

# International best practice and models for youth justice residences

Evidence brief

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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# Executive summary

## Introduction

Oranga Tamariki is looking to develop a new model of care for its youth justice residences. As one part of a wider piece of work, the youth justice residences team asked the Evidence Centre to prepare an international literature evidence brief on proven or promising models of care found overseas.

On the basis of the literature as it currently stands, this evidence brief seeks to address the following four research questions:

1. What is international best practice within a Care/Residential Youth Justice population?
2. What 'models of care' or 'care practice frameworks' exist that are shown to be effective in providing an underpinning, evidence and research-based approach to residential care?
3. What are the key similarities and differences between these 'models of care' or 'care practice frameworks' and what is currently provided in Oranga Tamariki youth justice residences?
4. How might these be applied to an Oranga Tamariki context and 7AA objectives, te ao Māori perspectives, and bicultural practice be incorporated?

## Methodology

Academic and professional journal articles, books, and book chapters were collected using EBSCO and Google Scholar. Using Google, the review also encompassed:

- specialist journals that cannot be accessed through academic journal databases
- grey literature from government and other agencies, and
- websites including evidence-based and systematic review sites.

As well exploring the literature on overseas youth detention centres, system-models, Manualised Evidence-supported Treatment (MEST) programmes, frameworks, and evidence-based practices, five illustrative overseas case studies were developed from Spain, Norway, Ireland, Scotland and Australia.

## Findings

Importantly, beyond our obligations associated with the *UN Convention on the Rights of the Child* (and associated international standards, rules, and guidelines), and the *Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment*, there is no international consensus on what

youth detention centre best practice looks like, and little comparative research; our contexts are all different. However, key findings are presented below:

**1. There is a growing understanding across the international literature on what is *important* for children in youth detention centres, and to a lesser degree on *what works*:**

- The purpose of youth detention needs to be clear, and explicitly shape the service design and performance monitoring.
- Detention should always be a measure of last resort, in terms of both day-to-day decision-making across the sector and organisational strategy.
- Small 'home-like' facilities that are closer to a child's home are better than large correctional-style facilities some distance away.
- Increasingly jurisdictions and organisations are requiring their residential youth workers to hold an academic and/or professional qualification, or in some instances be prepared to undertake and complete a professional qualification once appointed.
- Children's education, training and learning must also be valued.
- Positive and productive relationships between staff and children are key.
- Ongoing parental and family engagement is to be encouraged.
- Ethnic disparities and mental health and disability issues must be recognised and addressed.

**2. The system-models in some other jurisdictions look promising:**

- Developed over 30 years, the *Missouri Model of Juvenile Rehabilitation* has provided a blueprint for other US states looking to move away from large correctional-type facilities to more effective smaller, therapeutic, 'cottage-style' provision focused on rehabilitation.
- New York City's *Close to Home* program applies key aspects of the Missouri model with a strong focus on developing a range of local youth justice residential provision that is non-secure and limited-secure, as well as secure.
- The more clinically-focused *Washington State Juvenile Rehabilitation Integrated Treatment Model* incorporates a selection of prescribed assessments and programmes, which are to be integrated and aligned with the internationally-used *Risk-Need-Responsivity* (RNR) framework.
- The *Multifunctional Treatment in Residential and Community Settings* (MultifunC) is a Scandinavian programme for high-risk youth offenders, which combines six months in non-secure residential care, with six months support at home, and family work throughout the 12-month programme.
- England and Wales' long-established network of Secure Children's Homes (SCH) accommodate the most vulnerable children, with some also, or alternatively, providing for children detained on welfare grounds. These are smaller, and more 'home-like' facilities than either Secure Training Centres or

Specialist Young Offenders' Institutions, with qualified staff and the highest staff-to-child ratios.

**3. At the facility level, while there are no evidence-informed youth detention centre-specific models, several contributing Manualised Evidence-supported Treatment (MESTs) Programmes and training programmes, often trauma informed, are widely used and particularly so in the US:**

- The Sanctuary Model of Care is a US trauma-informed organisational change accreditation model that supports the wellbeing of both staff, and children and families who have been impacted by adversity.
- The Three Pillars of Transforming Care is an Australian trauma-informed training programme. It aims to help agencies ensure that their staff and carers understand, and are sensitive to, the developmental impacts of early adversity and trauma.
- PRESENCE is a new online organisational training programme that aims to help organisations to become trauma-informed, trauma-responsive and trauma resilient.
- Children and Residential Experiences (CARE) is a principle-based change initiative designed to enhance the social dynamics in residential care settings through targeted staff development, ongoing reflective practice, and data-informed decision-making.
- Therapeutic Crisis Intervention is an international de-escalation and restraint training programme specifically designed for residential childcare; it is one of several de-escalation and/or restraint training programmes used in youth detention centres.

**4. Frameworks can be used to strengthen quality and practice:**

- Scotland has recently developed a set of 42 specific secure care standards with the stated aim of helping to drive transformational change. The standards set out what support children and young people in Scotland should expect when in, *or on the edges of*, secure care.
- Standards Accreditation Bodies provide an independent fee-for-service review process that determines whether a social work, healthcare or educational organisation or programme (not-for-profit or for-profit), can demonstrate their ability to meet defined third-party standards of quality. For example, CARF International has 30 different sets of child and youth standards including Juvenile Justice standards covering secure residential, non-secure residential, and non-residential settings.
- As an alternative and/or to complement an academic or professional qualification, practitioner certification is a professional development pathway that may be available in some countries for some professions. For example, in the US and Canada, the Child & Youth Care Certification Board assesses and certifies child and youth care practitioners who can demonstrate their commitment to the Board's standards of care and ongoing competence development.

## **5. Evidence-based practices are an alternative to Manualised Evidence-supported Treatment Programmes (MESTs)**

- Evidence-based practices (also known as common elements, common factors or kernels) are growing in popularity as an important alternative to Manualised Evidence-supported Treatment Programmes (MESTs). Evidence-based practices are being used by programme designers and practitioners, and developed, refined and integrated as part of professional development plans, and through induction and team training events, individual online learning opportunities, team meetings, modelling, and supervision. Sixty evidence-based practices for use with children, staff or families, have been identified through the subscription-based PracticeWise Evidence Based Services Database (PWEBS) including for example:
  - Crisis management (support recovery from an emergency event or situation)
  - Line of sight supervision (manage and reduce dangerous or inappropriate behaviours)
  - Problem-solving (provide children with a systematic way to negotiate problems and to consider alternative solutions to situations)
  - Social skills (provide the youth with concrete skills to develop healthy relationships and navigate social situations)
  - Support Networking (increase family access to resources and social supports).

## **6. The Risk-Needs-Responsivity (RNR) is one of several tools that is widely used**

- Risk-Need-Responsivity (RNR) aims to reduce recidivism and is widely used across Anglo-American countries in criminal justice, as well as in some youth justice jurisdictions. Empirically-supported, RNR is a principle-based approach which has also influenced the development of a number of other offender assessment and rehabilitation instruments. The three core RNR principles are as follows:

Risk principle: Match the level of service to the offender's risk to re-offend.

Need principle: Assess criminogenic needs and target them in treatment.

Responsivity principle: Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender (Bonta & Andrews, 2007, p. 1).

- Popular in the US, Detention Risk Assessment Instruments are assessment tools that are used to objectively inform decisions (and so seek to eliminate bias) on whether to detain or release an arrested youth. Some are empirically based although more often they have been developed in consultation with stakeholders.

- Outcomes Star is a holistic framework that supports reflective conversations and action planning over time between a service user and their keyworker i.e. a designated practitioner within the service. With several of the 40 published versions relevant to youth detention contexts, Outcomes Star is widely used in both the UK and Australia, and reportedly is also used in Europe, Asia, Africa, the US, and New Zealand.

## **7. Other learning can be gained from individual youth detention centres in Spain, Norway, Ireland, Scotland and Australia**

- As well as strategy, innovation and leadership, along with their differing contexts and system interfaces, the five cases studies offer a range of insights on ways of integrating policy, service and building design, models, frameworks, evidence-based practices, professional practice, and knowledge and evidence-building. The case studies reinforce or suggest the importance of:
  - having a clear purpose which is coherently reflected in what staff do and how they do it
  - predominantly using youth detention centres for sentenced youth rather than remand (Los Alcores, Spain, Oberstown, Ireland, and Kibble, Scotland)
  - buildings that reflect a *positive design* and home-like environment (Bjørgvin youth unit, Norway)
  - small facilities (Bjørgvin youth unit, Norway) or small units within larger facilities (Los Alcores, Spain and Kibble, Scotland)
  - placing children locally (Los Alcores, Spain, and Bimberi, Australia)
  - purposeful relationships with youth workers (Los Alcores, Spain, and Kibble, Scotland)
  - high staff qualification requirements (Los Alcores, Spain, Bjørgvin youth unit, Norway and Oberstown, Ireland) as well as key personal attributes (Oberstown, Ireland)
  - centres located in, or on the outskirts of, a major city (Bjørgvin youth unit, Norway, Kibble, Scotland, and Bimberi, Australia)
  - placements sufficiently long (Los Alcores, Spain, Bjørgvin youth unit, Norway)
  - relational security (Los Alcores, Spain, and Bjørgvin youth unit, Norway)
  - long-established positive staff cultures (Los Alcores, Spain, and Bjørgvin youth unit, Norway)
  - secure youth justice provision can be successfully operated by NGOs (Los Alcores, Spain, and Kibble, Scotland) or an independent government-appointed management board (Oberstown, Ireland)
  - a focus on civil rights (Bjørgvin youth unit, Norway and Bimberi, Australia).
  - outside areas devoted to animal and/or vegetable cultivation (Los Alcores, Spain, and Bjørgvin youth unit, Norway)
  - low levels of violence and little use of physical restraint (Los Alcores, Spain)

- families encouraged to visit at any time (Los Alcores, Spain) or to stay in an apartment at the facility overnight (Bjørgvin youth unit, Norway)
- The centre is subject to routinely frequent external oversight (Kibble, Scotland, and Oberstown, Ireland) or independent research or evaluation (Bjørgvin youth unit, Norway)

## Conclusion

Across the world, youth detention centres serve different purposes. As such, beyond the fundamental importance of individual jurisdictions being very clear on what their precise purpose is, and ensuring that this is fully reflected in service design, staffing and systems, there can be no simple international consensus on what youth detention centre best practice looks like. There is also very little in the way of comparative research.

Nonetheless, whether drawing primarily on the US *models* tradition or the European *professional practice* tradition, much can still be learnt from overseas literature, system-models, Manualised Evidence-supported Treatment (MEST) programmes, frameworks, evidence-based practices, and case studies, and their possible application to our particular context. Furthermore, if 7AA objectives, te ao Māori perspectives, and bicultural practice are to be meaningfully incorporated into a new model for youth justice residences, paradoxically this will also need to be informed by a clearer understanding of both the strengths and limitations of western knowledge as it relates to youth detention centres.

# Introduction

The five Oranga Tamariki youth justice residences collectively and, with the possible exception of Whakatakapokai, individually do not have a clearly defined and applied model of care that articulates their purpose and function. A limited understanding on why residences exist, what they should be aiming for and managing to achieve, and how they need to operate in order to do so, has a number of potentially adverse consequences for both young people and their whānau, and Oranga Tamariki itself. While the need for a clearer purpose is not unique to the youth justice residences (Oranga Tamariki Ministerial Advisory Board, 2021) this also presents challenges for community and Māori organisations, other government departments, the Courts, staff, children and families.

Oranga Tamariki is looking to develop a new model of care for its youth justice residences. This will need to fully comply with new *Te Tiriti o Waitangi* obligations under section 7AA of the Oranga Tamariki Act 1989 that came into effect on 1 July 2019 and the associated five organisational quality assurance standards (Oranga Tamariki, 2021b). It will also need to reflect some of the other 100 amendments to the 1989 Act with relevance to youth justice residences that were enacted at the same time, as well as the Oranga Tamariki (National Care Standards and Related Matters) Regulations, 2018. Within the context of the organisation's new strategic direction (Oranga Tamariki Ministerial Advisory Board, 2021), the model will no doubt also draw upon other recent reports (e.g., Expert Panel on the Modernisation of Child, Youth and Family, 2016a, 2016b; Lambie, 2016; Office of the Children's Commissioner, 2017, 2021).

The youth justice residences team has asked the Evidence Centre for an international literature evidence brief. As one part of a wider piece of work, the brief will enable them to better understand the core elements within overseas models of care that have proven to be effective for a youth justice environment in other jurisdictions.

On the basis of the literature as it currently stands, this evidence brief seeks to address the following four research questions:

1. What is international best practice within a Care/Residential Youth Justice population?
2. What 'models of care' or 'care practice frameworks' exist that are shown to be effective in providing an underpinning, evidence and research-based approach to residential care?
3. What are the key similarities and differences between these 'models of care' or 'care practice frameworks' and what is currently provided in Oranga Tamariki youth justice residences?

4. How might these be applied to an Oranga Tamariki context and 7AA objectives, te ao Māori perspectives, and bicultural practice be incorporated?

In terms of structure, following two short sections on the research background and an overview of the methodology, most of the report is devoted to four longer sections addressing:

- The purpose of youth detention;
- Best practice themes;
- Five illustrative overseas case studies from Spain, Norway, Ireland, Scotland, and Australia; and
- Overseas' approaches including models, frameworks, practices and tools.

Followed by a discussion section and conclusion.

Finally, a note on terminology. Throughout this report, I generally use *youth detention centre* as a generic term to refer to secure facilities for young people who have been remanded and/or sentenced. In most western countries the terms *youth detention centre* or *juvenile detention centre* are either used, or if not used would at least be understood, as this. However importantly in most US states the term *youth detention* only relates to remand provision, and in most instances pre-trial remand provision at that: "Juvenile detention is short-term confinement, primarily used after a youth has been arrested, but before a court has determined the youth's innocence or guilt" (Annie E. Casey Foundation, 2021, para 3). Therefore, while mainly using the term *youth detention centre*, I do use alternative terms where for clarity the context seems to require it. While recognising the significant differences in role, function, qualifications and experience, I generally use *residential youth worker* as a loose umbrella term to includes *residential social workers*, *child and youth care practitioners*, *social educators*, *youth justice worker* (Her Majesty's Prison and Probation Service) *youth custody officers*, *direct care worker* or *Prison Officer*. Similarly, I tend to use the term *youth justice*, rather than *juvenile justice* or *child justice* (Lynch et al., 2022) while depending on the context those under the age of 18 are either referred to as *children* or *youth* rather than *young people*. Another terminology issue relates to the use of the term *model*, and to a lesser extent *programme*, *framework* and *tool*, etc. These terms are often to varying degrees used interchangeably. As such in the section on overseas approaches there may be instances where I have chosen to refer to something as a *framework*, that the developers themselves call a *model*.

# Background

## Residences

Under the Oranga Tamariki Act 1989, *residence* is defined as:

any residential centre, family home, group home, foster home, family resource centre, or other premises or place, approved or recognised for the time being by the chief executive as a place of care or treatment for the purposes of this Act; and...includes any place of care or treatment, so approved, whether administered by the Crown or not (sections 2a and 2b).

A *youth justice residence* is “a residence established and maintained under section for purposes that are or include remand, the provision of custody under supervision with residence orders made under section 283(n), or both” (section 365(4)).

However, in practice, the term *residence* is usually reserved for, and understood as, the country’s secure youth justice and care and protection residential facilities; the following are classified as youth justice residences:

- Korowai Manaaki in South Auckland (up to 40 young people);
- Whakatakapokai in South Auckland (up to 15 young people);
- Te Maioha o Parekarangi in Rotorua (up to 30 young people);
- Te Au rere a te Tonga in Palmerston North (up to 30 young people); and
- Te Puna Wai ō Tuhinapo in Christchurch (up to 40 young people).

## Legislation and international instruments

Within the context of *Te Tiriti o Waitangi*, “an obvious touchstone against which all Crown actions including law, policy and practice in Aotearoa New Zealand should be evaluated” (Lynch, 2019), Oranga Tamariki and its youth justice residences are expected to comply with:

- United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules), 1985;
- Oranga Tamariki Act, 1989;
- United Nations Convention on the Rights of the Child, 1989;
- United Nations Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines), 1990;
- United Nations Rules for the Protection of Juveniles Deprived of their Liberty, (the Havana Rules), 1990;
- Oranga Tamariki (Residential Care) Regulations, 1996;

- Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), 2002);
- United Nations Convention on the Rights of Persons with Disabilities, 2006;
- United Nations Guidelines for the Alternative Care of Children, 2010; and
- Oranga Tamariki (National Care Standards and Related Matters) Regulations, 2018.

## History

New Zealand's residences have a turbulent history (Abuse in Care Royal Commission of Inquiry, 2020; Confidential Listening and Assistance Service, 2015; Human Rights Commission, 1982; Parker, 2006; Stanley, 2016). According to Lynch (2019) youth justice provision can be traced back over 150 years to the *Neglected and Criminal Children Act 1867*<sup>1</sup>, with the establishment of industrial schools.

While industrial schools were closed or reorganised in 1916 (Pollock, 2018), by the early twentieth century New Zealand had a plethora of residential care provision for children, including reformatory schools, orphanages, receiving homes, boys' homes, girls' homes, crèche (residential), probation homes, training schools, residential schools for the 'feeble-minded', and church homes (Dalley, 1998). Some of these institutions were run directly by the Department of Education, the government department that was responsible for child welfare until 1973. However, a significant number were private, with some degree of oversight from the Department of Education, and most were run by religious organisations and particularly the Catholic Church (Dalley, 1998). For example, by the mid-1920s there were 85 private institutions in New Zealand accommodating a total of over 4,000 children (Dalley, 1998).

The 1980s were a significant period of change. While foster care had long been the preferred form of care, in 1979 the Department still had 24 facilities (of its own) offering 900 residential beds (Dalley, 1998); rather than a last resort, "residences...were a commonly used option for young people who had offended, being neglected, being abused or were just difficult to manage" (Maxwell & Morris, 1993, p. 177). However, following on from the highly critical Auckland Committee on Racism and Discrimination (Human Rights Commission, 1978) inquiry into social welfare children's homes, there were subsequently a number of other inquiries into residential services: "The issues of biculturalism, difficulties relating to secure care, and an awareness of the need to limit residential facilities only to those who clearly required them, coalesced into a plan to close institutions from the mid-1980s" (Dalley, 1998, p. 315).

By 1990 bed capacity was down to 300 (Dalley, 1998). While the closure programme, which Dalley (1998) suggests was also in part shaped by *Puao-Te-Ata-Tu* (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1986) cannot be entirely separated from the assent and

<sup>1</sup> Interestingly, very soon after their establishment, there were significant concerns about the quality and cost of Industrial Schools (Dalley, 1998).

commencement of the Children Young Persons and their Families Act 1989, the Act certainly had a significant impact on placement demand. As Maxwell & Morris (1993) found as part of the first major research study on the operation of the new youth justice system:

In the three years leading up to the Act, on average 374 cases per year, which represents 3% of all cases, resulted in sentences of imprisonment or corrective training in the Children and Young Persons Court [the predecessor to the current Youth Court and Family Court]. In 1990, 4% of cases resulted in sentences of imprisonment or corrective training in the Youth Court, but this represents only 112 cases, less than a third the average number for the preceding three years (p. 135).

Following a further review of residential services in 1990, five more residences were closed with only four remaining: Epuni in Lower Hutt; Weymouth (now Whakatakapokai) in South Auckland; Kingslea (now Te Oranga again) in Christchurch; and Elliott Street (now Puketai) in Dunedin. With the further closures total capacity was 83 beds which notably included 12 care and protection beds and 39 secure care beds (Dalley, 1998).

However, despite the legislative intent of the 1989 Act, and 1990 being said to mark 'the end of the institutional history of the Department' (Mike Doolan cited in Dalley, 1998, p. 135), demands grew for more secure youth justice provision (for example, Becroft, cited in Berry, 2004). Over the last 30 years, residence provision has gradually returned to levels close to those in 1989, with the building of numerous new high security youth justice (as well as care and protection) facilities.

## Opportunities for global learning

It's long been recognised that learning from other countries has the potential to positively impact both youth justice and out-of-home care (e.g. Muncie, 2005; Thoburn, 2007). While not without its pitfalls, global learning is being demonstrated as countries try to solve the problem of serious youth offending and learn from each other's policies, programmes, practice, training and research. One often cited New Zealand youth justice example as captured with Henwood and Stratford's (2014) choice of title for their book, *New Zealand's Gift to The World: The Youth Justice Family Group Conference*, is the Family Group Conference (FGC); and indeed there is now some form of FGC in place in parts of several countries including Australia, Norway, Netherlands and the US (Straub, 2012).

# Methodology

## Approach

1. Academic and professional journal articles, books, and book chapters were collected using EBSCO and Google Scholar. Given the wide variety of terminology used across different countries, search terms and search strategies were iterative rather than fixed.
2. The following specialist journals, and particularly those that cannot be accessed through academic journal databases, were selectively searched:
  - *Children and Youth Services Review* [www.journals.elsevier.com/children-and-youth-services-review](http://www.journals.elsevier.com/children-and-youth-services-review)
  - *CYC-Online* <https://cyc-net.org/cyc-online/>
  - *International Journal of Child, Youth & Family Studies* <https://journals.uvic.ca/index.php/ijcyfs>
  - *International Journal of Social Pedagogy* [www.uclpress.co.uk/pages/international-journal-of-social-pedagogy](http://www.uclpress.co.uk/pages/international-journal-of-social-pedagogy)
  - *Irish journal of Applied Social Studies* <https://arrow.tudublin.ie/ijass/>
  - *Journal of Applied Juvenile Justice Services* [www.npjs.org/resources/journal-of-applied-juvenile-justice-services](http://www.npjs.org/resources/journal-of-applied-juvenile-justice-services)
  - *Journal of Child & Youth Care Work* <https://acycpjournal.pitt.edu/ojs/jcycw>
  - *Relational Child and Youth Care Practice* [www.rcycp.com/](http://www.rcycp.com/)
  - *Residential Treatment for Children and Youth* [www.tandfonline.com/journals/wrtc20](http://www.tandfonline.com/journals/wrtc20)
  - *Scottish Journal of Residential Child Care* [www.celcis.org/knowledge-bank/sircc-journal](http://www.celcis.org/knowledge-bank/sircc-journal)
  - *Therapeutic Care Journal* <https://thetcj.org/>
3. Grey literature from government and other agencies was sourced using Google. This mainly comprised of reports and websites, but also included some videos.
4. The evidence brief also included a review of relevant evidence-based and systematic review websites including:
  - Campbell Collaboration;
  - Cochrane Library;
  - California Evidence Based Clearing House for Child Welfare;
  - Blueprints; and

- Investing in Children.
5. As well as exploring the literature, overseas models, frameworks, and practice, five illustrative overseas case studies were developed in order to better bring some of the material to life.

## Study limitations

1. This is an evidence brief rather than a full literature review. As such it aims to represent a good, but not comprehensive, summary of existing literature.
2. Youth Detention Centres and youth justice systems serve different purposes across different jurisdictions. As such there is no international consensus on what Youth Detention Centres best practice looks like.
3. While there are a wide range of individual models and frameworks available, those that have been developed for one context and deemed to be effective, may not be effective or as effective, when used in another context. This is particularly the case when the other context is in a country that has a markedly different system. There are also *compatibility* challenges where, as is often the case, when more than one model or framework is in use in the same Youth Detention Centre.
4. In part because of the very high numbers of youth in detention in the US and their associated levels of expenditure, most of the international literature on youth detention is from the US.
5. Comparative data and benchmarking across countries, states, provinces, or territories is limited. Internationally, the role and function of Youth Detention Centres is probably shaped more by politics and policy positions, than research-based residential care approaches.

# Purposes of detention

## Oranga Tamariki youth justice residences

Oranga Tamariki (2021b) summarises the purpose of youth justice residences as providing a “safe, secure and supportive environment where young people can get their lives back on track and improve their prospects for the future” (para 1). Youth justice residents are for young people aged 14 to 17<sup>2</sup> inclusive, who have been:

- Placed on remand (before they appear in the youth court and/or until the case is settled);
- Sentenced to supervision with residence; and/or
- Sentenced to imprisonment (and admitted to a residence for some or all of this time).

Neither the Oranga Tamariki Act 1989 nor the Oranga Tamariki (Residential Care) Regulations 1996 specifically state the purpose of residences or supervision with residence orders. However, what we do have is the following four youth justice *primary considerations*.

1. the wellbeing and best interests of the child or young person; and
2. the public interest (which includes public safety); and
3. the interests of any victim; and
4. the accountability of the child or young person for their behaviour (section 4A(2)).

When weighing up these *primary considerations*, the court or any person exercising youth justice powers under the Act (for example Oranga Tamariki), must be guided by two different sets of detailed principles – the general principles to be applied in exercise of powers under the Act (section five) and the youth justice principles (section 208). More broadly, Doolan (2008) argues that the three key aims of youth justice reform which took place during the late 1980s were “providing due process guarantees; finding alternatives to enmeshing young people and their families in the formal criminal justice system; and promoting culturally respectful processes” (p. 63). However, more specifically in relation to the intended purpose of residences or supervision with residence orders, from the principles and procedures, as a contrast with previous approaches, the Act is probably clearer on what it is not, rather than what it is, i.e. not punitive and a deterrent, and not rehabilitation or re-education through the use of long-term care (Lynch, 2019).

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<sup>2</sup> In certain circumstances youth justice residences may also house some 18 year olds.

## Criminal justice system

For adults, according to *The Oxford Handbook of Criminal Law* (Demleitner, 2015), internationally there are essentially just four main theories or purposes of criminal punishment. Widely recognised in the criminal justice literature, some other writers alternatively refer to these theories as *sentencing principles* (e.g., Fornes, 2022), *correctional perspectives* (e.g., Stohr, & Walsh, 2019), or *goals of corrections* (e.g., Kifer et al., 2003). These four theories (principles, perspectives or goals) are retribution, deterrence, incapacitation, and rehabilitation.

Retribution provides victims and society with a feeling of avengement or satisfaction knowing that a criminal received an appropriate level of punishment for the crime that they committed. Deterrence, whether specific to an individual, other potential or actual criminals, or the general public, aims to prevent future crime by generating a fear of getting a similar or worse punishment. Incapacitation aims to prevent future crime by simply removing a criminal from the community, whether that be a curfew, custody, home detention or, in some jurisdictions, capital punishment. Rehabilitation aims to prevent future crime by changing a criminal's behaviour through the provision of opportunities including educational and vocational programmes, and treatment. With their varying objectives and underpinning philosophical values, attitudes and beliefs, a summary of key similarities and differences across these four theories are shown in the following table:

**Table 1: Summary of key elements of four different theories of punishment**

	Retribution	Deterrence	Incapacitation	Rehabilitation
<b>Justification</b>	Moral Just deserts	Prevention of further crime	Risk control Community protection	Offenders have correctable deficiencies
<b>Strategy</b>	None: Offenders simply deserve to be punished	Make punishment more certain, swift, and severe	Offenders cannot offend while in prison	Treatment to reduce offenders' inclination to reoffend
<b>Focus of perspective</b>	The offence and just deserts	Actual and potential offenders	Actual offenders	Needs of offenders
<b>Image of offenders</b>	Free agents whose humanity we affirm by holding them accountable	Rational beings who engage in cost/benefit calculations	Not to be trusted but to be constrained	Good people who have gone astray. Will respond to treatment

*Note. Adapted from "Corrections: The essentials" by M. Stohr, & A. Walsh, 2019, p. 12. Copyright 2019, Sage.*

Other theories of punishment with more limited coverage in the criminal justice literature, and usually in addition to the four above, include *denunciation* (Australian Law Reform Commission & NSW Law Reform Commission, 2010), *restitution* (Mancano & Russo, 2022), *reintegration* (Stohr, & Walsh, 2019), and *restoration*

(Australian Law Reform Commission & NSW Law Reform Commission, 2010; Banks, 2020; Marson, 2015).

## Youth justice system

Some of these theories of punishment go back millennia and until recently they would have been applied to sentence children in much the same way as adults: “Historically, young offenders were convicted and punished as adults in adult courts, and age offered no exoneration” (Watts, 2003, p. 2). However, from the late nineteenth century some countries started to develop custodial provision for children as an alternative to adult prisons for some and/or established separate court systems (Watts, 2003).

Yet, while there is no doubt complexity in how the four criminal punishment theories of retribution, deterrence, incapacitation, and rehabilitation, and any others, are coherently applied in relation the law and sentencing practice for adults, there is some additional complexity with children. Youth justice is a more messy, complex and contested area (Smith, 2014). Often framed as the welfare/justice dichotomy or debate (Case & Bateman, 2020; Forde, 2021), principally this relates to whether in the imposition of a sentence, the *best interests of the child* should, or should not, be the paramount consideration, and if it should, how the *best interests of the child* should be formulated and the rights of children protected. As Lynch and colleagues (2022) point out, this is particularly apparent in relation to children who commit more serious offences:

Despite significant advances in the understanding of children’s brain development and the near universal ratification of the United Nations Convention on the Rights of the Child, children around the world continue to be subject to punitive and indeterminate sentences designed for adults even in jurisdictions generally regarded as tolerant and principled. Children accused of or convicted of serious offences are excluded from some or all of the protections of child justice systems (p. 1).

As such, and compounded by their different economic and political contexts, Cavadino and Dignan (2006) state: “youth justice systems...[have] not only adopted different initial responses to the ‘youth justice problem’ but continue to follow distinctively different developmental trajectories” (p. 199).

However, far from diminishing opportunities for countries to learn from each other, a plethora of different comparative youth justice *typologies* of approaches to youth justice has emerged over recent years. These typologies, like their theories of criminal punishment (and principles, perspectives and goals) adult counterparts, capture similarities and differences across countries, states, provinces and territories.

From the literature, Goedseels (2015) has identified the following 10 international typologies of youth justice approaches in doctoral research on youth justice models:

- Retributive; Rehabilitative; and Restorative (and Security) (Walgrave, 1996, 2000, 2002)
- Welfare; Corporate; Justice; Modified justice; Crime control; and Participatory (Winterdyk, 2002)
- Individual treatment; Retributive punishment; and Restorative accountability (Bazemore & Umbreit, 1995, 2004)
- Welfare; Legalistic; Corporatism; Participatory (Reichel, 2008)
- Welfare Justice (+diversion); Diversion; Custody (or authoritarianism); and Risk management (Muncie, 1999, 2004, 2009)
- Protectional; Judicial; Sanctional; Restorative (Males, 2005, 2009)
- Welfare (treatment, social welfare, re-socialization); Justice; Restorative; Minimum intervention; and Neo-correctionalist (Cavadino & Dignan, 2006)
- Welfare; Corporatism; Modified justice; Justice; and Crime control (Corrado et al., 2007-2008, 2010)
- Just deserts; Welfare; Restorative; and Actuarial (McAra, 2010)
- Welfare; Retributive (or justice); Restorative; Sanction (or modified justice); and Risk management (or actuarial).

Such typologies are not without their critics (e.g., Smith, 2014). In seeking to simplify the complex, any typology will by definition not capture all key issues (e.g. in this instance Indigenous social work and the rights of children) or operate consistently across the entire system (Smith & Gray, 2019). It also needs to be recognised that youth justice “systems are continually in transition and flux” (Muncie & Goldson, 2006, p. 196). This is perhaps most apparent in countries where youth justice can be highly politicised (Deakin et al., 2015) and individual election pledges or policy initiatives are enacted, and/or implemented in ways, that are not necessarily congruent with the rest of the youth justice system. Furthermore, few if any Anglo-American or European youth justice systems are pure in the sense that they only take a single approach; in practice jurisdictions will be a blend of approaches, be it with one or two dominating. However, the five approaches do broadly reflect key youth justice features found across advanced industrial societies. Here I will discuss two of these typologies.

Firstly, the widely cited Cavadino and Dignan (2006) youth justice typology, as shown in the following table. This typology consists of five youth justice approaches, namely *welfare*, *justice*, *minimal intervention*, *restorative justice*, and *neo-correctionalist*. This particular typology has the advantage for us of specifically identifying New Zealand as having a *restorative justice* approach which also seeks to include the interests of victims. The research that the development of this typology was based upon, also includes several other countries (with the important omission of Australia) that we would compare ourselves with. Furthermore, the authors usefully capture the important US shift from a *welfare* to a *justice* approach in the 1960s, as well as some more nuanced differences between the somewhat punitive

*neo-correctional* approach in England and Wales with on the one hand the US *justice* approach, and on the other hand the Scottish *minimum intervention* approach.

**Table 2: Typology of youth justice approaches**

Approach	Basic features	Primary purpose	Country
Welfare	Focus on needs of dependent child, unified care/criminal jurisdiction, diagnosis and treatment, informal procedures, indeterminate sentences	Appropriate help or treatment	Norway, Sweden, France, Germany, Japan, US (pre-1960s)
Justice	Accountability, focus on deeds of responsible agent, just deserts, criminal jurisdiction, procedural formality, punishment	Punishment	US (post-1960s)
Minimal intervention	Avoidance of 'net-widening', diversion from criminal proceedings, decarceration, community alternatives	Diversion	Scotland
Restorative justice	Focus on accountability and reintegration, reparation and mediation for victims, diversion, decarceration	Accountability	New Zealand
Neo-correctionalist	Responsibility of parents and children, early intervention and prevention, accountability to victim, reparation, systems management, focus on effectiveness	Crime reduction	England and Wales

*Note. Adapted from Cavadino & Dignan (2008) as cited in "Cross-national Comparison of Youth Justice", by Neal Hazel, 2008, p.26. Copyright Youth Justice Board.*

Secondly, while less cited, Goedseels' (2015) more recent typology of *youth justice models* as shown in the following table, is also useful. There are some key similarities between this typology and that of Cavadino and Dignan (2006); in particular both include *Welfare* and *Restoration*. However, as well as differentiating between *Retributive/Justice* and *Sanction* models, the main difference is that the more recent typology includes a *Risk Management* model; two other typologies i.e. McAra, 2010 and Muncie (as cited in Goedseels, 2015) also include *Risk Management*, although McAra (2010) uses the alternative term *Actuarial*.

**Table 3: Goedseels (2015) Typology of youth justice models**

	<b>Welfare</b>	<b>Retributive/ justice</b>	<b>Restorative</b>	<b>Sanction</b>	<b>Risk management</b>
<b>Perception of criminality</b>	Symptom of personal, social factors	Breach of the law Choice, free will	Action that inflicts damage upon others Conflict	Breach of the law Choice, free will	Related to risk factors
<b>Responsibility</b>	Not responsible for the offence, responsible for the consequences	Responsible for the offence and consequences	Responsible for the offence and consequences	Responsible for the offence and consequences	Dubious
<b>Main focus</b>	Offender	Offence	Damage / harm	Offence	Risks
<b>Purpose of the intervention</b>	Treatment, (re)education; Help; and Protection (of juvenile)	Retribution Deterrence Confirmation of the rule Moral disapproval Moral reform	Restoration of the harm caused (Reconciliation)	Confirmation of the rule Moral disapproval Moral reform	Neutralisation Deterrence Supervision / control Therapy Treatment
<b>General objective</b>	Respond to individual needs	Restoration of a moral / legal balance	Restoration of a social balance	Restoration of the legal balance	Crime prevention Public safety
<b>Nature of the process</b>	Informal, flexible procedures	Formal procedures	Informal, extrajudicial and voluntary processes	Formal procedures, but certain degree of informality	Various types of extrajudicial, administrative or civil procedures (quick and efficient)
<b>Duration of the intervention</b>	Indeterminate (until objective has been achieved)	Fixed, determinate	Flexible, to be mutually agreed	Fixed, determinate	Indeterminate (until risk is over)
<b>Proportionality</b>	In proportion to individual needs	In proportion to the offence	In proportion to the harm caused	In proportion to the offence (background / context of offender)	In proportion to the (estimated) risk
<b>Key professional</b>	Youth experts	Judges Lawyers	Moderators, mediators	Youth court judges Youth lawyers Youth experts	Judicial experts

Source of information	Social / medical reports; and Law	Police reports / Charges; and Law	Perception / significance of parties involved	Police reports / charges; and Law + (limited) reports	Risk assessment
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*Note. Adapted from “Juvenile justice models in theory and practice” doctoral research [Powerpoints] by E. Goedseels, 2015, slide 13. Copyright 2015 National Institute of Criminalistics and Criminology (NICC).*

## Youth detention

All of the above typologies relate to youth justice systems as a whole. No specific youth detention centre typology on the varying purposes of youth detention has been identified, and with some notable exceptions (e.g. Hazel, 2008; Males, 2006) there is little in the way of relevant cross-national literature that specifically addresses youth detention. Nonetheless, through the youth (and criminal) justice typologies discussed, along with other literature sources, we can discern a range of youth detention purposes that are used internationally. The following eight purposes, whether competing or complementary, are identified below:

- **Protecting, and managing the risk to, the community** e.g. through incapacitation, high levels of physical security, indeterminate sentencing and night and/or weekend custody (Australian Law Reform Commission, 2010; Males, 2006; Stahlkopf et al., 2008).
- **Punishment** e.g. through a restrictive living environment and conditions, limited youth agency, prison clothing, long periods of time in bedroom (cell), and determinate sentencing (Australian Law Reform Commission, 2010; Ridgeway & Listenbee, 2014).
- **Discipline** e.g. through structured and rigid routine, work, physical exercise, conformity and compliance (Australian Law Reform Commission, 2010; Crime Solutions, 2013).
- **Restoration** e.g. through, in addition to FGCs, victim-offender dialogue, restorative or peace circles, and more informal youth detention centre-based applications (Annie E. Casey Foundation, 2010; Mitchell, 2018).
- **Rehabilitation** through addressing offending and/or other needs through relationships and programmes (Australian Law Reform Commission, 2010; Harrison, 2022).
- **Reintegration** back to family/caregiver and community, through placement focus on planning, preparation, learning, culture, family and future service engagement (Anthony et al., 2010; Hazel, 2008; Hazel & Liddle, 2010).
- **Health and wellbeing** through a focus on health, safety, sleeping, eating, exercise, learning, constructive use of time, abstaining from cigarettes, alcohol and drugs, and the development of positive habits (Royal Australasian College of Physicians, 2011; World Health Organization Regional Office for Europe, 2003).
- **Care and treatment** through relationships and programmes to address abuse and mental health issues etc. (Hazel, 2008).

While not a purpose per se, any or all of the above can be underpinned, or in some cases mediated, by a human rights approach that respects and promotes national and international human rights; to some extent the same could be said for trauma-informed care approaches that focus on limiting further harm.

Finally in this section, a comment about remand provision which is particularly significant in jurisdictions where most young people in youth justice residences are actually there on remand rather than serving a sentence. The purposes of remand, particularly for those who have not been found guilty of an offence, are inevitably narrower than the above. The Annie E. Casey Foundation (2011) identifies that in the US, remand (which being in the US they refer to as detention) has three specific purposes; these would likely apply to other countries too:

- to stop further suspected offending;
- ensure that a young person who may be a flight risk appears in court; and
- protect the young person from harm.

However, while these are recognised purposes of remand, Muncie (2005) makes an interesting point about the perennial popularity in some countries of the ‘short, sharp, shock’ custodial sentence which he argues had begun to emerge in the US, Germany, the Netherlands and France, as a form of pre-trial detention.

# Best practice

## Detention as a measure of last resort

Detention is an infringement of one of the child's most basic rights. Article 37 of the United Nations Convention on the Rights of the Child states that "the arrest, detention or imprisonment of a child...shall be used only as a measure of last resort and for the shortest appropriate period of time" (Office of the High Commissioner for Human Rights, 1989, para 3). While this *last resort* concept is hardly new, this principle of last resort is widely reflected in the contemporary youth justice literature. (e.g. Irish Penal Reform Trust, 2009; Standing Committee for Youth Justice, 2020).

However, while youth detention may be a positive opportunity for some young people (Royal Australasian College of Physicians, 2011), it comes with a significant range of risks. Firstly, children are dislocated from their family and often some distance away; any positive connections with their community, schooling and any other trusted adults in their lives are disrupted. Secondly, youth detention can be harmful, whether that be physically or emotionally, or compromising young people's life chances further (Holman & Ziedenberg, n.d.). Thirdly, for some young people a period in youth detention mixing with other serious offenders may strengthen their sense of identity as a criminal or gang member, and is likely to increase rather than decrease the likelihood of them entering the *prison pipeline* (Gluckman, 2018; Holman & Ziedenberg, n.d.). And fourthly a period in youth detention may for some be counter-productive, decrease positive outcomes and increase recidivism (Holman & Ziedenberg, n.d.).

In the youth justice context the *last resort* idiom can be seen to have two subtly different meanings. Youth detention as a *last resort* can be a solution that one turns to when all other avenues to resolve a problem fail. However, youth detention as a *last resort* can also be a recourse for when there is no expectation that the problem will actually be resolved.

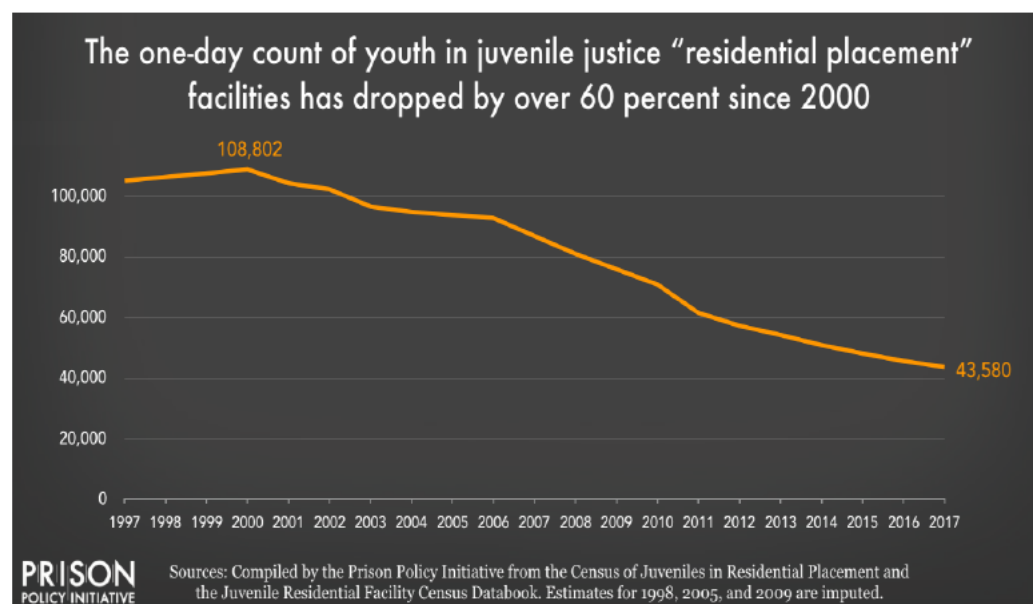
However, many overseas researchers and commentators question whether youth detention is in reality being used as a *last resort*. In England and Wales for example, the Standing Committee on Youth Justice (2020) argue that despite an overall fall in the use of what they call *custody*, the last resort principle is not consistently applied; they recommend "potential legislative criteria that could ensure sentencing or remanding children to custody is used as a last resort in future practice" (p. 2).

## Reducing inappropriate detention and development of alternatives

The numbers of children deprived of liberty has been falling around the world (Lambie & Randell, 2013), and particularly so over the last decade or so (Lynch & Liefwaard, 2020).

Over the last 20 years, as shown in the figure below, the US has seen a 67% reduction in the number of youth confined in facilities away from home as a result of juvenile justice or criminal justice involvement (Prison Policy Initiative, 2021).

**Figure 1: US juvenile justice ‘residential placements’ 1997–2017**



While US levels are still very high by international standards, other Anglo-American countries such as England and Wales, Scotland, Ireland and Australia have also seen reductions over recent years (Australian Institute of Health and Welfare, 2020; National Audit Office, 2022; Secure Care Strategic Board, 2019).

England and Wales have experienced a particularly marked reduction; between 2010/11 and 2020/21 the average number of children in custody has fallen by 73% from 2,040 to 560 children (National Audit Office, 2022). Over this time several Secure Children’s Homes have closed or refocused on care and protection-type provision; three of the country’s four Secure Training Centres have also closed, be it for reasons of poor quality rather than reduced demand (National Audit Office, 2022).

Australia has also seen a downward trend, be it a much more modest one, in the number of children in custody. While subject to fluctuation within and across states and territories, from Australian Institute of Health and Welfare (2015, 2019, 2021) reports, nationally the number of young people in detention on an average night has fallen by approximately 20% over a similar 10-year period (from 1,027 in the June quarter 2011 to 819 in the June quarter 2021).

However, proportionally across these Anglo-American countries the use of remand appears to be increasing as is the proportion of those in youth detention centres who are Indigenous or Black, Asian and Minority Ethnic (BAME).

That all said, just as demand can fall in response to external factors including government policy, it can also increase. For example, for England and Wales, the Ministry of Justice and Her Majesty’s Prison and Probation Service’s demand analysis is currently projecting, following their 73% reduction over the last decade,

that the number of children in custody will more than double by September 2024; they attribute this to courts recovering from the pandemic, new crime legislation, and the recruitment of 23,000 additional police officers.

As such, any and all efforts to reduce the inappropriate use of youth detention, need to be seen in the context of the alternative courses of action that are available to judges, the police and/or government agencies with statutory youth justice responsibilities. This requires a whole system approach (Murray et al., 2015; Scottish Government, 2011; Ward, 2020). Therefore what is the optimal range of services and provision that are necessary to prevent a young person from unnecessarily being remanded in youth detention and/or sentenced? And for the services and provision that are to be specifically used as a non-secure alternative to youth detention, how can we ensure that they are sufficiently robust and supported? (Scottish Government, 2011). Furthermore, if young people are to be in detention for the shortest period of time (Office of the High Commissioner for Human Rights, 1989), that also suggests the need for both more flexible sentencing and the availability of integrated step-down provision.

## Smaller units and closer to home

According to the American Corrections Association (as cited in Zavlek, 2005) through the 1990s, six new youth<sup>3</sup> detention centres were opened across the US with more than 3000 beds: the 865-bed<sup>4</sup> Chaderjian Youth Correctional Facility in Stockton, CA, opened in 1991; the 450-bed Michigan Youth Correctional Facility opened in 1999; and in Texas, the 436-bed Orientation and Assessment Unit opened in Marlin in 1995, the 356-bed San Saba State School opened in 1996, the 336-bed Victory Field Correctional Academy opened in 1997, and the 352-bed McLennan County State Juvenile Correctional Facility opened in 2000 (p. 30).

Back then many detention centres in the US were deemed to have *elastic* walls (Florida Department of Juvenile Justice, 2019), i.e. be subject to overcrowding. For example in Florida in the 1990s their detention centres were said to have been so overcrowded that young people had to sometimes sleep in shifts.

Nationally, overcrowding was common too. Official government statistics show that in 2000, 20% of youth in the country's 3,047 juvenile residential facilities<sup>5</sup>, were in facilities that were operating over capacity; this compares to 1% of youth in 2018 (Office of Juvenile Justice and Delinquency Prevention, 2016, 2020).

An article from the time (Burrell, 1998) explores the human impact of overcrowding from visits to three different (remand) facilities across the US; the first built for 43 young people actually housed 88; the second for 76 young people actually

<sup>3</sup> While some of these facilities currently include provision for young adults, it's not clear whether that was the case when they opened.

<sup>4</sup> The California Department of Corrections and Rehabilitation Division of Juvenile Justice (n.d.) puts this figure at 600 beds rather than 865.

<sup>5</sup> Spanning public, state, local, and private provision, the term juvenile residential facility includes detention centre, long-term secure, reception/diagnostic centre, group home, residential treatment centre, ranch/wilderness camp, and shelter.

accommodated 200, and a third for 219 young people actually had 422 residents. Burrell (1998) concludes:

The inescapable truth these youth face every day is that the system which is supposed to care for them and provide for their needs has instead locked them up in crowded, physically disgusting, dangerous facilities. This is bad enough for those who truly need to be detained because they pose a danger to the community or a flight risk; it is intolerable for the many children who do not. That the brunt of these conditions is experienced by an overwhelmingly disproportionate number of African American, Latino (and in some instances Native American) youth in these facilities gives additional cause for concern (pp. 47-48).

Therefore, in the US youth detention literature, current debates around the merit of moving to smaller and more local and home-like facilities (American Civil Liberties Union, 2021), and them also being more (cost) effective, needs to be viewed in this context.

Youth in juvenile jails may be subjected to harsh conditions. In its assessment of juvenile facilities, the National Research Council Panel on Juvenile Crime concluded that:

[d]etained and incarcerated juveniles have higher rates of physical injury, mental health problems, and suicide attempts and have poorer educational outcomes than do their counterparts who are treated in the community. Detention and incarceration also cause severe and long-term problems with future employment, leaving ex-offenders with few economic alternatives to crime. (McCord et al., 2001, p. 223).

Furthermore, a large, centralised facility unavoidably removes most youth from their community environments and local cultures. This increases alienation and isolates youth exclusively with other delinquent peers, which “tends to exacerbate rather than mitigate the law-breaking tendencies of youthful offenders” (Mendel, 2000, p. 49).

That there is some variation in the size of youth detention centres across and within countries is hardly surprising. Legislation, systems, history, preferences and priorities will all shape the need for and nature of particular forms of provision, although the extent of the variation perhaps does surprise. However, while smaller local facilities are supported across the literature (e.g., Oostermeijer & Dwyer, 2019), no empirical research specifically on the relationship between the size of youth detention centres and their effectiveness has been identified.

## Competent staff

The *United Nations Rules for the Protection of Juveniles Deprived of their Liberty* (The Havana Rules) outline minimum standards that have been accepted by the

United Nations for the protection of youth who have been deprived of their liberty. The rules have the following to say about staff.

Personnel should be **qualified** [emphasis added] and include a sufficient number of specialists such as educators, vocational instructors, counsellors, social workers, psychiatrists and psychologists. These and other specialist staff should normally be employed on a permanent basis...The administration should provide for the careful selection and recruitment of every grade and type of personnel, since the proper management of detention facilities depends on their integrity, humanity, ability and professional capacity to deal with juveniles, as well as personal suitability for the work (sections 81-82).

While also non-binding (Lynch, 2019), over 30 years ago the Havana Rules laid down a minimum expectation that residential and other staff working in youth detention centres would have an appropriate qualification and be carefully selected.

From her book *Children and Residential Care in Europe*, Madge (1994) found back then, that while there was an increasing move towards professionalisation, with some exceptions (e.g. Denmark and Germany), many or most residential care workers in western European countries were unqualified. However, since then this trend has continued across western Europe and Canada, and to a lesser extent in some other countries too.

While no specific youth detention qualifications have been identified internationally, in the following jurisdictions staff working in residential childcare do need to be qualified; some also need to be registered in a way similar to registered social workers.

**Table 4: Qualifications in select overseas jurisdictions**

Country	Qualification
Australia	While job titles and any qualification requirements vary across states and territories, in Victoria, Queensland and South Australia for example, residential care workers <sup>6</sup> need to have, or be working towards, a Certificate IV in Child, Youth and Family Intervention or similar. Victoria also requires the completion of three mandatory units of competency (Victoria Department of Health and Human Services, 2018), while in Queensland completion of their online <i>Hope and Healing</i> framework is also mandatory (Queensland Department of Children, Youth Justice and Multicultural Affairs, 2021). Any Australian residential care worker qualification requirements are relatively new.
British Columbia (Canada)	While not mandatory, three of the provinces' universities offer Child and Youth Care degrees and many residential care workers hold this qualification. The University of Victoria also offers a postgraduate Diploma, Masters and a PhD in Child and Youth Care.

<sup>6</sup> Does appear to include Youth Workers who are employed at the South Australia Kurlana Tapa Youth Justice (Detention) Centre in Adelaide but that may not be the case in other Australian states and territories and in particular where care and protection and youth justice residential provision are managed by different departments.

Country	Qualification
Finland	Half of any residential care team must have a degree in either social services ( <i>youth counsellors</i> ) or health care ( <i>integrated residential practice nurses</i> ) (James et al., 2021).
Germany	Most <i>social educators</i> (residential care workers) have a social work degree, social pedagogy degree, or another vocational degree (James et al., 2021).
Ireland	All residential social care workers at the National Children's Detention Campus must have a degree-level qualification in social care, social work, youth work, teaching, nursing, psychology or another relevant discipline, as well as three years of relevant experience.
Italy	Residential care workers require a degree in educational sciences. Continuing education and supervision are mandatory in many regions, and a new residential care master's programme was established at Milano Bicocca University in 2020 (James et al., 2021).
Lithuania	<i>Guardianship teams</i> comprise residential care workers with a degree in social work and unqualified social work assistants, as well as other professionals with qualifications in psychology and social pedagogy (James et al., 2021).
Norway	All staff working in the two youth detention centres are required to be qualified, including prison officers. In Norway all prison officers undergo a two-year paid 120 credit university college education at The University College of Norwegian Correctional Service (KRUS). A continuing education programme is also available for those wanting to gain the necessary 60 credits to go on and complete a Bachelor in Correctional Studies (Eide & Westheim, 2020).
Scotland	All workers in residential roles with children including secure care centres need to be registered with the Scottish Social Services Council. Registration requires having a recognised qualification (with higher requirements for senior practitioners, supervisors and managers). Currently residential childcare workers require both a practice qualification and a knowledge qualification (CELCIS, n.d.-b). A new specialist degree qualification is currently being developed (CELCIS, n.d.-a).
Spain	Degree qualification required to be a <i>social educator</i> (residential care worker) although some regions also have <i>technical education assistants</i> who only require two years of training in <i>social integration</i> . Members of the non-residential <i>technical team</i> need a qualification in social work, pedagogy, psychology or psychiatry (James et al., 2021).
Maryland (US)*	All Residential Child and Youth Care Practitioners (protected title) must be certified within 180 days by the Board for the Certification of Residential Child Care Program Professionals (BCRCCPP, n.d.-a). Those without an Associate's or Bachelor's degree need to complete an online training course, and all need to pass the state standards exam. Managers (Residential Child Care Program Administrators) also need to be certified, which includes having a Bachelor's or Master's degree, 2-4+ years relevant human services experience, 1-3+ years supervisory experience, and passing the state standards exam (BCRCCPP, n.d.-b).

While not all of the above will necessarily apply to youth detention centres, one important development in England and Wales is that the Youth Custody Service, a recently established specialist service within Her Majesty's Prison and Probation Service, has established a new specialist youth justice worker role. This is for those working with 15 to 18 year olds in their existing specialist Young Offenders Institutions (UK Ministry of Justice, 2016) which will in time be replaced by smaller

secure schools as recommended by the Charlie Taylor (2016) review. Existing youth custody officers working with this age group are eligible to apply for the new role or can be redeployed to a Young Offenders Institution that caters for those over the age of 18; new staff are also being recruited from outside of the Prison Service.

All Band 3 youth justice workers [in specialist Young Offenders Institutions] will be required to complete a level 4 child focused **qualification** [emphasis added]. This must be achieved to progress to a Band 4 youth justice worker and to remain working in the youth justice estate (Youth Custody Service, n.d.).

This requirement is usually met by gaining the new Certificate of Higher Education in Youth Justice (Unitas, n.d.-b). Delivered by the youth and criminal justice charity Unitas (n.d.-a) and accredited by the University of Suffolk, this qualification also provides, for those who want to, half of the credits needed for the Foundation Degree in Youth Justice (Unitas, n.d.-d) or a third of the credits for the BA(Hons) in Youth Justice (Unitas, n.d.-c). New Youth Custody Service youth justice workers will also complete a lower level 12-week qualification as part of their Prison Officer Entry Level Training induction. First announced in 2016 (UK Ministry of Justice, 2016) and also offered by Unitas (2023) amongst others, the UK government has since established a youth justice worker apprenticeship scheme.

By way of contrast, youth residential workers in secure children's homes, including youth justice secure children's homes, are already required by regulation to hold a *Diploma in Residential Childcare* or equivalent (Independent Inquiry into Child Sexual Abuse, 2018).

## Education

In New Zealand, with the development of *Reformatory Schools* and *Industrial Schools* in the 19<sup>th</sup> century (Dalley, 1998), education has long featured prominently in our conceptualisation of custodial care for young offenders (Matheson, 2014); internationally, the same can be said for other Anglo-American countries. Despite this, historically the reality of education for all too many youth in residential care, has been rather different (Matheson, 2014, 2016).

However, there has been a growing interest in education in residential (and foster) care including youth detention centres. While most of the research and policy interest specifically on education and youth detention centres comes from the US (e.g. Boundy & Karger, 2011; Karger et al., 2012; Council of State Government's Justice Centre, 2015) there is also literature from Australia (e.g. White et al. 2019), Canada (e.g. Canadian Civil Liberties Association, 2021) and the UK (e.g. Gallard et al., 2018).

Empirical research in 2014 on the education of youth in secure residential care including youth detention centres (Matheson, 2014), involved the identification of best international practice. The findings from interviews with 14 international key informants from Australia, Canada, the UK and the US, supplemented by a review of the literature and key documents, are presented in the following table.

**Table 5: Best international practice in education of children in secure residential care**

Dimension	Characteristics of best international practice
Learner	<ul style="list-style-type: none"> <li>• Recognised right to a (quality) education</li> <li>• Early school enrolment and presumption of full school attendance</li> <li>• Comprehensive assessment and planning</li> </ul>
Teacher	<ul style="list-style-type: none"> <li>• High quality teachers and teaching</li> <li>• Competence in a wide range of approaches to teaching and learning and addressing diverse needs through personalised learning</li> <li>• High expectation of children and young people</li> </ul>
Classroom	<ul style="list-style-type: none"> <li>• High teacher to student ratios and small class sizes</li> <li>• Feeling physically and emotionally safe in the classroom</li> </ul>
School	<ul style="list-style-type: none"> <li>• Education largely provided by sufficiently large organisations/entities, with the necessary expertise and experience</li> <li>• Strong educational leadership</li> <li>• Extended school year</li> <li>• Sufficiently broad curriculum</li> <li>• Strong focus upon literacy</li> <li>• Good availability of school resources: IT, teaching materials and libraries</li> <li>• A significant commitment to professional development</li> <li>• Meaningful internal monitoring and evaluation</li> <li>• Better educational results and outcomes</li> </ul>
Facility	<ul style="list-style-type: none"> <li>• Effective relationship between education and care managers and staff</li> <li>• Compatible school and facility behavioural management systems</li> <li>• Strong interface with residence-provided enrichment activities</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Effective engagement with tertiary education providers</li> <li>• Strong transitioning arrangements</li> <li>• Availability of formal or informal external support for schools</li> </ul>
Country, State or Province	<ul style="list-style-type: none"> <li>• Government recognition of the importance of education for those in custodial care facilities</li> <li>• Education in custodial care facilities seen as an appropriate investment</li> <li>• Availability of non-mainstream educational certificated pathways</li> <li>• Challenging specific care and education standards on teaching and learning</li> <li>• Meaningful external monitoring and evaluation</li> </ul>

*Note. Adapted from 'Education provision for learners in Child Youth and Family residences: Research study for the Ministry of Education' by Iain Matheson, 2014, pp 4-5. Copyright 2014 Ministry of Education.*

Other key themes from the contemporary literature include:

- education not always being sufficiently valued, and differential and limited access for some or all youth in some detention centres (Canadian Civil Liberties Association, 2021; White et al., 2019)
- the importance of youth detention centres and educators strengthening their partnership (Canadian Civil Liberties Association, 2021; Ward, 2020; White et al., 2019)
- the prevalence of trauma on youth in detention centres and the impact of this on their learning (Ewing, 2021)

- the need for youth detention centre staff to all be appropriately qualified and equipped to support youth in their education and wider learning (White et al., 2019); and
- ensuring a smooth educational transition from custody (White et al., 2019).

## Positive relationships

Relationship-building has long been seen as important in youth justice (Creaney, 2014). However, in youth detention centres that purport to have any kind of rehabilitative focus, it is central to the residential task. As such organisations need to “invest heavily in the formation of strong relationships between young people and staff” (Ward, 2020, p. 13) and “ensure that the goal of purposeful quality relationships with young people is expressly factored into placement decisions and workforce rostering” (Ward, 2021, slide 24).

The Centre for Effective Services (Bamber et al., 2016) provides the following three-level framework to describe the use of routine relationship building in one youth detention centre. However, it can also be usefully applied to help assess the nature of relationships in other youth detention centres.

**Figure 2: Routine relationship-building to improve pro-social outcomes**

...routine relationship building is about engaging detained young people in purposeful activity on three inter-related levels.

- **Level 1** involves relatively informal yet still constructive face to face interactions, for example during meal times, between staff and young people.
- **Level 2** involves young people and staff participating together in specific, planned and structured activities involving, for example, arts or sport. As well as equipping young people with knowledge and skills, level 2 activities provide opportunities for interactions that facilitate positive communication between staff and young people and between young people.
- **Level 3** consists of participation in more specialised interventions, for example specific therapeutic approaches or off-the-peg evidence-based programmes.

Routine here means ‘as usual’, while also referring to the daily round of activities.

*Note. Reproduced from “Building relationships with young people in Oberstown to improve pro-social outcomes” by John Bamber, Cathy Brolly, Eva Mills and Charlotte Farrar, 2016, p.2. Copyright 2016 Centre for Effective Services.*

Fullerton and colleagues (2021) have developed a more detailed framework, based upon a synthesis of the evidence, on how effective relationships between youth justice workers and young people can be developed; they found that effective youth workers needed a balance of skills (active listening skills and engagement skills including empathetic responding, advising, guiding, modelling pro-social behaviours and the ability to challenge behaviours without damaging the relationship), and attributes (being friendly, trustworthy, fair, empathetic, genuine, dependable, respectful, persistent and having a sense of humour). As well as staff recruitment, ensuring such a balance has other implications including for professional development and staff supervision.

The other elements of their framework are:

- the centrality of trust;
- working to the strengths of young people;
- working in alliance to bring direction;
- hope and belief in young people;
- using self to connect with young people;
- the importance of young people feeling cared for;
- the demonstration of long term commitment and practical support.

Individual and collective effective relationships between youth workers and youth is critical for a safe, positive and purposeful environment (Oostermeijer et al., 2022).

One particularly topical aspect of relationships in youth detention settings is *relational security*, and the interface with *dynamic security* and *static security*. Borrowed from the field of mental health, physical security is “the fences, locks, personal alarms and so on that keep people safe [whereas] procedural security [is] the policies and procedures in place to maintain safety and security” (Quality Network for Forensic Mental Health Services, n.d., p. 4). As for *relational security*, this has conventionally been defined as “the knowledge and detailed understanding that staff have of the people in their custody and how this informs the management and de-escalation of incidents” (Oostermeijer et al., 2022, p. 2). While all three have their place youth detention centres, Oostermeijer and colleagues go on to argue that there needs to be more recognition of the value of relational (and more differentiated) security in youth detention settings and that “several elements of relational security align with the core principles of trauma-informed care” (p. 9).

## Parental and family engagement

While living apart from their birth family is normative for an adult, it is atypical for a child (Baker & Blacher, 2002). Across care and protection systems, the nature of the relationship between a parent and the State is central and reflected in each country, state or provinces’ orientation e.g. *Child focus*, *Family service* and *Child protection* (Gilbert et al., 2011) or *Child protection* and *Family support* (Parton, 2017). However, notwithstanding any particular considerations in relation to Indigenous children, while overseas youth justice systems may consider parents’ and wider family’s circumstances in remand and sentencing decisions, there is little in the youth justice literature on the nature of the relationship between parent and the State; this is particularly the case where the youth justice system itself is more oriented towards *Justice* than *Welfare*. In the youth justice typologies that were discussed earlier, only Cavadino and Dignan (2006) even identify parents; in their neo-correctionalist approach (England and Wales) parents share responsibility for their child’s offending and may be subject to “parenting orders, bind-overs, and the payment of fines and compensation” (Hollingsworth, 2007, p. 190).

Within the literature there is certainly some recognition that youth detention risks weakening parental, family and community connections and that these risks need to

be mitigated (Burke et al., 2014). Furthermore, the potential value of parental and family involvement with youth in detention centres is beginning to be more clearly recognised as important (Degner et al., 2007; Pennell et al., 2011; Trotter, 2021; Ward, 2020). From a broader review of the literature including youth placed away from home in child welfare, education and health services, Burke and colleagues (2014) suggest that strengthening parental and family engagement with youth can take the following four differing forms:

- *Parents as recipients of services* such as their involvement in family therapy or other forms of family-focused work, e.g. use of Multisystemic Therapy (MST) in relation to youth who are transitioning from youth detention centres and returning back to their communities.
- *Parents as active participants* in the development of formal planning goals and strategies during the youth's time in youth detention, and planning for any return home or resettlement.
- *Parents as service extenders* where parents "carry out one or more tasks to reinforce or extend the services that are being provided directly for their child" (p. 41).

*Parents as advocates or service managers* in which parents advocate for their child or a broader population of children, and/or support other parents. Drawing largely from a recent empirical study from the Netherlands on parental participation specifically in youth detention centres and the perspectives of parents on facilitating and hindering factors (Simons et al., 2019), the literature suggests that the following are cumulatively associated with the level and nature of parental involvement:

- Personal or situational factors include the centre's location, distances between home and the centre, transport options, cost, and other responsibilities (Garfinkel, 2010; Sharrock et al., 2013; Simons et al., 2019).
- Child and parent factors including the age of the youth, and variously feelings of love for and having faith in their children, feelings of anger, shame and disappointment, feelings of relief that their child is in detention rather than them, and/or the parent's emotional energy and stress levels (Baker & Blacher, 2002; Simons et al., 2019). Some parents missed their child, some wanted their child to maintain contact with other family members, some were worried about their child and wanted to keep visiting in order to check that they were ok, and some were more likely to visit if their child was taking responsibility for their arrest and conviction and the seriousness of the situation (Simons et al., 2019).
- Facility factors include visiting and phone policies, visiting times, flexibility of the system, whether a welcoming environment, responsiveness to cultural values, previous experiences with the centre or other agencies and staff behaviour, attitudes, availability, and turnover (Burke et al., 2014; Degner, Henriksen, & Oscarsson, 2007; Simons et al., 2019).

## Ethnic disparities, mental health and disability

Ethnic and other disparities are a feature of youth detention centres across the world. According to van den Brink and colleagues (2022):

Children from ethnic and racial minorities, Indigenous children, children with disabilities, children with mental health problems, children from low socioeconomic backgrounds, as well as boys, are vastly over-represented in child prisons and detention centres across the globe. Evidence suggests that while differential offending rates and/or selective or discriminatory law enforcement practices may partially explain this, over-representation may also arise due to disparities in court decision-making processes (p. 77).

Indigenous young people are significantly over-represented in youth detention centres in Australia, Canada and the US. In Australia, over half of those in Australian youth detention centres are Aboriginal and Torres Strait Islander (Australian Children's Commissioners and Guardians, 2016, 2017; Cunneen et al., 2016), with a similar proportion across Canada (Canadian Centre for Justice and Community Safety Statistics, 2020; Statistics Canada, 2022). In the US, while Indigenous young people account for a very small proportion of the population, they too are over-represented (The Sentencing Project, 2021).

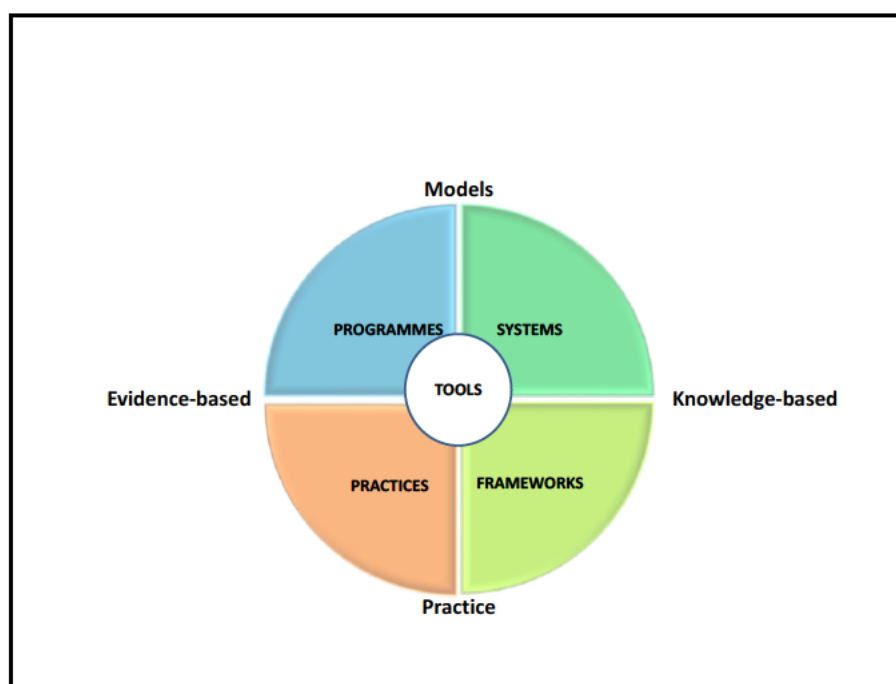
Similar patterns of over-representation can be seen for other non-white groups in the US and England and Wales. While in the US black young people have long been the most over-represented (The Sentencing Project, 2021), in England and Wales, the latest youth justice statistics (Youth Justice Board & Ministry of Justice, 2022) show that while 70% of young people who are cautioned or sentenced are *white*, for the first time the majority of those in custody were *Black, Asian and Minority Ethnic (BAME)*.

Several research studies have also confirmed that those with mental health, addiction, and neurological and other disabilities are significantly over-represented in our youth detention centres with many youth experiencing multiple forms of disadvantage (Royal Australian College of Physicians, 2011; van den Brink et al., 2022; Ward, 2020). No empirical research on why more of these young people are not better serviced by the wider youth justice system, has been identified.

# Overseas approaches

This section discusses a range of overseas systems, programmes, frameworks, practices and tools.

Figure 3: Overseas approaches model



## Systems

### The Missouri Model of Juvenile Rehabilitation

When the Missouri Division of Youth Services was created within the Department of Social Services in 1974, the new Division quickly looked to move away from large correctional-type facilities and

“began establishing smaller *cottage-style* residential programs that emphasized rehabilitation over punishment and applied a therapeutic approach to its troubled young charges. Over the next three decades, DYS expanded this approach to encompass its entire juvenile offender population. By the mid-2000s, the *Missouri model*, as it became known, was perhaps the most admired—and, many considered, most effective—juvenile corrections system in the US” (Harvard Business School cited in Missouri Division of Youth Services, n.d.-b).

The Missouri Division of Youth Services (n.d.-a) identifies the key features of their approach as follows:

- Smaller home-like facilities, close to home, as part of a least restrictive continuum of care;
- Humane environments that promote physical and emotional safety;
- Supportive systems and processes;
- Fully integrated treatment approaches;
- Healthy marriage between treatment and education;
- Case management continuity from start to finish; and
- Family and community engagement.

The Annie E. Casey Foundation (2010) produced a report on the development and operation of the model, and the founding of the not-for-profit Missouri Youth Services Institute, by the Division of Youth Services former director, has taken the approach to several other US states and counties (Missouri Youth Services Institute. n.d.-a, n.d.-b). While no up-to-date outcomes information has been identified, past reported recidivism outcomes in particular, and comparative to other US states, have been very positive (Annie E. Casey Foundation, 2010; Missouri Division Youth Services, n.d.-c; Missouri Youth Services Institute, n.d.-a, n.d.-b).

## **Close to Home (New York City, United States)**

In 2008, after years of concern about young people in state custody facilities, a 32-member task force was established to evaluate the effectiveness of New York State's juvenile justice system; it had particular focus on the use of State *institutional placement facilities* (secure youth detention facilities) for sentenced 7-15 year olds who went into the care and custody of the New York State Office of Children and Family Services. Their report (Taskforce on Transforming Juvenile Justice, 2009) found that the system was harming children, wasting money, and endangering the public, and recommended a number of key reforms including:

- developing and using community-based alternatives,
- the use of institutional placement as a last resort only,
- replacing large institutional facilities with smaller rehabilitative-focused programmes that were close to young people's homes, and
- identifying ways of supporting young people after they returned home from placement through effective aftercare services.

The City of New York's Administration for Children's Services *Close to Home* programme builds upon the work of this State Taskforce as well as various other New York City initiatives (Annie E. Casey Foundation Center for Children's Law and Policy, 2018). In particular, since 2018, along with community-based service providers, it has created a brand new city-wide network of Non-Secure Placements and Limited Secure Placements:

Non-Secure Placements (NSPs) are small (8-13 bed) home-like facilities that house youth who judges determine are in need of out-of-home placement. Many programmes are operated in retrofitted homes and brownstones throughout New York City's five boroughs. Limited Secure Placements (LSPs) are small (6-20 bed) placement facilities that have more restrictive security features than NSPs and are generally reserved for youth who are determined to be higher risk than those youth in NSPs (Annie E. Casey Foundation Center for Children's Law and Policy, 2018, p. 10).

The report also concluded that:

By shifting focus away from incarcerating youth in large, dangerous, geographically remote institutions, Close to Home has sent an important message: it is far wiser to keep youth in their communities and near their families, since those connections hold the greatest potential to help youth build new skills and stay out of trouble in the long term (p. 3).

As well as Closer to Home Non-Secure Placements and Limited Secure Placements, the City of New York's Administration for Children's Services (n.d.) also operates two secure youth detention facilities in the city, as well as Non-Secure Detention group homes.

## Washington Juvenile Rehabilitation Integrated Treatment Model

The Washington State Juvenile Rehabilitation Integrated Treatment Model is a clinical framework incorporating a range of evidence-based assessments and programmes, which are to be integrated and aligned with the Risk-Need-Responsivity (RNR) framework (Fox & Veele, 2020; Washington State Department of Children, Youth & Families, n.d.-b) (see separate section on the Risks-Needs-Responsivity framework).

The core individual programmes, all assessed as *evidence-based* by the Washington State Institute for Public Policy (WSIPP), are:

- Dialectical Behavior Therapy (DBT) for youth in state institutions (WSIPP, 2019b);
- Functional Family Parole (FFP) (WSIPP, 2019b);
- Family Integrated Transitions (FIT) (WSIPP, 2019e);
- Functional Family Therapy (FFT) (WSIPP, 2019d); and
- Aggression Replacement Training (ART) (WSIPP, 2019a).

Dialectical Behavior Therapy (DBT) is the primary residential treatment model for sentenced youth. These programmes are supplemented as needed with specialised sex offender treatment, substance use disorder treatment and mental health treatment, with protocols also in place for suicide and self-harm prevention (Fox & Veele, 2020).

All sentenced youth are initially placed in one of the Department's three secure facilities and depending on their needs and progress, will be transferred to serve the remainder of their sentence in one of eight lower-security community facilities. Unusually, Washington State uses *determining sentences* (Washington State Department of Children, Youth & Families, n.d.-a) with a minimum and maximum sentence; actual sentence length is determined by the Department on the basis of established release criteria, although some may be returned for parole violations.

Recent research on the overall fidelity of the model (Fox & Veele, 2020) has raised a number of issues in relation to integration, implementation and management. (Fox & Veele, 2020). However, as well as the model and the approach more broadly being adopted by other organisations (e.g., NYC), considering this model is also valuable because the evidence-based assessments and programmes individually, are widely used for this cohort across the US and beyond.

## **Multifunctional Treatment in Residential and Community Settings**

Multifunctional Treatment in Residential and Community Settings (MultifunC) is a Scandinavian programme for high-risk youth offenders, which combines six months in non-secure residential care, with six months support at home, and family work throughout the 12-month programme (California Evidence-Based Clearinghouse on Child Welfare, 2017-b; MultifunC, n.d.). Its design and development was funded by the Norwegian and Swedish governments, and today the programme is also in use in Denmark.

The programme focuses on the young person and their schooling, leisure time, friends, and family or parents. Programme goals are to:

- reduce in behaviour problems (e.g. offending),
- succeed in school and society, and
- reduce time in residential or institutional settings.

MultifunC has five core components:

- Use of the Risk-Need-Responsivity framework (see separate section) as an initial structural assessment and placement planning tool;
- well-trained staff;
- fewer youth placed together with a maximum of eight (or four by two) in each unit,
- treatment based on social learning theory and cognitive behavioural theory, including use of Aggression Replacement Training (<https://artgang0.tripod.com/>) and
- Ongoing family work that draws on principles from manualised evidence-based programmes including the Parent Management Training Oregon model.

Early preliminary research found that MultifunC had a success rate of about 60 to 70 percent as measured by the absence of re-offending behaviour, a positively change

in school or work and family functioning, and no further placements (MultifunC, n.d.). The California Evidence-Based Clearinghouse on Child Welfare (2020) has also assessed the research evidence as promising. Yet a recent study (Löfholm et al., 2020) of the programme's use in Sweden (n=40) found that at 24 months there were no significant effects on reoffending.

However, the Swedish study did find that, in comparison to a Treatment As Usual group, those participating in MultifunC were less likely to go on to need secure residential care, non-secure residential care or foster care. As such, and given that this was one of the programme's goals, the Swedish study's economic analysis did find that MultifunC was cost-effective in comparison to the Treatment As Usual provision.

## **Secure Children's Homes (England)**

In England there are currently three forms of secure youth detention provision available for children and young people under the age of 18 (Howard League for Penal Reform, 2012; Youth Justice Board for England and Wales, 2014). Collectively referred to as the secure estate, this is comprised of:

- Thirteen Secure Children's Homes (welfare and/or justice); operated with one exception by local authorities (UK Department for Education, 2023), these have high ratios of well-trained staff. Children tend to live in smaller units within each home (National Audit Office, 2022).
- One Secure Training Centre (justice only); operated by the US prison company G4S (England's three other secure training centres, also operated by large international companies, have been closed over recent months and years following a series of incidents and poor Office for Standards in Education inspection reports). Larger than Secure Children's Homes, these are more punitive environments and have proportionally fewer, and less well-trained, staff.
- Young Offenders Institutions (justice only); operated by Her Majesty's Prison Service (HMPS) or by private companies as part of the main prison service. These have the lowest staff ratios.

In a recent Department of Education report Hart and La Valle (2021) define Secure Children's Homes as:

...specialist placements authorised to care for children aged between 10 and 17 in a locked environment. They are designed for children with complex needs who could not safely be placed elsewhere. This includes both 'justice' children who have been sentenced or remanded by a criminal court and 'welfare' children who are placed by local authorities following authorisation by a family court because they are a risk to themselves or others (p.6).

At March 2019, of the 13 Secure Children's Homes operating in England, providing a total of 206 beds:

- six took only welfare children
- two took only justice children and
- five took both welfare and justice children (Hart & La Valle, 2021).

Most welfare placements are spot purchased by other local authorities as and when needed, whereas justice beds are commissioned and contracted by the Youth Custody Service on behalf of the Youth Justice Board for England and Wales. Secure Children's Homes, whether welfare and/or justice, range in size from seven beds up to 34; the average is 17 beds. However, it is important to recognise that in England the majority of young people under the age of 18 placed in secure care for justice reasons, will be in Young Offenders Institutions and not Secure Children's Homes (or Secure Training Centres) (Howard League for Penal Reform, 2012; National Audit Office, 2022).

All English Secure Children's Homes are members of the Secure Accommodation Network (SAN); further details on all 13 homes can be viewed at <https://securechildrenshomes.org.uk/>

## Secure Schools (England)

A recommendation from the Charlie Taylor (2016) *Review of the Youth Justice System in England and Wales*, the trialing of Secure Schools was a Conservative Party manifesto commitment in the 2019 general election (UK Home Office, 2022). This initiative is currently under development with the first Secure School due to open in Kent in 2022 (on the site of the recently closed Medway Secure Training Centre) and will be operated by the UK-based Oasis Charitable Trust.

The government's stated vision is that secure schools will be:

- led by aspiring headteachers with a high level of freedom and autonomy similar to that found in England's Academies (Eyles & Machin, 2019) schooling model;
- staffed by a specialist and well-trained workforce;
- holistic with a high level of integration across care, health and education;
- places where children and young people (up to the age of 19) will feel safe and secure and provide 60-70 places for those who have been sentenced or remanded; and
- successful in ensuring that every young person who returns to their community from custody will have arrangements in place to continue their schooling or start a training course, apprenticeship, college or university course, or employment (UK Ministry of Justice, n.d.).

This vision is very high level, and historically is hardly the first time that the government has attempted to reform youth justice by developing detention provision that combines schooling with security (Stone, 2021). However, the government has

recently clarified its intention that secure schools will be dually established as Secure Children's Homes (as above) and secure 16-19 academies, and that operating a Secure School can be deemed to be a charitable activity (UK Home Office, 2022). These will in time replace the current provision in both specialist Young Offender Institutions for 15-18 year olds, and Secure Training Centres for 12-17 year olds.

**Table 6: England and Wales overview of custodial provision for children**

	<b>Secure Children's Homes (SCHs)</b>	<b>Secure Training Centre (STCs)</b>	<b>Specialist Young Offenders Institutions (YOIs)</b>
<b>Type of provision</b>	SCHs accommodate particularly vulnerable children, including those detained on welfare grounds. There are small facilities with the highest staff-to-child ratios, compared with other types of establishment.	STCs accommodate more vulnerable children than those in YOIs but less than in SCHs. They are small establishments with a high staff-to-child ratio.	YOI, similar to adult prisons in design, are larger and have lower staff-to-child ratios than STCs and SCHs. Each YOI is designed to accommodate different groups of children with varying degrees of vulnerability.
<b>Age range</b>	10-17 years old	12-17 years old	15-17 years old
<b>Gender</b>	Boys and girls	Boys and girls	Boys only with the exception of a girls' unit at HMYOI Wetherby
<b>Number of establishments</b>	8	1	5
<b>Number of places</b>	107	80	862
<b>Average cost per place (£) as at January 2020</b>	210,000	160,000	76,000
<b>Operated by</b>	Local authority – overseen by Department for Education or Welsh government	Private providers overseen by youth custody service.	Four YOIs run by Her Majesty's Prison & Probation Service and one run by a private provider (G4S).
<b>Inspected by</b>	The Office for Standards in Education, Children's Services and Skills (Ofsted).	Ofsted (lead), HM inspectorate of Prisons, and Care Quality Commission.	HM Inspectorate of Prisons (lead) and Ofsted.

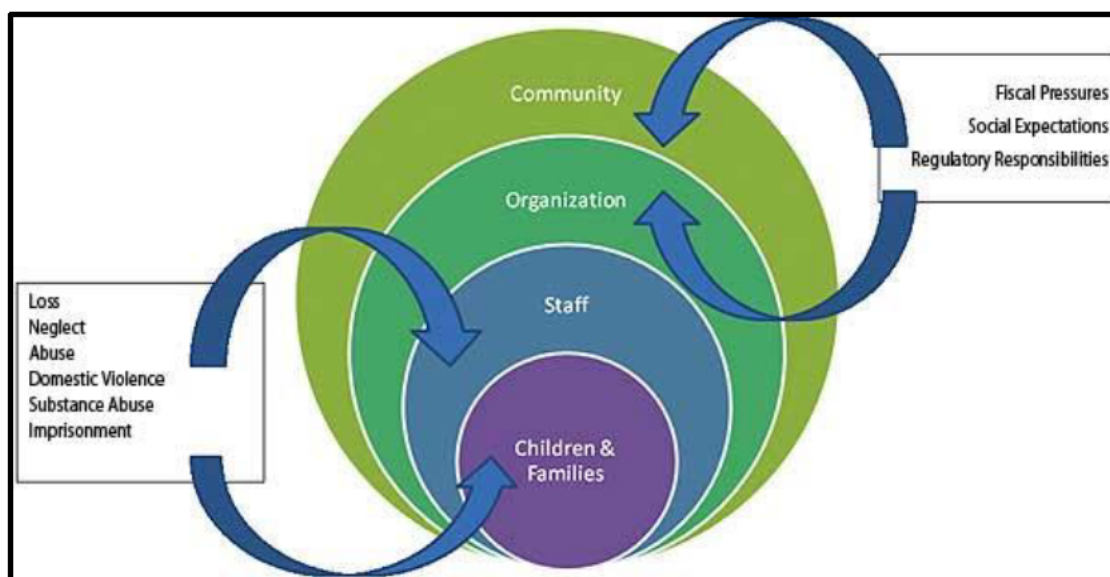
*Note. Adapted from Children in custody: Secure training centres and secure schools" by National Audit Office, p.17. Copyright 2022 National Audit Office.*

# Models

## Sanctuary Model of Care®

The Sanctuary Institute's (n.d.-b) Sanctuary Model of Care® (Sanctuary) is a US trauma-informed organisational change accreditation model that supports the wellbeing of both staff, and children and families who have been impacted by adversity.

Figure 4: Human services' organisational stressors



Note. Reproduced from [www.sanctuaryinstitute.org](http://www.sanctuaryinstitute.org) by Sanctuary Institute, n.d.-c, Training and consultation [webpage]. Copyright n.d. Sanctuary Institute.

Initially developed in the 1980s with adults in psychiatric inpatient settings (Bloom, 2017), the Sanctuary Model is based on the work of Sanctuary Institute co-founder Susan Bloom (Bloom, 2014; Bloom & Farragher, 2011, 2013). Long used in residential childcare (e.g. Rivard et al., 2005; Elwyn et al., 2015) the model can be adapted for use in youth detention facilities (Sanctuary Institute, n.d.-a). MacKillop Family Services (2018) claims that Sanctuary is the “current largest scale implementation in a major US State Juvenile Justice system in secure, medium secure and non-secure facilities” (p. 1).

The model's four main components or *pillars* (MacKillop Family Services, n.d.; The MacKillop Institute, n.d.-a) are as follows:

- Development of a shared organisation-wide knowledge about the impact of trauma on children and families, staff, and organisations, the underpinning theory and evidence, and the necessary steps to promote alignment.
- Trauma-informed organisation-wide decision-making, problem-solving and planning, using a shared set of values; the seven Sanctuary Commitments, i.e. nonviolence, emotional intelligence, democracy, social learning, growth and change, social responsibility, and open communication.

- Use of the S.E.L.F. (Safety, Emotions, Loss, Future) shared language problem-solving framework: “It offers a trauma-informed way of organising conversations and documentation for clients, families, staff, and administrators by moving away from jargon and towards more simple and accessible language” (MacKillop Family Services, n.d., p. 4).
- Use of the Sanctuary Toolkit, a set of practical and simple tools, that reinforces the model’s language and philosophy including standard community meeting questions, red flag review protocols, safety plan formats, S.E.L.F. care planning framework, and educational materials and activities for use with communities.

There is research evidence to support the use of the programme including peer-reviewed studies (e.g., Rivard et al., 2005; Elwyn et al., 2015). The California Evidence-Based Clearinghouse on Child Welfare (2021) has assessed the research evidence as *promising*.

Operating as the Sanctuary Institute Australia, the MacKillop Institute is licensed to deliver training and support to organisations in Australia (and New Zealand) for the approximately three year standards-based accreditation process (Sanctuary Institute, n.d.); the model has also been adapted for the Australian context including a (stronger) focus on cultural safety and capability (The MacKillop Institute, n.d.-b).

### Three Pillars of Transforming Care

The Three Pillars of Transforming Care is an Australian trauma-informed training programme for residential workers, foster carers, teachers, and mentors, and those who supervise and support them. It has been developed to help agencies ensure that their staff and carers understand, and are sensitive to, the developmental impacts of early adversity and trauma. Based on the work of Dr Howard Bath (Bath, 2008, 2015; Bath & Seita, 2018; Bath & Smith, 2015), the training programme and underpinning framework is premised on the notion that “trauma informed living environments in which healing and growth can take place are a necessary precursor to any formal therapy that might be offered to a traumatised child” (Bath, 2008, p. 17). Indeed, Bath’s co-authored book *The three pillars of transforming care: Trauma and resilience in the other 23 hours* [emphasis added] (Bath & Seita, 2018) includes a foreword by Larry Brendtro, a co-author of the seminal residential child care book *The Other 23 Hours* (Trieschman et al., 1969).

The three different courses focus on what are referred to as the three core traumagenic needs of children and young people in special care and education settings, as well as priorities for intervention and support. The framework’s three pillars are:

- “the need to FEEL SAFE;
- the need for positive, trust-based CONNECTIONS with caring adults and engagement with community and culture; and
- the need for support to enable adaptive COPING with external life circumstances as well as turbulent thoughts, emotions and impulses” (Therapeutic Welfare Interventions, n.d., para 3).

There are currently three different Pillars of Transforming Care courses available:

- A one-day overview of key concepts for interested agencies or groups
- A two-day course for direct care or education practitioners
- A three-day trainer accreditation programme that targets more experienced senior workers who are in a position to provide training for others in their own organisations.<sup>7</sup>

## PRESENCE

As well as being the co-founder of the Sanctuary Institute (see separate section on Sanctuary Model of Care®) Susan Bloom has also recently launched a new programme called PRESENCE (Bloom, n.d.; Creating PRESENCE, n.d.;). This new online organisational training programme aims to help organisations to become trauma-informed, trauma-responsive and trauma resilient. The programme also has an optional certification process.

PRESENCE is an acronym for the following set of linked guiding values that underpin and inform practice, and are the basis for the training programme:

- **P**artnership and power
- **R**everence and restoration
- **E**mootional wisdom and empathy
- **S**afety (including cultural safety) and social responsibility
- **E**mbodiment and enactment
- **N**ature and nurture
- **C**ulture and complexity
- **E**mergence and evolution

The online training consists of five series of self-paced segments with more than 200 segments overall; for each segment there is a 10-minute video. The videos are supported with coursework including self-test questions, self-reflective journaling, and discussion boards, as well as copies of PowerPoints and hand-outs. Importantly, this online training has been designed for **every member of staff in an organisation** from the maintenance, cleaning and catering staff through to the Chief Executive.

Everyone is expected to do the 27 introductory (basic) segments. Once these segments have been completed, staff members are allocated, depending on their role, to one of four specific *tracts* with up to 42 segments which have a similar format but each with a more specific role focus as follows:

- Leaders
- Clinicians
- Direct service staff
- Indirect service staff

<sup>7</sup> Due to Dr Bath's forthcoming retirement, the three-day trainer accreditation programme is in the process of being phased out.

All of the above is led and supported by an internal organisation-wide Creating PRESENCE Enactment Team who receive fortnightly or monthly group coaching from a Creating PRESENCE consultant. Taking an organisation through the (optional) certification process typically takes about 18 months.<sup>8</sup>

## **Children and Residential Experiences (CARE)**

As well as Therapeutic Crisis Intervention (see separate section), Cornell University's Bronfenbrenner Research Center for Translational Research's Residential Child Care Project has also developed the Children and Residential Experiences (CARE) programme. In 2005, Cornell University with three South Carolina partner agencies, started to develop a competency-based curriculum based on best practices and current research to support strong programmatic elements in residential care. The aim was: "...to bridge research and practice to provide child caring organisations with a best practice model (that) serves the best interests of children." (Holden, 2012, p. ix) as well as supporting organisations "to guide their interactions with children and staff at all levels of the organisation, fostering an organisational culture and climate that sustains the integration of the principles" (Holden 2012, p. ix). The principles are developmentally focused, family involved, relationship based, competence centred, trauma informed, and ecologically oriented. The model was developed by the Residential Child Care Project at Cornell University as a competency-based curriculum.

This resulted in the CARE programme, a principle-based change initiative designed to enhance the social dynamics in residential care settings through targeted staff development, ongoing reflective practice, and data-informed decision-making. CARE is organised around six principles related to attachment, trauma, resiliency, and ecological theory as follows:

- relationship-based;
- trauma-informed;
- developmentally focused;
- competence-centered;
- family-involved; and
- ecologically oriented.

Expected outcomes include:

- decreases in behavioural incidents;
- improved quality of relationships between children and staff;
- decreases in the use of psychotropic medicine; and
- decreases in the use of physical restraints.

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<sup>8</sup> At the time of writing the base fee for the PRESENCE online training and coaching was US\$36,000 (although depending on the organisation's needs and preferences this could be higher).

Implementation is a four-year collaboration process with the Residential Child Care Project. There is research evidence to support the use of the programme including peer-reviewed studies (e.g. Izzo et al., 2016, 2020). The California Evidence-Based Clearinghouse on Child Welfare (2017-a) has assessed the research evidence as *promising*.

## Frameworks

### Secure Care Pathway and Standards Scotland

Scotland has recently developed a set of 42 specific secure care standards with the stated aim of helping to drive transformational change (Children and Young People's Centre for Justice, 2020b; Scottish Government, 2020; Sullivan & Logan, 2021). The standards for the first time, set out what support children and young people in Scotland should expect when in, *or on the edges of*, secure care.

As well as 20 standards about time in secure care, 14 of the standards relate to time prior to secure care, and six relate to leaving secure care. By way of purpose, the standards are for:

- “Children, their parents/carers, families and advocates to understand what their rights are and what they should expect from corporate parents and professionals when being intensively supported in the community or a secure care setting
- All corporate parents to inform strategic decisions on resource priorities, service design, commissioning, joint working arrangements, self-evaluation and individual support to children and their families
- Secure care services in their strategic and operational development, and self-evaluation
- Regulators and inspectorates as part of their future scrutiny and improvement plans” (Scottish Government, 2020, pp. 3-4).

The standards were developed with children and young people using co-production methods (Sullivan & Logan, 2021); each of the standards is written in the first person from the perspective of the child, and reflects the areas that they said were most important to them. As well as involving the five secure care centres, other relevant agencies and the advocacy organisation Who Cares? Scotland, a new entity STARR was also an important part of the process; STARR is a new curated online space for secure care experienced children and young people (Children and Young People's Centre for Justice. (n.d.-b).

None of this work could have been possible without the leadership of the STARR group, Scotland's only volunteer group of members with lived experience of secure care who help advise, influence, inform, and challenge key aspects of secure care, and ensure they are upholding children's rights with the highest regard (Sullivan & Logan, 2021, p.5).

Organisations have committed to implement the standards with the first phase of implementation focusing on self-evaluation, learning and improvement. The standards are shown in full over the following three tables:

**Table 7: Scottish Standards – Prior to Secure Care**

<p>Standard 1 - I am <b>fully involved and influence the decisions and plans</b> about my care and support in a way that works for me. These decisions involve the people who are important to me.</p> <p>Standard 2 - My needs are met by <b>appropriate supports</b> in the community which are right for me and the people who are important to me. These supports help keep me and others safe and prevent my liberty from being restricted.</p> <p>Standard 3 - I am offered specialist support which helps me, and people looking after me, <b>make sense of the difficulties I have experienced</b>. I get the mental and physical health care I need, as and when I need it. Standard 4 - The professionals supporting me understand the <b>impact of any trauma and difficulties</b> I have experienced and they respond to my needs and behaviours sensitively.</p> <p>Standard 5 - I am <b>involved and influence</b> any discussions about potentially restricting my liberty and any decision to recommend secure care in a way that works for me.</p> <p>Standard 6 - I am <b>fully prepared</b> for, and understand, the possible outcomes of any meeting, Children's Hearing or court proceedings.</p> <p>Standard 7 - I benefit because the people making decisions about me at any meeting, Children's Hearing or court proceedings <b>fully consider the law and all community based options</b>.</p> <p>Standard 8 - I know and feel confident that at any meeting, Children's Hearing or court proceedings my rights, needs, views and any risks of harm for me and others are <b>fully considered</b>.</p> <p>Standard 9 - I have access to the <b>legal advice</b>, representation and high quality independent advocacy I need before, during and after any decision making process about restricting my liberty.</p> <p>Standard 10 - I <b>understand my rights</b>, including any right to appeal the decision to restrict my liberty. Standard 11 - I fully understand the reasons for any decision to <b>restrict my liberty</b>. These reasons and my views are reflected sensitively in my Child's Plan and any records or reports, in a way which helps me understand.</p> <p>Standard 12 - I know what my rights are and how these will be <b>upheld during my stay</b> in secure care. These rights are explained to me by someone I know and trust before my stay begins.</p> <p>Standard 13 - I know the details of <b>where I will stay</b> and I have access to information which explains daily life there. Every effort is made to enable me to visit before going to stay.</p> <p>Standard 14 - I fully understand what to expect of my <b>transport</b> and admission to secure care and I am treated with dignity, compassion, sensitivity and respect. Someone I know and trust comes with me.</p>
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*Note. Adapted from "Secure Care Pathway and Standards Scotland", by the Scottish Government, 2020, p. 4. Copyright Scottish Government.*

**Table 8: Scottish Standards – During Your Stay in Secure Care**

Standard 15 - I am **welcomed at the main entrance** unless it is unsafe for me or others. This is based on my individual circumstances and needs.

Standard 16 - When I arrive, the decoration and style of any entrance and reception area is **welcoming and feels safe**, comfortable and friendly.

Standard 17 - I am supported by someone I know on the **day of arrival** and I feel welcomed and reassured by everyone involved.

Standard 18 - I have **everything I need** when I arrive to keep me safe and healthy and so do the people looking after me.

Standard 19 - I am only ever searched when this is justifiable and necessary to keep **me and others safe**. It is based on my individual circumstances at that time. The level of search is proportionate and least intrusive as possible.

Standard 20 - If I have to be searched, I am treated with **respect, dignity and compassion** at all times. I understand my rights, the reasons for a search and how it will happen. My views are taken into account and I am given choice on how this might happen.

Standard 21 - I have access to the things I need to safely help me **relax and rest** in my personal space/bedroom and it is comfortably furnished and decorated.

Standard 22 - I have on-going access to the **legal advice**, representation and high quality independent advocacy I need from as soon as possible after I arrive at the service.

Standard 23 - I am fully involved and have influence in all discussions, including within 72 hours of me arriving, about **what I need during my stay** and who will help me and how.

Standard 24 - **I know that people care about me** and meeting my needs because the way they relate to me shows this.

Standard 25 - I am actively supported to be in touch with my **family, friends and other people** who are important to me unless this is not in my best interests. I have a say in how and when this happens.

Standard 26 - My family, and people I care about, are encouraged and supported to stay **connected** with me and are treated with dignity, compassion and respect. There is a welcoming, friendly and comfortable environment for us to meet.

Standard 27 - If my time with my **family** and others I care about is supported, supervised or restricted, this happens sensitively and I fully understand the reasons for this and these are recorded.

Standard 28 - My rights to safely access **digital technology** are upheld and actively supported. This encourages connection with people who are important to me.

Standard 29 - My **physical, mental, emotional and wellbeing needs** are understood by the people looking after me. I am involved in all decisions and plans to make sure I have the care and support I need, when I need it.

Standard 30 - I am well supported to **manage my feelings** and I am only ever restrained when this is absolutely necessary to prevent harm. I am treated with respect, dignity and compassion and I am held in the least restrictive way for the shortest time possible. I am well supported afterwards.

Standard 31 - I get the care, comfort and individual support I need when I am **distressed** and so I am only ever isolated from other people when this is absolutely necessary to keep me or others safe. This is for the shortest time possible.

Standard 32 - I fully understand the reasons for **any decision to further restrict my rights and freedoms**. These are proportionate and recorded.

Standard 33 - My **learning needs are understood** and I am supported to have these needs met and to make the most of my abilities and talents.

Standard 34 - I benefit from a wide range of **high quality educational, vocational and community-based experiences and qualifications**.

Standard 35 - I am supported and encouraged to **attain and achieve** at the highest standard and this helps to develop my interests, skills, strengths and hopes for the future.

Standard 36 - I am supported to **contribute to and comment** on all reports that are written about me in a way that works for me. The person writing the report consults with me and I have my say about all the recommendations and decisions that affect me.

Standard 37 - I am confident that any decisions, reports and plans made and shared about me focus on my **hopes, strengths, achievements and goals**, as well as on my needs and risks.

*Note. Adapted from "Secure Care Pathway and Standards Scotland", by the Scottish Government, 2020, p. 5-6. Copyright Scottish Government.*

**Table 9: Scottish Standards – Leaving Secure Care**

Standard 38 - I am **fully involved** and influence all decisions and plans about my future, in a way that works for me, from an early stage.

Standard 39 - I understand my **rights when planning for my future** and I have access to the legal advice, representation and high quality independent advocacy I need.

Standard 40 - My **plans for moving on** meet all my needs. They involve everyone who has responsibility to care for and support me.

Standard 41 - I am **fully prepared** for making the transition from the service and this is taken at a pace which means I am completely ready.

Standard 42 - I am confident that people I know well and have trust in will continue to **be involved in supporting me** after I leave the service.

Standard 43 - I have as much choice as possible about the **place I am moving to** and am able to visit. I get to know the people there as they have been involved in planning with me for the move.

Standard 44 - I have all the care and support I need to **build the future I want**, from everyone who has a role or responsibility, for as long as I need it.

*Note. Adapted from "Secure Care Pathway and Standards Scotland", by the Scottish Government, 2020, p. 6. Copyright Scottish Government.*

## Standards accreditation bodies

Widely used in North America, accreditation is an independent fee-for-service review process that determines whether a social work, healthcare or educational organisation or programme (not-for-profit or for-profit), can demonstrate their ability to meet defined third-party standards of quality. Once achieved, accreditation needs

to be periodically renewed; the standards are also regularly updated. Accreditation supports non-government and government organisations with an up-to-date framework that articulates what quality looks like. In many instances accreditation, particularly in relation to any form of residential provision for children and young people, will also be a government procurement precondition or legal requirement.

In the US and Canada, there are a number of independent accreditation bodies. While there are some differences across these, they essentially:

- develop and publish comprehensive sets of general and programme-specific standards;
- help organisations prepare for accreditation reviews;
- carry out accreditation reviews;
- make accreditation decisions; and
- consider complaints relevant to accreditation.

In relation to services for children and young people, the two main US accreditation bodies, both not-for-profit organisations, are:

- Commission on Accreditation of Rehabilitation Facilities (CARF International) [www.carf.org/home/](http://www.carf.org/home/)
- Council on Accreditation (COA) <https://coanet.org/> and part of Social Current [www.social-current.org](http://www.social-current.org).

CARF International has 30 different sets of child and youth standards (CARF International, 2023b). These include *Juvenile Justice* (population) standards covering secure residential, non-secure residential, and non-residential settings, as well as *Residential Treatment* and *Group Home* (specific programme) standards. As for the Council on Accreditation (n.d.), their service-specific standards include a set for *Juvenile Justice Residential Services* (Social Current, 2023) that are applicable to both secure and non-secure provision. These cover: person-centred logic model; personnel; intake and assessment; service planning and monitoring; family connections and involvement; service culture; health services; mental health services; services for substance use conditions; education services; development of social and independent living; workforce development services; living and service environment; maintaining safety and security; planning for re-entry and aftercare; and case closing and aftercare<sup>9</sup>.

Working across a wider range of organisations, CARF International (2023a) is the larger of the two, whereas COA is strongly rooted in child, youth and family services, having been jointly established in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Strong Families and Communities). While both are US-based and somewhat reflective of US approaches to child and youth services, standards, and processes, CARF International also has offices in both Canada and the UK, and states that it can also accredit organisations in Asia

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<sup>9</sup> As well as these service-specific standards, there are core standards in relation to both Administration and Management, and Service Delivery Administration that all organisations also need to meet.

and Oceania (COA has separate standards for Canada but no offices outside of the US).

## **Practitioner certification**

As an alternative to (or to complement) an academic or any available professional qualification, certification is a professional development pathway that may be available in some countries for some professions. Established in 2008 by the Association for Child and Youth Care Practice and now operating across the US and Canada, the Child and Youth Care Certification Board (n.d.-a), assesses and certifies child and youth care practitioners who can demonstrate their commitment to the Board's standards of care and ongoing competence development. As part of efforts to professionalise Child and Youth Care (CYC), workers in out-of-home-care (including juvenile corrections), community and home-based care, or education can, apply for two-year certification at one of three levels:

- Entry (CYC) – US only
- Associate (CYC-A) – US only
- Professional (CYC-P) – US and Canada

The initial step towards certification is successfully passing the Board's three-hour situational judgement scenarios-based exam. The applicant then submits documentation including:

- minimum requirements of education, experience and training;
- provision of colleague references and supervisor assessment;
- proof of membership in a professional association;
- agreement to abide by ethical standards; and
- confirmation of eligibility to work with children, youth and families (Child and Youth Care Certification Board (n.d.-a).

Those applying for certification at the Professional level then have to complete an electronic portfolio in order to demonstrate the necessary Professional Child & Youth Work Practitioner competencies (Association for Child and Youth Care Practice and Youth Care Certification Board n.d.-b). The competencies span:

- professionalism
- cultural and human diversity
- applied human development
- relationship and communication
- developmental practice methods.

While originally intended to be a temporary grandparenting arrangement (Association for Child and Youth Care Practice and Youth Care Certification Board, 2010), one particularly noteworthy aspect of the scheme is the relationship between qualifications and years of relevant experience. For example, for the highest Professional (CYC-P) level certification, those with only a High School Diploma (or General Education Development equivalent) are not currently precluded from

applying if they can demonstrate five years or 10,000 hours of documented relevant experience. Conversely at the other end of the spectrum, those with only one year or 2,000 hours of documented relevant experience are not precluded from applying either, if they have a Bachelor's degree in child and youth care, a Master's degree, or a doctorate. Other combinations are available for those with other degrees and diplomas.

## Practices

Across child welfare, there has been a growing interest in evidence over recent years, and in particular in relation to *Manualised Evidence-supported Programmes* such as Triple P, Multi-systemic Therapy (MST) and Treatment Foster Care Oregon (TFCO aka MTFC); in New Zealand this interest was also reflected in the final Modernising Child, Youth and Family report. However, *Manualised Evidence-supported Programmes* generally require significant investment and infrastructure, ongoing accreditation/licensing, and don't always 'transplant' well to other sites, organisations or countries.

An alternative to *Manualised Evidence-supported Programmes* is evidence-based practice (Shlonsky & Benbenishty, 2014) strategies aka *common elements* (Chorpita et al., 2007), *common factors* (Duncan et al., 2010), or *kernels* (Embrey & Biglans, 2008). These evidence-based practices are being used by programme designers and practitioners, and developed, refined and integrated as part of professional development plans, and through induction and team training events, individual online learning opportunities, team meetings, modelling, and supervision.

The following evidence-based practices have been identified through the subscription-based *PracticeWise Evidence Based Services Database* (PWEBS) at [www.practicewise.com](http://www.practicewise.com);

**Table 10: Evidence-based practices for use with children and young people**

Evidence-based practice strategy	Use
Activity Selection	Introduce mood-elevating activities into the child's day
Assertiveness Training	Teach youth how to express needs or intentions appropriately
Child Psychoeducation: Anxiety	Introduce a course of treatment for anxiety or phobias
Child Psychoeducation: Depression	Introduce a course of treatment for depression
Child Psychoeducation: Trauma	Inform the youth about the nature of traumatic stress and its treatment
Cognitive: Anxiety	Address thoughts that maintain or intensify anxiety and avoidance
Cognitive: Anxiety (STOP)	Teach younger children how their thoughts can influence their anxiety, especially when such thoughts interfere with treatment
Cognitive Depression	Counter negative thoughts that interfere with mood or motivation

Evidence-based practice strategy	Use
Cognitive: Disruptive Behaviour	Identify and challenge thoughts that contribute to aggressive and oppositional behavior
Cognitive Trauma	Address thoughts that maintain or intensify trauma-related stress
Crisis Management	Support recovery from an emergency event or situation
Discreet Trial Training	Help the youth develop verbal and nonverbal skills through repeated learning trials
Engagement With Child	Facilitate the child's active participation in therapy
Exposure	Decrease anxiety associated with an object or situation
Guided Imagery	Mentally rehearse successful performance in a challenging situation
Insight Building: Emotion Identification	Promote reflection on a range of emotions in order to increase self-understanding
Maintenance	Review the goals the child has accomplished throughout treatment and discuss ways to maintain gains
Motivational Enhancement	Increase reflection, efficacy, and commitment about behavior change
Narrative Trauma	Promote coping and construct meaning regarding a traumatic event
Peer Pairing	Promote social learning and skills practice among similar-aged peers
Personal Safety Skills	Increase the child's security and resilience in potentially harmful situations
Problem Solving	Provide children with a systematic way to negotiate problems and to consider alternative solutions to situations
Relaxation	Introduce relaxation training and its use in controlling tension
Self-monitoring	Illuminate areas of concern and provide important information about treatment progress
Self-Praise/Self-Reward	Increase self-efficacy, effort, and performance of desirable behaviours
Self-Verbalization	Reduce impulsivity and increase self-regulation through self-talk
Skill Building	Assist children in developing talents and skills they can feel good about
Relationship/Report Building	Foster a positive and trusting therapist-client relationship
Social Skills	Provide the youth with concrete skills to develop healthy relationships and navigate social situations
Supportive Listening	Demonstrate warmth, empathy, and positive regard

**Table 11: Evidence-based practices for use with staff and caregivers**

Evidence-based practice strategy	Use
Attending	Improve the quality of the caregiver-child relationship
Behaviour Alert	Decrease undesirable behaviors by setting up alerts that provide feedback following those behaviors
Caregiver Coping	Enhance the caregiver's ability to deal with stressful situations
Caregiver Psychoeducation: Anxiety	Introduce a caregiver course of treatment for child anxiety or phobias
Caregiver Psychoeducation: Depression	Introduce a caregiver course of treatment for child depression
Caregiver Psychoeducation: Disruptive behaviour	Introduce a caregiver course of treatment for disruptive behavior problems
Caregiver Psychoeducation: Trauma	Inform the caregiver about the nature of traumatic stress and how it may be treated
Commands Or Effective Instructions	Increase child's compliance with caregiver instructions
Communication Skills: Early Development	Teach caregiver to help the child develop a repertoire of functional language
Differential Reinforcement Or Active Ignoring	Decrease minor disruptive behaviors and increase alternative, appropriate behaviors
Educational Support	Enhance communication and functioning related to academic performance
Engagement With Caregiver	Understand and address barriers to treatment to improve participation
Line Of Sight Supervision	Manage and reduce dangerous or inappropriate behaviors
Monitoring	Illuminate areas of concern and provide important information about treatment progress
Natural And Logical Consequences	Assign appropriate consequences to youth misbehavior in order to teach responsibility and independence
Praise	Increase child's appropriate behavior
Response Cost	Decrease the likelihood of undesirable behavior in conjunction with rewards
Retention Control Training	Increase the child's capacity to delay urination
Rewards	Increase the likelihood of a desired behavior
Time Out	Decrease the occurrence of undesirable behavior

**Table 12: Evidence-based practices for use with families**

Evidence-based practice strategy	Use
Antecedents Stimulus Control	To identify and alter signs or events occurring before a behavior in order to increase or decrease that behavior
Accessibility Promotion	Find opportunities for services to be more accessible to the family before barriers emerge
Behavioural Contracting	Facilitate a commitment to a particular course of action
Caregiver Directed Nutrition	Assist caregivers in supporting the child's ability to responsibly manage his or her nutrition and weight
Communication Skills Advanced	Help facilitate more positive caregiver-child communication
Functional Analysis	Understand the relations among behavior, antecedents, and consequences
Goal Setting	Assist the child and family with identifying and achieving desired outcomes
Modelling	Promote rapid acquisition of a new skill (e.g., approaching a feared object, having a conversation)
Performance Feedback	Promote skill enhancement through comparison to an identified standard
Support Networking	Increase family access to resources and social supports

Several of these evidence-based practices could be used by programme designers and practitioners, and developed, refined and integrated as part of professional development plans, and through induction and team training events, individual online learning opportunities, team meetings, modelling, and supervision.

## Tools

### Risk-Needs-Responsivity

Originally for use with adults, the Risk-Need-Responsivity (RNR) model was primarily developed by Canadian psychologists and criminologists Jim Bonta and Don Andrews (Andrews & Bonta, 2007; Bonta & Andrews, 2007, 2017). The model's aim is to reduce recidivism and is widely used across Anglo-American countries in criminal justice, as well as in some youth justice jurisdictions.

While empirically-supported, RNR is a principle-based framework or approach, rather than a manualised evidence-based programme or tool; their 2017 book was first published in 1994 and is now in its sixth edition. However, RNR has influenced the development of a number of offender assessment and rehabilitation instruments along with some other more applied models (Bonta & Andrews, 2007).

The three core RNR principles are as follows:

- *Risk principle*: Match the level of service to the offender's risk to re-offend.
- *Need principle*: Assess criminogenic needs and target them in treatment.
- *Responsivity principle*: Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender (Bonta & Andrews, 2007, p. 1).

Based on their own research, the authors argue that a sufficient focus on any one of the three principles is likely to lead to reduced recidivism rates. However, this reduction will be more significant if all three principles are adopted, ranging from a 17% reduction when delivered in residential/custodial settings to a corresponding 35% reduction when delivered in community settings (Bonta & Andrews, 2007, p. 1). Conversely, the authors argue that treatment interventions that target the non-criminogenic needs of low-risk offenders using non-cognitive-behavioural techniques (i.e. do not adhere to any of the three principles) will actually increase recidivism and particularly so for those in a residential or custodial setting.

## Detention Risk Assessment Instruments

According to the US National Council on Crime and Delinquency (Baird et al., 2013), the use of actuarial assessment instruments has long been popular in youth justice; for example tools to classify offenders by the likelihood of them re-offending were widely used by the 1970s and have been around in some shape or form since as far back as 1928.

Detention Risk Assessment Instruments (DRAI), as one specific type of risk assessment instrument, are assessment tools that are used to objectively inform decisions (and so seek to eliminate bias) on whether to detain or release an arrested youth. It was reportedly first developed by the Florida Department of Juvenile Justice (2019) in 1994, in partnership with the Annie E Casey Foundation and community stakeholders, as a response to overcrowding and to help ensure that detention was only used for the most serious offenders.

Most often originally developed in consultation with stakeholders rather than using a statistical or empirical design methodology, they comprise of written checklists of criteria that are applied to rate youths for specific detention-related risks. While length varies, for example the New York State Office of Children and Family Services (2013) DRAI comprises of only four questions, they mainly assess whether a youth is a public safety or flight risk (Steinhart, 2006).

DRAI are usually locally developed specifically for their state or county (Steinhart, 2006) and are widely used (Chappell, et al., 2019). DRAI vary in scope and format. However typically “they are all point-scale instruments, which assign points for various risk factors, which together produce a total risk score that indicates whether the youth is eligible for secure detention, non-secure detention, alternative program, or release to his/her home” (Steinhart, 2006). Professional judgement in the form of a mitigating or mandatory override can usually be applied so staff can make

exceptions to the decision indicated by the assessment score. However, Chappell and colleagues (2019) argue that overrides also “create avenues through which discretion, subjectivity and bias may be incorporated into the detention decision” (p. 333); their research found that African Americans were less likely to receive mitigating overrides, and females less likely to receive mandatory ones. Some DRAs have been the subject of comprehensive validation studies, e.g., the state of Maryland (Betsinger et al., 2019).

Placing youth unnecessarily on remand in secure facilities is expensive and associated with both short-term and longer-term negative consequences (Betsinger et al., 2019; Chappell, et al., 2019; Holman & Ziedenberg, n.d.; Steinhart, 2006). While the US has not ratified the UN Convention on the Rights of the Child, unnecessary youth detention is a clear breach: “[detention] shall be used only as a measure of last resort and for the shortest appropriate period of time” (article 37(b)), as well as breaches of the UN youth justice Beijing, Riyadh and Havana Rules (Office of the High Commissioner for Human Rights, 1985, 1990a, 1990b).

## Outcomes Star™

Outcomes Star (Triangle, n.d.-d) is a holistic framework that supports reflective conversations and action planning over time between a service user and their keyworker, i.e. a designated practitioner within the service. With over 40 published versions of the Outcomes Star to choose from, each tailored to a specific service user group or sector, Outcomes Star also measures the change that takes place (this framework is not recommended where services work with youth for less than six weeks). Outcomes Star is widely used in both the UK and Australia, and reportedly also has a presence in Europe, Asia, Africa, the US, and New Zealand; the Queensland-based organisation *unique outcomes* has the license to provide licensing, training and implementation support in both Australia and New Zealand (Triangle, n.d.-b, unique outcomes, n.d.-b). Conceptually there are some similarities between Outcomes Star and the *Partners for Change Outcome Management System* (PCOMS) model ([www.pcoms.nz](http://www.pcoms.nz)) that Oranga Tamariki piloted and evaluated (Matheson, 2019).

Of the 40 or so versions available, the following are likely to be of most relevance to a youth detention centre context.

Table 13: Possible Outcome Stars for detention centre contexts

Designed for use with	Star version
Young care leavers, those leaving young offender institutes [youth detention centres], homeless young people or young people with housing needs. This is effectively a young person's version of the Outcomes Star for Homelessness.	Young Person's Star
Young people who are experiencing poor mental health, including stress, anxiety, anger or self-harm, or for those with a diagnosed mental health condition.	My Mind Star

Designed for use with	Star version
Young people in <b>substance misuse</b> services and/or addressing risk behaviours	Teen Star
<b>School students</b> , to capture more holistic outcomes and give a focused emphasis to outcomes beyond academic achievement. Ideal for students in Years 10/11, it was developed for secondary schools and later tested successfully for primary schools	Shooting Star
Young people with <b>additional needs in specialist schools</b> , colleges or supported work and learning environments. It is suitable for students with a range of needs including autism, learning disabilities or behavioural needs	Student Star
Children and young people aged 5-18 who have <b>difficulty paying attention</b> , learning and/or with their behaviour at school or in other situations. They may or may not have a diagnosis of ADHD	Attention Star
Young people specifically around <b>sexual health</b> . A holistic tool looking at relationships, attitudes to risk-taking and confidence, as well as attitudes to contraception and sexually transmitted infections. Some sexual health services consider the Youth Star is a better fit for their work	Sexual Health Star
<b>Community-based youth work</b> , including youth clubs and activity-based programmes, universal and for young people at risk of disengaging from education, involvement in the criminal justice system or NEET young people early in their journey to work	Youth Star
<b>Young, first-time mums</b> but is suitable for any mum in need of holistic, parenting support during pregnancy and early motherhood	New Mum Star
<b>Adults and community involvement/integration</b>	Community Star
<b>Adults in the criminal justice system</b>	Justice Star

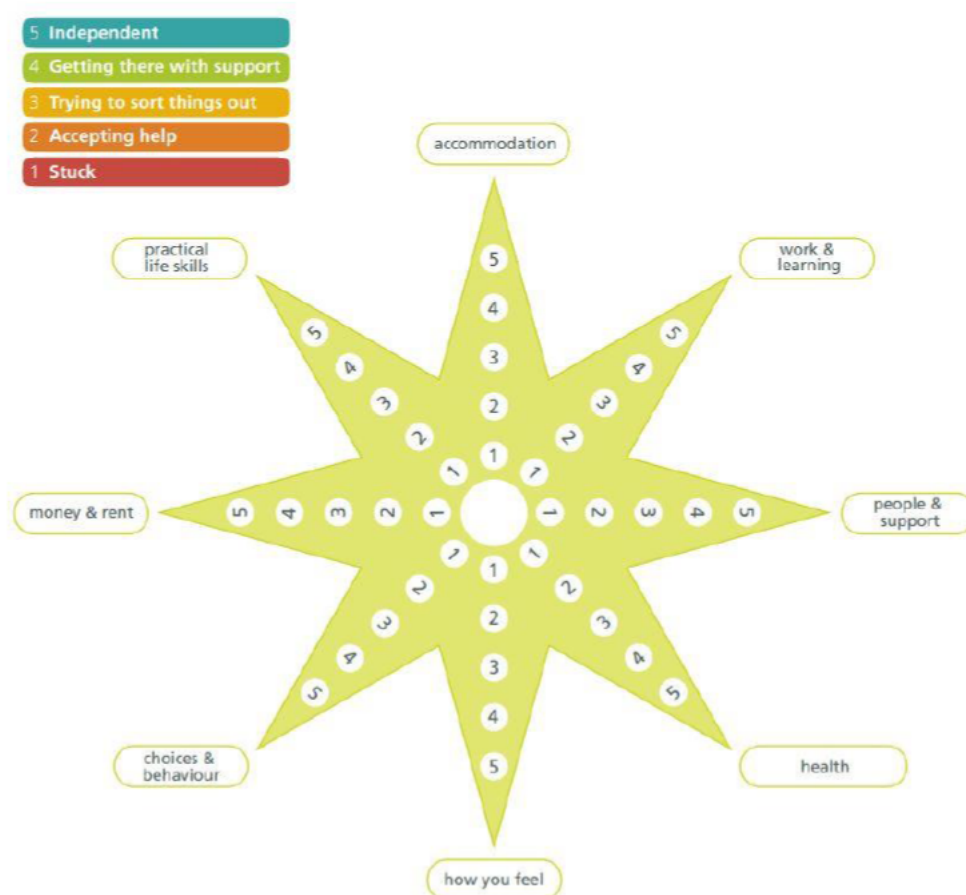
*Note. Adapted from "Briefing: Choosing which Outcomes Star to use" by Triangle, pp. 3-6. Copyright 2019, Triangle.*

However, while any of the above may best meet the particular needs of an individual youth, more generally organisations may find the Young Person's Star (Triangle, 2014, 2018) for "young care leavers, those leaving young offender institutes [youth detention centres], homeless young people or young people with housing needs" (Triangle, 2021, p. 6) the most appropriate for a Youth Detention Centre setting. That said, the Oberstown Children's Detention Campus that features as one of the case studies, actually uses the (adult) Justice Star and the Youth Star, rather than the Young Person's Star.

As shown in the following figure, the Young Person's Star is organised around eight topics (the points of a star). Use of the framework helps young people to articulate where they feel they are; stuck (1), accepting help (2), trying to sort things out (3), getting there with help (4) or independent (5). As well as building a shared understanding of strengths and needs, the tool is also used across the eight topics to identify aspirations and goals, take decisions, make plans, and of course track progress, i.e. there is a powerful visual representation of progress if joining up the

eight points of the star during a review results in the youth's own Star becoming larger.

**Figure 5: Young Person's Star**



*Note. Reproduced from "Spotlight on the Lead Worker Service", St Basils, n.d. Copyright 2014 Triangle.*

For New Zealand organisations, the full Star Online annual licensing fee is NZ\$1,680 for 16 licences (Triangle, n.d.-c) with mandatory training and any optional customised training, implementation support, or trainer licensing for internal delivery, at additional cost (unique outcomes, n.d.-a). Organisations may also be able to partner with, and fund, the development and piloting of a new Star that better meets their needs (Triangle, n.d.-a).

# Case studies



## Spanish<sup>10</sup> case study: Los Alcores<sup>11</sup>, Carmona, Andalucía<sup>12</sup>

Figure 6: Main courtyard, Los Alcores



*Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission. Copyright 2019 Sanne Oostermeijer and Matt Dwyer.*

<sup>10</sup> Spain had a population of approximately 47.4m in 2020 (New Zealand had 5.1m in 2020), covers 506,000 km<sup>2</sup> (New Zealand is 268,000 km<sup>2</sup>) and is about 1,000 km in length (New Zealand is 1,600 km). While comparative data on the use of youth justice secure provision internationally has not been identified, Spain's national adult prison incarceration rate is 122 per 100,000 whereas New Zealand's is 188 per 100,000 (Prison Policy Initiative, 2021).

<sup>11</sup> Diagrama has over 35 secure, semi-secure and non-secure youth detention centres across Spain which all use a common approach; Los Alcores has been selected as an example, rather than necessarily being the most promising of these.

<sup>12</sup> Rationale for inclusion as a case study: (1) Diagrama has a strong international profile, and has Special Consultative Status to the United Nations (Diagrama Foundation, 2019a, 2019b); (2) Diagrama has experience of operating more than 35 re-education (youth detention) centres across Spain, and since 1991 the organisation has worked with over 40,000 young people in detention (Diagrama Foundation, 2019a); (3) Diagrama gave evidence on their model to Australia's Royal Commission into the Protection and Detention of Children in the Northern Territories (2017), and was subsequently invited to return to Australia to scope the Northern Territory context for the state government to implement an adapted Diagrama model that would be delivered by community organisations (Diagrama Foundation, 2019a); (4) Availability of independent inspection reports English-language (Defensor del Pueblo, 2019); and (5) Diagrama re-offending rates are reportedly low; one study (n=757) by Nicolás (as cited in Diagrama Foundation, 2019a) found that only 13.6% (103) received a further custodial sentence during the study period (within approximately five years of discharge).

## Introduction

Los Alcores is a 69 bedded youth justice secure facility or *re-education centre*. It caters for male and female youths aged 14 to 17 who have been sentenced or placed on remand (Oostermeijer & Dwyer, 2019). Los Alcores is in Carmona, a town in Southern Spain approximately 30 km from Seville – the fourth largest city in the country.

## Governance

Los Alcores is operated by Diagrama under contract from the Andalucía Ministry of Tourism, Regeneration, Justice and Local Administration; Andalucía is one of Spain's 17 autonomous regions. Diagrama (full name the *Diagrama Foundation* in English and *Fundación Diagrama* in Spanish) is a Spanish not-for-profit organisation with a growing presence in other countries including the UK and the US. Diagrama operates most of Spain's youth detention facilities and nationally is responsible for approximately 70% of youths in custody (RMIT Centre for Innovative Justice, 2018). In Spain private companies are legislatively prohibited from operating such centres (Fernandez-Molina et al., 2016).

## Stated purpose

The purpose of Los Alcores, and other Diagrama youth detention facilities, is supporting young people to take responsibility for their actions, addressing their behaviours, and reintegrating them back into their communities (Diagrama Foundation, 2019a).

## Positioning within the youth justice and/or child welfare systems

Responsibility for youth detention centres is the responsibility of the Andalucía Regional Government's Ministry of Tourism, Regeneration, Justice and Local Administration (n.d.). Andalucía has both youth justice courts and youth justice judges; they deal with all young people aged 14-17 who have been charged with an offence (Fernandez-Molina et al., 2016). In Spain judges, lawyers and prosecutors are also actively involved in monitoring the progress of a sentenced young person in juvenile detention (RMIT Centre for Innovative Justice, 2018).

However, part of the Andalucía Regional Government responsibility for care and protection and associated residential and foster care rests with the Department for Equality, Conciliation and Social Policies (n.d.). In Spain residential provision is a very significant component of out-of-home care provision with 40% of children and young people in residential care and 60% in foster care (Koshera et al, 2018). Nationally, for those in foster care, kinship care is used far more frequently than non-relative foster care (Del Valle et al., 2009); this is also the case in Andalusia (Palacios & Jiménez, 2009).

## Overview of model(s) and practice

This section outlines Los Alcores' and Diagrama's key features, as well as the components of their therapeutic model.

## **Key features**

These are seen as follows:

- A youth justice-specific facility with sentences averaging nine months and a recommendation of six months as a minimum; young people may also be placed in Los Alcores on remand (Diagrama Foundation, 2019a).
- One of Diagrama's larger facilities (Diagrama Foundation, 2019a), with 69 beds Los Alcores is large by New Zealand standards, but small in comparison to many facilities in Australia and the US.
- All Diagrama residential workers (social educators) are degree qualified (Diagrama Foundation, 2019a; Maguire, 2018).
- Security staff are employed and are present in units at all times (Diagrama Foundation, 2019a; Maguire, 2018).
- Children are almost always placed within their region (which for Los Alcores is Andalucia), and usually close to home (Diagrama Foundation, 2019a); family members are encouraged to visit at any time (Jesuit Social Services, 2017).
- When Diagrama first established its centres, more than 85% of children were from Roma communities. Today unaccompanied asylum seekers are an important focus (Diagrama Foundation, 2019a).
- Diagrama (2019a) reports that in its facilities there are few violent incidents or need for physical restraint, along with low levels of recidivism. It has never had a suicide at any of its centres (Diagrama Foundation, n.d.).

## **Model or framework components**

- Positive day-to-day relationships with emotionally regulated (and qualified) social educator role models. This is the foundation that the other model components rest upon (Diagrama Foundation, 2019b).
- Development of cognitive and social and skills including self-control, emotional intelligence, problem-solving, conflict management, and critical thinking (Diagrama Foundation, 2019a). Other specific interventions to address issues such as drug addiction may also be provided.
- Progression based on behaviour with young people moving through five stages from 'Induction' to 'Autonomy', with living units and security arrangements specific to each stage.<sup>13</sup> Becoming more autonomous, young people can leave the facility to attend school and work (Oostermeijer & Dwyer, 2019) and potentially socialise in the community (Diagrama Foundation, 2019a). However, each day, depending upon their behaviour, young people gain or lose credits; this can also lead to a move to a more restrictive unit.
- A full and purposeful day with formal and informal learning opportunities and activities throughout the day and evening including education, training, work,

<sup>13</sup> It is not clear whether or how young people are able to maintain positive relationships that have been established with social educators from a prior unit.

chores, daily sport, and constructive leisure activities including music, art, gardening, animal husbandry and cultural activities. Bedtime is usually 9.30pm or 10.00pm (Diagrama Foundation, 2019a).

- Where appropriate, regular contact with and the involvement of families in a young person's programme is encouraged, with a high level of flexibility around visits and video contact. If needed, work can be done to address family issues that may have contributed towards the young person's negative behaviours. Local accommodation may be provided for families that live some distance away. Engagement with carers and other significant people in the young person's life is also encouraged and supported. (Diagrama Foundation, 2019a).

## Accommodation

Los Alcores sits on a reasonably sized site of 15,600m<sup>2</sup>, although beyond the (largely self-contained) residential units themselves, there are not many other buildings or facilities (Oostermeijer & Dwyer, 2019); given that Los Alcores has up to 69 young people, this is a contrast with many facilities in Anglo-American countries that have a larger footprint. Diagrama's five unit (level) 'Induction' to 'Autonomy' behaviour modification approach (ranging from secure to semi-open units) is also reflected in the design and security of individual units and how they are furnished.

**Figure 7: Example of a unit living room**



*Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission. Copyright 2019 Sanne Oostermeijer and Matt Dwyer.*

When first admitted, young people are placed in the induction (and assessment) unit. In contrast to Los Alcores' other four units and in particular the autonomy unit used prior to discharge, the induction unit is more rigorously laid-out, with a focus on control and sight-lines. While the furniture is domestic rather than institutional, spaces are still personalised with belongings and pictures, but living spaces have fewer leisure items such as TVs, games and musical instruments. Oostermeijer and Dwyer (2019) report that the facility is well cared for and maintained; young people help look after their unit and the gardens including any vegetable beds and animals.

**Figure 8: Example of a unit kitchen**



*Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission.  
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Bedrooms in a similar facility (Castilla la Mancha) do not appear to have ensuite toilets or bathrooms in their units including their induction unit (Oostermeijer & Dwyer, 2019). It is unclear whether bedroom doors in units can be, or are, locked.

## Staffing

The Diagrama staffing structure has some interesting features:

Diagrama's residential youth workers are referred to (in English) as social educators; they "are with young people throughout the day, delivering activities including psycho-social education workshops, sports, arts, leisure activities" (Diagrama Foundation, 2019b, p.10). These are qualified positions with all social educators requiring an appropriate degree-level qualification.<sup>14</sup> All are trained in brain development, trauma-informed approaches, and the effects of neuro-developmental and other impairments. Managers and team leaders also regularly 'work on the floor'. Each facility also has a small 'technical team' of psychologists and social workers.

Diagrama also employ security staff "who act as a last resort in incident management. Their role is to safeguard and protect young people, staff and visitors, treating them with decency, dignity and respect at all times" (Diagrama Foundation, 2019a, p.15). One security person is present in each of the individual units, i.e. there will be several on duty across the facility at any one time. Security staff have no responsibilities for young people's day-to-day care and as far as possible they stay in the background; "their presence is subtle" (Jesuit Social Services, 2017, p. 16).

Another feature of the staffing structure is the relatively low staff to child ratios, with typically two social educators or vocational, education and training (VET) instructors (leads) on duty for twelve young people (Jesuit Social Services, 2017, p. 16).

<sup>14</sup> It is unclear from the material whether social educators require a professional qualification or simply any undergraduate degree.

Diagrama (n.d.) reports that its running costs are half those of state-operated custodial facilities in Spain, and 20% less than those in England.

While specific information on staffing at Los Alcores has not been identified, as the same model is used across Diagrama's detention centres, Table 14 shows staffing for three similar Diagrama secure youth justice facilities.

**Table 14: Diagrama Youth Detention Centre staffing**

	Sangonera, Murcia (46 places)	Odiel, Huelva (20 places)	San Miguel, Granada (14 places)
Director (Manager) & Deputies	3	2	2
Coordinators (Team Leaders)	4	2	2
Social Educators & VET leads	38	17	12
Security	24	9	6
Lawyer, Psychologist & Social Worker	0, 2, 1	0.3, 1, 1	0, 1, 1
Psychiatrist, Doctor, & Nurse <sup>15</sup>	0.2, 0.2, 0	0, 0.25, 0.13	0, 0.05, 0.13
Administration	1	0.5	0.4
<b>TOTAL</b>	<b>73.4</b>	<b>33.18</b>	<b>24.58 fte</b>

*Note. Adapted from "A Blueprint for Change: Adapting the lessons of the Spanish Youth Justice System to the Northern Territory – Appendices" by the Diagrama Foundation, 2019b, pp. 9-11. Copyright 2019 Diagrama Foundation.*

<sup>15</sup> Doctors and Nurses at Odiel and San Miguel are specifically listed as also being on-call.



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## Norwegian case study: Bjørgvin youth unit<sup>16</sup>, Bergen, Norway<sup>17</sup>

Figure 9: External view, Bjørgvin youth unit



Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission.  
Copyright 2019 Sanne Oostermeijer and Matt Dwyer.

<sup>16</sup> Rationale for inclusion as a case study: (1) With only two four-bedded secure units for a population that is similar to New Zealand, Norway has a very different approach to youth detention, and youth justice; legislative changes in 2012 specifically aimed to reduce the number of those aged 15-17 in pre-trial detention and serving sentences; (2) Independent inspection reports are positive (Council of Europe, 2011; Norwegian Parliamentary Ombudsman, 2016) and the unit does not appear to have experienced the periodic crises often seen elsewhere; this positive culture seems to go back several years. The Bjørgvin youth unit has also featured in two recent Australian reports on youth detention facilities overseas (Jesuit Social Services, 2017; Oostermeijer, S. & Dwyer, 2019); (3) While most youth detention centres are purpose-built, Bjørgvin youth unit was positively designed i.e. there was a strong focus on the physical environment enhancing the experience of children and young people and minimising the negative impacts of physical security measures (Fransson, 2018, Giofrè et al., 2018, Oostermeijer & Dwyer, 2019); and (4) As a pilot, the design, build, and operationalisation of the Bjørgvin youth unit was supported by a comprehensive evaluation programme undertaken by NOVA (Norwegian Social Research) at the Oslo Metropolitan University (Hydly, 2014, 2015; Hydly & Stang, 2016). As well as informing decisions on the continuation of the unit and whether a similar unit should be established in Oslo, the evaluation also had a particular focus on how well the interagency team worked together and the implementation of the United Nations Convention on the Rights of the Child (Office of the High Commissioner for Human Rights, 1989) in a specific youth detention context.

<sup>17</sup> Norway had a population of approximately 5.4m in 2020 (New Zealand had 5.1m in 2020), covers 385,000 km<sup>2</sup> (New Zealand is 268,000 km<sup>2</sup>) and is 1,750 km long (New Zealand is 1,600 km). While comparative data on the use of youth justice secure provision internationally has not been identified, Norway's national adult prison incarceration rate is 54 per 100,000 whereas New Zealand's is 188 per 100,000 (Prison Policy Initiative, 2021).

## Introduction

In 2009, the Norwegian parliament took the decision to pilot the establishment of a prison for young people aged 15 to 18. It was collaboratively developed by four government ministries: Ministry of Justice and Emergency Preparedness, Ministry of Education, Ministry of Health and Care Services and Ministry of Children, Gender Equality and Inclusion (Hydle, 2015). The Bjørgvin youth unit, a four bedded custom-built unit was opened in Bergen in 2014; the unit is located on the periphery of what is Norway's second largest city. As a result of the pilot, a second youth unit (Eidsvoll), a converted existing building rather than a new-build, has since been established at Ullermo prison near the capital Oslo. Between them, Norway's two secure youth units have capacity for up to eight young people. Both are for remanded and sentenced young people.

**Figure 10: Bjørgvin living room**



*Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission. Copyright 2019 Sanne Oostermeijer and Matt Dwyer.*

## Governance

Bjørgvin youth unit is a government-run facility which is operated by the Norwegian Correctional Service in association with Children, Youth and Family Affairs and other government agencies. While located a few kilometres away and out-of-sight, Bjørgvin youth unit is part of Bergen (adult) prison. Bjørgvin youth unit is subject to inspection as part of the National Preventive Mechanism against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (Parliamentary Ombudsman, 2021).

## Stated purpose

The stated purpose of all Norwegian prisons is rehabilitation and the integration of detainees into society. The purpose of Bjørgvin youth unit is the same but with children and as such more intensive and with more and better-qualified staff.

Fransson (2018) also suggests that the development of the two youth units can also be understood as a response to three major challenges which are not all unique to Norway:

Firstly, how the society should react towards children who commit serious crimes, often repeatedly. Secondly, how Norway should conform to the regulation in the United Nations Convention on The Rights of the Child...stating that children should not be imprisoned. Thirdly, how Norway should respond to the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment from 1991...that has criticised Norway for placing children in prison together with adults, and for the use of isolation and remanding children in custody (p. 180).

**Figure 11: Bjørgvin bedroom**



*Photograph by S. Oostermeijer & M. Dwyer, reproduced with permission. Copyright 2019 Sanne Oostermeijer and Matt Dwyer.*

## **Positioning within the youth justice and/or child welfare systems**

In Norway, the age of criminal responsibility is 15 years. Therefore, only children aged 15-17 years can be subject to the criminal justice system and detained.

While historically there are some marked differences between how 17 year old and 18 year old offenders are treated (Holmboe, 2017), Norway does not have a youth justice system per se, and certainly no specialist courts or judges (Gröning & Sætre, 2019). Indeed, Hydle (2014) states that there is not even a term for youth or juvenile justice in the Norwegian language, or indeed in any of the other Nordic countries. As such, and notwithstanding some legislative changes in 2014 (Holmboe, 2017) with the exception of the most serious offenders, children and young people who commit offences come under the auspices of the child welfare system. However, as with other Scandinavian countries, Norway does have a comparatively high number of children and young people in residential care (Matheson & Connelly, 2012) and wide

range of residential provision, including specialist drug and alcohol residential facilities for young people.

When beds are not available in the two youth units, those aged 15-17 may still be temporarily placed in adult prisons. However, at other times Bjørgvin youth unit may only have one or two young people there. Despite there only being two four bedded units, there has been some criticism (Grønning & Sætre, 2019) that given the size of Norway, many children detained there will be far away from their families and social networks, and that this is a breach of their rights under the *United Nations Convention on the Rights of the Child* (Office of the High Commissioner for Human Rights, 1989). A similar concern has been raised by the Norwegian Parliamentary Ombudsman (2021) about residential provision for children more generally, as much of this is located in isolated locations far away from the main population centres, and for many may require a flight to get there.

## Overview of model(s) and practice

The Bjørgvin youth unit is part of the Norwegian prison system. However, just as secure youth justice detention centres are different, so are prisons. Fridhov & Grønning (2018) suggest that across Norway, there are four distinct prison ideologies at play: *panoptic*; *industrial*, *progressive*; and *luxury*. They describe Bergen as a *progressive* prison. Built in 1990, Bergen prison was designed with a focus on the dignity of individuals, and while deprived of their freedom, prisoners retain all of their other civil rights including rights to education and healthcare (as a matter of course all prisoners in Norway retain their right to vote).

The prison also has four distinctive sections which prisoners progress through over the course of their sentence, each with their own workshops, learning areas, and places to socialise. With different levels of security, freedoms, responsibilities and benefits, prisoners start in the admissions section which has the strictest regime, and make their way through to the pre-release section which is located outside of the main prison gates. However, Bergen prison now refers to itself as *the interactive prison* with a new focus on cognitive programmes and providing opportunities for prisoners to realise and reach their potential. The main part of Bergen is officially categorised as a high security prison.

While the youth unit does not have separate sections per se, these *progressive* or *interactive* prison ideologies shape policy, programmes and practice. This includes *relational security*, a flexible use of space, and a focus on civil rights (and in this case the UN Convention on the Rights of the Child). Models used include restorative justice models, RNR (Risk-need-responsivity) and GLM (Good Lives Model of offender rehabilitation).

However, it remains part of a prison. While prison officers do not wear uniforms, protective helmets and other safety equipment is available for prison officers should the need arise. In the unit's 2016 evaluation report (Hydly & Stang, 2016) the researcher raised a concern about the use of a secure room/cell, within the unit. While it was deemed to be *adequate* by the Ombudsman who conceded that the design was *well thought out* with its speciousness, large window, and parquet rather

than concrete flooring, one young person interviewed had spent four months in this secure room and had only been allowed out to exercise for one hour a day. Similarly, in the Eidsvoll youth unit the Norwegian Parliamentary Ombudsman (2017) has raised concerns about young people there being repeatedly locked in their rooms over the course of a day.

## Accommodation

Young people live in one self-contained part of the ground floor of the modern building, with upstairs being devoted to office accommodation and an apartment for visiting families. With a strong focus on *positive design*, all of the spaces where the young people live are as home-like as possible. The four bedrooms all have large south facing windows for maximum sun, and as well as the open plan kitchen, dining and living area, there are lots of different places where staff can work quietly with young people. The unit also has a particularly large amount of outside green space which includes areas devoted to animals and vegetable cultivation (Giofrè, Porro & Fransson, 2018).

## Staffing

Essentially Bjørgvin youth unit has two interprofessional teams (Hydle & Stang, 2016): One team comprises prison officers, social care and child protection professionals, and teachers. This team works day-to-day with the young people. Notably prison officers make up half of this team. However, they are degree qualified (in Norway all prison officers need to gain a two-year qualification) and some prison officers in the unit have also undertaken family therapy training. The social care and child protection professionals are also well-educated with a bachelor's degree or higher. This team works three eight-hour shifts (there are no separate night staff). The other team is based outside of the unit and includes professionals from the prison, the closest college, the family therapy unit of Bergen health services and from Child Protection Services.



## Irish case study: Oberstown Campus<sup>18</sup>, Ireland<sup>19</sup>

Figure 12: External view, Oberstown Campus



### Introduction

Oberstown Campus is Ireland's national youth justice detention centre. Currently with 54 beds, the facility is for children under the age of 18 who have been sentenced or are on remand; in 2020 the daily average number of young people was 24 on detention orders and 12 on remand (Oberstown Campus, 2020). It is located in a rural setting approximately 30km north of the country's capital and largest city Dublin.

<sup>18</sup> Rationale for inclusion as a case study: (1) Publication of a series of review reports over 2016 and 2017 arising from a period of significant instability, which included a fire, high levels of staff assaults, and industrial action. The subsequent strategy and follow up reports may provide valuable lessons and insights on developing, implementing and bedding in a new residence, delivery of major collaborative change and improvement processes in this sector; (2) In an internal staff survey it's reported that 77% would recommend Oberstown as a place to work. Their efforts on employee health and wellbeing also earned them a KeepWell Mark accreditation in 2020; in the same year the Oberstown WorkingWell programme also won the wellbeing initiative of the year category at the national Ibec KeepWell Awards 2020 (Oberstown Campus, n.d.-b); (3) Publication of independent inspection reports with largely positive findings (Health Information and Quality Authority, 2020, 2021), Oberstown Campus' annual reports, and a comprehensive website ([www.oberstown.com](http://www.oberstown.com)) where other reports and information are also available; and (4) The 2021 publication of Advancing children's rights in detention: A model for international reform which was co-written by the current chair of the Oberstown Board of Management and the former Oberstown Campus Director.

<sup>19</sup> Ireland had a population of approximately 5m in 2020 (New Zealand had 5.1m in 2020) and covers 70,274 km<sup>2</sup> (New Zealand is 268,000 km<sup>2</sup>). While comparative data on the use of youth justice secure provision internationally has not been identified, Ireland's national adult prison incarceration rate is 77 per 100,000 whereas New Zealand's is 188 per 100,000 (Prison Policy Initiative, 2021).

## Funding and governance

Oberstown Campus is funded by the Irish Youth Justice Service (an office within the Department of Children, Equality, Disability, Integration and Youth). It is governed by a ministerially-appointed 14-person Board of Management; the Board includes two members appointed as local community representatives and two elected staff members. With the exception of the teaching staff, all staff are employed by the Management Board which in turn reports to the Minister.

## Stated purpose

“Oberstown Children Detention Campus provides safe and secure care and education to children between 10 and 18 years who have been committed to custody after conviction for criminal offences or remanded to custody while awaiting trial or sentence. Their aim is to support children to:

- improve decision making capacity;
- move away from offending behaviour; and
- prepare them to return to their community following their release from detention” (Perkins & O’Rourke, 2018, p. 1).

## Positioning within the youth justice and/or child welfare systems

Since 2020, the Department of Justice has had full responsibility for all community-based youth justice provision including probation (and police diversion), with the Department of Children, Equality, Disability, Integration and Youth retaining responsibility for the Oberstown Child Detention Campus. The Department of Justice (n.d.) has led the development of a 2021-2027 youth justice strategy, which operates within the Department of Children, Equality, Disability, Integration and Youth’s (n.d.) national policy framework for children and young adults. Ireland also has secure provision for children not detained as a result of criminal offences, but for their own safety and welfare. Operated by the Child and Family Agency (Tulsa), in 2019 these three small special care units catered for 13 children (Department of Children, Equality, Disability, Integration and Youth, 2019).

## Overview of model(s) and practice

Oberstown has developed its own model of care called CEHOP® which comprises the following five pillars or strands: Care, Education, Health, Offending Behaviour and Preparation for Leaving (Oberstown Campus, n.d.-a). Used primarily by residential social care workers and night staff, the model has nonetheless been designed to be used across the campus by all professionals (Kilkelly & Bergin, 2021).

**Figure 13: Oberstown CEHOP model**



While perhaps more of an integrated framework to support policies, procedures and systems than a (manualised or detailed) model per se, key elements include:

- being child-centred
- addressing rights including a strong focus on quality education (training and qualifications) and health
- purposeful relationship-building at three levels (relationship-based care)
- a keyworker system but with two members of staff (rather than one) assigned to each young person
- pro-social modelling
- developing child's critical thinking skills and emotional intelligence
- more future than past focused
- planning and review meetings that include families within three days of admission and thereafter every 6-8 weeks.
- supporting appropriate contact with family, some friends and any appropriate community-based organisations
- support to transition back to the community.

Other approaches (e.g. models, frameworks, and/or practices) used by the Oberstown Campus include:

- *MAPA (Management of Actual or Potential Aggression)* (Kilkelly & Bergin, 2021; Oberstown Campus, 2020)
- *Outcomes Youth Star* and *Outcomes Justice Star* (immediate and intermediate) outcome measurement tools (Department of Rural and Community Development, 2023)
- Skills, Training, Education and Person-Centred Support Project (STEPS+) – a bespoke programme developed with CareersPortal (Oberstown Campus, 2021).

## Accommodation

“The campus consists of nine units, designed to theoretically accommodate a maximum number of 82 children. The current license issued by the Minister for Children and Youth Affairs allows 54 young people (to include a maximum of 48 boys and a maximum of six girls) to be accommodated at the campus” (Perkins & O’Rourke, 2018, p.8).

In addition to the units, the campus includes outdoor and indoor recreational facilities, and a reception/administration block which contains medical and dental facilities and facilities for children to meet their visitors and other professionals (Health Information and Quality Authority, 2020).

**Figure 14: Internal view, Oberstown Campus**



## Staffing

Each of the five (operating) units, and their respective residential social care workers, are managed by a unit manager. All residential social care workers must have a qualification at degree level in social care, social work, youth work, teaching, nursing, psychology or another relevant discipline, as well as three years of relevant experience; by international standards Oberstown’s residential social care workers are well paid and their salary range of €29,349 - €60,216<sup>20</sup> is particularly wide (Oberstown Campus, 2019).

The leadership team comprises of the following roles:

- Director;
- Deputy Director Ancillary Operations;
- Deputy Director Operations;
- Head of Programmes;
- Head of Residential;
- Business and Compliance Manager;

<sup>20</sup> Using currency exchange rates at the time of writing, the residential social care worker salary range given here was approximately NZ\$47k-\$96k; this excludes shift and public holiday allowances

- Chief People Officer and
- Organisational Psychologist (Health Information and Quality Authority, 2021).

Excluding teachers,<sup>21</sup> Oberstown employs more than 270 staff; this includes a number of specialist and administrative roles that in other jurisdictions might be located in a governmental national, state or provincial head office.

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<sup>21</sup> Teaching staff at the campus school are employed separately by the Dublin and Dun Laoghaire Education and Training Board.



## Scottish case study: Kibble Safe Centre<sup>22</sup>, Paisley, Scotland<sup>23</sup>



Figure 15: External view, Kibble Safe Centre

<sup>22</sup> Rationale for inclusion as a case study: (1) Kibble has a high international profile; within Scotland, last year the Chief Executive Jim Gillespie was also named Regional Director of the Year for Glasgow and the West at the annual Institute of Directors Scotland awards in recognition of his leadership of the charity during the challenges of the pandemic (Institute of Directors, 2021); (2) Availability of regular public domain inspection reports on Kibble's secure care which have generally been very positive and in some areas exemplary (Care Inspectorate, 2020, 2021, 2022); (3) Scotland's strong residential childcare professional infrastructure including: (a) The recent national adoption of Secure care pathway and standards. Co-produced with children and young people, the aim is to improve the experiences of children and young people who are in, or on the edges of, secure care, and ensure their rights. This is done by setting out what they should expect across the continuum of intensive supports and services (Children and Young People's Centre for Justice, 2020b; Scottish Government, 2020; Sullivan & Logan, 2021), (b) A long-time requirement that all residential youth workers and managers are qualified and registered with the Scottish Social Services Council (alongside social workers and others). As previously mentioned, the possibility of a new degree qualification for residential child care workers is in development (CELCIS, n.d.-a) with consideration being given to making it a mandatory requirement, (c) CELCIS based at the University of Strathclyde, including its: Scottish Institute of Residential Child Care annual conference; Scottish Journal of Residential Child Care; Education forum, and hosting the Scottish Physical Restraint Action Group, (d) The University of Strathclyde's MSc in Advanced Residential Child Care, and distance learning MSc in Child and Youth Care Studies; (e) The Children and Young People's Centre for Justice (formerly the Centre for Youth and Criminal Justice), also based at the University of Strathclyde, including its curated online space for secure care experienced children and young people (STARR) and the establishment of a new national secure care practitioner's forum (f) The longstanding role of Who Cares? Scotland since 1978 (similar to VOYCE - Whakarongo Mai), along with national professional membership organisations including the Social Work Scotland Residential Child Care Subgroup and the Scottish Throughcare and Aftercare Forum; and (4) A significant body of Scottish literature on residential child care, including several reports and articles specifically on secure care (e.g. Armstrong & McGhee, 2019; Barclay & Hunter, 2008; Barry & Moodie, 2008; Foreman, 2004; Gallacher, 2020; Gough, 2016, 2016b; Hart & La Valle, 2016; Kendrick et al., 2008; Mitchell et al., 2012; Moodie, 2015; Schliehe, 2015; Scottish Institute for Residential Child Care, 2009; Smith et al., 2014).

<sup>23</sup> Scotland had a population of approximately 5.5m in 2020 (New Zealand had 5.1m in 2020), covers 78,000 km<sup>2</sup> (New Zealand is 268,000 km<sup>2</sup>) and is 450 km long (New Zealand is 1,600 km). While comparative data on the use of youth justice secure provision internationally has not been identified, Scotland's national adult prison incarceration rate is 136 per 100,000 whereas New Zealand's is 188 per 100,000 (Prison Policy Initiative, 2021).

## Introduction

The Safe Centre is part of Kibble Education and Care (Kibble), a charity and social enterprise providing a wide range residential and non-residential care, housing, intensive fostering, education and training services for children and young people facing adversity and trauma. Kibble was founded in 1859 with a bequest to “endow in Paisley, an institution for the purpose of reclaiming youthful offenders against the laws” (Kibble, n.d.-d, para 1).

The Safe Centre, established in 2007, offers secure care to boys and girls aged 12 to 17 (Kibble, 2021a). It is one of five secure care providers in Scotland (four charities and one local authority<sup>24</sup>) (Children and Young People’s Centre for Justice, n.d.-a; Scottish Government, n.d.) and has 18 of the 84 nationally available beds (Kibble, 2019, n.d.-e). Children may be placed in secure care on welfare grounds, on remand or sentenced. The Safe Centre is located on a large campus, along with the majority of other Kibble services, on the outskirts of Paisley adjacent to Scotland’s largest city Glasgow.

## Governance

Governed by trustees, Kibble (n.d.-a) is a not-for-profit company and registered charity. Kibble is part of a Scotland-wide procurement framework for secure care services, and advertises vacancies using the Secure Accommodation Network Scotland website ([www.sanscotland.org](http://www.sanscotland.org)) (Soutar, n.d.).

Kibble Secure Care is regularly inspected by Scotland’s care regulatory body the Care Inspectorate (2020, 2021, 2022) which is also designated as a member of the National Preventative Mechanism, in relation to care and the Optional Protocol to the Convention against Torture and other Cruel Inhuman or Degrading Treatment or Punishment (OPCAT).

## Stated purpose

“Kibble Safe Centre provides a safe, secure and supportive environment to help young people through a period of crisis. Our Safe Centre supports young people aged 12 – 18, providing residential care, education and ongoing support. We aim to help highly vulnerable individuals to overcome past difficulties, open up future opportunities and positively re-engage with their communities” (Kibble, n.d.-e para. 1).

## Positioning within the youth justice and/or child welfare systems

Children may be placed in secure care on welfare grounds; children who offend may also be placed on remand or sentenced (Nolan, 2020). In Scotland a welfare approach underpins both the philosophy and practice with children and young people who offend (Centre for Youth & Criminal Justice & IRSS, 2021). As such, it should be noted that being placed in secure care on welfare grounds may include offending behaviour.

<sup>24</sup> In contrast to England there are no private sector secure care providers in Scotland.

That said, under current legislation, 16 and 17 year olds may be remanded and/or sentenced (from six months to life) to a *Young Offenders Institution* (CYCJ & IRISS, 2021). For males, *Her Majesty's Prison and Young Offenders Institution Polmont* is a 760 bedded facility for 16 to 21 year olds run by the Scottish Prison Service; over the course of 2021, 120 16 and 17 year olds were sent to Polmont, with most being there on remand. *Her Majesty's Young Offenders Institution Cornton Vale* serves a similar function for females.

However, the Scottish Government has committed to “end the placement of 16 and 17 year olds in Young Offenders Institutions without delay” (Scottish Government, 2022b, para. 6) and as an interim measure has launched a public consultation process on a possible Children's Care and Justice Bill (Scottish Government, 2022a).

## Overview of model(s) and practice

This section outlines Kibble's key features, and its new therapeutic model (framework). Kibble also uses the *Three Pillars of Trauma Wise Care* framework (Bath, 2015; Bath & Selta, 2018) with its focus on importance of safety, connections and coping in the daily lives of children, and their *Safe Crisis Management*® de-escalation and restraint programme.

### Key features

The key features of Kibble's Safe Centre, as found at [www.kibble.org](http://www.kibble.org), are that:

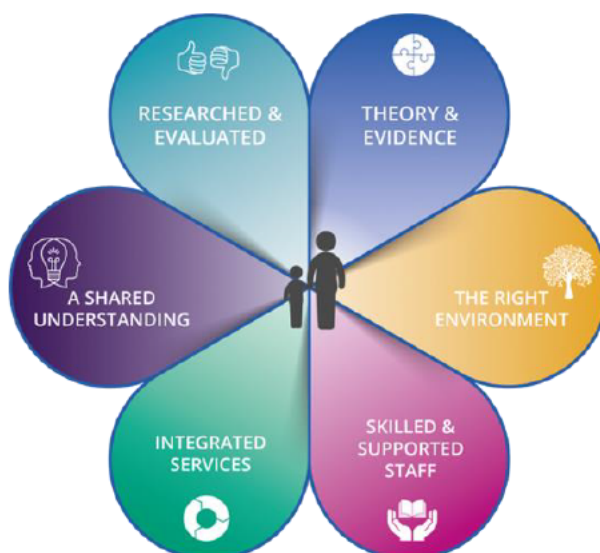
- children are there, in New Zealand terminology, for both care and protection and/or youth justice reasons
- it is relatively small (3 x 6 bedded units)
- it exclusively employs qualified residential workers and operates a keyworker system
- it is supported by an interdisciplinary specialist intervention services team (organisation-wide) which provides psychological assessments, individual therapeutic interventions<sup>25</sup>, and systematic family work
- it offers residential and foster care alternatives to secure care, as well as some options in relation to housing, education, training and employment
- it is run by a charity.

<sup>25</sup> Possible individual therapeutic interventions are listed as: Dyadic Developmental Practice (DDP); Bereavement and Loss; Offence Focused Intervention; Anger Management; Social Skills Development; Therapeutic Art and Drama Group; Dialectical Behaviour Therapy (DBT); Neuro-sequential Model of Therapeutics (NMT); Art Therapy; Cognitive Behavioural Therapy (CBT); Counselling; Trauma Treatment; Anxiety Management; Play Therapy; Safer Lives (Problematic Sexual Behaviour); Substance Use; and Emotional Regulation.

## ***Kibble therapeutic model***

Kibble (n.d.-c) has developed its own, trauma-informed, therapeutic model, or framework as shown below, with implementation commencing across the organisation in July 2020.

**Figure 16: Kibble therapeutic model**



It's seven essential elements are as follows:

- The child and our relationship with them are at the centre (the primary goal is to build real connections with a child that are ultimately healing)
- Theory and evidence based (continuously learning about ideas and the use of evidence to improve services)
- The right environment (the physical environment needs to help not hinder the work)
- Skilled and supported staff (relationships are key, but these need to be built on with skills development, and looking after staff too)
- Integrated services (strong alignment across a child's home or house, education and therapy)
- A shared understanding (of children and their behaviour, rooted in attachment, trauma and child development)
- Researched and evaluated (Kibble has a duty to know whether what they do works).

## **Accommodation**

The Safe Centre was purpose-built in 2007 and is on the main Kibble campus. Within the building there are three six-bedded units called *care houses*; here young people have access to a range of support services including 52-week education, and physical and emotional support for their health and wellbeing. Each care house has its own kitchen and living area and all bedrooms have their own bathrooms. Children and young people may also have access to additional facilities including the campus

swimming pool. The three care houses are also all linked to residential stepdown and community alternatives (Soutar, n.d.).

## Staffing

Residential staff at Kibble are referred to as Child and Youth Care Workers. Within the Safe Centre there is what Kibble describes as a highly trained and qualified staff team working with a minimum staff to child ratio of 1:2 (Soutar, n.d.). As all workers in residential roles with children in Scotland need to be registered with the Scottish Social Services Council, registration necessitates having recognised qualifications (with higher qualification requirements for senior practitioners, supervisors and managers). Currently Scottish residential childcare workers require two (separate or combined) qualifications; a *practice* qualification and a *knowledge* qualification. Typically for Residential Child Care Workers these are:

- The SVQ (Scottish Vocational Qualification) Social Services (Children and Young People) SCQF (Scottish Credit and Qualifications Framework) Level 7; and
- The HNC (Higher National Certificate) Social Services (Scottish Social Services Council, n.d.).

All prospective Child and Youth Care Workers must complete and pass Kibble's previously mentioned Safe Crisis Management® training course. At Kibble all Child and Youth Care Workers are subsequently trained in working with self-harm and suicidal behaviours. Base salary range (2021) is £25,641.58 - £36,318.84<sup>26</sup> (Kibble, 2021-b).

As well as Child and Youth Care Workers, other roles with similar requirements include:

- Child and Youth Care Workers (nights)
- Child and Youth Care Workers (annualised)<sup>27</sup>
- Senior practitioners.

For those without qualifications or experience, Kibble's Learning and Development team has developed a 12-month staff-in-training programme offering work experience as well as personal mentoring, guidance and support as trainees work towards a HNC (Higher National Certificate) in Social Services. As well as a living wage, all those who complete the programme are guaranteed an interview for a permanent Child and Youth Care Worker role (Kibble, n.d.-b).

As previously mentioned, Kibble also has a Specialist Intervention Services team which operates across the organisation and provide the therapeutic interventions

<sup>26</sup> Using currency exchange rates at the time of writing, the basic Child and Youth Care Worker salary range given here was approximately NZ\$49k-NZ\$69k.

<sup>27</sup> This is a permanent salaried full-time role. However, it is designed to reduce the need for overtime so actual weekly hours are variable depending on the needs of the organisation (and may include working at night); overtime is only paid if the number of hours for the year exceed the contracted 1,924 hours.

and family support services. This team includes a full-time LAC (Looked After Children) nurse.

Scotland has developed a strong and sustained political, organisational and professional focus on secure care policy, strategy, and practice over recent years (for example, Children and Young People's Centre for Justice, 2020a, n.d.-b; Children and Young People's Commissioner Scotland, 2021; Independent Care Review, 2020; Kibble, 2019; Scottish Government, 2018, 2022; Scottish Parliament Justice Committee, 2019; Secure Care Strategic Board, 2019; Scottish Institute for Residential Child Care, 2009).

With the Scottish Government (2022b) committing to fully implement the recommendations of The Promise (Independent Care Review 2020) by 2030, including the report's call for a fundamental rethink of the purpose, delivery and infrastructure of secure care, a period of major change for secure care in Scotland may be underway.



## Australian case study: Bimberi<sup>28</sup>, Canberra, ACT<sup>29</sup>

Figure 17: External view, Bimberi



### Introduction

Bimberi is the sole secure facility for children and young people in the Australian Capital Territory. “It accommodates children and young people aged 10 to 21 years old who have been refused bail or are sentenced to a period of detention by the ACT’s Children’s Court or Supreme Court” (ACT Community Services Directorate, 2021, para 1), although few are aged 18-20 with the majority being aged 15-17 (ACT Community Services Directorate, 2023). Established in 2008 as a replacement for the Quamby Youth Detention Centre and purpose-built for up to 40 beds, Bimberi is funded to provide 22 places; over 2019/20 and 2020/21 average occupancy per

<sup>28</sup> Rationale for inclusion as a case study: (1) Bimberi is likely to operate in a context that is more similar to Oranga Tamariki youth justice residences than others internationally; (2) Bimberi’s description as “a state of the art youth detention facility that is the first in Australia to operate within human rights requirements, and is designed to meet human rights standards” (ACT Community Services Directorate 2023, para 1); (3) While Bimberi has had its challenges, publication of independent inspection and review reports show generally positive findings (e.g. ACT Disability and Community Services Commissioner & ACT Human Rights Commissioner, 2019; ACT Inspector of Correctional Services, 2021). The newly Healthy Centre Review is a statutory biannual process with inspection reports and the government’s responses being presented to the ACT parliament (ACT Inspector of Correctional Services, 2021).

<sup>29</sup> The Australian Capital Territory had a population of approximately 5m in 2020 (New Zealand had 5.4m in 2021), and covers 2,000 km<sup>2</sup> (New Zealand is 268,000 km<sup>2</sup>). While comparative data on the use of youth justice secure provision internationally has not been identified, Australia’s national adult prison incarceration rate is 160 per 100,000 (comparative data for ACT not available) whereas New Zealand’s is 188 per 100,000 (Prison Policy Initiative, 2021).

night was 15 and nine respectively (ACT Community Services Directorate, 2021, para 2). Bimberi is located in a rural setting on the outskirts of Canberra.

## **Governance**

Bimberi is a government-run facility and is operated by Child and Youth Protection Services within the Community Services Directorate, in partnership with the Education Directorate, Canberra Health Services (Justice Health Services and Forensic Mental Health Services) and certain community organisations. In recent years a Bimberi Oversight Group has been established, comprising representatives from the Australian Capital Territory Inspector (ACT) Community Services Directorate, the Human Rights Commission, the Office of the ACT Inspector of Correctional Services, the Murrumbidgee Education and Training Centre (the on-site school), Justice Health Services, ACT Ombudsman, and Bimberi Official Visitors (ACT Disability and Community Services Commissioner & ACT Human Rights Commissioner, 2019).

Since 2019 Bimberi has been subject to statutory inspections by the ACT Inspector of Correctional Services (2021) although still subject to other monitoring visits from Official Visitors, the ACT Public Advocate and the Children and Young People Commissioner (ACT Community Services Directorate, 2021-b).

## **Stated purpose**

“At Bimberi young people are supported to understand, address and take responsibility for their actions that led them to come into Bimberi. They are supported to get back on track, continue learning and build skills, avoid future criminal behaviour and return confidently to the community through a range of programs and services. Bimberi does this by providing a safe, secure, supportive and rehabilitative environment for young people in custody resulting in the young people:

- feeling safe, valued, respected, supported, empowered and hopeful about their future
- being prepared to successfully participate socially and economically in the community” (ACT Community Services Directorate, 2021, para 2).

## **Positioning within the youth justice and/or child welfare systems**

Child and Youth Protection Services is located within the ACT government directorate of Community Services. Notably, and as the only secure residence for children and young people in the Territory, some child and young people will be placed there for non-offending reasons.

## Overview of model(s) and practice

Bimberi seeks to blend a human rights approach with both child and youth, and justice approaches.

### ***Human rights approach***

Bimberi is described by ACT Community Services Directorate (2021) as a “state of the art youth detention facility that is the first in Australia to operate within human rights requirements, and is designed to meet human rights standards” (para 1).

The ACT Human Rights Act 2004 imposes duties on ACT public authorities to act in ways that are compatible with the human rights protected in the Act, and to take these into account in decision making. Children and young people are entitled to all the human rights guaranteed under the Act. In addition there is a specific provision that every child has the right to the protection needed by the child because of being a child, without distinction or discrimination of any kind. Furthermore, the Act recognises that international law can be used to interpret human rights, e.g. the UN Convention on the Rights of the Child (ACT Human Rights Commission, 2018). As well as youth justice more generally, this legislation specifically informed how Bimberi was designed, built and operated (Whyles, 2009).

This approach has also been reflected in Bimberi having a charter of rights for young people (ACT Community Services Directorate, n.d.-a) which all Bimberi staff and some others (including Police, Education and Health staff) need to adhere to, as well as the publication of a 90-page handbook for young people (ACT Community Services Directorate, 2020).

### ***Child and youth approaches***

Bimberi has a behaviour management framework which is described as follows:

Bimberi has a comprehensive behaviour management framework that directs the provision of a safe environment for young people to undertake social and emotional development, and promote prosocial behaviours, while still responding to negative and challenging behaviour... The emphasis of this behaviour management framework is to implement proactive or preventative strategies to promote positive and prosocial behaviour by young people and responsive strategies to respond to negative or challenging behaviour by young people. Challenging behaviour should be considered in context of young person individuality, their overall functioning and in consideration of their trauma history (ACT Community Services Directorate, 2021-c, p.6).

The term ‘therapeutic’ has occasionally been used in publications to describe how Bimberi operates, in for example the *Blueprint for Youth Justice Taskforce: Final report* (ACT Community Services Directorate, 2019b). Similarly in a recent Youth Worker position description, Bimberi is described as “child centred, evidence-based,

and developmentally appropriate” (ACT Community Services Directorate, n.d.-b, p.1). However, beyond the behaviour management framework, while the use of any therapeutic model, models or practices is not clear, there is a recognition that Bimberi’s behaviour management framework needs to be more trauma-informed, and as a response to the recent ACT Inspector of Correctional Services (2021) review, a commitment has been made to review this by June 2022 (ACT Community Services Directorate, 2021c).

What can be said, based on the publicly available information, is that at Bimberi there is a strong focus on education. All children and young people are expected to be engaged in education – usually at the Murrumbidgee Education and Training Centre (the on-site school). As well as improving skills in reading, writing and maths and helping to study towards school certificates, the school also develops life skills and offers several Canberra Institute of Technology qualifications, e.g. barista, house painting, horticulture, hairdressing, childcare, hospitality and music production. Also, a wide range of outside agencies and organisations (39 over the year 2020-21), provide services within Bimberi (ACT Community Services Directorate, 2021-b).

While Bimberi does train its staff in de-escalation and physical restraint techniques, it does not appear to use MAPA (Management of Actual or Potential Aggression) or any other recognised international de-escalation and restraint training programme (ACT Community Services Directorate, 2019; ACT Disability and Community Services Commissioner & ACT Human Rights Commission, 2019).

### ***Prison approaches***

While not framed as such, Bimberi also has a strong justice or prison-orientation. As a matter of policy, every ‘night’ all children and young people are locked in their individual rooms for 13 hours and sometimes longer, i.e. at least from 7.30pm to 8.30am/9am (ACT Inspector of Correctional Services, 2021). Indeed, as youth workers work 12-hour shifts in Bimberi and/or the associated non-secure Bimberi Community Residential Services (Face2face Recruitment, 2018), the staffing structure appears to be predicated upon such a pattern. Additionally, over 2020/21 there were 10 operational lockdowns during the day, for staffing or security reasons, where some or all children and young people were locked in their rooms; over 2019/2020 there were 277 such incidents (ACT Community Services Directorate, 2021-b).

In the relevant legislation, youth workers are referred to as Youth Detention Officers and children as detainees (ACT Inspector of Correctional Services, 2021). Staff wear a Bimberi-issued uniform and young people also wear clothing provided by Bimberi. Prospective staff are subject to medical and fitness testing to determine whether they are physically and medically capable of performing all of the required duties (Face2face Recruitment, 2018). Indeed, in his recent report the ACT Inspector of Correctional Services (2021) found “that ‘youth worker’ misrepresents the role of youth detention officers at Bimberi Youth Justice Centre” (p.55).

Some of the terminology and other processes in use (e.g. wings, and each person having a security classification) are more evocative of adult prisons than places for

children and young people. Bimberi has been functioning primarily as a remand facility; over the course of 2018/19 94.2% (81) of children and young people at Bimberi were there on remand (Australian Institute of Health and Welfare, 2021).

Furthermore, while there are new (interim) *ACT Standards for Youth Detention Places* (ACT Inspector of Correctional Services, 2020) in place, these are based on the World Health Organisation 'Healthy Centre' test used for adult prisons rather than, for example, World Health Organisation (2003) principles specifically for young people in custody. These standards (arguably only narrowly) focus on:

- safety
- respect
- purposeful activity, and
- rehabilitation and preparation for release (ACT Community Services Directorate, 2021c; ACT Inspector of Correctional Services, 2020).

## Accommodation

With a campus design, Bimberi is made up of several standalone building as follows:

- Four residential units (each young person has their own room with a bed, desk and bathroom) including one unit specifically for admissions and induction. Each unit has two wings including a communal living area, laundry and courtyard.
- School, including classrooms, a woodwork room, a metalwork room, an art room, a music room and vegetable gardens.
- Health clinic,
- Visitor centre,
- Dining hall and kitchen,
- Gym, indoor pool, and
- Spiritual centre (ACT Inspector of Correctional Services, 2021).

**Figure 18: Bedroom at Bimberi**



**Figure 19: Dining hall at Bimberi**



## Staffing

As at 2021, Bimberi was funded for 73.68 FTE staff<sup>30</sup> (ACT Inspector of Correctional Services, 2021). As well as youth workers, casual youth workers, team leaders and unit managers, other roles include the senior leadership team, case manager, therapist, educator, nurse, and family engagement officer. The current Community Services Directorate (2021a) Bimberi webpages also refer to security guards working at Bimberi although no further information is provided on such a role or numbers. In response to recent external reports, the following four new posts have been established:

- Principal Practitioner to strengthen trauma-informed, therapeutic treatment and advice available to young people.
- Intelligence Officer who will be responsible for the timely assessment and review of classifications and for the determination of behaviour breaches.
- Work Health and Safety Adviser will manage the Work Health and Safety system, including overseeing the Work Health and Safety and operational risk registers.
- A new Training Officer will be responsible for managing training for Bimberi staff, including organising compulsory refresher training (ACT Community Services Directorate, 2019-a).

At Bimberi, all youth workers work a seven-day fortnight/12-hour shift roster across both days and nights, i.e. there are no night staff. In 2018 youth workers were receiving a base salary of A\$60,039 to A\$72,175 plus allowances (Face2face Recruitment, 2018). Recruitment takes place twice a year with a process that includes psychometric, medical, and fitness assessments (Face2face Recruitment, 2018). Bimberi has a mandatory seven-week full-time classroom-based induction programme which must be satisfactorily completed. New youth workers are supported to enrol in the Certificate IV in Community Services and will be fully sponsored financially to attain this accreditation; on completion of the certificate similar arrangements are in place for the subsequent Diploma of Community Services (ACT Community Services Directorate, 2021a), although no information is available on take up and qualifications held.

<sup>30</sup> Includes seven FTE positions for their non-secure Narrabundah House Indigenous Supported Residential Facility.

# Discussion

Before concluding, some comments on the applicability of some of the findings to Oranga Tamariki context. I'll focus here on the following four areas:

- Clearer youth justice residences' purpose
- Increased number of youth justice residences and beds
- Education, and
- Māori.

## Clearer youth justice residences' purpose

Internationally, many youth detention centres suffer from a lack of agreement and clarity on their role or purpose which has a number of adverse impacts.

Notwithstanding any use of restorative practice in youth justice residences (Mitchell, 2018) one of the challenges of operating New Zealand's youth justice residences is that rather than being an integral part of the youth justice system, going to a residence can be seen as a consequence of the youth justice system's failure to work effectively with those young people who experience multiple disadvantage.

However, without greater clarity, understanding and transparency on what the actual purpose of our residences is, the selection and adoption of individual models and practice(s) cannot hope to be coherent, nor can the right (sized and located) buildings be developed, and appropriate staff recruited, selected, supported, developed and retained.

## Increased number of youth justice residences and beds

As discussed previously, over the last decade or so, the use of secure detention has fallen in several Anglo-American countries, dramatically so in some. Yet today Oranga Tamariki has five secure youth justice residences with 155 beds (Oranga Tamariki, 2021b). Having had, according to the New Zealand Herald, only 65 youth justice beds in 1996 (Berry, 2004), this represents a 238% increase in national capacity; the 15 bedded Whakatakapokai secure youth justice residence, with its new Māori-centred approach, opened as recently as 2021 (Oranga Tamariki, 2022).

Notwithstanding the recent legislative extension to 17-year-olds, this apparent increased reliance on secure youth justice residence provision appears to fly in the face of national and international youth offending trends. Including Correction's provision, it would appear that New Zealand now has a higher proportion of young people in detention than England and Wales. In New Zealand the number of children and young people under the age of 17 in the Youth, District and High courts has over recent years been falling dramatically (Lynch, 2019), with the underlying rate and number of youth apprehensions, be it less dramatically, also declining (Cleland & Quince, 2014). The latest figures from the Ministry of Justice (2022a, 2022b) show

that since 2009, the number of children and young people who have had charges finalised in court has dropped by approximately four-fifths. Furthermore, while 17-year-olds are now included because of recent legislative changes and make up the single largest age group, last year's total number of children and young people in court, was still the lowest ever.

In the year ended December 2021, as shown in the following table, of the 1,338 children and young people who had charges finalised in court, only 46 received supervision with residence in a youth justice facility.

**Table 15: New Zealand children and young people in court 2021**

Children and young people who in 2021...	Number
had charges finalised in court	1,338
had charges proved	993
polloed plans agreed at family group conferences and were discharged	687
received a Youth Court order or adult sentence	306
received supervision with residence in a youth justice facility	46

*Note. Adapted from "Children and young people in court. Data notes and trends for 2021" and "Trends in children and young people in court: Statistics for children (aged 10-13) and young people (aged 14-17\*) in the Youth, District and High Courts in the year ended December 2021" by New Zealand Ministry of Justice (2022a, 2022b). Copyright 2022 New Zealand Ministry of Justice.*

Of the 306 children and young people who received a Youth Court order or an adult sentence in 2021, Ministry of Justice (2022a) data shows that the types of orders received (in order of seriousness, counting the most serious order only) were:

- adult sentences, mostly imprisonment or home detention for very serious offending (17% of children and young people with orders)
- supervision with residence in a youth justice facility (15%)
- supervision with activity (13%)
- supervision or community work (17%)
- education or rehabilitation programmes (such as alcohol treatment or parenting programmes) (less than 1%)
- monetary penalty, confiscation or disqualification (19%)
- discharge or admonishment (22%) (p.4).

This would appear to support longstanding concerns about the large proportion of young people in youth justice residences who are on remand (Henwood et al., 2016) as well as young people on long remand stays (Gluckman, 2018).

## Education

As discussed, in many Anglo-American and European jurisdictions, education makes a critical contribution to the lives of children while they are in a youth detention

centre, as well as after they have left. Children who may have been out of school for months or even years, can re-connect with learning and engage with specialist teachers and leave with enhanced literacy and numeracy skills, completed coursework, short course completion certificates and/or an education or vocational qualification; some may even be re-integrated back into a school or transition into tertiary education or employment.

The Education Review Office (2021) report *Learning in residential care: They knew I wanted to learn* assessed the quality of education for students in Oranga Tamariki Care and Protection and Youth Justice residences and how it can be improved. They found that:

While students are positive about their experiences, they are not consistently receiving a high-quality education. Across the eight sites we saw considerable variability. Whilst there was good practice, there were also pockets of poor practice. (p. 27).

An earlier Ministry of Education report (Matheson, 2014) reached a similar conclusion. While the Education Review Office (2021) report also raises a number of wider systems' issues, it identified three action areas as priorities:

1. Improving the quality of the students' education while in residence
2. Growing expertise and reducing variability of provision
3. Students having access to high quality education when they move out of residence.

As has been found in youth detention centres overseas and other residential provision, staff and their managers in youth justice residences also have an important role to play in supporting education and wider learning (White et al., 2019).

## Māori

As in other relevant Anglo-American countries, the over-representation of Indigenous youth in our secure youth justice residences has been a perennial concern. The latest Section 7AA Quality Standards report (Oranga Tamariki, 2021a) shows that 67% of young people in youth justice residences identify exclusively as Māori, with a further 13% identifying as both Māori and Pacific (identifying exclusively as Pacific was 7% with Other (including Pakeha) at 13%). While calculation methods may vary, 80% of children in youth justice residences identifying as Māori is significantly higher than published figures for the adult prison system where 52% are Māori (Ministry of Justice, 2021a). Also, although Māori have long been over-represented in youth justice statistics, they appear to become more over-represented as they progress through the system (Action for Children & Youth Aotearoa, 2014; Ministry of Justice, 2021b, 2022a). While the over-representation of Māori in youth justice residences is an important issue and highlights the need for Te ao Māori perspectives and bicultural practice, this apparent wider failure by the youth justice (and care and protection) system reiterates the importance of 7AA objectives.

# Conclusion

Across the world, youth detention centres serve different purposes. Other than the fundamental importance of other countries being clear on what their purpose is, and ensuring that this is fully reflected in service design, staffing and systems, there is no simple international consensus on what youth detention centre best practice looks like. There is also very little in the way of comparative research. However, whether drawing primarily on the US models tradition or the European professional practice tradition, much can still be learnt from overseas literature, system-models, Manualised Evidence-supported Treatment (MEST) programmes, frameworks, evidence-based practices, and case studies, and their possible application to our particular context.

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