

ESTABLISHMENT OF A REGIONAL CARE AND JUSTICE CAMPUS

CONSULTATION RESPONSE QUESTIONNAIRE

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RESPONDING TO THE CONSULTATION

Questions are posed at various sections of the consultation document. You are asked to respond using this questionnaire. Please note that you are not required to answer every question, and can choose to respond only to those questions which you think are most relevant to you.

You may share your views on the proposals for a Regional Care and Justice Campus in a number of other ways.

Through the NI Direct Consultation Hub <https://consultations.nidirect.gov.uk/doh-social-services-policy-group/establishment-of-a-regional-care-and-justice-campus/>

The questionnaire can be downloaded from the Department of Health and Department of Justice websites at the following links - <https://www.health-ni.gov.uk/consultations/regional-care-justice-campus> and <https://www.justice-ni.gov.uk/consultations/consultation-establishment-regional-care-and-justice-campus>

You can also respond by post or email to:

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Alternative Formats

The consultation document is also available in alternative formats on request.

If you wish to request the document in an alternative format or if you have any queries about the consultation please contact us using the details above.

Privacy, Confidentiality and Access to Consultation Responses

For this consultation, we may publish all responses except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public). All responses from organisations and individuals responding in a professional capacity will be published. We will remove email addresses and telephone numbers from these responses; but apart from this, we will publish them in full. For more information about what we do with personal data please see our [consultation privacy notice](#)

Your response, and all other responses to this consultation, may also be disclosed on request in accordance with the [Freedom of Information Act 2000 \(FOIA\)](#) and the [Environmental Information Regulations 2004 \(EIR\)](#); however all disclosures will be in line with the requirements of the [Data Protection Act 2018 \(DPA\)](#) and the [General Data Protection Regulation \(GDPR\) \(EU\) 2016/679](#) .

If you want the information that you provide to be treated as confidential it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

The closing date for responses is 15 January 2021

PERSONAL DETAILS

- I am responding as: An individual/ member of the public
- An individual/ Health and Social Care professional
- On behalf of an organisation
- A child / young person
- A parent / carer (of a child/young person)
- other (please specify)

Name: Dr Richard Wilson

Job Title: Chair of RCPsych NI & Vice President of RCPsych

Organisation: Royal College of Psychiatrists NI

The Royal College of Psychiatrists (RCPsych) is the professional medical body responsible for supporting psychiatrists throughout their careers, from training through to retirement, and in setting and raising standards of psychiatry in the United Kingdom.

Organisation: *Please note that this response reflects the views of both our NI Faculty of Child & Adolescent Psychiatry and our NI Faculty of Forensic Psychiatry and additionally the views of the Adolescent Forensic Psychiatry Special Interest Group [AFPSIG] of the Royal College of Psychiatrists (which is composed of Psychiatrists from across the UK who specialise in the mental health needs of young people who are at risk of or in contact with the criminal justice system.)*

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Do you wish the information you provide in response to this consultation to be kept confidential.

No

If “Yes” please explain your reasons below

Would you like to be kept informed on the progress of this work?

YES please

THE SECURE CARE CENTRE

Please refer to Section 4 of the Consultation Document

Question 1

Do you have any comments on the proposal that the Secure Care Centre will comprise the existing Lakewood and Woodlands sites?

If ‘yes’ please comment below.

RCPsych supports the ‘Case for Change’ as outlined in Section 2. The population of Lakewood Regional Secure Care Centre and Woodlands JJC have similar presentations of complex overlapping needs. They are often characterised by presenting high risk and high harm whilst also exhibiting high levels of vulnerability. It is a false dichotomy to try and separate the two groups on the basis of whether they have entered secure care via a criminal justice or care pathway.

It makes sense to reorganise the available regional estate and resources to support the provision of a higher quality and more consistent level of care for all young persons requiring a secure therapeutic environment.

The current secure estate is of a reasonable quality. However, there needs to be recognition of neurodiversity within secure estate population. There are very high levels of young persons with a neurodevelopmental conditions such as Autism. The current secure estate is not accommodated to support these particular needs. This will require further assessment, costing and investment.

Young persons with autism have sensory sensitivities, which means they can become distressed by sensory stimuli within their environment. For example, loud noises, bright lights and smells can all be a source of distress or overwhelm an individual.

AFPSIG

HMYOI Feltham was the first UK juvenile custody facility to receive accreditation from the National Autistic Society [NAS]. The NAS is the UK's leading charity for people affected by autism. It has a well-established Autism Accreditation scheme, which provides an autism-specific quality assurance programme for organisations throughout the UK and internationally. This has been helpful to develop and implement standards and a framework for good practice to help support persons with Autism within a secure care environment.

<https://medium.com/mental-health-in-london/how-hmp-feltham-young-offenders-institution-became-the-worlds-first-autism-accredited-prison-4d21a6064efe>

Adaption can often be achieved with even minor adjustments. For example, at HMYOI Feltham, a box was developed on each wing containing masks and ear plugs, which could be offered to young persons with sensory difficulties. These types of reasonable adjustments should be available to young persons across the campus with sensory sensitivities.

Lewis A et al (2016) Improving the management of prisoners with autism spectrum disorders. Prison Service Journal 226,21-26

In Nottinghamshire, they are building a new police custody suite which is specifically designed to take into account the needs of the neurodiverse population.

<https://esrc.ukri.org/news-events-and-publications/impact-case-studies/research-makes-police-custody-more-autism-friendly/>

Recommendations

1. The Secure Care Centre should explore achieving accreditation with the National Autistic Society [NAS]
2. Reasonable adjustments should be available across the secure care estate for young people with Autism or sensory sensitivities.

Question 2

Do you have any comments on the proposed capacity of the Secure Care Centre?

If 'yes' please comment below.

No

Questions 3

What are your views on the longer-term aim of reducing the overall capacity within the Secure Care Centre, so that no child will be placed in a house with any more than three other children?

Please comment below.

RCPsych agrees with this general aim. Implementation needs to be supported with adequate staffing to ensure a high quality of therapeutic relational supports.

AFPSIG

There needs to be a system whereby consideration is routinely given to the sociocultural composition of these small units. For example, to avoid a young person being the only one from an ethnic minority in a house where possible. If this is unavoidable, steps need to be taken by staff to minimise any adverse impact that such singleton placements may have on the young person.

Question 4

Do you agree that the admissions criteria for the Secure Care Centre should be based on existing criteria, clarifying that children will be admitted to the Campus in one of two ways:

- ***where the criteria set out in Article 44 of the Children Order are satisfied; or***
- ***where the child is remanded or sentenced by the authority of a court.***

Yes No

Please comment below.

This does not need to be changed.

Question 5

Do you agree that the Secure Care Centre should continue to be used as a place of safety for children following their arrest, if this is required?

Yes No

Please comment below.

The Secure Care Centre should be used as an appropriate place of safety for young persons following arrest when required. This should be reserved only for young persons arrested for a serious violent offence and/or presenting with high levels of risk to themselves and/or others.

Local HSCT based options should be made available for young persons requiring a place of safety after being arrested for non-violent offences and with lower levels of risk to themselves and others.

Question 6

Do you agree that the use of the Secure Care Centre as a place of safety should be kept to a minimum, and that alternative accommodation options should be developed?

Yes

No

Please comment below.

The Secure Care Centre should be used as an appropriate place of safety only when necessary due to presence of high risks to the young person and/or others that are difficult to safely manage. If local options are not appropriate or available, then every effort should be made to facilitate contact between the young person and their family whilst detained.

The likely location of the Secure Care Centre in North Down will be at a considerable distance from other localities, particularly Western HSCT. Local HSCT based options should be made available for young persons requiring a place of safety after being arrested for non-violent offences and with lower levels of risk to themselves and others.

AFPSIG

There should be monitoring of ethnic minority and other sociocultural characteristics of the young persons detained to ensure that there is no inequality between sociocultural groups who are placed in community and those placed in the Secure Care Centre.

The lack of a CAMHS liaison and diversion service in Northern Ireland needs to be recognised. This would contrast with NHS England. Young Persons with Offending Behaviours are widely recognised to be a population with a very high prevalence of what are defined as 'complex needs'. Such complex needs can include: neurodevelopmental conditions, emotional health difficulties, mental health difficulties, substance misuse and behavioural difficulties.

These needs are often undiagnosed and not well understood.

Khan, L. (2010). Reaching out, reaching in: Promoting mental health and emotional well-being in secure settings. London: Centre for Mental Health.

This should be available across the Secure Care Centre, local facilities and police custody. These would need to have a defined governance relationship FCAMHSNI to the regional CAMHS Managed Care Network.

Question 7

Do you think any changes are required to the existing criteria for admissions to secure accommodation under Article 44 of the Children Order?

Yes No

Please comment below.

No change is required.

Question 8

Are there any other comments you wish to make about the routes of admission to the Secure Care Centre?

If 'yes' please comment below.

Young persons with offending behaviours are recognised to be a population with a very high prevalence of what are defined as 'complex needs'. These needs are often undiagnosed and not well understood.

Khan, L. (2010). Reaching out, reaching in: Promoting mental health and emotional well-being in secure settings. London: Centre for Mental Health

They also tend to have a history of poor engagement with community CAMHS. These often not well understood presentations of complex needs can be an important driver of offending behaviours.

If these needs are not met at an early age, they can lead to a lifetime of declining health and increasing offending with significant lifespan costs. In contrast, there is evidence to support that effective early intervention can support significant economic savings.

Young Persons with Offending Behaviours have been identified to have particular needs from CAMHS. This includes a multidisciplinary approach, assertive outreach, liaison with youth justice system and enhanced risk management.

These issues are compounded by Northern Ireland having no provision of specialist mental health liaison and diversion services in the criminal justice system. In comparison, these have been established in NHS England following the Bradley Report

in 2009. All young persons are seen by a mental health liaison and diversion service. *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system [2009].*

Failure to recognise neurodevelopmental difficulties such as ADHD, Autism and communication difficulties can impair the ability of the young person to engage fully in the legal process and lead to miscarriages of justice.

Recommendations

1. An experienced CAMHS clinician should be involved in the Secure Care Admission Panel. This position should have a defined relationship to FCAMHSNI and regional CAMHS Managed Care Network.
2. Consideration should be given for a specialist CAMHS liaison and diversion service providing input at each part of the youth justice pathway [police custody, and court].
3. Appropriate screening tools should be identified to identify mental health conditions and neurodevelopmental conditions such as Autism.
4. A CAMHS liaison and diversion service would need to have a defined governance relationship with FCAMHSNI and the regional CAMHS Managed Care Network.

AFPSIG

An NHS England census of the mental health needs of all young people (under age 18) in the Youth Secure Estate in England took place on 14 September 2016. It provides the most current details about the mental health needs of those within the Youth Secure Estate.

It found few young people with psychosis (schizophrenia-like illness) in the youth custodial estate, suggesting that they are generally successfully identified and diverted from custody to the network of low and medium secure CAMHS hospital beds. However, 41% of young people in the youth custodial estate were found to have at least one mental health or neurodevelopmental need.

There appears to be a pattern of young people within the YJS with mental health or neurodevelopmental needs being more likely to be placed in Secure Children's Homes (SCHs) or Secure Training Centres (STCs), rather than Young Offender Institutions (YOI). However, some young people with long term mental health needs are still placed in YOIs - and further investigation is needed to assess why this occurs.

Looking at diagnoses, the census found a higher prevalence of neurodevelopmental disorders (such as ADHD or Autism) in young people in custody compared with the prevalence of these disorders in the community.

Specifically, the prevalence of Attention Deficit Hyperactivity Disorder (ADHD) was found by the census to be 17% compared with a general prevalence of 5% in the general adolescent population and the prevalence of Autism was 5% in youth custody compared with 1-2% in the general adolescent population.

<https://www.england.nhs.uk/publication/secure-settings-for-young-people-a-national-scoping-exercise/>

MULTI-AGENCY PANEL

Please refer to section 5 of the Consultation Document

Question 9

- **Do you agree with the proposal to establish a regional, independently-chaired multi-agency Panel with the roles and responsibilities as described?**

Yes

No

Please comment below.

This is important to provide equitable and high quality decision-making.

AFPSIG

It is important that effort is made to improve the ability of the young person to participate in these meetings.

For example, this might include limiting the number of professionals attending these meetings to those who will be submitting reports or who are statutorily required to be there. These types of meeting are often attended by a large number of professionals and can be overwhelming for the young person. Where possible composition of the panel should reflect the sociocultural background of the detained youth population.

The panel should be aware that 60% of detained young people have communication difficulties and that those with neurodevelopmental disorders such as ADHD and autism are likely to find such meetings disproportionately difficult to participate in. Reasonable adjustments should be made in such cases.

Nobody made the connection: The prevalence of neurodisability in young people who offend. Nathan Hughes, Huw Williams, Prathiba Chitsabesan, Rebecca Davies, Luke Mounce, Childrens Commissioner [2012]

Question 10

Do you agree with the membership proposed?

Yes

No

Please comment below.

Please see above comment about the need for senior CAMHS clinician representation with links to the CAMHS Managed Care Network on the Panel.

A formal link between the suggested Senior CAMHS clinician on the Panel should be linked to or be part of the suggested specialist CAMHS liaison and diversion service providing input at each part of the criminal justice pathway. This position and service needs to have a defined governance relationship to FCAMHSNI and the Regional CAMHS Managed Care Network.

AFPSIG

Young persons should have opportunity to participate. Furthermore, a peer advocate should be considered as a paid member of the panel, who can contribute to the decision making.

Question 11

Do you think, in some cases, there may be scope for the courts to make reference to the Panel in determining the most appropriate disposal for a child who has been involved in offending behaviour?

Yes

No

Please comment below.

In principle, this would make sense in terms of ensuring equitable and high quality decision making. It may also improve accountability of the decision making. This should be explored further. There may be logistical challenges to providing this for urgent high-risk cases.

AFPSIG

The panel would need to be convened on a timely basis. It is important the young person is not kept on remand for longer than is necessary.

Question 12

Thinking about the roles, responsibilities and make-up of the Panel as described, do you have any views on whether the Panel and its functions should be established in legislation?

If 'yes' please comment below.

Yes No

The decision-making to deprive a young person of their liberty is a serious matter and it is proportionate for this to be established in legislation.

AFPSIG

The proposed panel has a high level of responsibility and power. It is important that there are strong governance arrangements to hold the panel accountable. It would require an Independent Monitoring Board (IMB) to check on the conditions of the campus. Panel members should be required to make themselves available to this Board on request.

Question 13

Do you think the Panel should have any other roles and responsibilities within the Campus, other than what is described here?

Yes

No

Please comment below.

A formal link between the suggested Senior CAMHS clinician on the Panel should be linked to or be part of the suggested specialist CAMHS liaison and diversion service providing input at each part of the criminal justice pathway. This position and service should have a defined relationship to FCAMHSNI and the CAMHS Managed Care Network.

Question 14

Do you have any other comments on the proposal to establish a regional, independently-chaired multi-agency Panel as described?

If 'yes' please comment below.

Please see above comments regarding the need for CAMHS representation.

AFPSIG

Young persons should have the opportunity to participate in these panel meetings. Reasonable adjustments should be made to enable young persons with neurodevelopmental conditions such as Autism and Language Disorders to participate effectively.

A peer advocate should be considered as a paid member of the panel, who can contribute to the decision making.

Panel members need to receive regular training in mental health awareness, neurodiversity awareness and equalities.

Services in the Campus

Please refer to Section 6 of the Consultation Document

Question 15

What are your views on the proposal to implement a new Framework for Integrated Therapeutic Care, to be applied across all looked after children settings, including within the regional Care and Justice Campus?

Please comment below.

Secure care environments are recognised to be specialist settings that have particular needs and require particular approaches. In contrast to Northern Ireland, specific models of care have been developed for secure care settings in NHS England and NHS Scotland. It is important that any iteration of the Framework for the Campus is developed that recognises the particular needs of secure care settings, as compared to non-secure HSCT based care facilities.

This FITC proposal specifically makes sense for young persons already within the care system, who cannot be managed in non-secure HSCT based care facilities and are open to TT-LAAC services. It is a sensible approach to this specific population and their needs.

However, a majority of young persons in Woodlands JJC are not in the care system and by extension not open to TT-LAAC services. There is limited reference to this population and their particular needs in the FITC. Their particular needs require equal recognition in the FITC, as applied to the Campus.

The FITC provides a much welcomed approach to the high prevalence of trauma and attachment related difficulties in secure care setting populations. However, there is very limited reference to very high neurodevelopmental needs of this population. It is important that this is fully recognised in the FITC.

For example, research has indicated that:

- Incidence rates of speech and language disorders can be as high as 60 - 90%. The prevalence rates range from 1% to 7% in the general population.
- There are a small number of studies which report the prevalence of ASD within a representative population in youth custody. Only one such study was identified, which suggested an incidence rate of 15%. This compares with reported rates of between 0.6 and 1.2% in the general population.

- Approximately 25% of young persons who offend have very low IQs of less than 70.

Nobody made the connection: The prevalence of neurodisability in young people who offend. Nathan Hughes, Huw Williams, Prathiba Chitsabesan, Rebecca Davies, Luke Mounce, Childrens Commissioner [2012]

A very high proportion of young persons across the current secure care estate in Northern Ireland are open to community CAMHS in addition to TT- LAAC services. Therefore, the Framework needs to have an inclusive approach to and be developed in consultation with regional HSCT CAMHS. This is not yet understood to have taken place.

It will be important to have a clear demarcation of roles and processes to minimise potential conflict arising from differing service approaches and goals. There should be an agreed process around senior decision-making when disagreement arises.

AFPSIG

Whilst the recognition of the high level of trauma and disrupted attachment in this cohort of young people is to be welcomed, the lack of consideration of the high level of neurodevelopmental disorders in the population is surprising.

The laudable aims of the NIFITIC framework will not be achieved without a concomitant plan to identify and address the neurodiverse needs that are prevalent in the population.

Neurodiverse individuals with, e.g. ADHD or Autism struggle to access mainstream therapeutic interventions (e.g. CBT) developed for the neurotypical majority, unless they are specifically adapted and made accessible to them.

This is particularly important if interventions such as restorative justice are to be used. Individuals on the autistic spectrum often have empathy impairments as a part of their condition and are likely to struggle disproportionately with these types of approaches.

Failure to take account of the profile of strengths and difficulties associated with neurodiverse individuals denies them equality of access to rehabilitation opportunities and unfairly prevents them from making the progress they may otherwise be able to achieve. This can result in them serving longer sentences than would be necessary. Even worse, their lack of progress can be wrongly interpreted as being indicative of a lack of effort or evidence of being a 'hardened criminal'.

There needs to be routine screening for neurodevelopmental disorders from the time of first reception, a commissioned pathway for diagnosis and management of common neurodevelopmental disorders such as ADHD/Autism and staff need to be aware of the

requirement to make reasonable adjustments so that interventions at the Regional Care & Justice Campus are accessible to both the neurodiverse and the neurotypical population.

It would be helpful to reference the following expert consensus document on identifying and treating ADHD in young persons in the secure care population. This has a practical approach with suggested tools:

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-018-1858-9>

Question 16

What are your views on the multi-disciplinary team in the Secure Care Centre – how should it be made up?

Please comment below.

The development of a health and therapeutic service for the Campus should follow national guidance, which are the Intercollegiate Standards for Healthcare in Secure Care [2013]. Please note there is an 2019 update but this has only so far been adopted in NHS England.

The Royal College of Paediatrics and Child Health (RCPCH), the Royal College of General Practitioners (RCGP), the Royal College of Nursing (RCN), the Royal College of Psychiatrists (RCPsych), the Faculty of Public Health (FPH) and the Faculty of Forensic and Legal Medicine (FFLM) have worked together to develop these standards which we believe will facilitate the provision of equitable and high quality health services for young people in secure settings across the UK.

The high prevalence of, often undiagnosed, complex needs in secure care is addressed in the Comprehensive Health Assessment Tool [CHAT] recommended in aforementioned standards. This is a validated tool developed at University of Manchester which is used across the Youth Secure Estate in England (YOI/STC/SCH) and is composed of 5 modules. This includes screening for neurodevelopmental conditions, mental and emotional health difficulties, substance misuse and physical health difficulties. This or a similar tool should be used to form an integrated health and therapeutic care plan. The CHAT needs to be adopted in the Campus health and

therapeutic care processes. It is the starting point and informs further signposting on for other assessments or interventions.

Young persons with complex needs require a multidisciplinary approach. This includes primary care nurses, CAMHS nursing, speech and language therapists, occupational therapy, clinical psychology, educational psychology, family therapy and psychiatry.

Lakewood Regional Secure Care Centre does not have dedicated step 3 CAMHS or dedicated Child and Adolescent Psychiatry provisions. This results in inequitable provision of care between the two current secure care facilities.

The complex needs found in the secure care population cannot be reasonably provided exclusively within Therapeutic LAC or CAMHS and therefore there needs to be integration of these services. This provision would best be organised as part of a wider secure care healthcare service under one management structure and governance. Furthermore, an integrative framework of care for the Campus needs to be underpinned by integrative health and therapeutic service provisions and processes.

A Campus health and therapeutic service needs to have defined governance arrangements with the regional CAMHS Managed Care Network.

Question 17

Have you any other comments or views on the range of services that should be provided in the secure care centre?

If 'yes' please comment below.

Opportunity should be explored for peer review with a clinical network of secure care environments across the UK and Ireland using the Intercollegiate Standards. This is understood to have been beneficial for other regional centres such as Beechcroft.

Lakewood Regional Secure Care Centre does not have dedicated step 3 CAMHS or dedicated Child and Adolescent Psychiatry provisions. This results in an inequitable provision of health and therapeutic care between the two current secure care facilities. It is important that this is addressed.

The provision of family therapy, speech and language therapy and occupational therapy are particularly important provisions not currently available across the two current secure care settings.

A NEEDS-BASED APPROACH

Please refer to section 7 of the Consultation Document

Question 18

What are your views on the proposal that children within the Secure Care Centre will not be separated on the basis of their route of admission?

Please comment below.

RCPsych supports a need based approach within the campus as described in Section 7.

However, for this to work it is critical that the Framework recognises the needs of young persons who are not involved with the care system and/or non-secure HSCT based care facilities. This is particularly for young persons with offending behaviours, who are not involved with TT-LAAC and are in the youth justice system.

It is important that an integrative framework of care for the campus is underpinned by integrative health and therapeutic service provisions and processes. This should follow national guidance [Intercollegiate Standards, 2013] and use validated screening and assessment tools - for example the Comprehensive Health Assessment Tool [CHAT].

A Campus health and therapeutic service needs to have defined governance arrangements with the regional CAMHS Managed Care Network.

Opportunity should be explored for peer review with a clinical network of secure care environments across the UK and Ireland using the Intercollegiate Standards. This is understood to have been beneficial for other regional centres such as Beechcroft.

Question 19

Do you agree that decisions about where a child will be placed within the Secure Care Centre should be based on an assessment of their individual needs, taking into account the factors described?

Yes

No

Please comment below.

RCPsych supports a needs based approach within the campus as described in Section 7.

Secure care populations are well recognised to have very high rates of complex needs and significant risks. This population has a very high prevalence of mental health, emotional health, neurodevelopmental conditions, substance misuse and behavioural difficulties.

Consideration needs to be given to ethnic minority and socio-cultural issues in placement decision-making.

Question 20

Do you have any other suggestions for how children should be managed within the Secure Care Centre?

If 'yes' please comment below.

AFPSIG

We would like to draw attention to the Concluding Observations on the fifth periodic report of the United Nations Committee on the Rights of the Child [UNCRC] about United Kingdom of Great Britain and Northern Ireland:

<http://www.yjlc.uk/wp-content/uploads/2016/06/UK-concluding-observations-2016.pdf>

With reference to its general comment No. 10 (2007) on children's rights in juvenile justice, the UNCRC recommends the UK bring its juvenile justice system, including in all devolved administrations, the Overseas Territories and the Crown Dependencies, fully into line with the Convention and other relevant standards.

In particular, the UNCRC recommends that the UK:

(a) Raise the minimum age of criminal responsibility [MACR] in accordance with

acceptable international standards;

(b) Ensure that children in conflict with the law are always dealt with within the juvenile justice system up to the age of 18 and that diversion measures do not appear in children's criminal records;

(c) Abolish the mandatory imposition of life imprisonment for children for offences committed while they are under the age of 18;

(d) Establish the statutory principle that detention should be used as a measure of last resort and for the shortest possible period of time and ensure that detention is not used discriminatorily against certain groups of children;

(e) Ensure that child detainees are separated from adults in all detention settings;

(f) Immediately remove all children from solitary confinement, prohibit the use of solitary confinement in all circumstances and regularly inspect the use of segregation and isolation in child detention facilities.

Leaving the Secure Care Centre – Discharge/Exit Planning

Please refer to section 8 of the Consultation Document

Question 21

Do you agree that an exit plan, as part of the overall care planning process, should be developed for each child and young person on admission to the Secure Care Centre and will be subject to regular review?

Yes

No

Please comment below.

RCPsych supports this proposal as outlined in Section 8. This needs to ensure adequate involvement of community CAMHS and the CAMHS MCN in this process.

Question 22

Do you have any views or comments to share on the proposed care planning, discharge and exit planning process described in this section?

If 'yes' please comment below.

AFPSIG

It should be mandatory that a young person has appropriate accommodation and transportation to get to it. This should include appropriate arrangements for transportation of their possessions.

Appropriate follow up appointments with local services should be in place. This should include arranged access to a GP and arrangements to ensure continuity of medication.

There needs to be awareness and acknowledgement that transitioning from secure care can be disproportionately hard for young persons with Autism. This needs to be

sensitively handled. It should be explored whether the Temporary Licence (RoTL) used in England could form a helpful part of discharge and exit planning.

It should be explored whether young persons can have telephone contact with staff at the secure centre following their release. Leaving secure care can often be experienced as abrupt termination of contact and rupture of trusting relationships.

SATELLITE PROVISION

Please refer to section 9 of the Consultation Document

Question 23

Do you agree that a step-down facility should be located within the Campus, on the same site as—but separate from—the Secure Care Centre?

Yes

No

Please comment below

The transition to the community from the containment of a secure care environment can be a significant challenge for young persons, carers and local services. This proposal for step-down facilities could be helpful with this issue.

Question 24

Given the stated purpose and function of the step-down unit, do you have any views on how it should operate in practice? For example, do you think it should be an open setting (ie. not a locked facility)?

If 'yes' please comment below.

This requires further discussion in a working group. This should have senior representation from HSCT CAMHS/CAMHS MCN.

It would be best if the step-down units did not have the same level of physical and procedural security - for example, were not locked but had higher levels of relational security - i.e. similar staffing ratios to secure care centre.

Question 25

Do you have any comments on the function and role of the step-down unit, over and above what is described here?

If 'yes' please comment below

These could provide local HSCT based 'places of safety' for young persons requiring a place of safety after being arrested for non-violent offences and with lower levels of risk to themselves and others.

This requires further discussion in a working group. This should have senior representation from HSCT CAMHS/ Regional CAMHS MCN.

Question 26

Do you agree that the Secure Care Centre should be supported by a network of locally-based connected satellite services across each of the five HSC Trust areas?

Yes

No

Please comment below

The transition to the community from the emotional containment of a secure environment can be a significant challenge for young persons, carers and local services. This proposal would be helpful with this issue.

Question 27

Do you agree that the purpose and focus of this satellite provision should be twofold:

- a. To prevent children and young people from entering the Secure Care Centre, and**
- b. To provide support to facilitate the transition of these children and young people back into the community.**

Yes

No

Please comment below

RCPsych supports the above purposes. These could also provide local HSCT based 'places of safety' for young persons requiring a place of safety after being arrested for non-violent offences and with lower levels of risk to themselves and others.

Question 28

Do you agree that a multi-agency approach to this satellite provision should be adopted?

Yes

No

Please comment below

RCPsych agrees in principle that a multi-agency approach to this satellite provision should be adopted. There needs to be agreed standards for these satellite provisions and opportunity for the facilities to have regular peer review network across the HSCTs.

This requires further discussion in a working group. This should have senior representation from HSCT CAMHS/ Regional CAMHS MCN.

Question 29

Do you have any views on the use of alternatives to the Secure Care Centre for children who have been arrested and require a place of safety while awaiting a court appearance? Do you think that suitably resourced children's homes may be a suitable place of safety for some of these children, subject to an assessment of risk?

Please comment below

Yes – these could be suitable for young persons requiring a place of safety following an arrest and presenting with relatively low levels of risks to themselves or others.

Young persons arrested for a serious violent offence and presenting with high levels of risk will likely require admission to the secure care centre.

Question 30

Do you have any views on the use of alternatives to the Secure Care Centre for children being considered for bail, and the use of wrap-around services as part of a bail package?

If 'yes' please comment below

Northern Ireland has had relatively limited development of specialist CAMHS for Young Persons with Offending Behaviours. South Eastern HSCT Community Forensic CAMHS [CFCAMHS] provides an enhanced risk management function and the proposed Southern HSCT CAMHS/YJA service provides assertive outreach and liaison functions. These existing and proposed services should be integrated. They could contribute to a wraparound package.

Young Persons with Offending Behaviours are well recognised to have very high rates of complex needs and significant risks. If these needs are not met at an early age, they can lead to a lifetime of declining health and increasing offending with significant lifespan costs. In contrast, there is evidence to suggest that effective early intervention can support significant economic savings.

Young Persons with Offending Behaviours have been identified to have particular needs from CAMHS. This includes a multidisciplinary approach, assertive outreach, liaison with youth justice system and enhanced risk management.

The complex needs of young persons with offending behaviours often require support from two or more local services. However, they are recognised to have a tendency to fall through gaps in service provision. They require integrative and collaborative approaches.

These approaches need to follow regional risk guidance. *Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and LD Services (Sept 2009)* is the regional guidance on the assessment and management of risk in mental health services. This guidance is inclusive of risk to self, risk to others and risk from others. It had separate appendices for CAMHS and Forensic Mental Health Services.

The PQC Risk Management Meetings are widely adopted by adult mental health services and particularly forensic mental health services. There has been limited use of the PQC Risk Management Meetings in CAMHS. They are used in Beechcroft and are known as Discharge Planning Meetings. This is different to CAMHS services in NHS England where the equivalent CPA approach is widely used in community CAMHS for young persons with significant levels of risk.

Question 31

Do you agree that designated supported housing for 16 and 17 years olds should form part of the community-based satellite provision?

Yes No

Please comment below

RCPsych agrees that designated supported housing for 16 and 17 year olds should form part of the community-based satellite provision.

Question 32

Do you think that there are alternative options for the design and functionality of satellite provision? If so, please outline.

Yes No

Please comment below

This particularly needs to have input from occupational therapists.

The satellite provision needs to be able to accommodate young persons with neurodevelopmental conditions such as Autism. The current residential care facilities are not accommodated to support these particular needs. This will require further assessment, costing and investment. Accreditation from the National Autistic Society [NAS] should be explored for this provision.

Governance and Accountability Arrangements for a Regional care and Justice Campus

Please refer to section 10 of the Consultation Document

Question 33

Do you agree with the proposal to appoint a Head of Operations responsible for the operation of the Regional Facilities (Secure Care Centre and on-site Step Down Unit)? If yes, do you agree that the appointment should be required in law and that the role and responsibilities should also be specified in legislation?

Yes

No

Please comment below

It would be proportionate to the seriousness of the role and responsibilities of this Director position to be provided in legislation.

Question 34

In terms of the options detailed in respect of accountability arrangements for the Regional Facilities, which do you consider to be the most appropriate? Please explain the reasons for your response.

Option:

1

2

3

4

None of these

Please comment below

RCPsych recommends Option 2; in which the regional facilities are run by both Government Departments under a formal partnership agreement, supported by a jointly managed Partnership Board – as being the most appropriate option. Joint accountability would potentially best facilitate the HSC and justice sectors meeting the complex needs of the young people in the Campus.

However, it is critical - whatever option is finally chosen - that the Campus healthcare and therapeutic service is under HSCT governance.

The Campus healthcare and therapeutic service should have a defined governance relationship with the regional CAMHS MCN.

Question 35

Do you have any alternative options for the accountability arrangements for the Regional Facilities?

Yes No

If 'yes' please comment below

Please see comment above.

LEGISLATION

Please refer to Section 11 of the Consultation Document

Question 36

Do you have views on the classification of the Secure Care Centre?

If 'yes' please comment below

This needs to be classified as specific secure care provision to differentiate it from the standard non-secure HSCT based care provisions. This is particularly in recognition of the unique nature of the secure care environment and the specific needs of its population. There needs to be adoption of national guidance and standards for secure care environments.

Question 37

Do you have any views on the classification of the Campus satellite provision?

If 'yes' please comment below

These should be defined as intensive support units to differentiate them from standard non-secure HSCT based care provisions. They need to have agreed purpose, standards and processes.

Question 38

Do you consider that legislation will be required to support and formalise multi-agency working as part of a new Care and Justice Campus, by, for example, designating specified agencies or statutory Campus partners

Yes No

Please comment below

There needs to be greater use of some of the existing frameworks, including: Promoting Quality Care [PQC] and Public Protection Arrangements for Northern Ireland [PPANI].

Background

Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and LD Services (Sept 2009) is the regional guidance on the assessment and management of risk in mental health services.

This guidance is inclusive of risk to self, risk to others and risk from others. It had separate appendices for CAMHS and Forensic Mental Health Services.

The guidance recognised that it is a core function of CAMHS and all other mental health/ID services to assess the risks that persons with mental health difficulties and/or neurodisabilities may pose. It states that:

- All CAMHS referrals should be screened in terms of clinical need and risk.
- CAMHS professionals should ensure that their generic assessment of risk is consistent with UNOCINI, the regional multidisciplinary tool utilised within Family and Childcare Services.
- CAMHS professionals should complete the FACE Risk Assessment Tool. This should be reviewed and updated as part of the young person's care plan.

The guidance also recommends PQC Risk management meetings are used to provide enhanced risk management for young persons with significant levels of risk. It aims to improve coordination and continuity of services.

This involves a regular risk management meeting where a person's care and risk management needs are discussed. Their care plan and risk assessment is updated. The guidance recommends service user and carer involvement and brings together all the local services involved. This can include social services, mental health services,

addiction services and justice agencies. These meetings would be equivalent to the Care Programme Approach [CPA] in NHS England.

The PQC Risk Management Meetings are widely adopted by adult mental health services and particularly forensic mental health services. There has been limited use of the PQC Risk Management Meetings in community CAMHS. This is different to CAMHS services in NHS England where the equivalent CPA approach is widely used for young persons with significant levels of risk.

There has historically been relatively very limited use of the Public Protection Arrangements for Northern Ireland [PPANI] for young persons with offending behaviours compared to Great Britain. The equivalent arrangements are known as Multi Agency Public Protection Arrangements [MAPPA] in Great Britain.

PPANI was developed to promote improved working relationships between criminal justice system agencies. The police, probation and custodial services are the key bodies involved in managing risk within MAPPA. A number of other agencies have a duty to cooperate which includes health service organisations. PPANI was introduced with the aim of protecting the public by managing high-risk offenders living in the community and therefore reducing the risk of them committing further violent offences.

Question 39

Do you have any views on whether the proposed multi-agency Panel would require a statutory basis?

If 'yes' please comment below

Yes - this would be proportionate to the responsibilities of the multi-agency Panel.

THE LEGAL STATUS OF CHILDREN AND PARENTAL RESPONSIBILITY

Please refer to section 12 of the Consultation Document

Question 40

Do you agree that only children who were looked after prior to admission to the Secure Care Centre should be looked after while in the Centre?

Yes

No

Please comment below

It needs to be recognised that the majority of young persons in Woodlands JJC are not looked after. This could be difficult and disruptive for some families. However, it is important that all young persons leaving the Campus have support based on their needs rather than legal status.

AFPSIG

In England, all children in secure care become looked after. This has generally been accepted as a good idea and provides an extra layer of care.

Question 41

Do you agree that the Head of Operations within the Secure Care Centre should be given parental responsibility for children who are admitted to the Secure Care Centre by way of a juvenile justice disposal?

Yes

No

Please comment below

This is currently the case in Woodlands JJC and is understood to have worked well.

Question 42

Do you think that parental responsibility for looked after children should:

- I. Lie with the placing HSC Trust only;**
- II. Pass to the Head of Operations for the duration the child is in the Secure Care Centre; or**
- III. Be shared between the placing HSC Trust and the Head of Operations.**

Please indicate which option you support and why.

Lie with the placing HSC trust only

Pass to the Head of Operations for the duration the child is in the Secure Care Centre

Be shared between the placing HSC Trust and the Head of Operations

Please comment below

This is currently the case in Woodlands JJC and is understood to have worked well.

Question 43

Do you have any views on whether the Department of Health should make regulations to prescribe children subject to the provisions of [Article 39\(6\) of Police and Criminal Evidence \(NI\) Order 1989](#), so that they do not automatically become a looked after child if the duration of their stay within the Campus is longer than 24 hours?

If 'yes' please comment below

It needs to be recognised that the majority of young persons in Woodlands JJC are not looked after. This could be difficult and disruptive for some families.

However, it is important that all young persons leaving the Campus have support based on their needs rather than legal status.

EQUALITY AND HUMAN RIGHTS

Alongside this consultation on proposals for a regional Care and Justice Campus, your views are also being sought on the potential equality and human rights implications of these proposals. A draft equality, disability duties and human rights screening exercise has been completed. The draft screening document has been published alongside this consultation and is available [here](#).

In order to assist in finalising the assessment of the equality and human rights impacts of these policy proposals, your views are sought on the following four questions:

Question 44

Are the proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under [Section 75 of the Northern Ireland Act 1998](#)? If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

Yes

No

If 'yes' please indicate which group/groups you think would be impacted

Religious belief

Political opinion

Racial group

Age

Marital status

Sexual orientation

Men and Women generally

Disability

Dependants

If 'Yes' please state how these adverse impacts could be reduced or alleviated in the proposals.

AFPSIG

The current proposals for NIFITC do not explicitly recognise the needs of neurodiverse individuals. This has potential to discriminate against and deny them access to effective interventions whilst in the secure care centre.

There is a recognised disproportionate level of young persons from a Catholic/Nationalist/Republican background in Woodlands JJC. This needs to be monitored:

<https://www.niccy.org/about-us/news/latest-news/2018/june/19/criminal-justice-inspection-report-on-woodlands-juvenile-justice-centre/>

Responding to a March 2020 question from Sinn Fein MLA Pat Sheehan, Justice Minister Naomi Long confirmed that over the past five years 63% of children at Woodlands JJC are from a Catholic background.

It is possible that young people from ethnic minority groups may be isolated in small houses. Steps need to be taken to mitigate any adverse effects that may result from being the only young person from an ethnic minority in a house.

Question 45

Are you aware of any indication or evidence—qualitative or quantitative—that the proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations? If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Yes No

If 'yes' please comment below

Question 46

Is there an opportunity to better promote equality of opportunity or good relations? If yes, please give details as to how

Yes No

Please comment below

AFPSIG

Equality of opportunity could improve if reasonable adjustments were made for neurodiverse individuals.

The current proposals for NIFITC do not explicitly recognise the needs of neurodiverse individuals. This has potential to discriminate against and deny them access to effective interventions whilst in the secure care centre. This needs to be reviewed.

Question 47

Are there any aspects of this consultation where potential human rights violations may occur?

Yes

No

Please comment below

AFPSIG

The United Nations Convention on the Rights of the Child [UNCRC] stipulates that State Parties should establish an age below which children are presumed to lack the capacity to contravene penal law.

However, at 10 years old, the minimum age of criminal responsibility in Northern Ireland has not changed since 1963, despite a greater degree of understanding of the brain's developmental capabilities and limitations throughout the course of adolescence. England, Wales and Northern Ireland have the lowest age of criminal responsibility in Europe, with Scotland being only slightly higher. Last year, Scotland increased its minimum age to 12 years from a previous age of 8 years old.

Whilst an age is not specified in the United Nations Convention on the Rights of the Child, the United Nations Committee on the Rights of the Child released a General Comment in 2019 which stipulated that states should increase their minimum age of criminal responsibility to 14 years.

AFPSIG asserts that, at 10 years old, the minimum age of criminal responsibility in England, Wales and Northern Ireland is incompatible with the current research understanding of brain function and the challenges facing children due to their developmental immaturity.

The previously-mentioned neurodevelopmental research focuses on neurotypical children – but when we examine the brains of children in contact with the youth justice system, many of whom have experienced Adverse Childhood Experiences (ACEs) such as early life trauma and abuse, we find that brain structure abnormalities have been reported in those experiencing childhood trauma, as well as functional differences which are themselves linked to violent crime, with some studies showing an 11-fold increase in the likelihood of being arrested for an aggressive offence for young people traumatised in early life.

There is a certain irony in that several UK research centres have been at the forefront of research into adolescent brain development, but that England, Wales, Northern Ireland

and Scotland are the last to use these discoveries to inform its management of adolescents. This is resulting in the UK being significantly out-of-keeping both with the neuroscientific understanding of the brain and the international legal norms for children, including that of Scotland.

Recommendation

We strongly recommend that the Northern Ireland Executive undertakes an urgent review into the age of capacity but highlight that this should form part of a coordinated approach across capacity legislation (health, family, criminal and civil) towards a unified age of capacity. As part of this review, there needs to be consideration of the implications for the secure care centre.

<https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

Children and Young Person's Act 1963

United Nations Committee on the Rights of the Child. General comment No. 24 (2019)

Lim L, Radua J, Rubia K (2014) Gray Matter Abnormalities in Childhood Maltreatment: A Voxel-Wise Meta-Analysis. American Journal of Psychiatry, 171(8), pp 854-863; De Brito, S. A., Viding, E., Sebastian, C. L., Kelly, P. A., Mechelli, A., Maris, H., & McCrory, E. J. (2012).

RURAL IMPACT

[The Rural Needs Act \(NI\) 2016](#) became operational on the 1 June 2017 and places a duty on public authorities, including government departments, to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans and when designing and delivering public services.

A draft rural needs impact assessment has been prepared against these policy proposals which has been published as part of this consultation and is available [here](#).

In order to assist in finalising these assessments, your views are sought on the following question:

Question 48

Are the actions/proposals set out in this consultation document likely to have an adverse impact on rural areas?

Yes No

If 'Yes' please provide your comment on how these adverse impacts could be reduced or alleviated:

The provision of the Campus in North Down is likely to be some distance from Western HSCT. This could be mitigated by HSCT based stepped down facilities.