic and operational planning across all the functions organisation;*
- *staff are appropriately qualified, trained and experienced, have the necessary expertise to meet learning, curricular and pastoral needs and management responsibilities; and*
- *the leadership team provide resources and accommodation that are of a high quality, and are managed effectively to support high quality learning, teaching and training.*

### **Effectiveness and impact of middle leadership**

Effective practice is demonstrated when:

- *middle leaders work collegially and pastorally with other co-ordinators to provide a whole organisation and cross-curricular approach to the improvement process;*
- *there are high standards of learning and teaching, which is monitored and evaluated rigorously by middle leaders;*
- *middle leaders support and challenge constructively at all levels, basing the related actions on an accurate understanding of the learning needs of the children;*
- *middle leaders develop effective links and collaborative partnerships with a wide range of stakeholders and external bodies to support learning and teaching; and*
- *middle leaders use data effectively to review children's progress and attainment to set targets for improvement.*

### **Effectiveness of action to promote and sustain improvement, including self-evaluation and the development planning process**

Effective practice in promoting improvement is demonstrated when:

- *there is a well-embedded, rigorous and systematic process for self-evaluation and quality improvement;*
- *all staff, children parents, carers and referring schools are involved effectively in the self-evaluation and quality improvement planning processes to bring about improvement in the quality of provision;*
- *actions leading to improvement are clearly focused on improving the quality of learning and teaching and the young person's educational experience; and*

- *data and key performance indicators are used effectively to monitor and track the progress and attainment of all the children.*

In relation to expectation 65: The right of each child to education is recognised in the Convention on the Rights of the Child (see CRC 28 and 29). Children must be provided with education and vocational training that meet their individual needs (assessed on arrival and on an ongoing basis) and aspirations by properly qualified staff. Consideration must be given to ensuring that children are able to carry on with their education and training on release (see ERJO 50, 62.6, 76–77; 102.1; CPT 107, 109–110; HR 38–40, 42–43, 81, 84–85; EPR 28, 106; CRPD 27).

See also human rights standards in relation to expectations 59–64 and standards relating to equality and diversity.

## Section 4: Resettlement

**Children are effectively helped to prepare for their release back into the community and to reduce the likelihood of reoffending.**

### Children, families and contact with the outside world

**Managers support children in establishing and maintaining contact with families, including corporate parents, and other sources of support in the community. Community partners drive sentence and remand planning and families are involved in all major decisions about detained children.**

#### Expectations

**65. Children are encouraged and helped to maintain or re-establish positive relationships with family, friends and community agencies while in custody.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a strategy to help children maintain and enhance their support networks, overseen by a named senior manager.*
- *Children's distance from home, expected frequency of visits, parental status and, where applicable, number of dependents is established on arrival and monitored thereafter.*
- *Contact with family and friends is given a high priority by staff.*
- *Where contact with individuals is not in the best interests of the child measures are put in place to prevent this. Children subject to these measures are appropriately supported by staff.*
- *There are imaginative methods for encouraging family contact and opportunities for children to celebrate their successes and milestones with their family and friends.*
- *There are effective links with youth justice teams, social services in HSCTs and other external statutory, community and voluntary agencies that assist with preparation for release/transfer during custody, and with resettlement after release.*
- *Links and support services are available to parents and/or carers of children during custody and after release.*
- *Families, including corporate parents, are routinely involved in Centre processes, including education, safeguarding, health care and resettlement planning.*
- *Release on temporary licence is routinely used to support resettlement goals, as well as to maintain links between children and their communities.*

- Children are helped to maintain family ties, and given help with any difficulties relating to contact (such as long distances from home), through regular monitoring at sentence planning or remand management meetings.
- Children who do not receive visits are identified and receive individual support and help to maintain relationships.
- Children are helped to fulfil any parental responsibilities. Those undergoing separation and child protection procedures are supported.
- There are appropriately skilled family support workers who provide support to children and their families. Staff supporting children to maintain contact with their community are well integrated with other staff working with the child. They contribute to meeting sentence/remand management plan targets.
- Children and their immediate family or partners are informed sensitively of significant news about each other within 24 hours.
- Subject to risk assessment, children can visit sick relatives and attend funerals.
- Children are not deprived of family contact as a punishment.

Cross reference with: daily life – residential services; suicide and self-harm prevention; training planning and remand management.

**66. Children can maintain access to the outside world through regular and easy access to visits.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- Children are informed of and understand the Centre's visiting arrangements within 24 hours of their arrival.
- Children can generally receive a visit shortly after admission and thereafter receive regular visits.
- The system for arranging visits is accessible and able to deal with the number of visitors.
- Visiting times provide flexibility to accommodate those who wish to visit at weekends and in the evenings. Visits start and finish at the agreed times.
- Children are not deprived of their entitlement to visits as a sanction.
- Staff are aware of child protection issues and there is a robust system for vetting and barring inappropriate visitors.
- Closed visits are authorised only when there is a significant risk arising from visits as justified by security intelligence. They are not used as a punishment and allocations to closed visits are reviewed at least fortnightly.
- Children and their visitors can challenge the authorisation of closed visits.
- Children are provided with additional visits and/or phone calls if they have specific welfare needs.
- Children who are primary carers are provided with additional means to maintain contact with dependants.
- Children can participate in family days.
- If visitors have not arrived within 15 minutes of the start of the visit, staff try to find out why and inform the child and key worker staff.

- *Where required, general relationship counselling for children and their immediate family members is available, and children have access to programmes/interventions for improving parenting skills and maintaining positive relationships.*
- *Children are supported to maintain contact with detained family members.*

Cross reference with: early days in custody; security; safeguarding of children; behaviour management.

**67. Children and their visitors can attend visits in a clean, respectful and safe environment which meets their needs. Visitors are made aware in advance of Centre routines and what support services are available.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All procedures for children and visitors are carried out efficiently before and after visits, to ensure that the visit is neither delayed nor curtailed.*
- *The searching of children, visitors and their property is conducted in accordance with the individual risk they pose, according to clear procedures.*
- *Visitors understand why they are being searched and how the search will be conducted.*
- *Visitors are never asked to remove all their clothing during a search.*
- *Visitors are given information about how to get to the Centre, the time and duration of their visit, details about what to expect when they arrive and information on making a complaint.*
- *Arrangements are made to help visitors to get to and from the Centre if local transport difficulties exist.*
- *Visitors arriving late can continue with their visit.*
- *Children and visitors can give staff feedback on the visiting arrangements, suggest improvements and, if necessary, complain using an available complaints procedure.*
- *Visitor parking and facilities are easily accessible to all visitors.*
- *At all points when waiting for, during and after a visit all children and visitors have access to toilet facilities.*
- *Visits areas are staffed, furnished and arranged to be welcoming and to ensure easy contact between children and their families or friends. Security arrangements do not unnecessarily encroach on privacy.*
- *Visitors are able to share any concerns they have about the child and Centre staff demonstrate awareness of the risk of harm children may present to others. Concerns are appropriately recorded and reported.*
- *Visiting children are safe and can enjoy family visits in an environment that is sensitive to their needs.*

Cross reference with: safeguarding of children; security; behaviour management.

**68. Children can maintain contact with the outside world through regular and easy access to mail, telephones and other communications.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children can make a phone call on their first night in custody.*
- *The telephone numbers of children's immediate family members are added to an approved contact list within 24 hours of arrival and thereafter are updated as appropriate.*
- *Children can send at least two free letters a week and are encouraged and helped to do so.*
- *No restrictions are placed on the number of letters that can be received.*
- *Outgoing mail is posted within 24 hours (48 hours when received on Saturday) and incoming mail is received by children within 24 hours of arrival at the Centre, including registered and recorded mail.*
- *Children's mail is only opened to check for unauthorised enclosures or to carry out legitimate or targeted censorship.*
- *Legally privileged correspondence is not opened by staff.*
- *Telephones can be used in private, and there are sufficient to allow daily use.*
- *Telephone calls made by children are properly monitored and children are made aware that their calls may be monitored by staff.*
- *Children are provided with phone calls free of charge. All children can make at least one free phone call to family per week.*
- *Children can easily find the telephone numbers of outside organisations and know which numbers they are permitted to call.*
- *Children can communicate with family, friends and community agencies using the internet (including email and voice calls), which is provided free of charge.*

Cross reference with: children, families and contact with the outside world; equality and diversity; daily life – residential services; safeguarding of children.

In relation to expectations 67–70: Human rights standards place strong emphasis on children's ability to maintain and improve relationships with family and friends through visits and other means. Visits should be in as normal an environment as possible, and there are clear standards on searching visitors and monitoring visits as well as authorising children to leave detention for funerals or other humanitarian reasons. Staff should assist and support children to maintain contact with the outside world. See CRC 3, 5, 8, 9(3), 16, 18; ERJO 53.2, 55, 83–86, 89, 102.1; HR 59–62, 78, 79, 87(e); CPT 122–125; ECHR 8; SMR 58.1, 59, 63, 106, 107; EPR 24; BOP 19, 20.

See also standards relating to behaviour management.

## Pre-release and resettlement

**Planning for a child's release or transfer starts on their arrival at the Centre. Resettlement underpins the work of the whole Centre, supported by partnerships in the community and informed by assessment of children's risk and need. Ongoing planning ensures a seamless transition into the community.**

### Expectations

**69. Children are helped to prepare for release or transfer through a 'whole Centre' approach. Resettlement begins on arrival and is designed to meet children's needs, explore pro-social strengths and goals and reduce their likelihood of committing further offences.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *A comprehensive strategy shapes preparation for release and resettlement services. The strategy is informed by and developed in consultation with children. It is kept up to date by regular analysis of the resettlement needs of the population of the Centre.*
- *The analysis of resettlement needs is based on a wide range of sources, and sufficient attention is paid to all diverse needs, as well as specific groups such as looked after children, indeterminate and long-term sentenced children and those on recall and remand.*
- *Resettlement work is supported by all departments working in the Centre.*
- *Each child has a case worker who coordinates work with that child.*
- *All staff in the Centre are clear about their responsibilities to support the pre-release and resettlement process.*
- *Resettlement services are coordinated and targeted to meet the needs of the population, and draw adequately from external statutory and voluntary agencies, as well as internal resources.*
- *A named manager is responsible for coordinating the work of voluntary and community sector organisations.*
- *The services provided across all resettlement and pre-release areas meet both the assessed needs of the population and the strategic approach to resettlement at the Centre.*
- *Relevant services are monitored, necessary data collected and their effectiveness measured. This work is reviewed with input from service providers, children and families.*
- *Outcomes for children following their release from the Centre are monitored effectively and feed into the ongoing development and improvement of the Centre's pre-release and resettlement strategy.*

The standards in relation to expectation 71 can be found with the standards for expectations 72–78 below.

## Sentence planning and remand management

**All children have a sentence or remand management plan which is based on an individual assessment of risk and need. Relevant staff work collaboratively with children and their parents or carers in drawing up and reviewing their plans. The plans are reviewed regularly and implemented throughout and after children’s time in custody to ensure a smooth transition to the community.**

### Expectations

- 70. All children have a good quality sentence or remand management plan that is based on their individual risks, needs and aspirations and is implemented effectively.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *All aspects of a child’s physical and mental health, general welfare and offending behaviour are addressed within the sentence or remand management plan and are regularly reviewed.*
- *Sentence or remand management plans are clearly linked to constructive goals identified by the child.*
- *Planning is focused on the future and targets are based around resettlement.*
- *Children are not confused by being subject to many different plans instigated by different departments or agencies in the Centre.*
- *Sentence or remand management plans take precedence over other plans, and all other plans are properly linked to sentence or remand planning targets.*
- *Parents/carers and community agencies routinely have an active role in planning and receive copies of planning documents, including action points and those responsible for carrying them out.*

Cross reference with: children, families and contact with the outside world; safeguarding of children.

- 71. Children are able to participate in regular and well-attended sentence planning or remand management meetings and reviews to check on their general well-being, to review their progress and to revise targets.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children's needs are assessed during induction and referrals are made to the relevant agencies as early as possible and at an early enough stage to obtain support.*
- *All staff who are involved in the care of children contribute to sentence or remand management planning.*
- *All relevant assessments, including the risk of harm to others and an assessment of the likelihood of reoffending, are completed and available at the child's initial sentence planning meeting.*
- *Children have input into the individual targets in their sentence or remand management plans.*
- *Sentence and remand management planning is well integrated with other departments, including residential staff.*
- *Sentence and remand management meetings take place in suitable venues, at appropriate intervals and, where necessary, in response to a significant change or event.*
- *Reviews routinely consider early release, temporary release on licence and parole.*
- *Children who are to be transferred are well prepared and supported.*
- *The Centre takes active steps to encourage and facilitate the attendance and participation of parents and/or carers in sentence and remand planning.*
- *Children are enabled and helped to participate actively in the sentence planning process and encouraged to take responsibility for their own plans and the achievement of them.*

Cross reference with: early days in custody; daily life – residential services; safeguarding of children; education, skills and work activities; relationships between staff and children.

**72. Children understand and are encouraged to achieve sentence or remand management plan targets and are supported within the Centre in their efforts.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children have targets that they can continue to work towards following transfer or release.*
- *All staff working with children have access to up-to-date and comprehensive information about children, including their targets. Information is managed and stored with respect for confidentiality.*
- *Children understand their sentence or remand management plan and feel their targets are meaningful.*

Cross reference with: relationships between staff and children.

## Public protection

### **73. Children who may present a risk to the public on their release are managed appropriately during the custodial part of their sentence to minimise their risk both during custody and on release, as well as their likelihood of reoffending.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children who may present a risk to the public on release are identified immediately on arrival.*
- *Children are assessed appropriately and decisions are explained clearly to them.*
- *Individual cases are reviewed regularly and monitored to consider any changes in circumstances.*
- *Restrictions imposed are fair and proportionate, clearly communicated to the child and last for the shortest time possible.*
- *Children are informed of the arrangements for managing the risk of harm they pose to others and the implications for them personally. They are given the opportunity to appeal and any support necessary to do so.*
- *The best interests and safety of the child in the community are considered when a child's access to his/her children is being assessed.*
- *Multi-agency structures for protecting and safeguarding the public are used effectively. Relevant cases are referred in a timely manner to the local multi-agency public protection panel for release planning.*
- *Staff attend relevant community-based multi-agency public protection arrangements (LAPPP) meetings before and after release.*
- *There is routine management oversight of assessment and sentence planning in all high risk of harm cases or those involving child protection issues.*

Cross reference with: security; safeguarding of children; early days in custody; children, families and contact with the outside world; daily life – residential services.

## Indeterminate and long-sentenced children

### **74. Children serving an indeterminate sentence and those on long sentences are managed appropriately.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children potentially facing or serving indeterminate or long sentences are identified on arrival and fully supported.*
- *Where relevant, children and their families are provided with age-appropriate information about indeterminate and long sentences.*
- *Individual assessments take full account of specific needs and the risk the child may pose to themselves or others.*

- *Sentence plans and any other relevant plans take full account of the individual needs and risks that the child presents.*
- *There is a range of services to meet the risks and needs of children serving indeterminate or long sentences.*
- *All documentation associated with children serving long-term sentences is completed fully and on time.*

**75. Children transferring to Hydebank Wood Secure College (HWSC) or Ash House Women’s Prison (AHWP) are fully supported in this move.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children who are likely to transition to HWSC or AHWP are identified at the point of entry into the Centre, so that transition planning can begin at arrival.*
- *Sentence planning takes account of future transfer to adult services where appropriate, to ensure that outstanding interventions are implemented.*
- *Decisions to transfer young adults to adult services or to retain them in youth-based services are recorded. They take into account the views of children and the work which needs to be undertaken in meeting the aims of the sentence, to address the likelihood of reoffending and the risk of harm to others, and to manage vulnerability.*
- *Children are thoroughly prepared for transfer to adult services.*
- *Notification of transfer, and all essential advance information, is sent to the Probation Board, HSCT and HWSC or AHWP in sufficient time to ensure continuity of delivery of interventions.*
- *All intervention providers (including health and education, training and employment providers) are informed of transfers and are involved appropriately in case transfer meetings.*
- *Parents/carers are involved, where appropriate, in discussions about transfer and in case transfer meetings where it is likely to aid the child’s progress and engagement.*
- *Staff have the skills to prepare children for transfer to adult services and to work effectively with transferred cases.*

Cross reference with: safeguarding of children, training planning and remand management; daily life – residential services.

Looked after children

**76. The specific needs of children who have looked after status are managed appropriately so that they receive their full entitlements while they are in custody and on release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *There is a dedicated lead in the Centre with responsibility for developing policies and procedures for looked after children, and maintaining links with HSCTs to ensure that the specific needs of looked after children are met, including their needs following release. This is a senior post, preferably undertaken by an experienced social worker.*
- *The designated lead challenges failures by HSCTs to fulfil their statutory obligations to a looked after child, escalating concerns to the director of children's services and lead member when necessary.*
- *There are clear procedures which set out how children with looked after status are cared for and supported.*
- *The procedures ensure that there are systems in place to identify looked after children on admission, inform their local authority and conduct statutory looked after children reviews as required.*
- *Sentence plans and any other relevant plans take full account of the specific needs of children with looked after status and involve their HSCT at all stages.*

Cross reference with: early days in custody; safeguarding of children; reintegration planning; training planning and remand management.

In relation to expectations 71–78: Human rights standards emphasise the importance of preparing for a child's release from the beginning of their sentence, which requires individualised training plans, regular reviews and the involvement of outside services and agencies and parents and carers. Plans should take into account children's views, meet children's individual needs and be aimed at allowing children to make the best use of their time and to develop skills and competencies to help them on release. There should be effective communication between staff and those outside the Centre. See CRC 3, 12; ERJO 14, 50, 51, 62.6, 73, 77, 79, 100–102; HR 12, 27, 79–80; CPT 109; EPR 87.1, 103, 104.2, 107.

See also standards relating to education, skills and work activities, children, families and contact with the outside world and reintegration planning and interventions.

## Reintegration planning

**Children's resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual child to maximise the likelihood of successful reintegration into the community.**

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**77. Children receive adequate services and practical help to properly prepare them for their release. Appropriate care and accommodation is arranged before their release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children have a pre-release plan which sets out who will care for them, where they will live and the services agreed for their release. This covers all areas of need and is in place at least 14 days prior to release.*
- *Children are prepared for disorientation on release, through the use of release on temporary license to aid reorientation, and by ensuring that day of release plans are prepared and confirmed at least two weeks before leaving custody.*
- *Temporary release is used to support all aspects of release planning and access to interventions.*
- *Children are always transferred to the care of an appropriate adult when discharged from the Centre.*
- *Suitable clothes and bags are available to released children who do not have them.*
- *Children can make a telephone call and charge their mobile phone before release.*
- *Facilities are available before discharge to launder clothes that have been in storage for long periods.*
- *Children receive money owed to them from the Centre accounts to assist with reintegration. Children without private funds are given enough support to meet their immediate needs.*
- *Children are told about any relevant support in the community and this is recorded in their pre-release plan.*
- *Measures are taken to ensure that all children fully understand any licence requirements.*
- *On release children receive all their property.*

Cross reference with: daily life – residential services; sentence planning and remand management; early days in custody.

In relation to expectation 79: On release, children must have adequate clothing, safe and suitable accommodation to go to and the means to reach their destination safely and maintain themselves in the period immediately following release. Staff and agencies involved in preparing children for release should work closely together to help children re-establish themselves in the community. See ERJO 100–102; HR 79–80, 110; EPR 33.7, 33.8, 107.

See also standards relating to training, planning and remand management and interventions.

## Interventions

**Children can access interventions designed to promote successful rehabilitation.**

**78. Children have suitable, sustainable and safe accommodation arranged 14 days prior to their release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children are assessed jointly by the Centre staff and their youth justice agency worker to determine their accommodation needs.*
- *Children, including those on remand, are made aware of and have full access to specialist services that provide help and advice in finding accommodation after release.*
- *Relevant staff demonstrate the level of knowledge required to effectively address the wide range of accommodation issues facing children.*
- *Relevant staff work closely with local housing agencies and providers.*
- *There is a clear procedure to escalate cases where timely accommodation provision is not identified when discharge plans are being developed.*

Cross reference with: sentence planning and remand management.

### Health, social care and substance misuse

**79. Children with continuing health, social care and substance misuse needs are prepared and helped to access services in the community before their release.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children receive relevant pre-release assessments and interventions and are helped to register with community health services.*
- *Effective coordinated discharge planning ensures agreed packages of care are continued on transfer to the adult prison estate and on release, including for care leavers.*
- *Children receive individual health promotion advice prior to release.*
- *Children receive drug, alcohol and tobacco harm reduction advice prior to release.*
- *Effective discharge planning and liaison with case workers, youth justice agency workers, community/voluntary sector and community mental health services ensures continuity of care following release.*

- *Children going to court or being released or transferred receive adequate supplies of medication or a community prescription to meet their needs.*

**80. Children are given advice and support on how to manage their money and deal with debt.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Children who arrive at the Centre without private money are offered an advance payment for purchases. Repayment is realistically staged over a period of time and guidance given on how to budget for it.*
- *On admission, children are asked if they owe money. Where this is established, relevant support is provided.*
- *Individual financial records are maintained and children have access to them. Children are encouraged and supported to keep track of their own financial records.*
- *Support is available for children who informally owe money to others in the community or inside the Centre.*
- *Children are taught budgeting and money management skills in preparation for release and are given relevant information about banking and financial products.*
- *Children are made aware of and have full access to services providing advice and information about benefits entitlements.*
- *Prior to release children are encouraged and helped to open a bank account. Where necessary, release on temporary licence is used to achieve this.*
- *Children are encouraged and helped to apply for a National Insurance number.*

Cross reference with: early days in custody; education, skills and work activities.

**81. Children are encouraged and enabled to access a range of interventions that promote social reintegration and personal development, and address behaviours which may contribute towards their offending.**

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Support and interventions are based on an up-to-date needs assessment of the population.*
- *Interventions are available which support children to identify strengths and which provide them with personal and practical support to work towards positive goals.*
- *Access to programme work is based on clear criteria and resources are allocated according to need.*
- *Children are subject to multidisciplinary assessments to identify their needs in relation to offending behaviour programmes and other interventions. These assessments are reflected in individual sentence plans.*

- *Children are efficiently referred to offending behaviour programmes and other interventions in a timely manner.*
- *Basic skill deficits that may underlie offending behaviour are addressed.*
- *Children are encouraged and motivated to engage with interventions, and prepared thoroughly in advance.*
- *All staff, especially in Houses, positively reinforce children's learning and progress. Children are enabled to consolidate any learning and practise their newly acquired skills.*
- *All staff have adequate trauma-informed training and understand how to support the emotional well-being/development of the social and emotional skills of the children in their care.*
- *Children demonstrate improved social and emotional skills, including a capacity to better regulate their emotions and articulate their needs and higher levels of empathy towards each other. Interventions include programmes that challenge the child to accept responsibility for their offending behaviour. Victim awareness work is undertaken in all relevant cases. Children are helped to develop empathy for others. Harm they have experienced themselves is recognised.*
- *There are systems in place to assess the effectiveness of all interventions.*

Cross reference with: relationships between staff and children.

In relation to expectations 80–83: Human rights standards require interventions to promote the social and personal development of children and to meet children's individual needs. Activities and interventions should foster health, self-respect, a sense of responsibility and help children to develop attitudes and skills which may assist them to address their offending. See CRC 3; ERJO 50, 51, 62.6, 76, 77, 79, 100–102; HR 12, 27, 79–80; EPR 25, 103, 107.

See also standards relating to training, planning and remand management and reintegration planning.

## List of abbreviations

### International human rights instruments

#### Treaties

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
CERD	International Convention on the Elimination of All Forms of Racial Discrimination.
CRC	Convention on the Rights of the Child.
CRPD	Convention on the Rights of Persons with Disabilities.
ICCPR	International Covenant on Civil and Political Rights.
ICESCR	International Covenant on Economic, Social and Cultural Rights.
OPCAT	Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

#### Standards and guidance

Beijing	United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules).
BOP	Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment.
BPRL	Basic Principles on the Role of Lawyers.
BPTP	Basic Principles for the Treatment of Prisoners.
BPUF	Basic Principles on the Use of Force and Firearms by Law Enforcement Officials.
CCLEO	Code of Conduct for Law Enforcement Officials.
CRC CO	United Nations Committee on the Rights of the Child, <i>Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland</i> , UN Doc CRC/C/GBR/CO/5, 12 July 2016.
DPT	Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.
DRM	Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities.
HR	United Nations Rules for the Protection of Juveniles Deprived of their Liberty ('Havana Rules').
Riyadh	United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines).
SMR	Standard Minimum Rules for the Treatment of Prisoners.
SRT	United Nations Human Rights Council, <i>Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment</i> , Juan E. Méndez, UN Doc A/HRC/28/68, 5 March 2015.

## Regional human rights instruments

### Treaties

ECHR            European Convention for the Protection of Human Rights and Fundamental Freedoms.

### Standards and guidance

CPT            European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, *Juveniles deprived of their liberty under criminal legislation*, CPT/Inf (2015) I-part rev1, 2015.

EPR            Recommendation Rec (2006)2 of the Committee of Ministers to member states on the European Prison Rules.

ERJO           Recommendation CM/Rec (2008) I I of the Committee of Ministers to member states on the European Rules for juvenile offenders subject to sanctions or measures.

## **GLOSSARY**

**Expectation area:**

Each expectation area provides an expected outcome, expectations and indicators.

**Expectations**

Describe the standards of treatment and conditions we expect the Centre to achieve.

**Indicators**

Suggest evidence that may indicate whether the expectation/outcomes have been achieved. The list of indicators is not exhaustive and they do not exclude the Centre demonstrating the expectation has been met in other ways.