

Children whose liberty is restricted

A four nations comparison of policy and practice across the UK

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Introduction

Children across the UK may have their liberty restricted due to the application of mental health legislation, criminal justice procedures or child welfare procedures.¹

In spite of the different approaches to child welfare, youth justice, and child and adolescent mental health (CAMH) across the four jurisdictions of the UK, there is emerging evidence of the overlap between each of these systems in relation to children who have their liberty restricted. Many children who are in the youth justice system are, for example, also looked after children.

Although a more informed picture is emerging of the characteristics of children in secure settings, little is known about the pathway that has led to their being placed there or the services they have received throughout that journey.

NCB believes that there is much to be gained from sharing knowledge from the studies that have been undertaken in relation to children whose liberty is restricted; and in learning from the experiences of implementing current policy and practice in each of the four nations. In June 2010, over forty delegates involved in policy or practice within child welfare, youth justice and mental health services from

across the voluntary, statutory and community sectors, in the four jurisdictions of the UK, participated in a seminar in Belfast to share knowledge and learning in this area.²

The overall aim of the seminar was to further the development of evidence-based policy and practice in respect of children within, or at risk of being placed in, secure provision.

The purpose of this report is to summarise the differing policy and practice approaches taken across the four nations of the UK in respect of children whose liberty is restricted; and to present the key messages emerging.

Terminology and summary of the use of secure accommodation across the four nations

In this report, the term 'secure accommodation' generally refers to when children (that is, those under 18) are accommodated in a way that their liberty is restricted. However, during the seminar's deliberations, it became clear that within each jurisdiction it means different things and operates in slightly different ways. The following table summarises these differences as well as recording key legislation and challenges as noted at the seminar.

¹ Currently, in England and Scotland, children within asylum-seeking families may also be detained prior to being deported. This summary does not include such children.

² There were no officials available to come to the seminar from the Welsh government; however, the policy position is similar to that in England, particularly in relation to Youth Justice which is not devolved.

Jurisdiction	Key legislation and policy	Clarification of terminology and practice	Challenges facing government and practitioners
England	Children Act 1989 and 2004 Crime and Disorder Act 1998 Mental Health Act (amended) 2007	There are 16 secure children's homes in England, the majority of which are run by local authorities. Secure children's homes can be used for children whose liberty is restricted for either welfare or justice reasons; some are used for welfare (7) or justice (2) cases only, while others (7) have both. Children can also be placed through criminal justice legislation in privately-run Secure Training Centres (STCs) or Young Offender Institutions (YOIs) run by the Prison Service. There are four adolescent forensic (secure mental health) facilities run by the NHS in England. Whilst some alternatives to secure care for welfare purposes have increased in the recent past – for example, 1:1 or 2:1 units – it is difficult to know whether they are better for children, as there is a lack of evidence concerning outcomes in the long term.	There are a number of questions currently being asked about secure children's homes in England, which need to be addressed: • Are secure children's homes providing the best and most appropriate service that they could? • Are alternatives to secure children's homes providing the best and most appropriate service that they could? • Are local authorities using welfare placements and their alternatives to best effect? • What is the best way to commission secure placements (and alternatives)?
Scotland	Children's Hearing System – Children (Scotland) Act 1995 Criminal Procedures (Scotland) Act 1995 Mental Health (Care and Treatment) (Scotland) Act 2003	There are seven secure accommodation providers in Scotland, the majority of which are voluntary-sector charities. Secure children's homes can be used for children whose liberty is restricted for either welfare or justice reasons: some are used for welfare cases, some for justice cases, and some have both. Some secure facilities also have 'close support beds' on their campus, which enable children to leave the secure unit but still maintain links with key workers in a high-support unit. Children aged 16 and over can be placed in a YOI for young people aged 16–21 run by the Prison Service. There are no secure mental health facilities in Scotland.	 To develop a Secure Care National Contract to enable transparency and equity of service, and to drive up quality and standards within the sector. To maintain the stability and sustainability of the secure care estate to meet the needs of some of Scotland's most troubled and challenging children. To have an appropriate-sized and sustainable secure care sector, which is external facing and aligned with community-based alternatives in the longer term. To address the needs of the children where trends appear to be changing, for example: sentenced children appear to be receiving longer sentences the age ranges of boys and girls seems to be increasing – to 15, 16, 17 the predominant presenting issue with boys is now containment – due to violence, aggression and alcohol the predominant presenting issue with girls is now protection – from sex, drugs and self-harm increasing numbers of children with mental health needs.

Jurisdiction	Key legislation and policy	Clarification of terminology and practice	Challenges facing government and practitioners
Wales	Children Act 1989 and 2004 Crime and Disorder Act 1998 Mental Health Act 1987, amended in 2007	There is one secure children's home which can be used for children whose liberty is restricted for either welfare or justice reasons; children may also be placed in secure children's homes in England. Children can also be placed through criminal justice legislation in a privately run YOI within Wales. They can also be placed in STCs or YOIs in England. There are no secure mental health facilities in Wales.	
Northern Ireland	Children (NI) Order 1995 Criminal Justice (Children) (NI) Order 1998 Justice (NI) Act 2002 Mental Health (NI) Order 1986	Secure care is used only for children whose liberty is restricted for welfare reasons. The one regional secure facility is operated by the South Eastern Health and Social Care Trust. Some Health and Social Care Trusts also have intensive support units which may be used as a 'step-down' facility for children leaving secure care. Children in the youth justice system are not held in secure care children's homes but instead in the Youth Justice Centre, operated by the Youth Justice Agency, or the YOI (for those aged 17), operated by the Prison Service. There is no secure mental health facility in Northern Ireland for children.	 Taking on board learning and best practice from elsewhere in the UK, whilst being aware that just because something works in one jurisdiction does not mean it will work locally. As health and social services are integrated in Northern Ireland, the forthcoming spending cuts will hit NI differently to England: while the health budget is ring-fenced, social services is not. This could and probably will have implications for social services spending, particularly as they are statutorily obliged to provide some services but not others. The services provided to this population of looked after children could be further enhanced by: developing a regional panel for secure care/intensive support units standardising children's resource panels across NI developing a range of different models of intensive support units evaluating intensive support fostering developing and coordinating multi-agency community-based services for outreach.

General challenges for professionals

All delegates at the seminar were in agreement that professionals are facing the following challenges.

- Working with the children whose liberty is or may be restricted is workforce-intensive over a long period of time and expensive. In terms of services, there is Multi-Systemic Therapy (MST) treatment, foster care and parent management but a gap in services for children in the latency period (that is, 8- to 10-year-olds).
- There is a need for good cross-agency core assessment where professionals trust and accept each others' findings and avoid children having multiple assessments.
 One possible solution to this challenge is to create a model whereby multi-agency services are based around primary schools.
- There is a need to change attitudes and find ways to more effectively engage with families where parents have mental health problems, including addictions and personality disorders. In addition, there is a need to establish what the appropriate and proportionate role of CAMHS is for this group of children.
- Professionals working with these groups of children need a strong sense of identity, where their roles and responsibilities are clearly defined and mutually understood.
- Professionals also need to work in partnership across the health, education, social care and justice sectors; and involve NGOs and parents.

Key messages

There is a desire among both policy-makers and practitioners to prevent children's liberty from being restricted. Equally there is a recognition that sometimes this is the best option for a child at a particular time.

Secure care needs to be seen as a positive intervention and it should not be seen in isolation from other services across disciplines.

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There is a need for more evidence of the outcomes – both long-term and short-term – for children who enter secure care and for those who are provided with an alternative.

In spite of the differences, the complex needs of children are common across all four nations, and they have a similar profile. There is also the common challenge of enabling better engagement with community services.

Collectively there is a desire to put children at the heart of the process; to utilise the evidence from research and from sharing knowledge to inform the planning of a service that will meet their needs.

There is a desire to make more links between Ireland (North and South) and Britain (including its islands) so as to further share the expertise of professionals from across disciplines, and to enable best practice models to be made known to a wider range of people involved in working with children whose liberty is restricted.

There is an acknowledgement of the need for more work with families as a whole unit, not just individual children.

There is a challenge in keeping up to date with research and in learning from it.

The children whose liberty is restricted have complex needs that can only be met when a range of agencies come together in a coordinated and systematic way. Whilst care planning might be one such way, it is not the only way, particularly for those outside the looked-after system. Professionals working in such agencies, whether statutory, voluntary or community based, need to be supported to do the best job they can. Sharing practice of what works well and exploring potential solutions to challenges is just one way of doing this. It is hoped that such sharing will enhance practice and will ultimately improve outcomes for the children whose liberty is curtailed.

The full report, the presentation slides and a reading list from the Four Nations Seminar is available on request from NCB NI – email ncbni@ncb.co.uk



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