



Policy name: Minimising and Managing Separation and Isolation in the Children and Young People Secure Estate

Reference: N/A

Issue Date: 1st April 2022

Implementation Date: 1st April 2022 for YOI / to be confirmed for STC and SCH

Replaces the following documents (e.g. PSIs, PSOs, Custodial Service Specs) which are hereby cancelled: N/A

Introduces amendments to the following documents: N/A

Action required by:

√	HMPPS HQ		Governors
	Public Sector Prisons		Heads of Group
	Contracted Prisons		The Probation Service
√	Under 18 Young Offender Institutions		Other providers of Probation and Community Services
	HMPPS Rehabilitation Contract Services Team		

Mandatory Actions: All groups referenced above must adhere to the Requirements section of this Policy Framework, which contains all mandatory actions.

By the relevant date of implementation of this Framework, Governors of under-18 Young Offender Institutions (YOI)¹; Directors of Secure Training Centres (STC); and Managers of Secure Children's Homes (SCH) are responsible for the implementation of operating procedures which reflect with the requirements set out in Section 4 of this Policy Framework, and for monitoring how they are applied in their setting.

In line with other Rules and Regulations which apply to settings in the Children and Young People Secure Estate (CYPSE), this policy applies to anyone sentenced or remanded to that accommodation by the courts in England and Wales, including those who remain in youth custody beyond the age of 18 for the purpose of either completing their sentence or because they are waiting for confirmation of their placement before they move to a new location.

¹ Throughout this document the term Governor also applies to Directors of Contracted Prisons.

For Information: Governors must ensure that any new local policies that they develop because of this Policy Framework are compliant with relevant legislation, including the Public-Sector Equality Duty (Equality Act, 2010).

Guidance has been issued to YOI to support application of the mandatory requirements set out in Section 4 of this Policy Framework. Any reasons to depart from the guidance should be clearly documented locally. Any questions concerning departure from the guidance can be sent to the contact details below.

How will this Policy Framework be audited or monitored? The Youth Custody Service will monitor compliance with the requirements set out in this Framework through its assurance, performance and contract management processes, as appropriate to each sector within the Children and Young Peoples Secure Estate. Systems will be built to capture information around the Framework and details on updating these data systems will be shared through operational and delivery guidance.

Resource Impact: The majority of requirements laid out in this Framework are designed to have a minimal impact on resources. For more detail, please refer to the Resource Impact Assessment.

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Specific operational queries about separation and isolation in the CYPSE, or referrals to the Critical Casework Pathway:

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1. Purpose

- 1.1 This Framework establishes a new policy for the principles which must be followed when separation is being considered for children² who are sentenced or remanded to accommodation in the Children and Young People Secure Estate (CYPSE) by the courts in England and Wales; and how instances of separation should be applied.
- 1.2 Children must only be separated from their peers as a last resort to manage risk to the child or others and only when alternative interventions have been exhausted. Any separation must be regularly reviewed and only be in place for as long as they are necessary to manage the risk to the child or others.
- 1.3 Where there is no alternative to the use of separation as an intervention staff should apply the 'child first'³ principle set out in the Youth Justice Board (YJB) standards to ensure that: children are treated with dignity and respect; that robust independent authorisation, monitoring and safeguarding arrangements are in place; and that all work with children is individualised, needs-led, constructive and supports the development of pro-social identities.
- 1.4 As well as separation, the principles in this Framework are also relevant to other scenarios within secure settings where children may be isolated from their peers. Considering how to apply the requirements and recommended practice in this Framework to scenarios such as when a child has decided to isolate themselves may support how to manage such circumstances in the best interests of the children involved.

Rules and Regulations

- 1.5 The Rules and Regulations which apply to YOI, STC and SCH allow for staff to direct or enforce the separation of children from their peers to protect a child or others from a risk of serious harm for as long as that is the only way to manage that risk and only as a last resort when other alternatives have been considered.
- 1.6 In STC and SCH in England staff are also permitted to separate a child for the purpose of preventing significant or serious damage to the property in which they are located for only as long as it takes to resolve situation or manage the risk to the child or others.
- 1.7 In SCH in Wales any intervention using restraint or force, including separation, is only permitted if there is a risk of harm to the child or others. It is not permitted to prevent serious damage to the property unless that will create a risk of harm.
- 1.8 Different Rules and Regulations apply to the application of separation in each setting. A full extract of the relevant provisions is provided at Annex A of this Framework.
 - **YOI:** The Young Offender Institution Rules (2000)⁴ – *Rule 49 (Removal from association); Rule 51 (Temporary confinement) and Rule 58 (Disciplinary charges)*

² This Framework refers to "child" or "children" as children's legislation and safeguarding arrangements apply to all aged under 18.

³ Youth Justice Board (February 2019) *Standards for Children in the youth justice system 2019*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957697/Standards_for_children_in_youth_justice_services_2019.doc.pdf

⁴ <https://www.legislation.gov.uk/uksi/2000/3371/article/58/made>

- **STC:** The Secure Training Centre Rules (1998)⁵ – *Rule 36 (Removal from association)*
- **SCH:** The Children’s Homes (England) Regulations (2015)⁶ – *Regulation 2 (interpretation), Regulation 12 (The protection of children standard), Regulation 20 (Restraint and deprivation of liberty) and Regulation 35 (Behaviour management policies and records).*

Guidance on the regulations which apply to SCH is provided in the *Guide to the Children’s Homes Regulations including the quality standards* (April 2015)⁷

- In **Wales**, The Children’s Homes (Wales) Regulations 2002⁸ as amended by the Children’s Homes (Wales Amendments) Regulations 2017⁹ and The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017¹⁰ – *Regulation 29 (The appropriate use of control and restraint).*

To set out expectations for reducing the use of restrictive practices, including seclusion, enforced isolation and segregation, in childcare, health, education and social care settings in Wales, the Welsh Government has published the *Reducing Restrictive Practices Framework*¹¹.

Defining separation

- 1.9 In all sorts of settings, parents, teachers or sports coaches may respond to challenging, disruptive or dangerous behaviour by preventing a child from mixing with their peers: asking them to take a time out; sending them to “isolation”; or excluding them from a playing field with a yellow or red card.
- 1.10 Legislation and guidance establish the legal basis to permit the use of similar practices in secure settings, however different terminology is used across different sites and sectors. Various publications, including guidance published by the British Medical Association¹² and the National Preventive Mechanism¹³, have identified that terms such as “segregation”, “single separation”, “removal from association”, “time out”, and “time away”, are used, often interchangeably, in different settings.
- 1.11 All behaviour has meaning and only makes sense if the context of each individual, their unique history and the pressures and challenges of being in a secure environment is understood. Behaviour that may be interpreted by others as ‘challenging’, ‘risky’ or threatening may be a child’s strategy for communicating an unmet need, expressing anxiety

⁵ <https://www.legislation.gov.uk/uksi/1998/472/contents/made>

⁶ <https://www.legislation.gov.uk/uksi/2015/541/contents>

⁷ Department for Education (March 2015) *Guide to the Children’s Homes Regulations including the quality standards* -

<https://www.gov.uk/government/publications/childrens-homes-regulations-including-quality-standards-guide>

⁸ <https://www.legislation.gov.uk/wsi/2002/327/contents/made>

⁹ <https://www.legislation.gov.uk/wsi/2017/51/made>

¹⁰ <https://www.legislation.gov.uk/wsi/2017/1264/contents/made>

¹¹ <https://gov.wales/sites/default/files/publications/2021-07/reducing-restrictive-practices-framework.pdf>

¹² British Medical Association (2018) *The medical role in solitary confinement*; p8 -

<https://www.bma.org.uk/media/1858/bma-the-medical-role-in-youth-solitary-confinement-guidance-2018.pdf>

¹³ National Preventive Mechanism (December 2015) *Monitoring Place of Detention – Sixth Annual Report of the United Kingdom’s National Preventive Mechanism (1st April 2014-31st March 2015)*; p31 - <https://s3-eu-west-2.amazonaws.com/npm-prod-storage-19n0naq2nk8xk/uploads/2015/12/NPM-Annual-Report-2014-15-web.pdf>

or distress, or increasing their sense of personal safety. To respond effectively to such behaviour, staff should be curious to understand the reasons for it and provide support which maximises safety and reduces the risk of that behaviour being repeated in the longer term.

- 1.12 In this Framework “**separation**” will refer to scenarios sanctioned by the rules or regulations for the secure setting where it has been authorised that arrangements will be put in place to temporarily prevent a child from direct contact or mixing with their peers.
- 1.13 The purpose of separating the child from their peers must not be to punish them but to ensure safety by managing risk to prevent injury or harm to themselves or others; or (in STC and SCH in England) to prevent serious damage to the secure setting; or (in Wales) if that damage has created a risk of harm.
- 1.14 If the child is separated it must only be used as a last resort when all other approaches have been tried and exhausted. It must only be in place for as long as it is a justified, appropriate, proportionate and necessary response for managing the identified risk.
- 1.15 Every effort must be made to avoid separation by using the techniques, approaches or interventions which each member of staff will have been trained to use when responding to challenging scenarios involving children. The Building Bridges Framework¹⁴ sets out that the policies and culture in each secure setting must, “emphasise the importance and effectiveness of de-escalating and defusing potentially violent situations.”
- 1.16 Evidence about procedural justice shows that when we feel that processes are applied and decisions about us are made in a way that we feel is fair we are more likely to respect and accept them and trust the people doing this and others in positions of authority. Unless the decision to separate is handled skilfully children forced to separate from their peers may experience feelings of humiliation, frustration, anger and powerlessness. This runs against efforts to create safe and respectful spaces for children in secure settings and may make it more difficult to engage them with interventions or activities targeted at reintegrating them with their peers or to address their wellbeing or problematic aspects of their behaviour.
- 1.17 Separation must end when it is no longer justified to keep it in place, or a plan of appropriate care - which has ideally been collaboratively developed with the child and informed with input from different agencies and disciplines - is in place to manage that risk safely.
- 1.18 Depending on the circumstances, or the setting, a separation may be managed in different ways:
- **Single separation** applies to those scenarios where a child is requested to return to their room or another location (or is returned by staff if it is the only option to keep themselves or others safe), where they remain on their own and are not permitted to mix with their peers. Although a member of staff will not constantly be with the child throughout this time, they must routinely engage with the child to understand their

¹⁴ Ministry of Justice, NHS England and HM Prison and Probation Service (January 2020) *Building Bridges: A Positive Behaviour Framework for the Children and Young People Secure Estate*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863607/building-bridges-positive-behaviour-pf.pdf

needs and wellbeing and use this to inform the child's ongoing formulation¹⁵ and care planning.

- In **supervised separation** the child is also prevented from contact with their peers, but a member of staff will be with them throughout this time. Staff should use this time with the child as an opportunity to actively engage them in a meaningful way. Supervised separation may be referred to as "managing away" in SCH or as "removal from association" in STC.

1.19 As well as the use of separation as an intervention for responding to an identified risk there are other scenarios related to the daily routine, the management of the setting or a response to the environment or peers which may result in a child making the decision to spend time alone in their room

- **Self-isolation** describes scenarios where the child has chosen to withdraw from contact with their peers and remain in their room. It may also be described in different settings as "elected" or "voluntary" isolation.

Self-isolation may be driven by different factors and may be difficult to identify. Staff should be alert that over the course of their isolation children may give different reasons for refusing to come out of their room or not participating in activities, and it may not be immediately apparent that they are isolating themselves.

Spending some time alone to calm down after an incident, during a behavioural crisis or for coping with stress, noise or being around other people may be an agreed part of the child's personal coping measure for calming down or reflecting before they reintegrate back into life in the setting, however it may also be influenced by other reasons, including: the child's desire for a moment of privacy; loneliness; disengagement with the activities on offer to them; the impact of neurodiverse conditions; deteriorating mental health; or being anxious, scared, or feeling intimidated in the new environment or around a new peer group.

Open and supportive relationships between staff and children are essential. Planning before or during any instance of self-isolation must be undertaken collaboratively as this will ensure that the child receives the right support and that they are an active partner in developing a strategy for their reintegration when they are ready to mix with their peers again.

- **Imposed restrictions** describes circumstances such as a child's isolation for medical reasons or the availability of an activity or intervention which may result in an individual child being isolated from their peers, but which is not directly related to the management of risk to the child or others.

This should not be applied to those scenarios where a new model of operations is temporarily applied to multiple children in a housing unit or the whole secure setting, such as a temporary lockdown for a search or longer-term emergency measures such as those applied to sites during the COVID-19 pandemic, which will be

¹⁵ NB: While it is recognised that different terminology may be in use at sites which have not adopted the SECURE STAIRS approach to integrated care, "Formulation" is used throughout this Framework to refer to all models of collaboratively developing and sharing understanding of the child's needs, care and safety. A more detailed definition can be found at the Glossary.

recorded appropriately, but staff should recognise that during a prolonged episode of confinement in their room some children may experience similar emotional, psychological and physical effects as a period of single separation. To mitigate that impact secure settings should have strategies in place to enable provision of purposeful and engaging activities and interventions to continue during the time that there are restrictions on the normal daily plan.

Behavioural crises, separation and isolation

- 1.20 The factors contributing to an episode of separation or isolation may be varied and different between each child, and between each period of separation or isolation. Often, the types of behaviour which result in separation or isolation are a way for the child to communicate unmet needs. Every effort should be made to engage the child to understand their needs. This will support the child and staff to consider alternative more helpful ways for the child to have their needs met, reducing the likelihood of future period of separation or isolation.
- 1.21 Staff should be aware that a significant event in the child's trial, sentencing process or transition to another setting, the relationship between the child and their parents, carers or other significant people in their life, or having (real or perceived) threats from others or bullying or coercion (which may or may not be related to their offence or associates in the community) may contribute to the child experiencing anxiety or a behavioural crisis. These factors may be exacerbated when the trauma which children in custody may have experienced is considered.
- 1.22 Although visits and video or telephone calls are important for maintaining contact, staff will need to be alert to the impact that they may have on the child's state of mind and handle any subsequent unpredictable, aggressive or withdrawn behaviour with understanding and sensitivity. Uncertainty about plans for release or conversations with home may include upsetting news or reinforce the sense of distance or disconnection between the child and important people in their life.
- 1.23 Multi-agency formulation enables a coordinated and multi-agency understanding of the child's story and needs. Collaborative planning should support the child in achieving their full potential whilst in custody, a shared understanding of behavioural triggers, early warning signs, pre-emptive management strategies, and how to support the child if they are approaching (or are in) crisis and afterwards.
- 1.24 Where an incident results in separation or isolation, meaningful and empathetic contact with the child is the most effective way to reduce any harmful effects. Where a child is subject to an episode of separation or isolation the impact on their physical and psychological health should be closely monitored and access to existing regular medication and therapeutic engagement should be maintained. All interactions with the child must be recorded and used by multi-agency teams to inform decision-making about whether they need enhanced observation, access to specialist assessment and/or intervention, or a change in their medication.
- 1.25 Frequent or long episodes of separation or isolation may well be an indication that the approach to managing or reducing the child's risk to themselves or others may need to be reviewed, or that further assessment may be needed to identify unrecognised or unmet needs. In such circumstances, sites must consider making a referral to the Critical Casework Pathway to access additional support in responding to the child's needs.

Individualised response to needs and vulnerabilities

- 1.26 It is often not possible to determine an individual's emotional state by simply observing them and children may not spontaneously volunteer information about how they are feeling. Even if they try to express themselves, they may lack the emotional vocabulary to accurately communicate what they are feeling, creating a risk of misunderstanding about the level of risk that they may be presenting to themselves or others. This may particularly be the case for individuals with a neurodiverse condition and those with a history of trauma or other experiences that impact on how they communicate emotions, and a trauma-informed and needs-led individualised approach should support the ability of staff to provide an appropriate response and care.
- 1.27 Children involved in the criminal justice system have been identified as having an extremely high prevalence (66-90%) of speech, language and communication needs¹⁶. Given this exceptionally high rate of needs and the impact that changes in routine may have if those involved don't understand what is happening, staff in secure settings should seek to mitigate the impact of separation or isolation and reduce the child's anxiety by providing information using language or formats that will be understood by the child.
- 1.28 The disproportionate representation of children from Black, Asian and ethnic minority communities throughout the criminal justice system has been the focus of considerable attention. The proportion of children in custody from ethnic minorities rose from 25 to 41% between 2006 and 2016¹⁷, and more recent statistics show that this proportion has continued to rise with the result that in the year ending March 2020 over 50% of children in custody were from ethnic minorities¹⁸ for the first time.
- 1.29 Although HM Inspectorate of Prisons (HMIP) identified that a lack of accurate data prevented effective monitoring of the use of separation in YOIs¹⁹, children from ethnic minorities in STC and YOI have been found to be significantly more likely to report being verbally abused or threatened/ intimidated by staff and significantly less likely to feel cared for or respected by staff, than their white peers²⁰.
- 1.30 Against the backdrop of these findings staff must consider and understand the lived experience of children from different cultures and communities and their previous exposure to prejudice or discrimination when they are responding to behavioural crises as this may affect the way that the child responds to figures in positions of authority, develop relationships and trust, use (and respond to) verbal and non-verbal communication and respond to attempts to intervene in or de-escalate conflict.

¹⁶ Bryan, K., Freer, J., & Furlong, C. (2007). Language and communication difficulties in juvenile offenders. *International Journal of Language & Communication Disorders*, 42(5), 505–520

¹⁷ David Lammy MP (September 2017) *The Lammy Review: An Independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic Individuals in the Criminal Justice System*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643001/lammy-review-final-report.pdf

¹⁸ Ministry of Justice and Youth Justice Board for England and Wales (28 January 2021) *Youth Justice Statistics: 2019/20*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/956621/youth-justice-statistics-2019-2020.pdf

¹⁹ HM Inspectorate of Prisons (January 2020) *Thematic Review Separation of children in young offender institutions* -
<https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/01/Separation-of-children-thematic-Web-2019.pdf>

²⁰ HM Inspectorate of Prisons (February 2020) *Children in Custody 2018-19* - <https://www.justiceinspectors.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/02/Children-in-Custody-2018-19-Web-1.pdf>

- 1.31 An appreciation of adolescent brain development and relational (attachment) strategies is also necessary for people working with children so that they understand their behavioural tendencies and why periods of separation from their peers may be particularly distressing.
- 1.32 As children move through puberty and early adulthood their brains undergo a period of substantial development. These changes mean that during this time, children become much more sensitive to social interaction and reward, and experience stress more keenly than in childhood or adulthood. At the same time there is a slower, more gradual change in their ability to control impulses and emotions, which doesn't stop until they are in their mid- (or sometimes late-) twenties. Changes in sensitivity to reward also drive people in adolescence to seek new sensations and take risks at a time when they haven't achieved the levels of self-control that they will have in their adulthood.
- 1.33 The result is that the structure and function of the immature adolescent brain has the effect of increasing the chance that adolescents will display: risk-taking behaviour; preoccupation with how they appear to their peers; hypersensitivity to social exclusion; be more inclined towards risk-taking and prone to impulsivity; less capable of emotional reasoning; and more likely to make errors in regulating their emotions and behaviour. All these are especially true when they are in the presence of adolescent peers.
- 1.34 As well as brain development the impact of hormonal levels on changes in mood and behaviour during adolescence is well recognised, but other factors such as learning or communication difficulties, mental health vulnerability, neurodiversity or the effect of previous exposure to trauma, abuse, neglect, head injuries or foetal alcohol syndrome must also be taken into account, although staff must be aware that these disabilities may be hidden or not formally diagnosed. Where they are present, they may impact on the child's ability to understand, process and engage with instructions and be reflected in emotional and behavioural outbursts, low tolerance or frustration, difficulties with concentration, anti-social behaviour, rule breaking, anger, aggression and violence.
- 1.35 Staff will also need to be alert the over-representation of neurodiversity and other conditions amongst children in secure settings, and their impact on how children communicate and understand information, instructions or body language²¹.
- 1.36 Neurodevelopment disorders (NDDs) encompass a variety of conditions:
- Intellectual Disability and 'Learning Difficulties' (like Dyslexia, Dyscalculia and Developmental Coordination Disorder).
 - Attention-Deficit/Hyperactivity Disorder (ADHD, including ADD).
 - Autism Spectrum Conditions (ASC).
 - Developmental Language Disorder (DLD, including speech and language difficulties).
 - Tic disorders (including Tourette's Syndrome and Chronic Tic Disorder).
 - Cognitive, emotional and behavioural impairments caused by Acquired Brain Injury (ABI).

²¹ Guidance must be sought from onsite healthcare and psychology practitioners for specific information about diagnosis or how to respond to children with these conditions.

- 1.37 Beyond Youth Custody²² found significant differences in adolescent brain development based on whether children had experienced trauma and that children who experienced significant trauma were more likely to display reckless, self-destructive behaviour; inappropriate aggression; over or underestimating danger; and difficulties in imagining or planning the future.
- 1.38 Studies have identified that all children, and particularly girls, in secure settings have had higher levels of exposure to multiple and chronic childhood adversities and trauma. Exposure to such adverse experiences are common amongst children within secure settings and, often go unrecognised, but they can have a far-reaching impact on their development and ability to regulate their emotions and anger, as well as their physical and mental health, sense of self and self-esteem, and ability to forge trusting and productive relationships.
- 1.39 Children who have experienced trauma, or suffered bereavement, loss or abuse may struggle with post-traumatic experiences which may be hidden and may not have attracted a diagnosis of Post-Traumatic Stress Disorder (PTSD). The way in which post-traumatic experiences are processed will differ for each individual and it should not be assumed adverse life experiences will necessarily traumatise all those who experience them. The impact can include vivid reliving of the traumatic event in the form of nightmares or flashbacks, which may be triggered by certain noises, images, words or smells, or the impact of being restrained or confined to a small space. Other expressions of these experiences may also include irritability, sudden outbursts of anger and aggression, sleeping problems, difficulty concentrating and physical symptoms.
- 1.40 Sensory overload can happen to anyone but is more common amongst individuals with a neurodiverse condition, those with histories of emotional trauma and those who have chronic disorders such as chronic fatigue syndrome, fibromyalgia, multiple sclerosis, dementia or those who have experienced head injury.
- 1.41 When sensory overload occurs, the individual's brain struggles to filter out irrelevant sensory stimuli and their functioning becomes impaired which can appear as emotional and / or behavioural disturbance.
- 1.42 Individuals with sensory sensitivities often function best when they can manage or 'dose' their exposure to sensory stimulation. This may take the form of scheduling intervals of quiet time or solitude after periods of stimulation, such as education or being with peers, or individuals may remove themselves or learn to proactively self-isolate from environments that are becoming overstimulating.
- 1.43 Exactly what works best is likely to vary between individuals but recovery from sensory overload may well be facilitated by co-regulation and social support involving conversations and activities and/or a period of supported withdrawal to a less stimulating environment, where activities such as mindfulness, art, music, reading or pursuing specific interests and hobbies may be soothing and help to restore a sense of emotional equilibrium. Having access to a 'sensory box' may be a valuable tool for some individuals, although clinical guidance must be sought to ensure that it is used appropriately.

²² Beyond Youth Custody (2016) *Young Offenders and Trauma: Experience and Impact – A practitioner's Guide* - www.beyondyouthcustody.net/wp-content/uploads/Young-offenders-and-trauma-experience-and-impact-a-practitioner's-guide.pdf

Safeguarding

- 1.44 Under Section 11 of The Children Act 2004²³ and The Children’s Homes Regulations 2015²⁴ all secure settings have a duty to safeguard and promote the welfare of children in all areas of their operation, including separation.
- 1.45 In both England and Wales, the laws which exist to safeguard children apply equally to children in secure settings as they do to those in the community.
- 1.46 In England all secure settings where children are detained are subject to the safeguarding and child protection arrangements set out in *Working Together to Safeguard Children*²⁵ which sets out that urgent matters of a safeguarding nature must be referred to children’s services and not simply to the Local Authority Designated Officer (LADO). Complaints may also be referred to the Prison and Probation Ombudsman for investigation.
- 1.47 Secure Settings in Wales must follow the Wales Safeguarding Procedures²⁶ which help practitioners apply Welsh Government legislation - the Social Services and Wellbeing (Wales) Act 2014²⁷ and the Regulation and Inspection of Social Services Act 2016²⁸, and statutory safeguarding guidance *Working Together to Safeguard People*²⁹.
- 1.48 A child’s previous experience of trauma, including neglect, may have considerable implications for the impact of periods of separation or isolation.
- 1.49 The “looked-after” status of children in secure settings must also be clearly understood and considered as these children will have the same right to certain services and treatment as those who are looked-after and located in the community. Children who have been remanded to youth detention accommodation by the courts are automatically designated as “looked-after” children by Section 104 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012³⁰. Sentenced children in youth detention accommodation may be designated “looked-after” by prior agreement or if ordered by a Court.
- 1.50 Staff in secure settings must understand the child protection procedures which must be followed where any child is, has been, or may be in the future, at risk of significant harm due to any kind of neglect or physical, sexual or emotional abuse³¹.
- 1.51 Each setting must have processes in place so that the policies and procedures of local safeguarding partners can be supported where harm to any child has been identified. Staff should also be aware that separation or isolation of a child may in itself trigger an enquiry by the local authority into whether action is needed to safeguard and promote the welfare of the child under Section 47 of the Children Act 1989³².

²³ <https://www.legislation.gov.uk/ukpga/2004/31/contents>

²⁴ <https://www.legislation.gov.uk/ukxi/2015/541/introduction/made>

²⁵ Department for Education (2018) *Working together to safeguard children* - <https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

²⁶ *Wales Safeguarding Procedures for children and adults at risk of abuse and neglect* - <https://www.safeguarding.wales/>

²⁷ <https://www.legislation.gov.uk/anaw/2014/4/contents>

²⁸ <https://www.legislation.gov.uk/anaw/2016/2/contents>

²⁹ Welsh Government Safeguarding guidance – <http://gov.wales/safeguarding-guidance>

³⁰ <https://www.legislation.gov.uk/ukpga/2012/10/contents/enacted>

³¹ HM Government (March 2015) *What to do if you’re worried a child is being abused: Advice for practitioners* - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf

³² <https://www.legislation.gov.uk/ukpga/1989/41/section/47>

National Standards for Children in the Youth Justice System

- 1.52 Standard 4 of the National Standards for Children in the Youth Justice System³³ provides a framework for practice to support provision of quality services for children in secure settings.
- 1.53 Staff must be mindful that they are responsible for fulfilling the following expectations which are particularly relevant to the management and outcome of any episode of separation:
- The environment that children live in is developmentally appropriate, aware of and responsive to trauma, rehabilitative, safe and one where there is a culture that enables children to develop, grow, establish healthy attachment relationships and learn.
 - Children are motivated by staff to take opportunities to engage in appropriate, high-quality education and training that helps them to make good progress.
 - Effective communication and information exchange are in place for the timely preparation and delivery of the secure and the community phase of sentences.
 - Safeguarding information is conveyed to relevant parties and agencies without delay and followed up in a timely way.
 - All service provision prioritises the child's best interests.
 - Children and their parents and carers are provided with appropriate information and support during the secure phase of the sentence.
 - Positive action is taken to understand and address disproportional outcomes around separation.

Healthcare Standards for Children and Young People in Secure Settings

- 1.54 To help improve the quality and consistency of healthcare provision available to children in secure settings refreshed healthcare standards³⁴ were published by the Royal College of Paediatrics and Child Health in 2019.
- 1.55 Of particular relevance to separation and isolation are the following standards:
- *2.3.1 The secure setting has a written safeguarding policy which is compliant with statutory duties, Government guidance and has been agreed by the local safeguarding partners. The policy covers the following but is not limited to: Child protection, suicide and self-harm prevention, bullying and violence reduction, children who struggle to cope in detention, all aspects of behaviour management, public protection, staff recruitment, suspension and training, allegations against*

³³ Youth Justice Board (February 2019) *Standards for Children in the youth justice system 2019* - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/957697/Standards_for_children_in_youth_justice_services_2019.doc.pdf

³⁴ Healthcare standards for children and young people in secure settings - <https://www.rcpch.ac.uk/resources/healthcare-standards-children-young-people-secure-settings>

staff, information sharing, use of separation, restraint, searching, and the duty of staff to see and act on warning signs.

- *6.8 Children receive support from a healthcare professional during or after periods of separation from their peer group. If support is refused, the reason why it is refused is recorded, and repeated attempts to provide support are made.*

- *15.5 Healthcare services seek to improve the experience of children with a learning disability, autism or both with a focus on removing the inequalities they will have already faced in accessing healthcare services.*

2. Evidence

The following list reflects some of the resources which have been drawn upon in developing this Framework and provides links to further reading on the theme of separation and isolation.

2.1 Reviews of separation in youth justice settings in England and Wales

- HMIP (January 2020) *Thematic Review Separation of children in young offender institutions*
<https://www.justiceinspectrates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2020/01/Separation-of-children-thematic-Web-2019.pdf>
 - Highlighted concerns, including: monitoring and oversight of separation by local and national managers; the state of accommodation where separated children could be located; and availability of the regime - including access to education, showers, exercise, telephone calls - to children while they were subject to separation.
 - Found that there may be occasions when the need to protect a child from themselves or others means that separating them for a period of time will be in their best interests.
 - Called to replace the model of separation in YOI with a new system which allows for provision of a regime which is equivalent to non-separated children.

- Annual reports on Monitoring Places of Detention by the UK National Preventive Mechanism
<https://www.nationalpreventivemechanism.org.uk/publications-resources/>

- House of Commons Justice Committee (February 2021) *Children and young People in Custody (Part 2): The Secure Youth Estate and Resettlement*
<https://committees.parliament.uk/publications/4637/documents/46888/default/>

- UNICEF (October 2020) *A Rights-based Analysis of Youth Justice in the United Kingdom – Report and Recommendations*
https://www.unicef.org.uk/wp-content/uploads/2020/12/UnicefUK_YouthJusticeReport2020_screen.pdf

- Reports on separation of children in Young Offender Institutions by the Separation Taskforce and Sir Alan Wood (June 2020)
<https://www.gov.uk/government/publications/separation-of-children-in-young-offender-institutions--2>

- The Council of Europe (April 2020) *Report to the United Kingdom Government on the visits to the United Kingdom carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (13th – 23rd May 2019)*
<https://rm.coe.int/16809e4404>

- The Joint Committee on Human Rights (April 2019) *Youth Detention: solitary confinement and restraint (Nineteenth Report of Session 2017-19)*
<https://publications.parliament.uk/pa/jt201719/jtselect/jtrights/994/994.pdf>

- Howard League for Penal Reform (2016) *The Carlile Inquiry 10 years on: The use of restraint, solitary confinement and strip searching on children*
<https://howardleague.org/publications/the-carlile-inquiry-10-years-on/>
- The Lord Carlile of Berriew QC (2006) *An independent inquiry into the use of physical restraint, solitary confinement and forcible strip searching of children in prisons, secure training centres and local authority secure children's homes*
<https://howardleague.org/wp-content/uploads/2016/03/Carlile-Report-pdf.pdf>

2.2 Guidance

- Ministry of Justice, NHS England and HM Prison and Probation Service (January 2020) *Building Bridges: A Positive Behaviour Framework for the Children and Young People Secure Estate*
<https://www.gov.uk/government/publications/building-bridges-a-positive-behaviour-framework-for-the-children-and-young-people-secure-estate>
- National Preventive Mechanism (2017) *Guidance: Isolation in detention*
<https://s3-eu-west-2.amazonaws.com/npm-prod-storage-19n0nag2nk8xk/uploads/2017/02/NPM-Isolation-Guidance-FINAL.pdf>
- Ofsted (March 2018) *Positive environments where children can flourish: A guide for inspectors about physical intervention and restrictions of liberty*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693446/Environments_where_children_can_flourish.pdf
- Department for Education (July 2018) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf
- Department for Education (March 2015) *What to do if you're worried a child is being abused: Advice for practitioners*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
- Welsh Government (2018) *Working Together to Safeguard People, Volume 5, Handling individual cases to protect children at risk*
<https://gov.wales/safeguarding-children-risk-abuse-or-neglect>
- NICE guidance (2015) *Violence and Aggression: short term management in mental health, health and community settings*
<https://www.nice.org.uk/guidance/ng10>
- Transition to Adulthood Practitioner Guidance
<https://t2a.org.uk/implementing-t2a/#:~:text=The%20objective%20of%20the%20T2A,a%20local%20and%20national%20level.>

2.3 Sources of data on separation in the CYPSE

- Youth Justice Board / Ministry of Justice (January 2020) *Youth Justice Statistics 2018/19*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862078/youth-justice-statistics-bulletin-march-2019.pdf
- HMIP (February 2020) *Children in Custody 2019-20*
<https://www.justiceinspectors.gov.uk/hmiprisons/wp-content/uploads/sites/4/2021/02/CYP-report-2019-20-web.pdf>
- YJB / MOJ Experimental Statistics Bulletin (May 2020) *Assessing the needs of sentenced children in the Youth Justice System 2018/19*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/887644/assessing-needs-of-sentenced-children-youth-justice-system.pdf

2.4 The impact of separation and isolation

- Justice Committee (Tuesday 14th July 2020) *Transcript of Oral Evidence Session: Children and young people in custody*, HC306 <https://committees.parliament.uk/oralevidence/703/pdf/>
 - Children are at a crucial stage of social, psychological and neurological development and are particularly vulnerable to the harmful effects associated with isolation. This may be particularly acute for those children with existing learning or communications difficulties.
 - Exposing children to physiological and mental stresses can result in learning difficulties, behavioural problems and health problems.
 - Being locked up for long periods of time can result in feelings of apathy, depression and a loss of hope which can harm relationships with members of staff.
 - Isolating children for long periods can increase the likelihood of conflict and violence and may be counterproductive to the rehabilitative aims of the secure setting.
 - Meaningful, empathetic and face to face contact is the most effective way to reduce the harmful effects of isolation but this should not be brief or related to the completion of other tasks such as delivering food or medication.
 - In some settings short periods of time spent in elected isolation can allow a child to remove themselves from difficult situations and enables staff to direct their efforts more intensively into things which may have positive short-term effects.
- The Children's Commissioner for England (October 2018) *A report on the use of segregation in youth custody in England*
<https://www.childrenscommissioner.gov.uk/wp-content/uploads/2018/10/Segregation-report-final.pdf>

- Royal College of Paediatrics and Child Health (RCPCH), Royal College of Psychiatrists and British Medical Association (BMA) (2018) *Joint position statement on solitary confinement of children and young people*
<https://www.bma.org.uk/media/1859/bma-solitary-confinement-in-youth-detention-joint-statement-2018.pdf>
- The Lancet (April 2018) *Solitary Confinement of children and young people*, Volume 391, Issue 10131
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30943-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30943-7/fulltext)
- The Children's Commissioner for England (2015) *Isolation and Solitary Confinement of Children in the English Youth Justice Secure Estate*
https://www.basw.co.uk/system/files/resources/basw_112656-10_0.pdf
- Sivilombudsmannen (Norwegian Parliamentary Ombudsman) (18th June 2018) *Special Report to The Storting on Solitary Confinement and Lack of Human Contact in Norwegian Prisons* Document 4:3 (2018-2019)
https://www.sivilombudsmannen.no/wp-content/uploads/2019/08/SOM_S%C3%A6rskilt-melding_ENG_WEB.pdf

2.5 Restrictive practices and human rights

- Welsh Government (2021) *Reducing Restrictive Practices Framework*
<https://gov.wales/sites/default/files/publications/2021-07/reducing-restrictive-practices-framework.pdf>
- Equality and Human Rights Commission (March 2019) – *Human Rights Framework for Restraint: principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions*
<https://www.equalityhumanrights.com/sites/default/files/human-rights-framework-restraint.pdf>

2.6 Impact of Pandemic Restrictions on children in the CYPSE

- HMIP (7th July 2020) *Report on Short Scrutiny Visits to YOIs holding children*
<https://www.justiceinspectorates.gov.uk/hmiprisoners/wp-content/uploads/sites/4/2020/07/YOI-SSV-2.pdf>
- Ofsted (15th December 2020) *COVID-19 series: briefing on children's social care*
<https://www.gov.uk/government/publications/covid-19-series-briefing-on-childrens-social-care-november-2020>
- Jamie Morrell (August 2020) for the Criminal Justice Alliance – *Routes to Recovery*
<http://criminaljusticealliance.org/wp-content/uploads/2020/08/Routes-to-Recovery-briefing.pdf>
- HMIP (February 2021) *What happens in a Pandemic? – A Thematic Review*
<https://www.justiceinspectorates.gov.uk/hmiprisoners/inspections/>

3. Outcomes

- 3.1 Whatever the circumstances which led to an episode of separation the significance of this moment to a child should never be underestimated. Staff in every setting have legal and safeguarding responsibilities to ensure that a decision to separate is a justified, appropriate, proportionate and necessary response which takes account of the child's personal circumstances and history, other approaches which may have been previously used or agreed with the child.
- 3.2 The child's specific interests must be uppermost in the minds of those responsible for their care or involved in the process. Applying the four main features of procedural justice – neutrality, respect, trust and voice - will help ensure that the child will be an active participant, when they want to engage.
- 3.3 In reflecting these objectives, local guidance or operating procedures for all secure settings where children are detained must be founded on the principles that:
- i. Separation must not be used as a form of sanction or punishment and must only happen as a last resort where it is a justified, appropriate, proportionate and necessary response to an identified risk after alternative approaches have been considered, attempted and exhausted.
 - ii. Children spend time away from their peers in separation only when, and for as long as, it is the justified, appropriate, proportionate and necessary response to an identified risk.
 - iii. From the outset of any period of separation its purpose must be clearly defined in a set of recorded goals and targets which are co-developed with, and understood by, the child, complement any wider formulation planning and strategy for responding to behaviours and aim to support successful reintegration.
 - iv. When children have opted to isolate themselves from others, staff should recognise that although this withdrawal may be therapeutic for some children they should still receive support to collaboratively develop their calming and safety strategies, strengthen their approach for self-regulation and work towards prompt re-integration into normal day-to-day life in the setting.
 - v. Children who are separated or isolated must have access to their existing daily plan, including positive and therapeutic engagement with staff from all disciplines, access to distraction and wellbeing materials in their rooms, education, healthcare, and time in the gym or open air, unless their risk or other factors means they cannot be provided.
 - vi. Decision making must be clear, defensible, fair, inclusive, and recorded. The child's views and voice must be heard, recorded, considered and (where possible) help shape how, and when, decisions are made about how the episode of separation or isolation is being managed.
 - vii. The interests of separated and isolated children must be safeguarded, and Governors, Directors and Managers of secure settings must ensure that regular and meaningful reviews of how instances of separation and isolation are managed and

goals and targets are set for children to provide detailed insight and inform strategies for ensuring they are used only as a last resort where there is no alternative, and that impact on the individuals who are involved is mitigated.

4. Requirements

- 1. *Separation is not a punitive intervention: whatever the circumstances it must never be used as a sanction or to punish a child.***

Before separation or self-isolation

- 2. *Staff in secure settings must have training in child development and be skilful in reflecting specific needs in how they communicate and build relationships with children; understand the impact of exposure to traumatic experiences on children; recognise potential behavioural triggers; and take early action to de-escalate and defuse tensions.***
- 3. *Staff in secure settings must only consider using a separation measure when it is justified, appropriate, proportionate and necessary, and only after alternative approaches have been considered, attempted and exhausted.***
- 4. *If required, children must be given opportunities in an appropriate space - such as their own room, a designated “calm down” area or another (safe) space away from other children - to self-regulate their emotions. The type of space chosen should be consistent with their neurodiverse and emotional needs. This will take each child a different amount of time and may need support from an adult.***
- 5. *When they have returned to a calmer emotional state, and their risk can be managed, children must return to their usual daily plan or activities at the earliest opportunity.***
- 6. *After time away children must only be reintegrated with their peers if it is assessed that it is safe to do so. The views of other professionals who have a relationship with the child – including (but not limited to) psychologists, social workers, healthcare and education staff – should be considered when planning for reintegration.***
- 7. *As signs of the physical or mental impact of an incident may take time to emerge all children involved must be monitored by staff after they return to their usual daily plan or activities.***

- 4.1** The best way of avoiding use of restrictive practices, such as separation, is to work proactively to try and anticipate and meet any needs or address conflicts before they arise.

- 4.2 The Building Bridges framework³⁵ emphasises that the use of separation and restraint in secure settings is minimised where staff use approaches which divert, de-escalate and manage challenging behaviour. In this way, separation must only be considered if other approaches have been exhausted or assessed as unsuitable, and it is a justified, appropriate, proportionate and necessary intervention to manage the risk to the child or others.
- 4.3 The YCS is committed to working in a trauma-informed way and within a model of constructive resettlement where staff encourage and support changes in behaviour by seeking to understand triggers to the child's response to challenges and reinforce positive behaviour through creating motivation and hope, building relationships and rapport and communicating in a way which reflects the prevalence of developmental communication disorders. Children who are encouraged, with support, to develop their own solutions to problems are more likely to apply that approach when they encounter them again.
- 4.4 Positive relationships between staff and children underpinned by effective communication skills can build trust, collaboration and respect and will help staff respond in a safe, professional and effective way and how to pre-empt crises by understanding how the child may react. The influence of peers during adolescence should not be underestimated and positive attachments with adults can disrupt the influence of anti-social peers.
- 4.5 A supportive environment is one where staff can build relationships founded on trust and understanding with children, and where the child feels that they may express themselves and shape their future. Where relationships are collaborative, and children believe that their voice is being heard the risk of perpetuating conflict and the need for separation should be reduced.
- 4.6 Each child's emotional development and reaction to what they encounter, including separation, will have been shaped by their personal experiences. The child's individual strengths, needs, and vulnerabilities, as well as their exposure to past trauma, bereavement and unhealthy attachments, must all inform their formulation and consideration about whether separation is the right intervention for them at that time.
- 4.7 Immediately after an incident, conflict or restraint, children may still be in a heightened or agitated physiological or psychological state and their "fight/flight/freeze" response may have been triggered. The child may need support at this time as they may be emotionally overwhelmed, in a state of sensory overstimulation or the experience may have been traumatic or may have evoked memories of past trauma.
- 4.8 After this experience, the time that it takes the child to return to their baseline or "habitual" state will depend on a variety of factors related to the characteristics of the incident, the support the child received afterwards, their own coping mechanisms, their past experience of trauma or isolation, or the immediate environment.

³⁵ Ministry of Justice, NHS England and HM Prison and Probation Service (January 2020) *Building Bridges: A Positive Behaviour Framework for the Children and Young People Secure Estate*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863607/building-bridges-positive-behaviour-pf.pdf

- 4.9 There are suggestions that there may be a positive effect from taking the child away from a difficult situation, and that short ‘time-outs’ can provide a safe space for them to collect their thoughts and cool down although, where possible, ‘time outs’ should be discussed and pre-emptively planned with the child as part of the development of their strategy for managing their response to crisis or stress. These moments may be therapeutic opportunities for change and must be understood and assessed in considering any case for separation alongside information from the child’s formulation. For children with very complex difficulties, sites should consider seeking support from the Critical Casework Pathway.
- 4.10 A ‘time out’ period might present an opportunity for the child to take a moment to pause, take stock with staff and enable them to access activities and interventions which may address the circumstances which led to that incident or address underlying risks or vulnerabilities. Staff should, however, also be aware that the child’s emotional arousal may take time to ease or that they may be too exhausted to engage with a thoughtful analysis of what has just happened.
- 4.11 Although interviews with children³⁶ suggest that spending 15-20 minutes away can help de-stress and provide an opportunity for them to reflect, there is little formal guidance about the optimum length of such ‘time outs’ and an individualised care approach should be adopted. Each child’s state must be regularly assessed³⁷ and reviewed as they will react differently to stress and their bodies will take a different amount of time to stabilise and return to their baseline emotional, psychological or physiological state.
- 4.12 Many individuals may have hobbies or interests which may serve a functional role in reducing anxiety and emotional distress and support them in returning to emotional equilibrium, as well as being satisfying hobbies. Staff should be aware that allowing individuals to spend time undertaking their special interest may have wider benefits to the child’s emotional or behavioural state and should not see this as “rewarding bad behaviour”.
- 4.13 While the child must be engaged with, and observed, during and after any incident to monitor their wellbeing and ensure that any physical or mental health issues can be identified and (if necessary) acted upon, keeping a child under constant observation must be avoided unless a multi-disciplinary team has decided to do this on the basis of a risk assessment and the child’s vulnerability at that time.
- 4.14 Care should be taken to explain to the child why they have been taken away from their peers to avoid this short time away being interpreted as an unofficial sanction or punishment. If the child is on their own, it is good practice for staff to regularly engage with the child and check their wellbeing, although checks during this time must be meaningful and engaging - not superficial or cursory - and any conversation should involve listening to the child’s perspective.
- 4.15 In the immediate aftermath of an incident some children may be reticent about contact with staff, so good communication skills and emotional understanding should be used. Encouraging children to rate their emotional wellbeing or having wellbeing boxes or a list of things which they can ask for, such as books or a drink or food, are successfully used in

³⁶ Children’s Commissioner for England (September 2015); p64 - https://www.basw.co.uk/system/files/resources/basw_112656-10_0.pdf

³⁷ NB: Under STC Rules, any child who is separated must receive 15-minute check-ins to track their wellbeing.

other settings as they can aid communication, help children distract themselves, manage distress and help with calming down.

- 4.16 If it has been assessed as appropriate and safe to do so, the aim must be to return the child to the activity which they were involved in before the incident to avoid a short “time out” developing into a longer separation or self-isolation. If this is not practical the aim should be for them to resume their normal activities at the next earliest opportunity, although it is important to consider the direct or indirect contribution of any factors in the incident, such as sensory issues, and how these might be modified in future to avoid a similar scenario.
- 4.17 Each child will take a different time and approach when reflecting on what triggered the incident and how they might avoid the same outcome if faced with a similar situation again. For some children a short period of space and time on their own will be enough to settle and think about what happened, but for others a supportive conversation with a trusted member of staff or someone who has experience of working with children in crisis may be required.
- 4.18 When the child is ready to reflect on what happened, a debrief should be undertaken by a member of staff who is trusted by them but was not involved in the incident. This moment is an opportunity for therapeutic engagement and to support the child’s problem-solving skills and learning, although advice from a Speech, Language and Communication Therapist may be required if the child has communication needs. Where the debrief reveals information that the child is in danger or presents a risk to others in the secure setting, additional protective or safeguarding interventions may be required, or the separation may need to be extended.
- 4.19 Unless a child is being separated in response to an immediate need, staff should consider or exhaust alternative approaches. If the child consents to it, a referral to the children’s rights or advocacy service or to a health professional or a youth or key worker may provide an opportunity for the child to talk and be listened to and avoid the need for separation to be used.
- 4.20 While cooling down and a period of reflection may avoid a “time out” turning into a longer separation or isolation, and may help ensure that the child returns quickly to their usual activities or daily plan, the child should be made aware that the incident may still be referred for review as part of the local adjudication process, incentives scheme or for a conflict resolution intervention.

When separation is being considered

- 8. Separation must only be considered where it is a justified, appropriate, proportionate and necessary response to manage risk to the child or others. If it is not, the child must return to their usual activities or daily plan or, if it is, a more appropriate approach to resolve the issue causing the risk, a bespoke formulation-based plan for care and management of the child may be put in place. Where sites struggle to manage complex and challenging behaviours, a referral to the Critical Casework Pathway should be considered to support decision-making.***
- 9. Separation must never be used as a standard or default response or outcome to a particular scenario, such as a restraint. All decision-making about separation must be clearly recorded and made on a case-by-case basis, with detailed consideration of the child's individual circumstances at that time, information from their formulation about how to respond to their behaviour and the impact that separation or isolation may have on them.***
- 10. As factors which may lead to a period of separation may be outside the control of the child they must not automatically lead to any other form of sanction, such as: reduced access to routine and positive engagement with staff and interventions; wellbeing strategies or distraction activities; education or other activities; time in the open air; or automatic demotion on the local rewards, sanctions or privileges scheme.***
- 11. Children at risk of self-harm must not be placed in separation except in exceptional circumstances. In assessing the case for separating a child who may self-harm there should be consideration of how that risk may be reduced, steps to mitigate that risk, and the impact of not separating that child on the wellbeing of their peers.***

- 4.21 When separation is being considered it should form part of a child-focused approach and the proposed restrictions must take the formulation and all risk factors into account, including (but not limited to): the child's emotional wellbeing or psychological and physiological health; information about their neurodiverse or speech, language and communication needs; historical experiences of trauma; gender-based or cultural needs; and past experience of separation or isolation.
- 4.22 The principles of procedural justice are particularly important at this time. Children who understand the decision for the separation and recognise that it is based on their best interests (and those of others), feel listened to and collaborated with, and are treated with respect are more likely to have trust in staff, accept decisions and will find it easier to cooperate willingly in future.
- 4.23 If alternatives to separation have been exhausted or assessed as being unsuitable, and the child presents a severe risk to themselves or others, or (in STC and SCH in England) to be

at risk of causing significant damage to the building, a period of separation may be required³⁸.

- 4.24 To make a decision on the case for approving a period of separation a member of staff of appropriate grade or role for that site or setting must be presented with a clear rationale that a decision to separate at this time is **justified, appropriate, proportionate and necessary**.
- 4.25 Staff must explain and record their decisions and any information they have used, and in doing so may wish to consider the following prompts:
- *Is there understanding of the background, wider circumstances and the impact on those who are involved and being considered for separation?*
 - *Have all alternative options for managing that risk been considered and found to be unsuitable?*
 - *Is it essential to separate the child to manage the risk to them or others?*
 - *What provision will be in place to support the child during this time?*
 - *Will a general assessment of the child's physical and psychological health and emotional wellbeing be carried out by a healthcare professional and feed into the formulation process?*
- 4.26 If the case for separating a child is not justified, appropriate, proportionate and necessary there is a risk that it may be excessive and unlawful. It must not take place and an alternative measure must be used.

³⁸ NB: Different circumstances apply at secure settings in Wales – see paragraph 1.5 of this Framework.

At the start of separation or self-isolation

- 12. Before any period of separation can start, authorisation must be secured from a designated member of staff of appropriate seniority at the secure setting.***
- 13. The child must be informed as soon as a case for their separation is approved. At that time, they must be given clear information (in a format and using language which they can understand) about how the separation will be managed and reviewed, and what will enable it to be ended. Staff should be aware that they may need to provide this information more than once and must provide evidence that it has been given and that the child has understood the information.***
- 14. A structured approach to supporting and managing the child during the episode of separation or self-isolation (and for reintegrating them when it ends) must be established within the formulation process to ensure any work being undertaken with the child by different teams or professionals is coordinated and interruptions are avoided.***
- 15. A plan (which has ideally been co-produced with the child) must be in place to provide a set of clear and meaningful targets and objectives which will support the child's reintegration at the end of the separation or self-isolation.***
- 16. The local healthcare provider and mental health team must be notified when an episode of separation has been approved or the child is designated as self-isolating. They must assess the child's emotional wellbeing and physical and psychological health within one hour at settings where healthcare provision is on-site (or as soon as practicable where provision isn't available 24/7). Standard engagement and check-ins by healthcare staff to support children in separation and isolation should continue unless the formulation explicitly advises against this.***
- 17. Steps must be taken to ensure that the space where the child is located during the separation or isolation is safe. Items which could be reasonably considered to pose a risk to their wellbeing, or the wellbeing of others, may be removed but decisions must be clearly recorded, and care should be taken to respect the child's personal possessions.***
- 18. Children who are subject to a period of separation must only be required to wear special clothing (e.g. paper or non-ligature clothing) in exceptional circumstances if it has been assessed that this is necessary to prevent harm to themselves or others and the reasons for any decision must be clearly recorded.***
- 19. Arrangements for monitoring the child's welfare and wellbeing must be integrated with the formulation process and in place from the point at which the separation is authorised or the child is designated as self-isolating.***
- 20. Relevant professionals in both the secure setting and community - including (but not limited to) the child's social worker and YOT worker - must be notified where a child is separated or designated as self-isolating, and an opportunity should be provided for them to contribute any relevant information during the separation or isolation and before the child's reintegration.***

21. The child's parents, carers, family members or wider support network must be notified when a separation has been approved or the child has been designated as self-isolating, and they should be supported in contributing to planning for the child's separation and reintegration. If it is appropriate or safe, arrangements for enhanced contact between the child and their care network must be made available.

22. Access to legal advice or support from independent advocacy services and others in the secure setting with whom they have a trusting relationship and may provide them with an impartial ear, such as local faith leaders, must be available to children who are separated or self-isolating.

4.27 From the moment that a separation is authorised or the child is designated as self-isolating the focus must be on working towards a point when it can be ended safely, and the child can be reintegrated with their peers and any consequences of being separated or isolated, such as a sense of shame or vulnerability to being rejected by peers, are minimised.

4.28 A single, personalised, needs-led plan for the period of separation or self-isolation (which has ideally been co-produced with the child) must be in place to address the issues which led to the child being separated or isolated, and set out how they will be reintegrated. This plan should be multi-agency, should be shaped by the formulation and coordinated with any other activity which is underway with the child. Consideration should also be given to commissioning further assessments to explore unrecognised or unmet needs which may be contributing to the circumstances behind the separation or isolation. All staff who are in contact with the child must be made aware of this plan.

4.29 Planning for managing the period of separation or isolation must also consider how the child's daily needs will be met, including access to supportive relationships and the provision of their entitlement to education, meeting healthcare needs or other interventions, as well as access to time in the open air or exercise, and showers or telephone calls.

4.30 The purpose of separation must only be to manage an aspect of the child's risk or vulnerability. Personal possessions must not be removed from the child's room before, or during, any episode of separation or isolation unless it has been clearly assessed that they may use those items to pose a risk to their wellbeing, or the wellbeing of others. If a decision is taken that items will be removed from the child's room, they must be limited to those things which are associated with an identified and assessed risk and great care should be taken with items of personal significance to the child. Any decision to remove items should be fully explained and justified to the child.

4.31 Consideration should also be given to any sensory factors, such as the temperature and bright sunshine or lights, which may make being in the room likely to increase the child's distress and any appropriate adjustments should be made. Staff should also consider whether making distraction activities or wellbeing boxes available may help the transition to the room or help the child calm down and recover from the incident.

4.32 The child should be helped to understand what is happening and how the separation will be ended as close to the start of the separation period as possible. Given the prevalence of speech, language and communication needs amongst children in secure settings, staff

should be aware of the need to communicate this in a way in which the child will understand. It may also provide another opportunity to hear about what has happened in the child's own voice, how the situation may be resolved and how they might be affected by spending time in separation or isolation.

- 4.33 The views of healthcare staff must be considered throughout any episode of separation or isolation to ensure that existing or emerging consideration about the child's health, including provision of medication, are built into the strategy for how this intervention is managed.

- 23. The management of each separated and self-isolating child must be reviewed frequently, and at regular intervals, to ensure that it remains dynamic and responsive to their specific needs.**
- 24. Decisions about the frequency of observations must: 1) Be in line with standards and expectations for the setting; 2) Take account of assessment of the child's wellbeing and risk; and 3) Kept under review to ensure that developing or emerging risks can be responded to quickly. Staff carrying out observations should develop good quality relationships with children. As well as engaging in general everyday discussion or doing activities with the children to encourage conversation, observations should involve more meaningful conversations about how they are coping and whether they need more support or distractions. The child's right to reasonable privacy – such as when washing, dressing or using the toilet - must be observed at all times.**
- 25. Throughout any episode of separation or self-isolation there must be regular and meaningful contact between staff who are engaging with and monitoring the child and a manager who has the authority to make changes to the arrangements which are in place.**
- 26. Children must be encouraged to be an active participant in arrangements which are put in place for their management during any episode of separation or self-isolation. This will be enhanced where collaborative planning to develop a calming or safety plan has already taken place.**
- 27. Children must be informed of their right to request a review of any arrangements that are in place to manage their separation or self-isolation, and any such request from the child should be responded to promptly.**
- 28. The length of any period of separation must be minimised and ended as soon as it is clear that the risk on which the original decision to separate was based can be safely managed in a different way or that prolonging the separation may harm the wellbeing of the child, or that they have achieved the targets that were set with them in their plan for reintegration.**
- 29. Where it is appropriate to use them, restorative processes which aim to resolve differences between children, or between them and staff members, must be in place to facilitate an early return to their usual daily plan and prevent prolonging their separation or self-isolation.**

During separation or self-isolation

- 4.34 An overriding principle which must be applied to the management of children in separation or isolation is that “every day is a new day”. Each day presents an opportunity for each child to make a fresh start. Separation arrangements must only remain in place if the risk which led to their imposition is still present and that this is the only way to manage it safely.

- 4.35 Staff should be aware that some children may become extremely vulnerable after even a very short period of separation or isolation and the child's welfare must be monitored throughout. While it may not always be possible to accurately discern how children are feeling, observations should be meaningful, support de-escalation and inform ongoing assessment of risk and monitoring wellbeing. Contact with positive adult relationships following a period of crisis or high anxiety are a particularly important window for therapeutic intervention, building relationships and collaborative problem solving.
- 4.37 When the child has calmed down and returned to their baseline emotional state, the conversation should focus on raising awareness of the triggers which may have compromised or overwhelmed their coping skills (and may have contributed to the need for separation or isolation), as well as developing their strategies for problem solving and calming themselves. This moment is also an opportunity for staff to reflect on the incident, and gain learning that could inform and improve the environment and/or develop their professional practice.
- 4.38 Processes for oversight, review and monitoring of the way in which the child is managed while they are subject to separation or self-isolation must be flexible enough to enable adjustments to be made rapidly and dynamically in response to any changes in underlying risk, the child's circumstances or their engagement with staff.
- 4.39 Engaging a separated or isolated child in distraction, wellbeing and learning activities may be an effective strategy to support regulation of their thinking and emotions, encourage reflection and perspective taking and support their efforts to achieve targets in their reintegration plan.
- 4.40 Spending time in the open air is vital for maintaining health and wellbeing. Children who are separated or isolated should be encouraged to undertake exercise and be given opportunities to access the gym, as evidence suggests that this can reduce stress and anxiety and improve mental health.
- 4.41 If specific risks can be managed safely, and their individual needs and circumstances allow, separated or isolated children may access education, activities or interventions in a small group as this may mitigate the more negative aspects of being separated or isolated on their own. In developing such an approach, care must be taken to ensure that the risks which led to the separation have been assessed, addressed or mitigated.
- 4.42 The interests of the child must be at the centre of decision-making and staff should be accountable to them and others with an interest in the separation for the decisions and actions which have affected their lives. Staff should receive support to reflect on their decision-making and to develop and maintain their professional practice. The secure setting should also be alert and open to the need for reasonable organisational adjustments to change environments that might be triggering behavioural crises in children.

When separation or self-isolation is ended

38. *The child's parents, carers, family members or their wider support network must be notified when an episode of separation or self-isolation has ended.*

39. *The child's formulation must be reviewed and updated after each episode of separation or self-isolation to ensure that any learning is disseminated and acted upon, and not lost.*

40. *Any post separation or self-isolation review must be informed by a debrief undertaken with the child, which should provide an opportunity for the child and any members of staff or adults who were involved to reflect on the child's experience, inform understanding of what triggered it and any preventative measures. Staff members involved in incidents which may have led to the child's separation or self-isolation must not chair the review as that role should be viewed as being neutral.*

41. *Several episodes of separation or self-isolation in close proximity may be as distressing as a single, longer, episode. To support a strategies to reduce instances of separation or isolation any post separation or self-isolation review must consider whether the child has any unmet, unidentified or emerging needs or whether it may be necessary to access additional support, such as that available through the Critical Casework Pathway.*

4.43 The child's reintegration may take place on a full or phased basis taking all available information and representation of the child's views about how factors associated with the separation are being managed or mitigated into account. This should be drawn from the full range of staff who have had contact with the child, including therapists, youth workers, advocates or local faith leaders.

Reviewing separation and self-isolation

- 42. Secure settings must record and monitor episodes of separation, self-isolation and imposed restrictions and submit regular reports to the YCS.**
- 43. Secure settings and the YCS must undertake frequent reviews and audits of all available information and data about instances of separation, self-isolation and imposed restrictions and the characteristics of children who are involved - including any protected characteristics and other factors including their physical and mental health and neurodiverse needs - to inform action to investigate, understand and prevent any areas of disproportionate use.**
- 44. The manager responsible for safeguarding responsibilities in the secure setting must ensure that they review all available information and data on instances of separation, self-isolation and imposed restrictions - including the views or perspective from children - to understand the circumstances and intervene where they consider use to be excessive or unjustified.**
- 45. Secure settings and the YCS must proactively use reviews of data and information about instances of separation, self-isolation and imposed restriction to inform strategies about improving their use and management, and outcomes for children.**

- 4.44 Monitoring and understanding the population, and reviewing how episodes of separation or self-isolation were managed will allow staff and managers to inform strategies to reduce future instances of separation or self-isolation by making adjustments to the environment or to the way in which staff communicate with children or respond to their needs or behaviour.
- 4.45 Disproportionate use of separation or isolation must be investigated, and action should be taken to address disproportionate outcomes through staff training and wider arrangements in the secure setting. Investigation must not focus solely on quantitative measures such as the amount of time children spend separated or isolated but should consider other factors as the 'full story' will help understand disproportional use and make effective change. Data analysed at both individual level and with consideration for broader patterns is more likely to yield insight.

GLOSSARY & KEY TERMS

Adverse Childhood Experiences

Children can be exposed to a wide range of stressful events including harms that affect them directly - such as neglect, and physical, verbal and sexual abuse - and harms that affect the environment in which they live - including exposure to domestic violence, parental separation or divorce, or living in a home with someone affected by mental illness, substance abuse, or who has been incarcerated.

Advocacy

The purpose of the advocacy service is to provide independent children's rights and advocacy services to children and young people, so they are empowered in resolving their issues relating to welfare, care and treatment within or outside the secure setting. The service is confidential, independent and underpinned by broad legal frameworks and professional advocacy standards.

The role of advocates is to engage and build relationships with the child, represent their wishes and feelings, and develop children's ability to self-advocate.

Care

The provision of what is necessary for the health, welfare, maintenance, and protection of someone or something, whoever that may be provided by, including healthcare, social care and parental care.

Challenging behaviour

"Behaviour can be described as challenging when it is of such an intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion."³⁹

Co-production

A partnership approach between a practitioner and young person that allows each to learn from the other, draws on the strength and knowledge of both and allows all to experience a more balanced power dynamic within the relationship. This can enhance the child's ownership of services, create a vested interest and respond to their needs.

Co-Regulation support

During and after times of high emotion and stress adolescents need to be listened to (and heard), given space and support to calm down and coached in how to make responsible decisions and choices independently in the future.

³⁹ From Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007) *Challenging behaviour: a unified approach Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices*, College Report CR144 - https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr144.pdf?sfvrsn=73e437e8_2 as quoted in Welsh Government (2021) *Reducing Restrictive Practices Framework*

In a secure setting co-regulation support from staff would involve:

- setting clear rules, boundaries and consequences to incentivise good choices;
- providing warm, responsive relationships;
- providing support and empathy in times of high emotion;
- allowing time and space to calm down at times of conflict;
- modelling, monitoring and coaching skills for responding to different scenarios;
- monitoring and limiting opportunities for risk-taking behaviour; and
- encouraging use of planning skills to complete tasks.

**Complex needs:
characteristics
of high risk, high
harm and high
vulnerability**

Children who present with high risk and high harm behaviours are highly vulnerable to harm from others and may present with several of the following characteristics:

- experience of abuse, neglect and/or other adverse childhood experiences;
- out of mainstream education, or at risk of exclusion;
- be a looked after child, with complexities - e.g. late entry to the “looked after” system such as during secondary education - and will often have had multiple placements;
- learning disabilities, autism (or both);
- Special Educational Needs and Disabilities (SEND) and/or specific learning disabilities;
- speech, language and communication needs;
- neurodevelopmental needs - e.g. traumatic brain injury, ASD, as well as those which may not have been recognised or assessed;
- (often unidentified) physical health problems;
- substance misuse;
- offending behaviour or victims of criminal behaviour;
- experience of criminal exploitation or at risk of being exploited - e.g., gang affiliated, subject to radicalisation to extremism or at risk of radicalisation;
- sexually exploited;
- sexually harmful behaviour; and
- regularly going missing.

CYPSE

Children and Young People Secure Estate (CYPSE) comprises Secure Children’s Homes (SCH), Secure Training Centres (STC) and Young Offender Institutions (YOI).

Formulation

A formulation (or ‘my story’) is a collaboratively developed and shared understanding of a child’s needs which draws together all the relevant information about a young person and their experiences into a shared and coherent ‘story’ (or hypothesis), to explain what may be happening and (drawing on psychological theory) attempts to make sense and explain

their current presentation. Interventions are driven by the shared understanding developed by the formulation.

Formulations should:

- summarise the young person's core difficulties;
- suggest how their difficulties may relate to one another, by drawing on psychological theories and principles;
- aim to explain, using psychological theory, the development and maintenance of the child's difficulties at this time and in these situations;
- indicate a plan of intervention which is based in the psychological processes and principles already identified; and
- are open to revision and re-formulation.

Intervention

All contacts with children and young people should be seen as an opportunity to effect change through building strong, safe and secure relationships - 'Every Interaction Matters' - and any contact, assessment, or professional involvement with a child or their support system (e.g. through a parent / carer relationship), should be viewed as an intervention.

Interventions may be:

- delivered in a group or in a one-to-one basis;
- formal and structured - e.g. psychological therapy, medication, education or psycho-educational intervention - or less formal and unstructured - e.g. play, engaging in social spaces (building relationships) and engaging in meaningful occupation/activities;
- undertaken with the individual child, or targeted at their wider support system - e.g. with parents / carers, intervention with professionals / staff / support system; and
- simply 'being' with – as opposed to 'doing' an intervention - can also be an intervention in itself - e.g. caring relationships between CYP and parents / carers.

Procedural Justice

Evidence shows that when people perceive the process of decision making by people in authority to be fair, they view those in authority as more legitimate and trustworthy and are more likely to cooperate with the law and rules, and the authority's decisions.

Where people in custody perceive processes to be applied fairly, it is associated with lower levels of misconduct, less violence, better psychological health and lower rates of reoffending after release.

There are four principles of procedural justice, the critical ingredients that make people feel processes are fair which can be embedded into local incentive policies;

- **Voice:** Giving people a chance to present their side of the story and sincerely consider and account for this in decision making.
- **Neutrality:** Being transparent and open about how the rules are applied, explaining decisions and showing decision making to be principled and unbiased.
Respect: Treating people with respect, taking their issues seriously, being polite, and respecting their rights.
- **Trustworthy:** Being sincere and caring, honest about motives, listening and taking issues seriously, and trying to do what is best for everyone.

Secure settings A secure centre providing accommodation and care for children and young people under the age of 18 for welfare or justice reasons including Young Offender Institutions, Secure Training Centres and Secure Children’s Homes.

SECURE STAIRS The Framework for Integrated Care (SECURE STAIRS) aims to support trauma-informed care and formulation-driven, evidence-based, whole-systems approaches to creating change for children and young people within the children and young people secure estate.

The implementation of this Framework includes staff across the whole secure setting in their intervention with children and young people. This is achieved through the provision of an environment where the day to day care of children and young people is underpinned by a focus on their relationship with staff, and an understanding of trauma/ attachment principles.

All interventions should be driven by a ‘formulation’ approach, which takes the child or young person’s life experience into account, rather than concentrating on labels, categories or diagnoses, or settings, and one which draws from evidence-based interventions.

Staff All persons across all agencies (including well supported parents and carers) who are directly in contact with children.

Trauma

Commonly recognised sources of trauma include physical and sexual violence, childhood abuse and neglect, bereavement and loss, natural disasters and community violence, such as bullying, war, gang culture, rape. Less well-understood forms of trauma include racism, urbanicity, poverty, inequality, oppression and historical trauma such as the legacy of entire groups experiencing violence such as slavery, the Holocaust or genocide. It can be experienced after a single event or compounded over time by a series of events.

Responses to trauma should include understanding of the past and current contexts and conditions of people's lives.

Trauma must be understood in the context of the individual's experience of the event as reactions to the same event can differ from person to person, and the same event may or may not be experienced as traumatic by different people. The experience and meaning of trauma are connected to individual and cultural beliefs, social supports, gender, age and a multitude of other factors.

Services can re-traumatise trauma survivors, particularly where they are based on 'power-over' relationships or there is a lack of trust. Re-traumatisation in support systems can prevent good outcomes from being achieved.

The adverse effects of trauma can occur immediately or have a delayed onset and may be short-term or lifelong. An individual may not necessarily connect trauma experiences with their effects.

Trauma can affect a person's physical, mental and emotional health, neurological development and development of interpersonal skills. Trauma survivors may struggle to trust others as well as coping with day-to-day life. Cognitive processes can be disrupted, including memory, attention and thinking. Other affects include terror, hypervigilance, constant arousal, psychosis, numbing and dissociation which can cause exhaustion and wear people down.

RULES AND REGULATIONS IN DIFFERENT SETTINGS**Young Offender Institution Rules (2000)****Rule 49 (Removal from Association)**

49.—(1) Where it appears desirable, for the maintenance of good order or discipline or in his own interests, that an inmate should not associate with other inmates, either generally or for particular purposes, the governor may arrange for the inmate's removal from association accordingly.

- (2) An inmate shall not be removed under this rule for a period of more than three days without the authority of a member of the board of visitors or of the Secretary of State. An authority given under this paragraph shall in the case of a female inmate aged 21 years or over, be for a period not exceeding one month and, in the case of any other inmate, be for a period not exceeding 14 days, but may be renewed from time to time for a like period.
- (3) The governor may arrange at his discretion for such an inmate to resume association with other inmates, and shall do so if in any case the medical officer or a medical practitioner such as is mentioned in rule 27(3) so advises on medical grounds.

Rule 51 (Temporary confinement)

51.—(1) The governor may order an inmate who is refractory or violent to be confined temporarily in a special cell or room, but an inmate shall not be so confined as a punishment, or after he has ceased to be refractory or violent.

- (2) A cell or room shall not be used for the purpose of this rule unless it has been certified by an officer of the Secretary of State (not being an officer of a young offender institution) that it is suitable for the purpose, that its size, lighting, heating, ventilation and fittings are adequate for health, and that it allows the inmate to communicate at any time with an officer.
- (3) In relation to any young offender institution, section 14(6) of the Prison Act 1952 shall have effect so as to enable the provision of special rooms instead of special cells for the temporary confinement of refractory or violent inmates.
- (4) An inmate shall not be confined under this rule for longer than 24 hours without a direction in writing given by a member of a board of visitors or by an officer of the Secretary of State not being an officer of the young offender institution.

Rule 58 (Disciplinary charges)

58.—(1) Where an inmate is to be charged with an offence against discipline, the charge shall be laid as soon as possible and, save in exceptional circumstances, within 48 hours of the discovery of the offence.

- (2) Every charge shall be inquired into by the governor.
- (3) Every charge shall be first inquired into not later, save in exceptional circumstances, than the next day, not being a Sunday or public holiday, after it is laid.

- (4) An inmate who is to be charged with an offence against discipline may be kept apart from other inmates pending the governor's first inquiry.

Secure Training Centre Rules (1998) - Rule 36 (Removal from association)

36.— (1) Where it appears to be necessary in the interests of preventing him from causing significant harm to himself or to any other person or significant damage to property that a trainee should not associate with other trainees, either generally or for particular purposes, the governor may arrange for the trainee's removal from association accordingly.

- (2) A trainee shall not be removed under this rule unless all other appropriate methods of control have been applied without success.

- (3) A trainee who is placed in his own room during normal waking hours in accordance with arrangements made under this rule shall—

- (a) be observed at least once in every period of 15 minutes;
- (b) not be left unaccompanied during normal waking hours for a continuous period of more than 3 hours nor for periods which total in aggregate more than 3 hours in any period of 24 hours;
- (c) be released from the room as soon as it is no longer necessary for the purposes mentioned in paragraph (1) above that he be removed from association; and
- (d) be informed both orally and in writing of the reasons for such placement.

- (4) A record shall be kept of each occasion on which a trainee is removed from association under this rule which shall specify—

- (a) the name of the trainee;
- (b) the date and time removal commenced and finished;
- (c) who authorised it;
- (d) the reasons for it and that the trainee was informed in accordance with paragraph (3)(d) above; and
- (e) any observations made in accordance with paragraph (3)(a) above; and the record kept in accordance with this paragraph shall be made available, upon request, to the person authorised under rule 43(1) of these Rules to inspect the centre.

Secure Children's Homes - The Children's Homes (England) Regulations 2015

The protection of children standard

12.—(1) The protection of children standard is that children are protected from harm and enabled to keep themselves safe.

- (2) In particular, the standard in paragraph (1) requires the registered person to ensure—
- (a) that staff—
 - (i) assess whether each child is at risk of harm, taking into account information in the child’s relevant plans, and, if necessary, make arrangements to reduce the risk of any harm to the child;
 - (ii) help each child to understand how to keep safe;
 - (iii) have the skills to identify and act upon signs that a child is at risk of harm;
 - (iv) manage relationships between children to prevent them from harming each other;
 - (v) understand the roles and responsibilities in relation to protecting children that are assigned to them by the registered person;
 - (vi) take effective action whenever there is a serious concern about a child’s welfare; and
 - (vii) are familiar with, and act in accordance with, the home’s child protection policies;
 - (b) that the home’s day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm;
 - (c) that the premises used for the purposes of the home are located so that children are effectively safeguarded;
 - (d) that the premises used for the purposes of the home are designed, furnished and maintained so as to protect each child from avoidable hazards to the child’s health; and
 - (e) that the effectiveness of the home’s child protection policies is monitored regularly.

Restraint and deprivation of liberty

- 20.—(1) Restraint in relation to a child is only permitted for the purpose of preventing—
- (a) injury to any person (including the child);
 - (b) serious damage to the property of any person (including the child); or
 - (c) a child who is accommodated in a secure children’s home from absconding from the home.
- (2) Restraint in relation to a child must be necessary and proportionate.
- (3) These Regulations do not prevent a child from being deprived of liberty where that deprivation is authorised in accordance with a court order.

Behaviour Management policies and records

- 35.—(1) The registered person must prepare and implement a policy (“the behaviour management policy”) which sets out—
- (a) how appropriate behaviour is to be promoted in the children’s home; and

- (b) the measures of control, discipline and restraint which may be used in relation to children in the home.
- (2) The registered person must keep the behaviour management policy under review and, where appropriate, revise it.
- (3) The registered person must ensure that—
 - (a) within 24 hours of the use of a measure of control, discipline or restraint in relation to a child in the home, a record is made which includes—
 - (i) the name of the child;
 - (ii) details of the child's behaviour leading to the use of the measure;
 - (iii) the date, time and location of the use of the measure;
 - (iv) a description of the measure and its duration;
 - (v) details of any methods used or steps taken to avoid the need to use the measure;
 - (vi) the name of the person who used the measure (“the user”), and of any other person present when the measure was used;
 - (vii) the effectiveness and any consequences of the use of the measure; and
 - (viii) a description of any injury to the child or any other person, and any medical treatment administered, as a result of the measure;
 - (b) within 48 hours of the use of the measure, the registered person, or a person who is authorised by the registered person to do so (“the authorised person”)—
 - (i) has spoken to the user about the measure; and
 - (ii) has signed the record to confirm it is accurate; and
 - (c) within 5 days of the use of the measure, the registered person or the authorised person adds to the record confirmation that they have spoken to the child about the measure.
- (4) Paragraph (3) does not apply in relation to restraint that is planned or provided for as a matter of routine in the child's EHC plan or statement of special educational needs.

Guide to the Children’s Homes Regulations including the quality standard (2015)

Restraint

9.41 Restraint is defined in regulation 2(1). Restraint includes physical restraint techniques that involve using force.

9.42 Restraint also includes restricting a child’s liberty of movement. This includes, for example, changes to the physical environment of the home (such as using high door handles) and removal of physical aids (such as turning off a child’s electric wheelchair). Restrictions such as these, and all other restrictions of liberty of movement, should be recorded as restraint. Some children, perhaps due to impairment or disability, may not offer any resistance, but such measures should still constitute a restraint.

Secure children's homes

- 9.64 Children living in secure children's homes will not typically spend time away from the home for education/training as set out in paragraph 9.6. In circumstances where the child leaves the home with staff for a specific event such as attending court or to prepare for their release from secure care, staff should have the skills to protect the child and manage any risk of the child attempting to run away. This should be carried out in line with the child's relevant risk assessments.
- 9.65 Children in secure children's homes should only be placed in single separation when necessary to prevent injury to any person (including for example, the child who is being restrained) or to prevent serious damage to the property of any person (including the child who is being restrained). A record should be made and kept of all uses of single separation in secure children's homes (Regulation 17 of The Children (Secure Accommodation) Regulations 1991). Children should be offered the opportunity to read and add a comment to the record of their separation.

Secure Children's Homes in Wales – The Children's Homes (Wales) Regulations 2002

Behaviour management, discipline and restraint

- 17.—(1) Without prejudice to paragraph (5), no measure of control, restraint or discipline which is excessive, or unreasonable shall be used at any time on children accommodated in a children's home.
- (2) The registered person shall prepare and follow a written policy (in this regulation referred to as "the behaviour management policy") which shall set out—
- (a) the measures of control, restraint and discipline which may be used in the children's home; and
 - (b) the means whereby appropriate behaviour is to be promoted in the home.
- (3) The registered person shall—
- (a) keep under review and where appropriate revise the behaviour management policy; and
 - (b) notify the appropriate office of the National Assembly of any such revision within 28 days.
- (4) The registered person shall ensure that within 24 hours of the use of any measure of control, restraint or discipline in a children's home a written record is made in a volume kept for the purpose which shall include—
- (a) the name of the child concerned;
 - (b) details of the child's behaviour leading to the use of the measure;
 - (c) a description of the measure used;

- (d) the date, time and location of the use of the measure (including in the case of any form of restraint, the duration of the restraint);
 - (e) the name of the person using the measure, and of any other person present;
 - (f) the effectiveness and any consequences of the use of the measure; and
 - (g) the signature of a person authorised by the registered provider to make the record.
- (5) Subject to paragraph (6) of this regulation, the following measures shall not be used against children accommodated in a children's home—
- (a) any form of corporal punishment;
 - (b) any punishment relating to the consumption or deprivation of food or drink;
 - (c) any restriction, other than one imposed in accordance with regulation 15, on—
 - (i) a child's contact with his or her parents, relatives or friends;
 - (ii) visits to the child by his or her parents, relatives or friends;
 - (iii) a child's communications with any of the persons listed in regulation 15(2); or
 - (iv) his or her access to any telephone helpline providing counselling or advice for children;
 - (d) any requirement that a child wear distinctive or inappropriate clothes;
 - (e) the use or withholding of medication or medical or dental treatment as a disciplinary measure;
 - (f) the intentional deprivation of sleep;
 - (g) the imposition of any financial penalty, other than a requirement for the payment of a reasonable sum (which may be by instalments) by way of reparation;
 - (h) any intimate physical examination of a child;
 - (i) the withholding of any aids or equipment needed by a disabled child;
 - (j) any measure which involves—
 - (i) a child in the imposition of any measure against any other child; or
 - (ii) the punishment of a group of children for the behaviour of an individual child.
- (6) Nothing in this regulation shall prohibit—
- (a) the taking of any action by, or in accordance with the instructions of, a registered medical or dental practitioner which is necessary to protect the health of a child;
 - (b) the imposition of a requirement that a child wear distinctive clothing for sporting purposes, or for purposes connected with his education or with any organisation whose members customarily wear uniform in connection with its activities.

- (7) It is declared (for the avoidance of doubt) that any rule of law relating to duress or necessity may be relied upon, as well as paragraph (6), if it is alleged that this regulation has not been complied with.

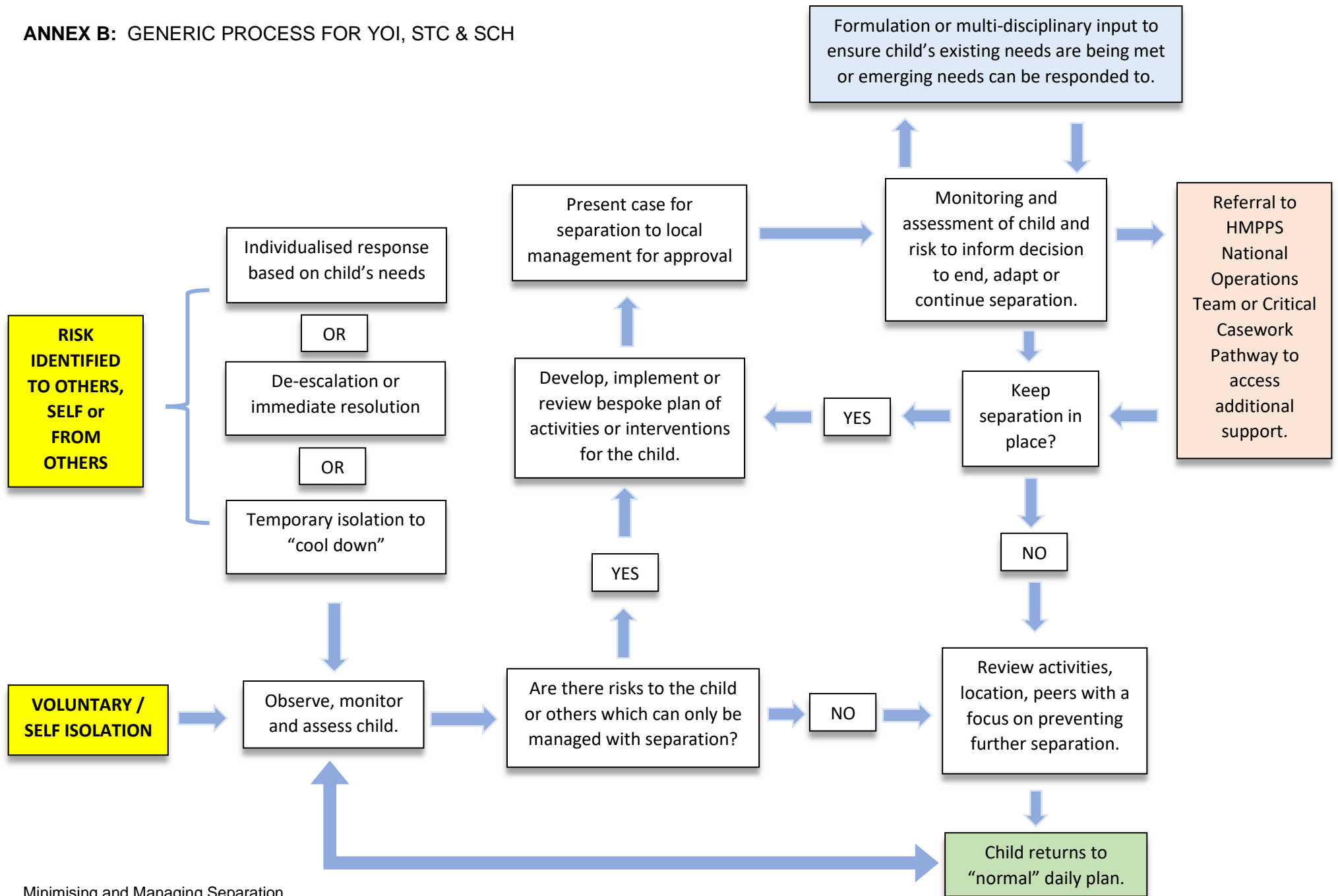
The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The appropriate use of control and restraint

29.—(1) Care and support must not be provided in a way which includes acts intended to control or restrain an individual unless those acts—

- (a) are necessary to prevent a risk of harm posed to the individual or another individual, and
 - (b) are a proportionate response to such a risk.
- (2) Control or restraint must not be used unless it is carried out by staff who are trained in the method of control or restraint used.
- (3) The service provider must have a policy on the use of control or restraint and ensure that any control or restraint used is carried out in accordance with this policy.
- (4) A record of any incident in which control or restraint is used must be made within 24 hours.
- (5) For the purposes of this regulation, a person controls or restrains an individual if that person—
- (a) uses, or threatens to use, force to secure the doing of an act which the individual resists, or
 - (b) restricts the individual's liberty of movement, whether or not the individual resists, including by the use of physical, mechanical or chemical means.

ANNEX B: GENERIC PROCESS FOR YOI, STC & SCH



LIST OF REQUIREMENTS

1. ***Separation is not a punitive intervention: whatever the circumstances it must never be used as a sanction or to punish a child.***

Before separation is considered

2. ***Staff in secure settings must have training in child development and be skilful in reflecting specific needs in how they communicate and build relationships with children; understand the impact of exposure to traumatic experiences on children; recognise potential behavioural triggers; and take early action to de-escalate and defuse tensions.***
3. ***Staff in secure settings must only consider using a separation measure when it is justified, appropriate, proportionate and necessary, and only after alternative approaches have been considered, attempted and exhausted.***
4. ***If required, children must be given opportunities in an appropriate space - such as their own room, a designated “calm down” area or another (safe) space away from other children - to self-regulate their emotions. The type of space chosen should be consistent with their neurodiverse and emotional needs. This will take each child a different amount of time and may need support from an adult.***
5. ***When they have returned to a calmer emotional state, and their risk can be managed, children must return to their usual daily plan or activities at the earliest opportunity.***
6. ***After time away children must only be reintegrated with their peers if it is assessed that it is safe to do so. The views of other professionals who have a relationship with the child – including (but not limited to) psychologists, social workers, healthcare and education staff – should be considered when planning for reintegration.***
7. ***As signs of the physical or mental impact of an incident may take time to emerge all children involved must be monitored by staff after they return to their usual daily plan or activities.***

When separation is being considered

8. ***Separation must only be considered where it is a justified, appropriate, proportionate and necessary response to manage risk to the child or others. If it is not, the child must return to their usual activities or daily plan or, if it is a more appropriate approach to resolve the issue causing the risk, a bespoke formulation-based plan for care and management of the child may be put in place. Where sites struggle to manage complex and challenging behaviours, a referral to the Critical Casework Pathway should be considered to support decision-making.***

9. ***Separation must never be used as a standard or default response or outcome to a particular scenario, such as a restraint. All decision-making about separation must be clearly recorded and made on a case-by-case basis, with detailed consideration of the child's individual circumstances at that time, information from their formulation about how to respond to their behaviour and the impact that separation or isolation may have on them.***
10. ***As factors which may lead to a period of separation may be outside the control of the child they must not automatically lead to any other form of sanction, such as: reduced access to routine and positive engagement with staff and interventions; wellbeing strategies or distraction activities; education or other activities; time in the open air; or automatic demotion on the local rewards, sanctions or privileges scheme.***
11. ***Children at risk of self-harm must not be placed in separation except in exceptional circumstances. In assessing the case for separating a child who may self-harm there should be consideration of how that risk may be reduced, steps to mitigate that risk, and the impact of not separating that child on the wellbeing of their peers.***

At the start of separation

12. ***Before any period of separation can start, authorisation must be secured from a designated member of staff of appropriate seniority at the secure setting.***
13. ***The child must be informed as soon as a case for their separation is approved. At that time, they must be given clear information (in a format and using language which they can understand) about how the separation will be managed and reviewed, and what will enable it to be ended. Staff should be aware that they may need to provide this information more than once and must provide evidence that it has been given and that the child has understood the information.***
14. ***A structured approach to supporting and managing the child during the episode of separation or self-isolation (and for reintegrating them when it ends) must be established within the formulation process to ensure any work being undertaken with the child by different teams or professionals is coordinated and interruptions are avoided.***
15. ***A plan (which has ideally been co-produced with the child) must be in place to provide a set of clear and meaningful targets and objectives which will support the child's reintegration at the end of the separation or self-isolation.***
16. ***The local healthcare provider and mental health team must be notified when an episode of separation has been approved or the child is designated as self-isolating. They must assess the child's emotional wellbeing and physical and psychological health within one hour at settings where healthcare provision is on-site (or as soon as practicable where provision isn't available 24/7). Standard engagement and check-ins by healthcare staff to support children in separation and isolation should continue unless the formulation explicitly advises against this.***

17. **Steps must be taken to ensure that the space where the child is located during the separation or isolation is safe. Items which could be reasonably considered to pose a risk to their wellbeing, or the wellbeing of others, may be removed but decisions must be clearly recorded, and care should be taken to respect the child's personal possessions.**
18. **Children who are subject to a period of separation must only be required to wear special clothing (e.g. paper or non-ligature clothing) in exceptional circumstances if it has been assessed that this is necessary to prevent harm to themselves or others and the reasons for any decision must be clearly recorded.**
19. **Arrangements for monitoring the child's welfare and wellbeing must be integrated with the formulation process and in place from the point at which the separation is authorised or the child is designated as self-isolating.**
20. **Relevant professionals in both the secure setting and community - including (but not limited to) the child's social worker and YOT worker - must be notified where a child is separated or designated as self-isolating, and an opportunity should be provided for them to contribute any relevant information during the separation or isolation and before the child's reintegration.**
21. **The child's parents, carers, family members or wider support network must be notified when a separation has been approved or the child has been designated as self-isolating, and they should be supported in contributing to planning for the child's separation and reintegration. If it is appropriate or safe, arrangements for enhanced contact between the child and their care network must be made available.**
22. **Access to legal advice or support from independent advocacy services and others in the secure setting with whom they have a trusting relationship and may provide them with an impartial ear, such as local faith leaders, must be available to children who are separated or self-isolating.**

During separation or self-isolation

23. **The management of each separated and self-isolating child must be reviewed frequently, and at regular intervals, to ensure that it remains dynamic and responsive to their specific needs.**
24. **Decisions about the frequency of observations must: 1) Be in line with standards and expectations for the setting; 2) Take account of assessment of the child's wellbeing and risk; and 3) Kept under review to ensure that developing or emerging risks can be responded to quickly. Staff carrying out observations should develop good quality relationships with children. As well as engaging in general everyday discussion or doing activities with the children to encourage conversation, observations should involve more meaningful conversations about how they are coping and whether they need more support or distractions. The child's right to reasonable privacy – such as when washing, dressing or using the toilet - must be observed at all times.**

- 25. Throughout any episode of separation or self-isolation there must be regular and meaningful contact between staff who are engaging with and monitoring the child and a manager who has the authority to make changes to the arrangements which are in place.**
- 26. Children must be encouraged to be an active participant in arrangements which are put in place for their management during any episode of separation or self-isolation. This will be enhanced where collaborative planning to develop a calming or safety plan has already taken place.**
- 27. Children must be informed of their right to request a review of any arrangements that are in place to manage their separation or self-isolation, and any such request from the child should be responded to promptly.**
- 28. The length of any period of separation must be minimised and ended as soon as it is clear that the risk on which the original decision to separate was based can be safely managed in a different way or that prolonging the separation may harm the wellbeing of the child, or that they have achieved the targets that were set with them in their plan for reintegration.**
- 29. Where it is appropriate to use them, restorative processes which aim to resolve differences between children, or between them and staff members, must be in place to facilitate an early return to their usual daily plan and prevent prolonging their separation or self-isolation.**
- 30. Any concerns for the health, mental health or welfare needs of a child in separation or isolation must be recorded and reported to healthcare, and the child's formulation must record an approach for addressing those concerns and any subsequent actions that are taken.**
- 31. The frequency of observations during the child's separation or self-isolation should reflect their individual needs or vulnerabilities but they must inform reviews and formulations and (at the very least) record details of interactions between staff and the child, findings from assessments of the child's health, mental health and welfare, wellbeing and immediate needs, and the appearance of the child's room.**
- 32. Where an episode of separation or self-isolation cuts across a change of shift, there must be a clear process in place for accurately handing over information to incoming staff and for recording that handover in writing.**
- 33. If there are members of staff within the secure setting or in the community with whom the separated or self-isolating child has a good relationship there must be arrangements in place so they can access support, advice or advocacy from them.**
- 34. Local procedures must ensure that children who are separated or designated as self-isolating have the same entitlement as their non-separated peers to access positive relationships with staff, healthcare, support for their mental health and emotional wellbeing, purposeful activity, education, review meetings, at least an hour each day in the open air, exercise, showers, religious observance and contact with their family, YOTs and social workers.**

- 35. Arrangements must be in place to ensure that children who are separated or designated as self-isolating are able to access equitable provision of education and other activities or interventions as their non-separated peers. Initial provision on an individualised 1:1 basis may be extended to small or bespoke groups if that can be managed safely or part of the strategy to reintegrate the child.**
- 36. Additional emotional support must be available if a separated or self-isolating child asks for it as it may encourage them to reflect and engage and support their transition to a point where they may return to a “normal” daily plan or location.**
- 37. Separated or self-isolating children, and those working with them, must continue to have access to existing or new mental health advice and specialist support to support their emotional wellbeing and mental health. Intervention plans must be supported by the formulation process, practice and meetings.**

When separation is ended

- 38. The child’s parents, carers, family members or their wider support network must be notified when an episode of separation or self-isolation has ended.**
- 39. The child’s formulation must be reviewed and updated after each episode of separation or self-isolation to ensure that any learning is disseminated and acted upon, and not lost.**
- 40. Any post separation or self-isolation review must be informed by a debrief undertaken with the child, which should provide an opportunity for the child and any members of staff or adults who were involved to reflect on the child’s experience, inform understanding of what triggered it and any preventative measures. Staff members involved in incidents which may have led to the child’s separation or self-isolation must not chair the review as that role should be viewed as being neutral.**
- 41. Several episodes of separation or self-isolation in close proximity may be as distressing as a single, longer, episode. To support a strategies to reduce instances of separation or isolation any post separation or self-isolation review must consider whether the child has any unmet, unidentified or emerging needs or whether it may be necessary to access additional support, such as that available through the Critical Casework Pathway.**

Reviewing separation

- 42. Secure settings must record and monitor episodes of separation, self-isolation and imposed restrictions and submit regular reports to the YCS.**
- 43. Secure settings and the YCS must undertake frequent reviews and audits of all available information and data about instances of separation, self-isolation and imposed restrictions and the characteristics of children who are involved - including any protected characteristics and other factors including their physical and mental health and neurodiverse needs - to inform action to investigate, understand and prevent any areas of disproportionate use.**

- 44. The manager responsible for safeguarding responsibilities in the secure setting must ensure that they review all available information and data on instances of separation, self-isolation and imposed restrictions - including the views or perspective from children - to understand the circumstances and intervene where they consider use to be excessive or unjustified.**
- 45. Secure settings and the YCS must proactively use reviews of data and information about instances of separation, self-isolation and imposed restriction to inform strategies about improving their use and management, and outcomes for children.**