



**Research Report:**

# **Isolation and Solitary Confinement of Children in the English Youth Justice Secure Estate**

September, 2015

# Table of contents

---

1. Introduction .....	4
2. Types of isolation .....	5
2.1 Isolation practice in the youth justice secure estate .....	5
2.2 What about unrecorded isolation? .....	6
2.3 Factors that influence the practice of isolation .....	7
2.4 What does isolation look like in different establishments? .....	7
3. Methodology .....	12
3.1 Phase 1 .....	12
3.2 Phase 2 .....	12
3.3 Data caveats/limitations .....	13
3.4 Analysis of phase 1 data .....	13
3.5 Analysis of phase 2 data .....	14
4. Prevalence of isolation .....	14
4.1 Variability in prevalence by establishment .....	14
4.2 Variability in prevalence by type of establishment .....	17
5. Population Profile .....	18
5.1 Comparison of the characteristics of isolated children to the secure estate population .....	18
5.2 Factors which predict isolation .....	22
5.3 Factors which predict multiple isolation .....	26
6. Population profile by type of establishment .....	27
6.1 Comparison of the characteristics of isolated children to the population in each establishment type .....	27
6.2 Factors which predict isolation-by type of establishment .....	32
7. Reasons for isolation .....	34
8. Nature of isolation practice .....	38
8.1 Observation of isolation premises .....	38
8.2 Safety of children when in isolation .....	45
8.3 Environment, personal items and daily routine .....	45
8.4 Access to services/activities .....	46
8.5 Recording and monitoring isolation practice .....	49
9. Decision-making process about isolation .....	54
9.1 How are the decisions about isolation made? .....	54
9.2 Are the decisions fair? .....	55

10.	Work that takes place with children during isolation.....	56
10.1	Mediation and re-integration plan .....	56
10.2	Restorative work.....	57
11.	End of isolation .....	58
11. 1	How is isolation ended? .....	58
11.2	Additional supervision after the end of isolation .....	60
12.	Impact of isolation .....	61
12.1	How does it feel to be in isolation? .....	62
12.2	The impact on mental health.....	63
12.3	Can isolation prevent future re-offending? .....	63
12.4	Are there any positive effects of isolation? .....	64
12.5	Two case studies of the impact of isolation.....	64
13.	Reducing the use of isolation- conclusions.....	66

# 1. Introduction

---

The Children’s Commissioner for England (CCE) is a public body led by Anne Longfield OBE. Her aim is to promote and protect children’s rights in accordance with the United Nations Convention on the Rights of the Child and, as appropriate, other human rights legislation and conventions. CCE commissioned a piece of research on isolation of children in the youth justice secure estate in England, with a view to investigating its prevalence, causes, nature and impact on children and the system. The research included the analysis of data obtained by CCE from all youth justice establishments and visits to secure institutions by the research team. The secure estate comprises Young Offender Institutions (YOIs), Secure Training Centres (STCs) and Secure Children’s Homes (SCHs). CCE is concerned at the prevalence of isolation practices in the youth justice secure estate – both official and unofficial – which are carried out under a variety of names, generally for purposes of behavioural management. At the most severe end they constitute solitary confinement for the purposes of international law,<sup>1</sup> with children spending 22 hours or more per day in their cell with little human contact or access to interventions/activities. The aim of the research team visits was to observe practice and interview children and staff.

This project had three phases. The first was a data capture at the national and individual establishment level, regarding the reasons for, prevalence, nature and impact of isolation practices. This data was used to select establishments for visits in the second phase.

The second phase of the project comprised visits to seven youth justice secure establishments, selected by criteria established during Phase 1. Methodology included structured observation, review of unit diaries and restraint logs, and interviews with children and staff.

Phase 3 is still in progress and involves follow up work by CCE with individual establishments, relevant agencies and inspectorates.

This report outlines the findings from Phase 1 and Phase 2.

---

<sup>1</sup> The UN Special Rapporteur on Torture has defined solitary confinement as “the physical and social isolation of individuals who are confined to their cells for 22 to 24 hours a day” (UN General Assembly A/66/268, para 26).

## 2. Types of isolation

---

This research was designed primarily to look at practices whereby children in the youth justice secure estate spent 16 hours or more in any 24 hour period without social contact with their peers (i.e. excluding contact with staff and family/social or professional visits). The World Health Organisation lists the following as the most common reasons for imposing isolation during imprisonment (Shalev, 2014<sup>2</sup>):

- as a short term-punishment for children who break the rules;
- to prevent escape;
- for the person's own protection to prevent them from harming themselves or being harmed by others;
- as a behaviour management tool for the safe management of difficult and challenging persons, and for the management of children belonging to certain groups (such as gang members);
- while awaiting transfer to another establishment or to a hospital, or adjudication; these are temporary measures, but in some cases the child may be isolated for many weeks and sometimes months;
- de facto: staff shortages, convenience or as group punishment can mean that children are confined to their cells/ rooms for an entire day or for several days at a time.

In literature, isolation can be broadly classed into:

- Isolation in dedicated intensive management units, often termed segregation units;
- Isolation in the form of 'cellular confinement'.

Isolation can also be a single separation or a group separation (when two or more persons are isolated together from the rest of their peers). It can be imposed by the staff or elected by the child themselves.

### 2.1 Isolation practice in the youth justice secure estate

In March 2015, the number of children in youth justice custody in England and Wales (i.e. sentenced or remanded) stood at 1,004.<sup>3</sup> There are currently:

- four YOIs in England housing boys aged 15-17 and some 18 year olds. They are all male establishments;
- eight SCHs, which hold children 10-17 years of age. Girls and boys are usually mixed in SCHs. SCHs range in size from six to 40 beds;
- three STCs, all run by private companies. STCs hold boys and girls aged 12-17.

Young Offenders Institutions are the only type of youth justice establishments which have dedicated segregation units similar to those in adult prisons, where confinement – for example in order to

---

<sup>2</sup> Shalev, S. (2014) 'Solitary confinement as a prison health issue', in Enggist, Møller, Galea and Udesen, (eds) *Prisons and Health*. World Health Organisation.

<sup>3</sup> See the YJB's monthly custody report at: <https://www.gov.uk/government/statistics/youth-custody-data>

maintain good order and discipline – can exceed 22 hours per day and last for prolonged periods. Visits are allowed by a staff member, nurse, advocacy providers and chaplains. Isolated children are allowed out of their segregation cells in order to shower, exercise or make a phone call although, as this research has shown, this practice tends to vary between establishments. In England and Wales the educational entitlement in custody has recently been increased to 30 hours per week for children (CCE, 2015)<sup>4</sup>. Access to education is only sporadically allowed to isolated children and is often conducted on 1:1 basis, as are consultations with the advocacy provider. The length of time spent in isolation typically ought not to exceed 72 hours before a detailed review takes place. This type of isolation is always recorded.

Confinement in the child's own cell is also used in YOIs, often as a behavioural management measure following an act of aggression against a peer or a member of staff. Short spells of cell or room confinement are extremely common across the estate as they provide a 'cooling off' or 'time out' periods. The time spent in room confinement ranges from minutes to several days.

STCs and SCHs typically use room confinement as a behavioural management measure, and do so for shorter periods of time than YOIs. The time spent in isolation can range from 10-15 minutes to several hours. The children are typically not left alone for prolonged periods of time and a member of staff is likely to accompany them during isolation. A child is not necessarily confined to their room: often they will be isolated in one of the common area rooms where they will have access to personal items and items of leisure. Typically, they will have access to activities/services that they would do if they were not isolated, but will need to access them apart from their peers (for instance education may need to be delivered 1:1). They may also need to miss out on those courses which are only delivered in groups, such as vocational training. Group separations are also common, where two or more children are isolated together from the rest of the group and supervised by a member of staff.

When it comes to recording it as isolation, cell/room confinement is often variably understood by different types of establishments. STCs and SCHs are likely to record this information. As found in the present study, in YOIs, this practice can sometimes go unnoticed and unrecorded. This presents itself as a problem when trying to estimate the overall rate of isolation in the youth justice estate.

## **2.2 What about unrecorded isolation?**

The evidence from this study would suggest that aside from recorded and regulated isolation, there is an additional layer of unrecorded isolation in youth justice estates which is often practiced as part and parcel of the daily regime, without structured supervision or restorative programmes (Clinks, 2011<sup>5</sup>). This form of isolation is explored in this study.

Despite the daily regime regulations stating that no child should spend more than 16 hours a day indoors, many secure establishments, especially YOIs, exercise a weekend regime which entails lock up for over 16 hours a day. In that sense, children housed in YOIs are likely to undergo an unrecorded form of isolation for at least two days a week.

---

<sup>4</sup> Report of the UK Children's Commissioners (2015). London:CCE

<sup>5</sup> Clinks (2011) Strategy for the Secure Estate for Children and Young People in England and Wales: A response. NCVYS.

Isolation is not always an intended outcome of a behavioural measure – sometimes it can be a side-effect and, as such, can often go unrecorded. For instance, children who are housed in healthcare wings will sometimes spend periods of time without association with peers, especially if they are on the wing alone. This form of isolation is typically not recorded as segregation or isolation. Also, staff shortages can contribute to an increase in isolation rates. Establishments which operate with staff shortages, as evidenced in this study, tend to keep children inside for periods of time considerably longer than 16 hours (Shalev, 2014).

The present study found that periods of isolation do not necessarily always exceed 16 hours per day. This is particularly notable in SCHs and STCs, where isolation instances are considerably shorter than in YOIs. These instances will also be investigated as part of this research.

### 2.3 Factors that influence the practice of isolation

While this study focused on the reasons for isolation and the nature of its practice, a number of additional factors were also uncovered, which are to an extent supported by literature (e.g. Shalev, (2014) United Nations Special Rapporteur on Torture, 2011<sup>6</sup>, WHO, 2013<sup>7</sup>). These are:

- **Difference in regimes** - YOIs practice more stringent daily regimes, which can often result in prolonged periods of time inside the cell;
- **Staff-child ratio** - establishments with lower ratios and those which suffer with staff shortages tend to use isolation as means of imposing order and control in the establishment. This problem primarily arises in YOIs where a staff ratio is often 1:10, compared to STCs where it is 3:8 or in SCHs where it is 1:2;
- **Size of establishments** - densely populated units are fertile grounds for conflict which can often result in enforced isolation;
- **Building structure** - establishments that have closely packed housing units tend to remove children to a segregation wing for isolation, where it is more likely to be recorded as such;
- **Presence of gangs in the establishments** - sometimes establishments that have known gang members with different affiliations wish to keep them separate, which can often result in reduced time outside their cell;
- **Vulnerability** - children with particular vulnerabilities, be that due to young age or mental health problems, can often spend time in isolation either for their own protection or wellbeing or because they chose to.

### 2.4 What does isolation look like in different establishments?

As previously discussed, isolation can take many forms and not all types of establishments apply it in the same manner. YOIs tend to have more stringent measures in place and are the only type of institution to have dedicated segregation units. Isolations in YOIs also tend to be longer in duration. STCs and SCHs tend to practice isolation mostly as means to diffuse a situation and to provide a ‘cooling off’ period for parties involved. The isolations tend to be considerably shorter in duration and are often practiced in a normal location – usually in a room which serves for that purpose or in a

---

<sup>6</sup> United Nations Special Rapporteur on Torture (2011). Interim report to the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment. New York, NY, United Nations.

<sup>7</sup> Prisons and health: data and statistics [2013]. Copenhagen, WHO Regional Office for Europe

child's own room. Below is an outline of the daily routine of children in isolation in different types of establishments.

## YOIs

As part of a standard daily regime, boys housed in YOIs tend to spend approximately eight hours a day outside their cell. A survey of all establishments, conducted in Phase 1 of this study suggests that boys are typically housed in segregation units or cellular accommodation, under:

- R49 (Good Order and Discipline)
- R58 (Awaiting adjudication where the alleged offence warrants separation)
- Restricted Unlock measure, to manage the risk of violence towards others
- Weekend regime (despite being listed by YOIs as a reason for isolation, it is not typically recorded as such)
- Regime curtailment

Access to activities such as domestic visits, legal visits, use of telephone, exercise and showers should be comparable to those for a boy held on a normal location. Units should also use incentives such as access to TV, radio/CD player, association with other peers in segregation, and physical exercise. Regular reviews should be put in place. In reality, these measures (i.e. access to visits, activities and personal items) are adhered to by units to a variable degree. In some YOIs, the measures are so stringent that boys in segregation units are only allowed limited use of telephone use or access to education. A similar situation can be found with boys who are in other forms of isolation. At times boys get less than 1 hour out of their cell and they need to rationalise this time, by choosing which activities they can access in this limited period of time.

In most units, weekend regime and regime curtailment due to reduced staffing levels have also produced prolonged isolation on normal location as a side effect. During the weekends, boys spend no more than 7.5 hours out of cell, and during regime curtailment no more than 6. During these regimes, a boy has access to services if needed (e.g. healthcare, mental healthcare) but is confined to his cell for the best part of the day. Typically boys will go out for meal times (although in some YOIs most boys eat in their cells), association time in the evenings and any scheduled activities that they have that day, such as education.

In some institutions, boys on Basic Incentive and Earned Privileges Status (IEP) also spend prolonged periods of time in isolation. They often have restricted access to activities and association.

Boys can also elect to go into isolation, and in this case they will either remain in their cell or be placed in the Healthcare centre (if there are mental health issues that need to be addressed), where they will be monitored.

YOI: Type of isolation	Time outside the cell	Access to activities
<b>Segregation unit</b>	1-2 hours	Very limited
<b>Restricted unlock/regime curtailment/Basic regime</b>	Up to 6 hours	limited
<b>Weekend regime</b>	7.5 hours	limited

## STCs

Children housed in STCs tend to spend 13-14 hours a day outside their room. STCs typically do not have a dedicated segregation unit, and isolation usually takes place in a residential unit or healthcare suites. A survey of all establishments, conducted in Phase 1 of this study suggests that children in STCs tend to be isolated for three main reasons:

- Refusal to integrate with peers
- Ensuring safety and protection (a broad category which includes violence against a person and risk to self)
- Elected isolation

Isolations tend to be shorter in duration, and intense mediation work is done with the child to ensure a speedy return to association. Therefore, occasions when a child is kept in complete isolation for a period of time longer than 16 hours a day are very rare. There are some imposed restrictions on the access to activities, for instance, the child may need to access education on 1:1 basis, or miss out on it entirely. Furthermore, they may not be able to attend their vocational courses, as these are usually delivered in groups. The child is visited by a healthcare professional regularly.

STC: Type of isolation	Time outside the room	Access to activities
<b>Refusal to integrate</b>	N/A <sup>8</sup>	Some limitations on group activities, such as association, education, and vocational activities
<b>Ensuring safety and protection</b>	N/A <sup>9</sup>	Some limitations on group activities, such as association, education and vocational activities

<sup>8</sup> Not possible to estimate as STCs did not record the length of an isolation episode

<sup>9</sup> See above

## SCHs

Children housed in SCHs tend to spend 13-14 hours a day outside their room. Like STCs, SCHs also do not have segregation units and young people are usually isolated in their rooms or anywhere else where other children are not present. Typical reasons for isolation, as found in literature, include:

- Ensuring safety and protection(a broad category which includes violence against a person and risk to self)
- Difficulty interacting with others

The child will be subject to frequent reviews and will need to engage in restorative work and mediation. If isolated due to being a danger to self or others, the child should not be isolated for more than an hour, although in our study we have found instances where children were isolated for several days in a row. Sometimes daily exercise and similar activities may be restricted depending on the risk posed by and to the child, but these restrictions are often of short duration. If a child is refusing to integrate, a member of staff will always be present during the isolation to work with the child on the issue of concern. Thus, occasions when a child is isolated for 16 hours or more are very rare- staff will always try to mediate as quickly as possible and

SCH: Type of isolation	Time outside the room	Access to activities
<b>Refusal to integrate</b>	6-12 hours	Some limitations on group activities, such as association, education and vocational activities
<b>Ensuring safety and protection</b>	6-12 hours	Some limitations on group activities, such as association, education and vocational activities

## 3. Methodology

---

The aim of this project was to outline the causes, prevalence, nature and impact of the use of isolation practice in secure establishments for children in England. The objectives of the project were as follows:

1. Prevalence of different types of isolation in the youth justice estate 'on the ground', including potentially unrecorded instances, such as cell/room confinement, no contact with peers, and any restriction on movement.
2. Variation in isolation rates between different establishments and types of establishments.
3. Variation in isolation rates between different demographic groups.
4. The reasons for isolation.
5. The nature of the practice and how it impacts on the child's daily activity and contact with other services or persons in the establishment and family.
6. The nature of work done with the child to expedite their return to association.
7. The nature of the decision-making process to impose or stop isolation.
8. The impact of isolation on a child's wellbeing.

In order to meet the above objectives, the project gathered data in two phases, which are outlined below.

For the purpose of this research, the term 'child' is used to refer to a person under the age of 18, as stipulated by the United Nations Convention on the Rights of the Child.

### 3.1 Phase 1

In Phase 1, data was gathered by Children's Commissioner for England (CCE) from 15 youth justice establishments (this represents all establishments in the youth justice secure estate in England). The date range for this investigation was between 1 June 2014 and 31 Dec, 2014 (seven months). Two datasets were provided. The first reported information on 2,403 children who were housed in the secure estate in the given time period. The second dataset reported information on all instances of isolation in the given time period. This raw data was cleaned in order to identify instances with missing or incomplete data. The cleaned datasets contained full information on 2,229 children and 769 instances of isolation, and this data was used for analysis. Twelve out of 15 establishments reported use of isolation and these were included in the analysis.

### 3.2 Phase 2

Phase 2 sought to provide in-depth information about the findings in Phase 1. Seven visits were carried out. These were:

- Three Secure Children's Homes (SCHs);

- Three Young Offender Institutions (YOIs);
- One Secure Training Centre (STCs).

Each establishment was visited by two researchers from Associate Development Solutions (ADS) and a representative from CCE. A mixed method study was conducted, which included:

- Three in-depth interviews with staff in each establishment to investigate the nature and impact of isolation in their establishment (21 in total);
- A structured observation of premises where isolation takes place in each establishment;
- Up to five age-appropriate interviews with children in each establishment who have had experience of isolation in the past six months (32 in total);
- A review of incident records in each establishment to determine the extent of any unrecorded isolations.

### 3.3 Data caveats/limitations

When it comes to recording isolation, this concept is often variably understood by different types of establishment. Whereas SCHs tend to record every instant that a child spends in their room, however brief, some YOIs do not record this as isolation. YOIs normally only record official segregation and very few record confinement in a child's own cell. This is in itself an interesting finding as it became apparent, from the interviews with staff and children, that isolation in cells accounts for an increasing proportion of incidents in YOIs. **Some caution should therefore be exercised when comparing isolation figures between SCHs and YOIs.**

There are also differences between SCHs and STCs in how they record isolation. For instance, the STCs sometimes stop the clock at bedtime – on grounds that the child is in their room as part of the standard regime. As a result of this, the maximum period in recorded isolation is around 16 hours. SCHs have a different interpretation of isolation – they often do not stop the clock at bedtime which **may cause the isolation episodes in SCHs to appear significantly longer.**

Lastly, the data below suggests that **at least some SCHs were providing data for episodes of isolation shorter than 16 hours**, unlike YOIs and possibly even STCs.

### 3.4 Analysis of Phase 1 data

The key aim of this phase was to look at prevalence (rates of isolation), variability in rates of isolation among establishments and types of establishments, and the factors associated with likelihood of isolation. Prevalence of isolation, reasons for isolation and a general descriptive profile of the demographic were all analysed using a range of inferential and descriptive statistical tools. The investigation of factors associated with use of isolation was carried out using logistic regression. This form of analysis estimates the effect of each factor on the outcome of interest (use of isolation in this instance) while controlling for the effect of all other factors in the analysis. Logistic regression can, therefore, identify which of a range of factors/variables are independently related to isolation. The factors that we investigated were:

- Gender (male or female);
- Ethnicity (White; Black/Mixed or Other ethnicity);
- Age (< 14; 15-16; or > 17);
- Presence of disability (yes or no);

- Looked after status (yes or no);
- Subject to Assessment, Care in Custody and Teamwork (ACCT) procedure in a YOI or an analogous marker for tendency to self-harm/suicidal ideation in an STC/SCH (yes or no);
- Type of establishment (SCH; STC; or YOI).

The threshold for significance of a result was set at  $p < .05$ . In statistics, the p-value is a function of the observed sample results (a statistic) that is used for testing a statistical hypothesis.

### 3.5 Analysis of Phase 2 data

Data in Phase 2 was analysed using a mixture of quantitative and qualitative data analysis methods. The observation notes were statistically analysed using SPSS 20.0, while the interviews and review of incident notes were analysed using Thematic Analysis in NVivo (Ritchie and Spencer, 1994<sup>10</sup>).

## 4. Prevalence of isolation

---

Out of 2,229 children in the estate, 293 were isolated at some point during the 7-month period (13%) examined. There were 769 counts of isolation, ranging from 1 to 29 per child. The data suggests that there is a great deal of variability in how isolation instances are recorded. In some types of establishments, such as SCHs, each removal of a child from daily activities, however short, is recorded as isolation, whereas in others, like YOIs, isolations for less than a day are typically not recorded at all. For this reason, the rate of recorded isolation in SCHs is disproportionately high compared to other types of establishments (51% of all recorded isolations), but this figure is not representative of the true state of affairs. We found that investigating the average length of time a child spends in isolation was a more reliable predictor of the frequency of the use of isolation in an establishment. It was found that an isolated child in an SCH is likely to spend on average 44 hours in isolation during a seven-month period, compared to as many as 384 hours (16 days) in a YOI. Data was not provided for STCs.

On average, one in three children in the youth justice secure estate are likely to be isolated at some point. Also, isolation is typically not a one-off event. Once a child has been in isolation once, they are likely to be isolated at least once more before leaving the establishment.

### 4.1 Variability in prevalence by establishment

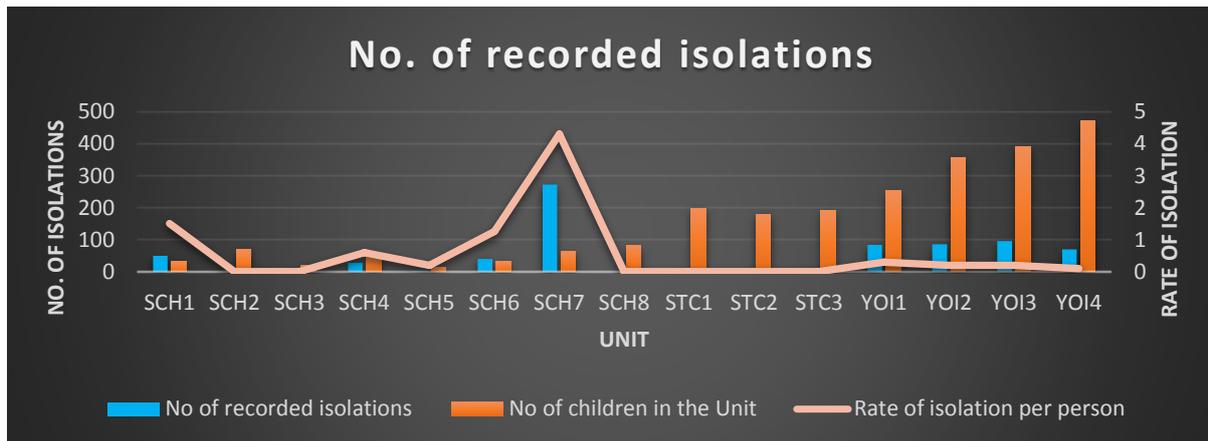
The data below indicates that there is a great deal of variation in the use of recorded isolation by establishments, even between institutions within the same sector. The contrast is best seen in the example of SCHs, whereby some have reported no isolations and others have reported a disproportionate amount, compared to the rest of the estate. The figures marked in red represent the highest figures in the estate.

---

<sup>10</sup> Ritchie, J and Spencer, L (1994), 'Qualitative data analysis for applied policy research', in Bryman and Burgess, (eds), *Analysing Qualitative Data*, London: Routledge.

Unit	No of recorded isolations	No of children in the establishment	Rate of isolation per child	Average duration of one isolation instance
SCH1	50	33	1.5	4hrs 42mins
SCH2	0	68	0	N/A
SCH3	0	19	0	N/A
SCH4	28	47	0.6	36hrs 11 mins
SCH5	3	13	0.2	13hrs 10 mins
SCH6	40	32	1.25	23hrs 26 mins
SCH7	272	63	4.3	5hrs 22 mins
SCH8	0	81	0	N/A
STC1	1	198	0	<i>Not recorded</i>
STC2	1	180	0	<i>Not recorded</i>
STC3	7	191	0	<i>Not recorded</i>
YOI1	83	253	0.3	168 hrs- 7 days
YOI2	85	358	0.2	132 hrs- 5.5 days
YOI3	95	390	0.2	216 hrs- 9 days
YOI4	70	472	0.1	288 hrs- 12 days

Closer inspection of the data indicates that despite having the highest rates of recorded isolation, the duration of isolation instances in SCHs is quite short compared to YOIs where children can be kept in isolation for weeks.



The child to staff ratio was also found to play an important part in the length of isolation. YOIs tend to have much lower staff ratios compared to other types of establishments. For instance an average ratio in YOIs is 1:10, compared to SCHs 1:2 or STCs: 3:8. This was also confirmed in staff interviews, where interviewees in YOIs noted that aside from separating a child, there is little else they have the resources to do:

*Sometimes we stop association and send them to their room for cool down. No capacity for anything more advanced [YOI staff]*

*We are not being able to work with that child, their offending and address why, what's going on or the specific help they may need. Locking them up is not achieving anything, but we are better at separation/segregation than re-integration. [YOI staff]*

The interviewed staff mostly believed that unrecorded isolation does not take place in their establishments. When probed further, it was discovered that in each type of establishment, there are instances when children are taken away from association for a 'time-out' period and these do not necessarily get recorded:

*If that was to happen –they can't have their power to stay in room. They have option for time slots. They try and encourage them to come out of their rooms, especially for meal times [SCH staff]*

In line with the quantitative findings, it was found that STCs and SCHs tend to limit those isolation spells to a fairly short period of time, while YOIs run a number of regimes such as regime curtailment, weekend regime and the Incentives and Earned Privileges (IEP) IEP scheme's basic standard (or extra levels below the 'basic' level of IEP) which tend to systematically limit the time outside the cell below eight hours:

*Adjudication, IEP – sometimes taken off [normal] regime if we are doing something with them. [YOI staff]*

*There have been a few education bans for around a week. During what would have been education time they would be locked in their cell. Nine individuals who are now on educational support all the time, on the wing. Once education is finished –*

*showers and in. Education for 1hr in the morning, and 1hr in the afternoon [YOI staff]*

A number of boys in YOIs were however unaware that this also constituted a form of isolation. The child below is on basic regime which foresees lock up for up to 18 hours a day, but he does not perceive that as isolation:

*I: Can you tell me how many times you've been in isolation in the last 6 months?*

*C: I've only been in for about 2 months in the last 6 months, I am not in isolation now*

*I: What about now?*

*C: Like if you get more than three IEP's you get placed on basics for seven days*

*I've been on basics for about three weeks now. [YOI child]*

**Recording and monitoring of isolation is discussed in greater detail in Section 8.5.**

## 4.2 Variability in prevalence by type of establishment

As previously discussed, the data showed a significant variability in the rate of isolation used across the estate. On the whole, 357 instances of isolation were recorded in YOIs, 18 in STCs and 394 in SCHs. As shown below, SCHs have the highest recorded rate of isolation with 1.1 isolation instances per child.

Type of establishment	No of recorded isolations	No of children in the establishment	Rate of isolation per child	Average duration of one isolation instance
SCH	394	356	1.1	9hrs 11 mins
STC	18	569	0.03	Not recorded
YOI	357	1471	0.2	196 hrs- 8 days

Differences were also found in the number of isolation instances per individual. In Secure Children's Homes, a child is statistically more likely to be isolated multiple times before release – at least four times, compared to YOIs, where this figure was twice ( $F = 19.91$ ,  $p < .05$ ). However, the duration of an isolation instance is significantly lower in SCHs. An average duration of one isolation instance in SCHs was found to be 9hrs 11minutes, whereas in YOIs it is on average 193 hours long (eight days). For the sake of comparison, the child with the highest number of isolations in SCHs has, in total, spent 211 hours (just over eight days) in isolation over the seven month period. This is the same length of time that a child spends in a single recorded isolation in YOIs.

Qualitative data from different establishments supports this variation in findings. The majority of interviewees from YOIs who have experienced isolation, spent at least a week in continuous isolation in the last six months, whereas interviewees from STCs and SCHs spent considerably less:

*I'd done six weeks, say I done just over half [of my sentence]  
in isolation unit [YOI child]*

*I've almost had a few fights and that but they've sectioned us off for a very short time,  
left [in isolation] by the afternoon. We're not sectioned off as in like kept away from  
everyone but we'll take it in turns in activities [STC child]*

*I: How long were you in your room for?*

*YP: Only for like 10, 15 minutes and then went back to school. So it's  
a pretty short time... [SCH child]*

The data suggests that there is a great deal of variability in how the isolation instances are recorded. There is also considerable variation in the use of recorded isolation by type of establishment, and even between different establishments of the same type.

Closer inspection of the data indicates that despite having the highest rates of recorded isolation, the duration of isolation instances in SCHs is quite short compared to YOIs. An average duration of one isolation instance in SCHs was found to be 9hrs 11minutes, whereas in YOIs it is on average eight days long.

Child to staff ratio was also found to play an important part in the length of isolation. YOIs tend to have much lower staff ratios compared to other types of establishments, which leaves little room for restorative work.

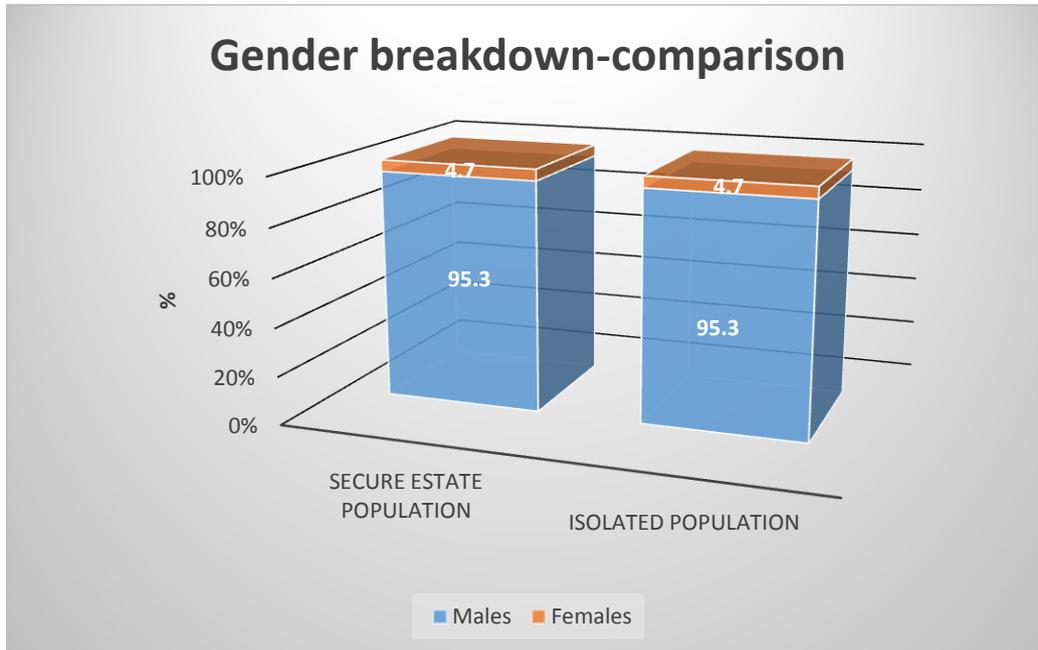
## 5. Population Profile

---

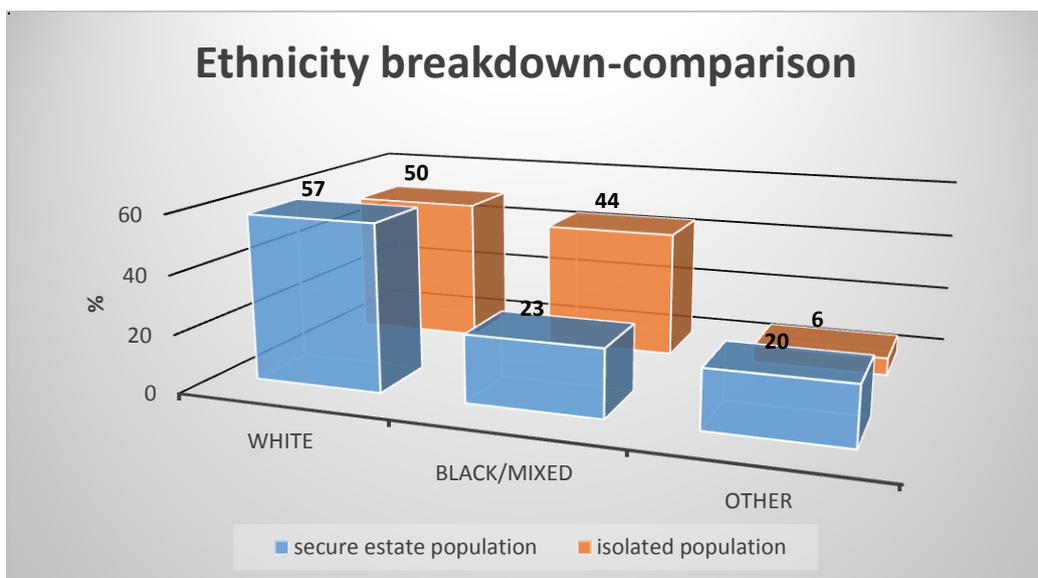
### 5.1 Comparison of the characteristics of isolated children to the secure estate population

This section will compare the profile of the population housed in the secure estate to that of the isolated population.

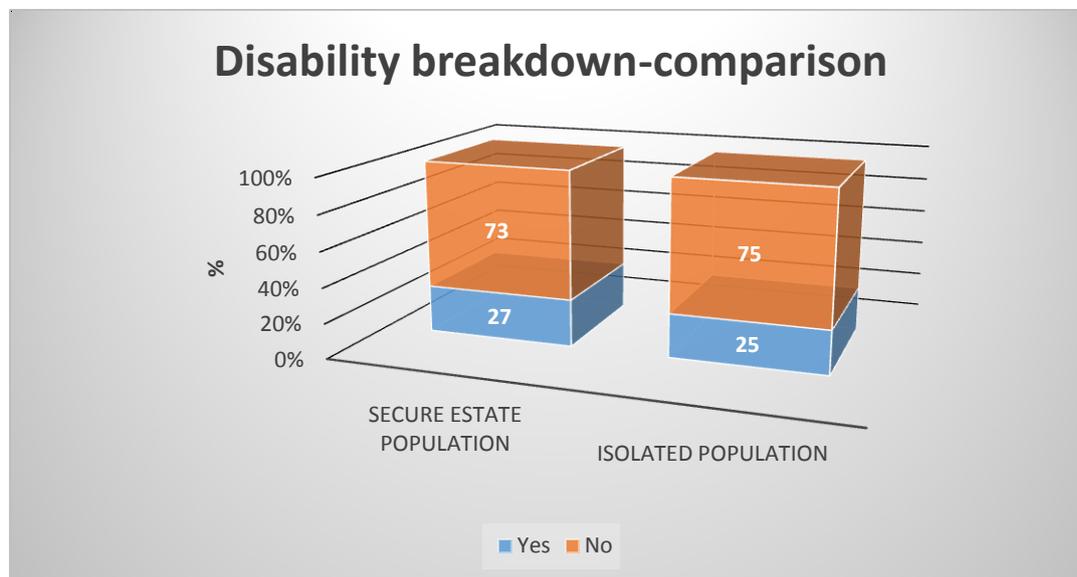
Out of 2,229 children housed in the secure estate, 105 (4.7%) were girls. This is similar to the findings for isolated population, where just under 5% of all isolated children were female - 14 out of 293.



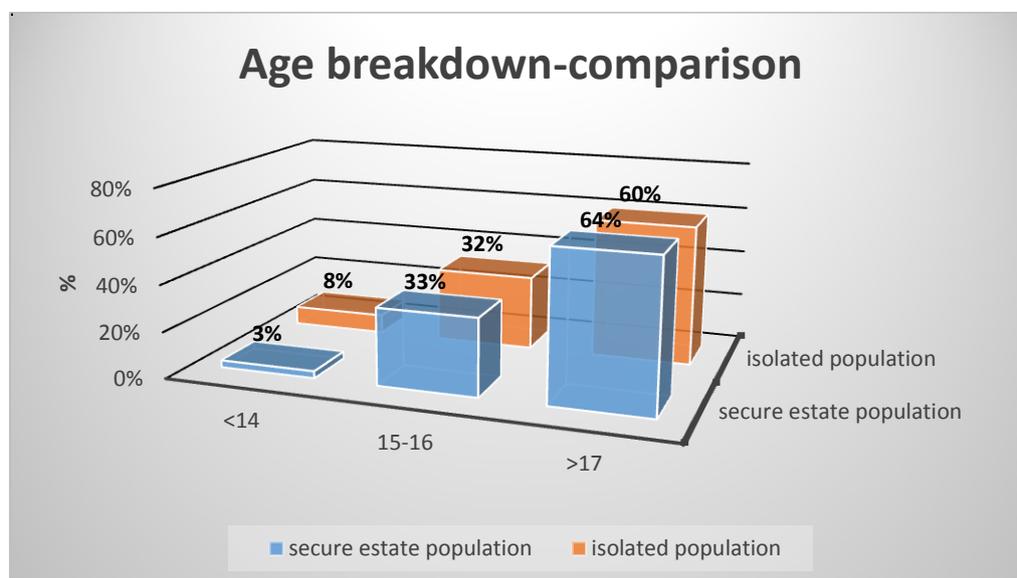
With regards to ethnicity, there are notable differences in the representation of different ethnic groups in the isolated population compared to all children. The graph below shows that black/mixed people tend to be over-represented in the isolated population, compared to other ethnicities.



Out of 2,229 children in the secure estate, 603 (27%) had declared a physical or mental health issue<sup>11</sup>, i.e. disability. This figure is significantly high, considering that no more than 6% of children in the UK have a physical disability (DWP, 2013<sup>12</sup>) and 10% have a mental health problem (The Office for National Statistics, 2005<sup>13</sup>). In isolation, 72 children (25%) have a recorded disability, which is similar to the prevalence in the secure estate in general.



In terms of age, the isolated population follows similar trends as the general youth justice secure estate population, except for a slight over-representation of children under the age of 14 in isolation. The slight over-representation of under 14 can be explained by the fact that SCHs have a higher prevalence of isolation and lower age profile.

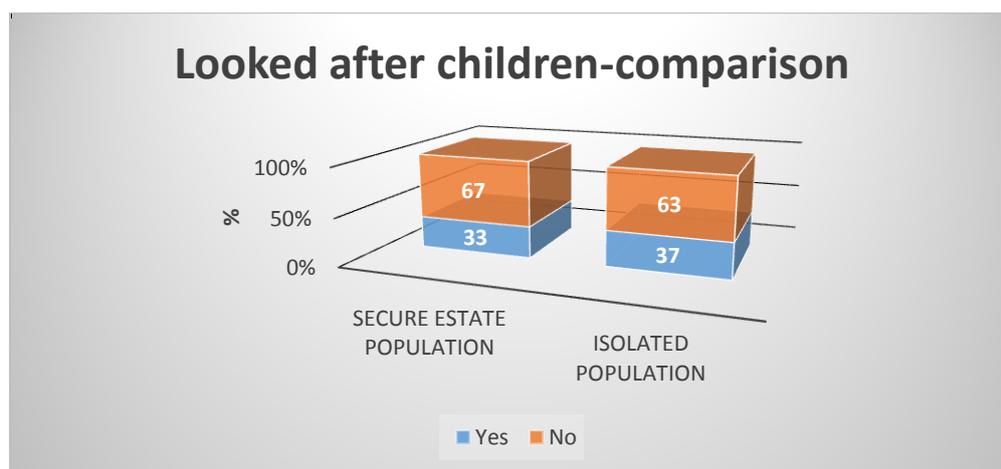


<sup>11</sup> The establishments referred to these issues as disability. For the sake of clarity, this term will be used henceforth

<sup>12</sup> Department for Work and Pensions (2013) Family Resources Survey 2011-12

<sup>13</sup> The Office for National Statistics (2005) Mental health in children and young people in Great Britain

Looked after children tend to be slightly over-represented in the isolated population. In the secure estate, 735 children had a looked after status (27%), compared to 107 (37%) isolated people, as shown by the figure below. Interestingly, the figures for looked after children in custody show severe over-representation, compared to the general population. The statistics indicate that less than 1% of children in UK are looked after (calculation based on published statistics for looked after children in England, Northern Ireland, Scotland and Wales, 2014<sup>14</sup>). This can partly be explained by the use of section 20 of the Children Act (1989).



Children subject to ACCT (Assessment, Care in Custody and Teamwork) or analogous markers (i.e. used for those at heightened risk of suicide or self-harm) are also somewhat over-represented in the isolated population. In the secure estate, 527 children were subject to ACCT (23%) or analogous markers, compared to 77 isolated children (26%).

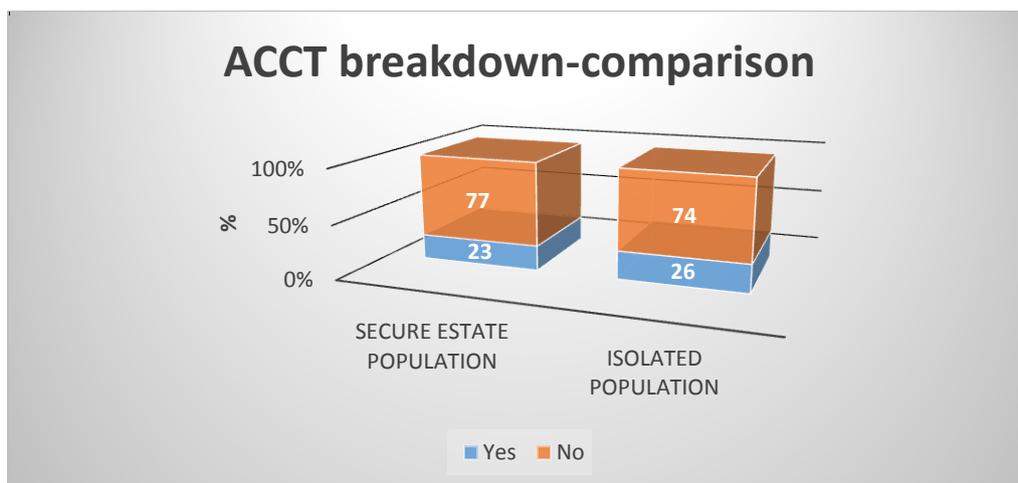
---

<sup>14</sup> **England:** Department for Education (2014) Table A1 in Children looked after in England, including adoption: national tables. London: Department for Education.

**Northern Ireland:** Iain Waugh (2014) Section three of Children's social care statistics Northern Ireland 2013/14. Belfast: Department of Health, Social Services and Public Safety.

**Scotland:** Scottish Government (2015) Children's Social Work Statistics Scotland, 2013-14. Edinburgh: Scottish Government.

**Wales:** Welsh Government (2015) Children in need at 31 March by looked after status, category of need and disability, including unborn children. Cardiff: StatsWales.



## 5.2 Factors which predict isolation

A range of measured factors were put into a logistic regression, to evaluate whether any of them was significant in predicting which children are more likely to be isolated. The factors evaluated were:

- Gender (male or female);
- Age (< 14; 15-16; or > 17);
- Ethnicity (White British/White Other; Black/Mixed; or Other ethnicity);
- Presence of disability (yes or no);
- Looked after status (yes or no);
- Subject to ACCT or an analogous marker (yes or no);
- Type of establishment (SCH; STC; or YOI).

Three establishments, which did not report any isolation instances (SCH2, SCH3 and SCH8), were excluded from regression analysis.

As previously stated, the threshold for result significance was set at  $p < .05$ .

The results indicate that controlling for all other factors, gender is not a statistically significant factor in predicting isolation, as shown below.

Impact on predicting isolation	
Gender (Ref. group: females)	Odds ratios ( <i>p</i> values in parentheses)
Male	1.6 (.22)

Age was also found not to be a statistically significant factor in predicting isolation, when controlling for all other factors. Similar rates of isolation were found across all age groups, as shown below.

Impact on predicting isolation	
Age (Ref. group: <14 years of age)	Odds ratios ( <i>p</i> values in parentheses)
15-16	.52 (.08)
>17	.50 (.08)

Controlling for all other factors, ethnicity was found to be an important factor in predicting isolation. Compared to White British/White Other children, children of Black/Mixed ethnicity were three times (300%) more likely to find themselves in isolation. With an odds ratio of 1:6, other ethnicities were 60% more likely to be isolated, compared to White British/White Other children.

Impact on predicting isolation	
Ethnicity (Ref. group: White B/White O)	Odds ratios ( <i>p</i> values in parentheses)
Black/Mixed	3.0 (.00) <sup>*15</sup>
Other ethnicity	1.6 (.01)*

Controlling for all other factors, presence of disability was also found to be an important factor in predicting isolation. With an odds ratio of 1.67, children with a recorded disability had a 67% greater likelihood of being in isolation, compared to children with no disability.

Impact on predicting isolation	
Disability	Odds ratios ( <i>p</i> values in parentheses)
Yes	1.67 (.00)*

Furthermore, controlling for all other factors, looked after status was found to play a significant role in predicting isolation. Looked after children were 63% more likely to be isolated than other children, as shown in the table below.

<sup>15</sup> \* indicates that the result is significant at .05 level

Impact on predicting isolation	
Looked after status	<i>Odds ratios (p values in parentheses)</i>
Yes	1.63 (.00)*

Being subject to ACCT or an analogous marker is another statistically significant factor (when controlled for others), with these children being 42% more likely to be isolated than others. Literature widely suggests that isolation can have compounding negative effects on an already vulnerable child, and that it should only be used in extremis (Fazel et al., 2011<sup>16</sup>, Hayes, 2004<sup>17</sup>). The results illustrated below are therefore, somewhat concerning as it would appear that isolation of particularly vulnerable children in the youth justice secure estate is considered an appropriate and standard practice.

Impact on predicting isolation	
Subject to ACCT code	<i>Odds ratios (p values in parentheses)</i>
Yes	1.42 (.03)*

Lastly, we looked at the impact of the type of establishment on isolation rates. It was found that children in SCHs were 7.6 times (760%) more likely to be isolated compared those to YOIs, when controlling for all other factors. Furthermore, children in STCs were 92% less likely to be isolated compared to those in YOIs. ***As indicated before, due to a significant variation in the definition of isolation across the estate, these results should be taken with caution.***

---

<sup>16</sup> Fazel S et al (2011). Prison suicides in 12 countries: an ecological study of 861 suicides during 2003–2007. *Social Psychiatry Psychiatric Epidemiology*, 46:191–195

<sup>17</sup> Hayes LM (2004). *Juvenile suicide in confinement: a national survey*. Washington, DC, US Department of Justice, Office of Juvenile Justice and Delinquency Prevention

Impact on predicting isolation	
Establishment (Ref.group:YOIs)	Odds ratios (p values in parentheses)
SCHs	7.6 (.00)*
STCs	0.08 (.00)*

Qualitative findings seem to support this: staff commented that children with physical problems (e.g. HIV and diabetes) and mental health problems, especially those with conduct disorders, ADHD and those on ACCT present the biggest challenges in their work. Staff also noted that children with learning difficulties and those on the autistic spectrum tend to find it hard to cope with the secure environment and become aggressive. Staff further pointed out that children with traumatic events in their past, for instance those who are looked after or who used to be gang members also tend to be isolated more:

*We deal with complex needs, vulnerable children. Un-doing aggression, chaotic lifestyles – we try to give them social skills to move forwards. Combination of mental health issues like ADHD, conduct disorder, we are getting more children with some sort of mental health like Asperger's/autism, and emotional behaviour or traumatised children, who have lived rough [SCH staff]*

Next the combination of factors was looked at which could increase the likelihood of isolation. It was found that children with a registered disability AND who are looked after were significantly more likely to be isolated than a children who fit only one of these criteria.

Impact on predicting isolation	
Looked after status X Disability	Odds ratios (p values in parentheses)
Yes	2.0 (.00)*

The following combination was analysed:

- Disability x Black/Mixed ethnicity and;
- Looked after status x Black/Mixed ethnicity.

It was found that Black/Mixed ethnicity on its own is the best predictor of isolation, and this likelihood is not exponentially increased by adding additional factors.

Based on the regression analysis we can conclude that certain factors increase the likelihood of isolation. These are:

- ⇒ ETHNICITY: children of Black/Mixed ethnicity(300% greater likelihood)
- ⇒ DISABILITY: children with a disability (67% greater likelihood)
- ⇒ LOOKED AFTER STATUS: children who are looked after (63% greater likelihood)
- ⇒ ACCT: children who are subject to ACCT or an analogous marker (42% greater likelihood)
- ⇒ COMBINATION OF FACTORS: children who are looked after and have a disability (200 % greater likelihood)

### 5.3 Factors which predict multiple isolation

The next regression analysis looked at factors which increase the likelihood of multiple isolations. We defined multiple isolations as three or more in the course of seven months.

It was found that gender is a significant predictor, with males being three times (300%) more likely to be isolated three or more times.

Impact on predicting isolation	
Gender (Ref. group: females)	Odds ratios ( <i>p</i> values in parentheses)
<b>Male</b>	3.0 (.05)* <sup>18</sup>

Also, ethnicity was found to play a role in multiple isolations. Children of Black/Mixed ethnicity were found to be over twice as likely (220%) to be isolated three or more times.

Impact on predicting isolation	
Ethnicity (Ref. group: White B/White O)	Odds ratios ( <i>p</i> values in parentheses)

<sup>18</sup> \* indicates that the result is significant at .05 level

<b>Black/Mixed</b>	2.2 (.00)*
--------------------	------------

Interestingly, despite looked after status not being a significant predictor of multiple isolation, when combined with Black/Mixed ethnicity, it increases the likelihood of isolation. The results suggest that children of Black/Mixed origin who are also looked after are 2.5 times (250%) more likely to be isolated multiple times.

Impact on predicting isolation	
Looked after status X black/mixed eth.	Odds ratios (p values in parentheses)
Yes	2.5 (.01)*

Based on the regression analysis we can conclude that certain factors increase the likelihood of multiple isolations. These are:

- ⇒ GENDER: children who are male (300% greater likelihood)
- ⇒ ETHNICITY: children who are of Black/Mixed ethnicity (220% greater likelihood)
- ⇒ COMBINATION OF FACTORS: children who are looked after and of Black/Mixed ethnicity (250 % greater likelihood)

---

## 6. Population profile by type of establishment

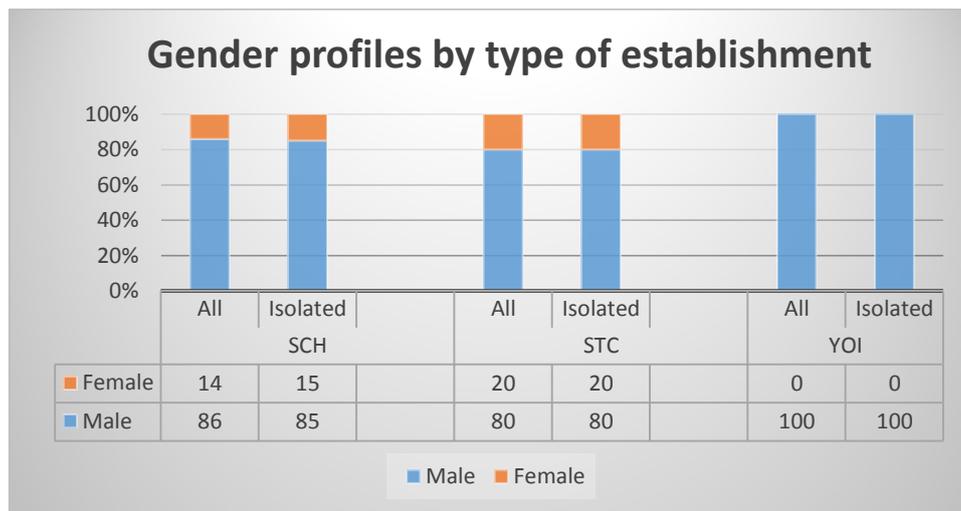
---

### 6.1 Comparison of the characteristics of isolated children to the population in each establishment type

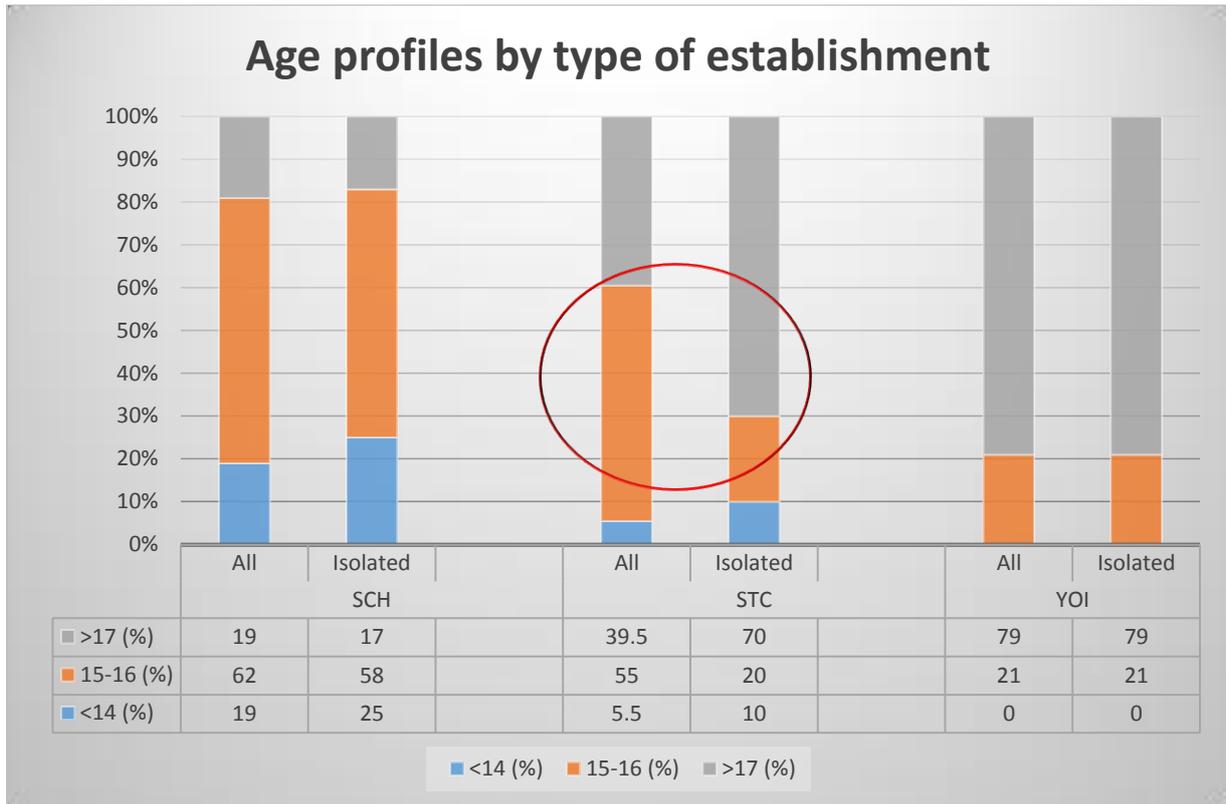
This section presents the findings by type of establishment, which are SCHs, STCs and YOIs. Three establishments that did not report any isolation instances (SCH2, SCH3 and SCH8) were excluded from this analysis.

Data for 188 children housed in SCHs was entered into the analysis. Out of those, 87 were isolated at some point. Analysis was carried out on 569 cases of children housed in STCs, 10 of which were isolated at some point. Finally, 1,471 were housed in the YOI establishments, 196 of which were isolated at some point.

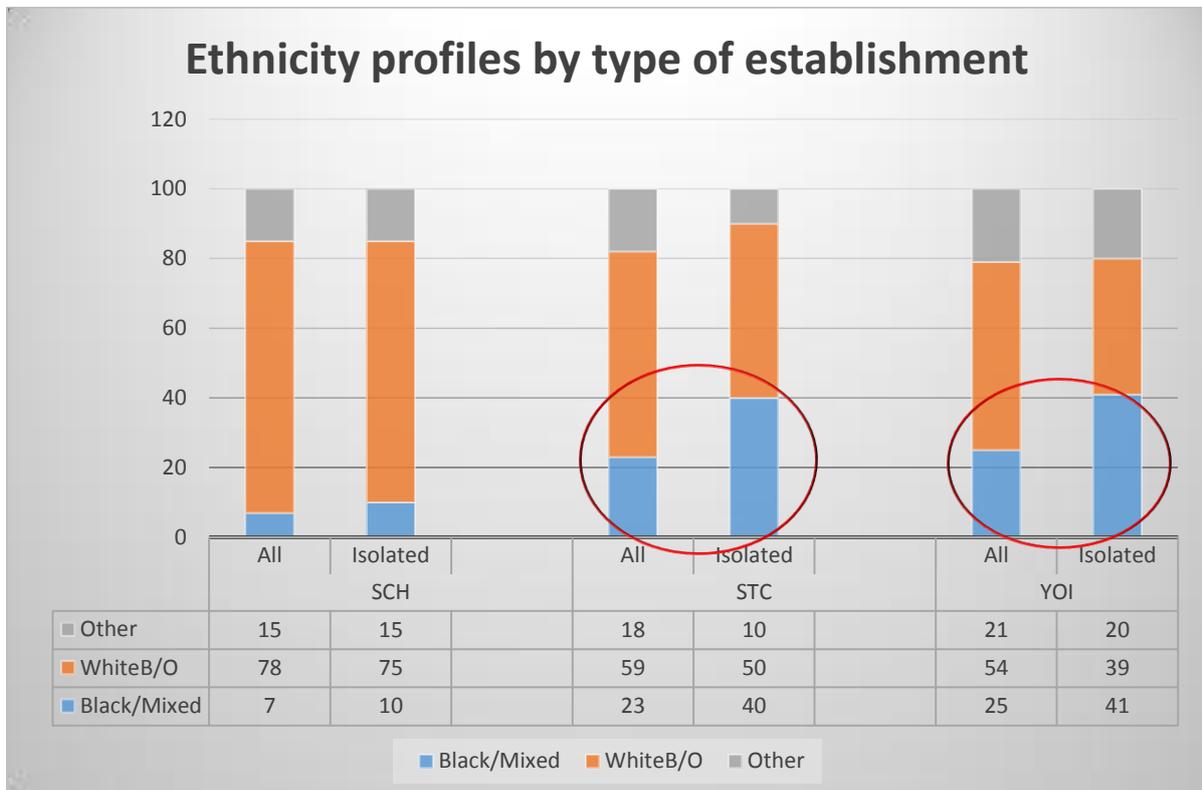
Firstly, gender profiles of the establishments were examined. No significant differences were observed between the SCHs and STCs, seeing as YOIs are all male.



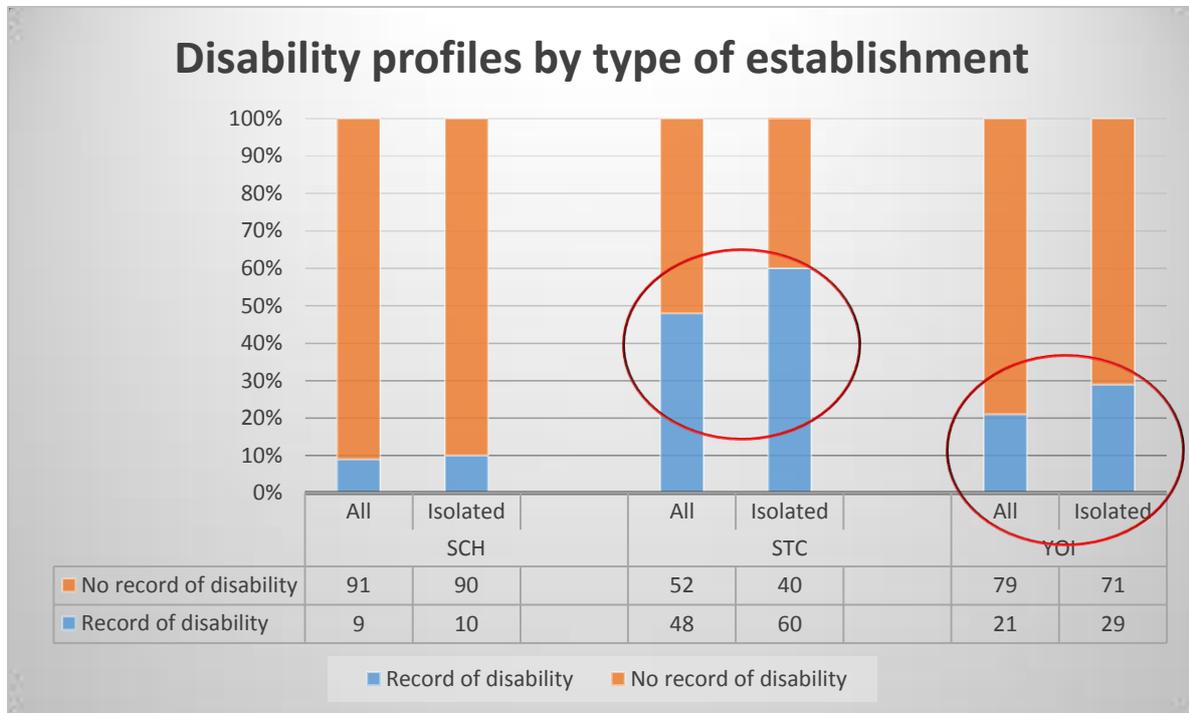
The table below shows the age profile of the establishments. No significant differences were observed, except that >17s are statistically more likely to be over-represented in isolation in STCs, compared to other establishments ( $\chi^2=98$ ,  $p<.05$ ).



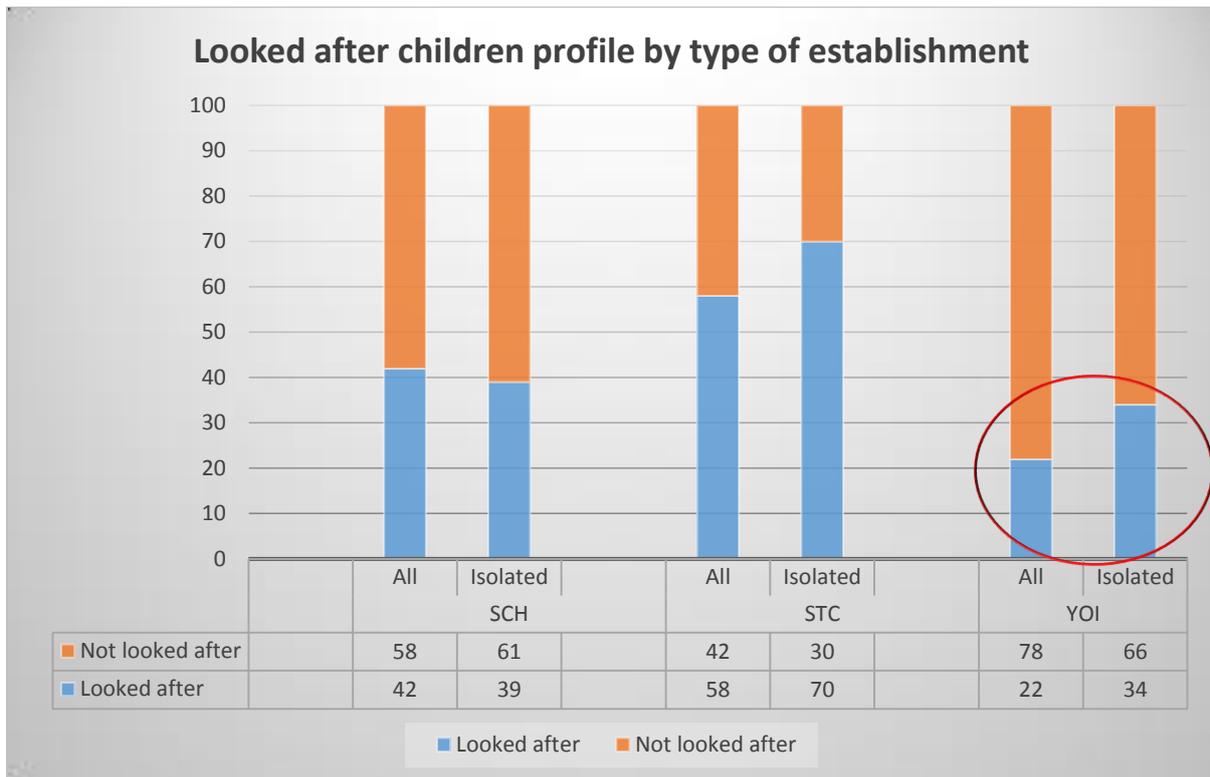
We next looked at the ethnicity profile of children in the establishment, compared to the profile of isolated children. The table below shows that children of Black/Mixed ethnicity tend to be over-represented in isolation in STCs and YOIs, compared to SCHs ( $\chi=28, p<.05$ ).



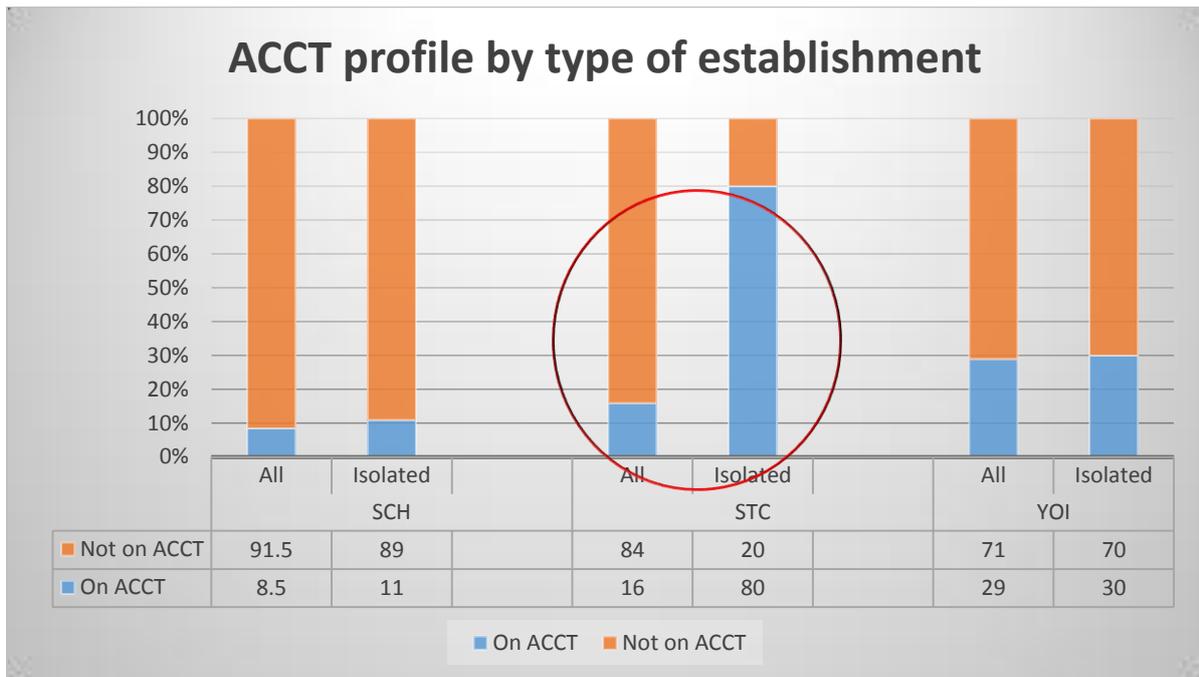
The table below shows that there is an over-representation of disability in the isolated population in STCs and YOIs, compared to SCHs ( $\chi=18.4$ ,  $p<.05$ ).



Next, we looked at the presence of looked after children (LA children) across the establishments and in isolation. It was found that LA children tend to be somewhat over-represented in isolation in YOIs ( $\chi=17.7$ ,  $p<.05$ ).



Lastly, we looked at the distribution of ACCT/analogous markers across establishments. Little difference was found across establishments between general and isolated populations with these markers except in STCs, where children subject to markers analogous to ACCT are significantly more likely to be in isolation ( $\chi= 4.4, p<.05$ ). The data suggests that no less than 80% of children isolated in STCs are on a marker analogous to ACCT, which warrants further investigation into the nature of management of vulnerable children in this type of unit. One explanation may be that children who are placed in isolation in STCs are also put on an analogous marker.



Based on the analysis we can conclude that STCs and YOIs tend to have a statically significant over-representation of certain groups in isolation, compared to SCHs.

These groups are:

- ⇒ children >17 years of age (only STCs),
- ⇒ children of Black/Mixed ethnicity,
- ⇒ children with a disability,
- ⇒ looked after children (only YOIs) and
- ⇒ children subject to ACCT/analogous markers (only STCs).

## 6.2 Factors which predict isolation-by type of establishment

A regression analysis was performed in order to estimate which factors predict isolation across each type of establishment. Due to a small number of isolated children in STCs, compared to the size of the population, it was not possible to conduct regression analysis. The next section will focus on the findings in SCHs and YOIs.

With regards to SCHs, it was found that, on the whole, there was no significant over-representation of certain groups in isolation.

In YOIs, on the other hand, a number of groups were found to have a greater likelihood of isolation. Children of Black/Mixed ethnicity are over three times more likely to be isolated than White British/White Other children. Similarly, with an odds ratio of 1.74, children of Other ethnicity were found to be 74% more likely to be isolated than their White counterparts.

Impact on predicting isolation	
Ethnicity (Ref. group: White B/White O) in YOIs	Odds ratios ( <i>p</i> values in parentheses)
<b>Black/Mixed</b>	3.3 (.00)*
<b>Other ethnicity</b>	1.74 (.01)*

Similarly it was found that children with a disability are 77% more likely to be isolated in YOIs, than children without a disability.

Impact on predicting isolation	
Disability in YOIs	Odds ratios ( <i>p</i> values in parentheses)
<b>Yes</b>	1.77 (.00)*

Lastly, the results indicate that LA children are more than twice as likely to be isolated in YOIs, compared to children who are not looked after.

Impact on predicting isolation	
Looked after status in YOIs	Odds ratios ( <i>p</i> values in parentheses)
<b>Yes</b>	2.1 (.00)*

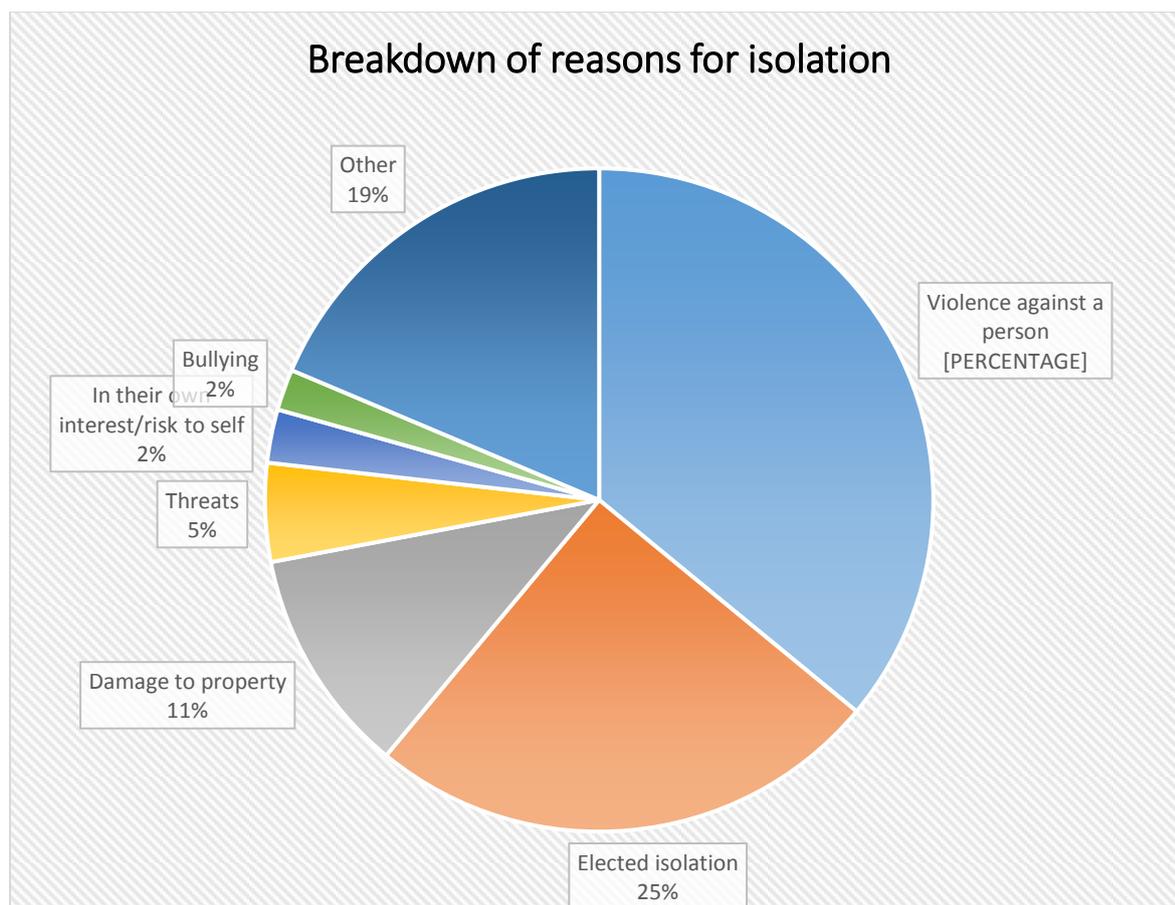
Based on the regression analysis we can conclude that certain factors increase the likelihood of isolation in YOIs. These are:

- ⇒ ETHNICITY: Children of Black/Mixed ethnicity (300% greater likelihood)  
Children of Other ethnicity (74% greater likelihood)
- ⇒ DISABILITY: Children with a disability (77% greater likelihood)
- ⇒ LOOKED AFTER STATUS: Children who are looked after (77% greater likelihood)

## 7. Reasons for isolation

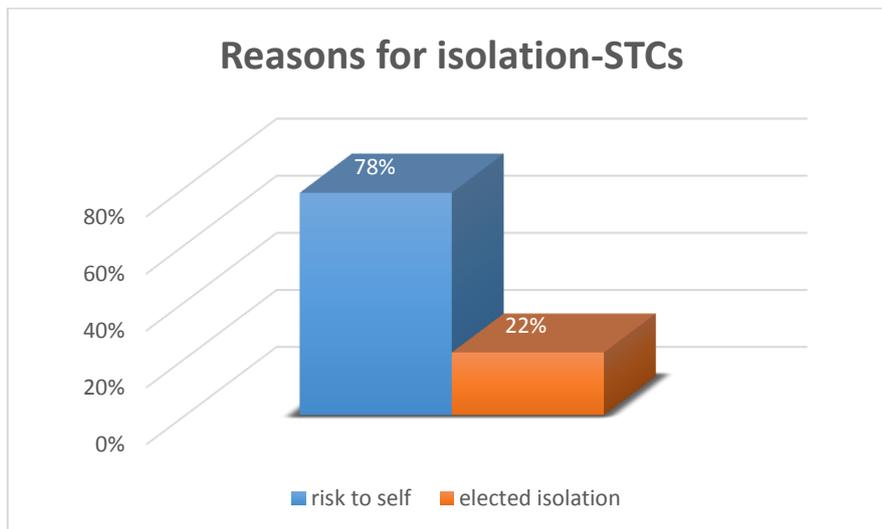
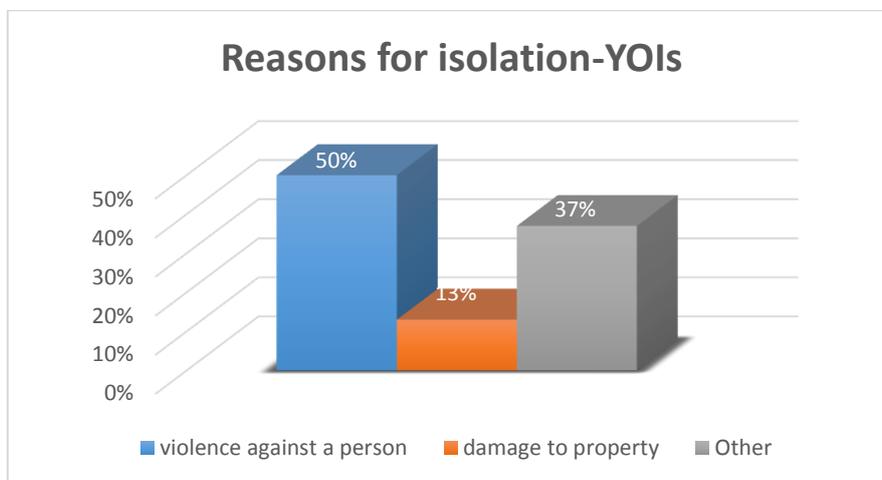
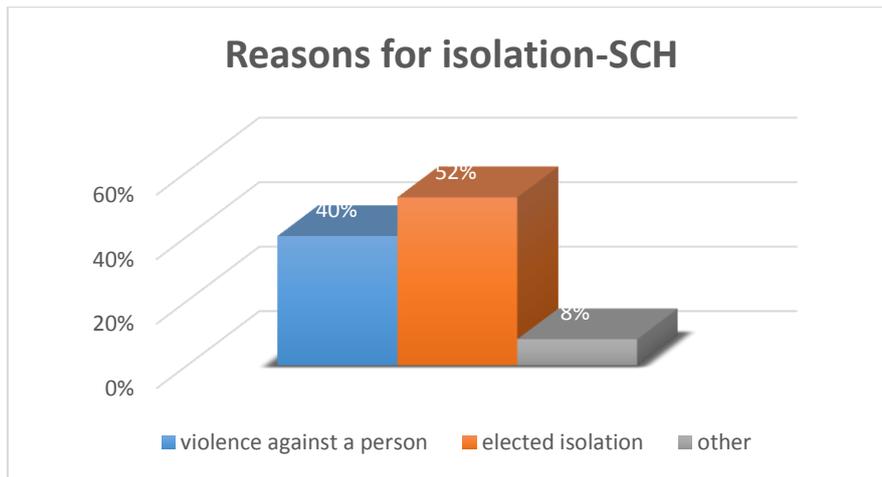
Next, the key reasons for placing a child in isolation across the establishments were investigated.

The graph below illustrates the most common reasons as recorded by the establishments. It can be seen that the reason given for over a third of isolations is violence or intent of violence against a person, with the next most common reason being elected isolation.



We further investigated the prevalence of the top two reasons for isolation in each of the three types of establishments. Interestingly it was found that in YOIs, violence accounted for the highest number of isolations (50%). The graph also suggests that violence was the 2<sup>nd</sup> most common reason for isolation in SCHs (40%).

In STCs, however, risk to self/mental health needs was the most common reason for isolation (78%). This is not an altogether surprising finding, as previous analysis revealed that nearly 80% of all isolated children in STCs are on a marker analogous to ACCT. Elected isolations were, however, significantly more common in SCHs and STCs, as illustrated below. In YOIs, the proportion of elected isolations is negligible.



The graph above indicates that there were no recorded instances of isolation for risk to others in STCs. This stands in contrast to the fieldwork experience, as the interviews with staff in the visited STC indicated that risk to others was as important as risk to self when deciding on whether to impose isolation. This is another example of the differences between the recording practices in different establishments, and the fieldwork experience.

As both SCHs and YOIs have a high rate of recorded isolation, it could be implied that high rates of violence among children lead to higher rates of isolation. These findings cannot however explain why the duration of a single episode of isolation varies so significantly between these two establishments. There therefore may be further factors associated with YOIs which tend to precipitate lengthy episodes of isolation, for example the high number of housed children and staff shortages.

These findings were also confirmed by the analysis of qualitative interviews with staff and children. The vast majority of interviewed children agreed that violence, i.e. partaking in a fight or inciting violence, is the most common reason to be sent to isolation:

*[Bad] behaviour, mostly bullying. You get BRP. So if you get put on BRP 3 you go down the CSU. And you'll be down there for ages. Getting a report for playfighting or something and just lose social for a few days. Or you get a nicking for something, get a nicking for anything. And then you will be on losses, as many days as the governor gives you [YOI child]*

In SCHs, verbal aggression or disobedience are also likely causes of isolation, but children and staff reported that it tends to last for a short spell of time, and serves mostly to calm down the child:

*When there's an incident or... you know....separation can be an incident or it can be if you're rude or dismissive a lot of the time and they can obviously put you in your room, then they'll give you a fifteen, or like five minutes if it's not really bad, to 'cool it' [SCH child]*

A handful of children in SCHs and STC also observed that choosing to isolate oneself was common among children. The reasons were usually not getting on with the rest of the group or being perceived as vulnerable in some manner:

*I: Ok, do you ever take yourself off to separate yourself from other people?*

*YP: sometimes*

*I: why do you do that?*

*YP: get bored of people [SCH child]*

Interestingly, despite elected isolation being fairly common in these two types of establishments, a number of children did not recognise it as a form of isolation. On closer inspection, it was found that children in all types of establishments often chose not to attend education with others or choose to spend their social hour on their own. This act was viewed as their own choice of separation rather than a type of isolation, which is typically viewed as being enforced:

*I: Are there any other children who spend less time than that with others outside?*

*YP: Some people who refuse to come out for association do...So they don't come out at all.*

*I: Okay. And do you know what the reasons are why people might refuse to come out for association?*

*YP: I don't know. Just what they do I s'ppose...*

*I: Do you know how long they usually stay like that, without going out? Is this a day thing or do they keep it up for a while?*

*YP: Like weeks, and then they get moved off the wing to a different wing.*

*I: Okay, and does that happen often?*

*YP: There's a few of people right now that are not coming out, like so many do... [YOI child]*

*YP: Some people prefer their own company or prefer to stay in their own space. If they choose to, they could come out but some people just prefer solitude.*

*I: Does that happen often?*

*YP: I know a few people definitely stay on their own most of the time. [SCH child]*

This is not a surprising finding, considering that interviewed staff also defined isolation as 'segregation against one's will' and a punishment. It would seem that elected isolation and its effects remain mostly invisible, even in STCs where elected isolation accounts for 22% of all isolations. This is especially the case in YOIs where elected isolation/isolation for own protection accounts for only 1.5% of all recorded isolations.

*I: How would you define isolation in your establishment?*

*S: SU[segregation unit], incident management, damage issue, separation. 'Bang up' or 'locked up'. [YOI staff]*

*Child being held in their room against their will [STC staff]*

When talking about reasons for isolation, several young people said that there is a need to look deeper into the culture of the establishment to fully understand why some young people get isolated. Often, the tension on the units can run high and the reasons for escalation can be something fairly minor, such as a child walking too slowly from one unit to the next, or quarrelling with a teacher over a scientific textbook during a lesson. Also, being caught with a cigarette or swearing can become reasons for isolation. It has often been suggested by interviewed children that staff do not always try to defuse the situation, and can, often unwillingly, act as a catalyst for escalation:

*To be honest it's always daft, stupid stuff. They ask you to go in for a bang up and you walk to your cell slow, they'll put you on a minor for it. I don't think that's a valid reason when there's more people that are banged up after me and nothing happened to them, not even a word got said to them. But yes I got a minor and lost my association. [YOI child]*

*A certain lad next door to me, he got isolated the other week. There was a big drink on the counter and he slipped on the floor and that big thing went all over him so he said 'frickin' C...' and all that. And he said I am sorry for swearing and one of the other staff come [sic] and he was like 'X that's loads of points off', this other kid will get your room now. But this member of staff swears, it's natural innit[...] I've never seen that happen never. Been locked up everywhere and I've never seen nothing happen like that. [SCH child]*

*This teacher, he was just being attitude to me and he is known by loads of staff for bad attitude and not nice to certain kids. And I was saying to him 'you can't speak to me like that' so he was this that, you're going back so he got up and I got up and he tried coming towards me so I have him a couple of punches. He's got a bad attitude and he thinks that I'm not a human being. So I got put on loads of*

*trouble for a week and nothing happened with him, he just went back in. [SCH child]*

Violence against a person is the most common reason for isolation in YOIs and 2<sup>nd</sup> most common in SCHs. There may be further factors associated with YOIs which tend to precipitate lengthy episodes of isolation, for example high number of housed young people and staff shortages.

Elected isolation is common in SCHs and STCs. The effects of elected isolation are less known, and often omitted from formal channels, as elected isolation is frequently viewed as a choice rather than punishment.

## 8. Nature of isolation practice

---

### 8.1 Observation of isolation premises

In each of the seven establishments, a detailed and structured observation was carried out of all premises where isolation takes place and access to activities and services during isolation. These include dedicated segregation units, basic units, bedrooms, cells, induction rooms and healthcare premises. The premises were scored based on 32 criteria grouped into five clusters:

1. Safety
  - Isolation area;
  - Furniture - ligature proof;
  - Shower/washroom;
  - Observation levels by staff;
  - Note taking whilst in isolation;
  - Window access/restriction.
  
2. Environment
  - Bed/Mattress/Pillows;
  - Covers/Sheets;
  - Curtains;
  - Availability of furniture;
  - Size of space;
  - Décor and lighting.
  
3. Access to activity
  - To general staff;
  - To healthcare;

- To mental health staff;
- To a chaplain, Samaritan, listener;
- To advocate/independent monitor;
- To washing facilities;
- To exercise;
- To education.

4. Access to personal items

- Clothes/shoes;
- TV/Play Station/ reading;
- Toiletries;
- Own bedding or access to personal items;
- Possibility of requesting items or access to services;
- Phone calls.

5. Behaviour in the isolation unit

- Hygiene;
- Aggression;
- Self-harm;
- Sleep levels;
- Physical health;
- Mental health.

The criteria were scored on a 1 to 5 scale:

- 1- Very good
- 2- Good
- 3-Average
- 4- Poor
- 5- Very poor

It is worth noting that the scoring of the units may be somewhat subjective, however all scoring was done by the same researcher from ADS.

Below are summary tables with ratings across each of the seven visited establishments. The data indicates that the scores vary considerably across the estate, and even within the same establishment. SCHs achieved the best scores, followed closely by the STC.





Establishment ID	ACCESS TO ACTIVITY								
	Room ID	General staff	Healthcare	Mental healthcare	Chaplain, Samaritans, listener	Advocate	Washing facilities	Exercise	Education
Est 1 (YOI)	Basic Unit	2	3	3	2	2	2	3	3
Est 1 (YOI)	MH Unit Safer Cell	2	3	3	3	4	2	2	4
Est 1 (YOI)	Segregation Unit	2	2	2	2	1	2	4	4
Est 2 (STC)	Basic Unit	1	2	2	2	2	2	2	2
Est 2 (STC)	Healthcare Unit	1	1	1	2	2	1	2	2
Est 3 (YOI)	Basic Unit	2	1	3	1	1	3	2	4
Est 3 (YOI)	Segregation Safer Cell	1	1	4	1	2	2	3	3
Est 4 (SCH)	Basic Room	1	1	3	2	1	1	2	2
Est 5 (SCH)	Basic Room	1	2	2	2	1	1	2	2
Est 6 (YOI)	Induction Safer Cell	2	3	3	2	2	2	4	4
Est 6 (YOI)	Healthcare Safer Cell	2	1	1	1	1	2	3	3
Est 6 (YOI)	Segregation Unit	2	1	2	1	1	4	4	4
Est 7 (SCH)	Basic Room	1	1	3	3	3	1	1	1



The scores suggest that the conditions of isolation vary considerably not only between establishments, but also between different units within the same establishments. On the whole, there seem to be several universal issues, especially for YOIs which warrant further discussion. The main concerns that were coming across from YOIs were the accommodation being rather small and dark and often limited access to staff or services. Staff were sometimes removed from the segregation unit to help other units, which means that children would not be allowed outside their cell as it is deemed unsafe under the YOI rules on staff-children ratios.

The scores in Establishment 1 (YOI) indicate that there are some significant issues with access to education and exercise particularly for segregated children. The data gathered states that access to education is allowed on 1:1 basis, but this occurs sporadically, depending on risk assessments and on availability of staff. Size of cells where children are isolated also appears to be less than good, and the notes taken on children and regular checks are basic in nature and do not yield much information (except in the mental health unit, where nurses do hourly checks). Access to phone calls during isolation seems to be very limited.

A similar situation can be found in Establishment 3 (YOI), where we had some concerns about the mental wellbeing of isolated children and their tendency towards self-harm. Access to education and exercise remains problematic, compounded by lack of direct access to mental health staff. Access to phone calls for isolated children is also an issue in this establishment. Segregated children had access to communal washing facilities and exercise once per day for 30-45 minutes.

In Establishment 6 (YOI) access to education and exercise is also a problem, and there were concerns about the mental welfare of isolated children, in particular issues with self-harming and aggression levels. Note-taking in induction safer cells was found to be very basic and not yielding much information about the child and their needs. The environment in segregation cells was also found to be less than good with space and availability of furniture somewhat basic. They were quite small in comparison to other sites, and there were issues with hygiene and odour. The research team was particularly concerned about the lack of access to washing facilities in the segregation unit (children are allowed showers every two days only), due to lack of staff. The exercise yard was also quite small and dark.

STCs and SCHs, on the whole, fared better. There is more space, flexibility (with regime and staff), a friendlier environment and more methods for being aware of behaviour through forms and observation monitoring. Establishment 2 (STC) was found to offer fairly good conditions for isolated children. Bed monitoring forms are completed whenever a child is in their room (day or night). All the rooms are equipped with motion sensors for night time so there is no need to turn on the lights during the night to check on the child. Children are also allowed a telephone in the room during isolation.

SCHs were found to have a more suitable environment for children, especially due to the level of engagement from mainstream staff. Establishment 4 (SCH) had chalk board in the rooms and children were offered books as well as a list of free numbers they can ring during isolation. One thing

that could be improved in this establishment is access to mental health services during isolation, especially for vulnerable children who are at risk of self-harm. Establishment 5 (SCH) had spacious rooms and good ventilation, even when the windows were shut due to safety reasons. Rooms had bed lights and outside control panels so that lighting can be adjusted without disturbing the child. Establishment 7 (SCH) had larger rooms, which were modernised with automatic window shutters when a child steps into the bathroom. The rooms are equipped with a media panel, and children have access to TV, Xbox and telephone. They also have extra storage for personal things outside the rooms.

We have further investigated these factors through the qualitative interviews with staff and children.

A detailed and structured observation of all premises where isolation takes place and access to activities and services during isolation was carried out. The data indicates that the isolation conditions vary considerably, not only between different establishments, but also between different premises within the same unit. SCHs held the top scores, and together with STCs their environment raised relatively fewer concerns. Several concerns were raised in YOIs, especially with regards to access to education and exercise during isolation, basic facilities and overall mental wellbeing of isolated children.

## 8.2 Safety of children when in isolation

Staff interviewed across establishments agreed that when in isolation, certain measures need to be taken to ensure safety and well-being of children. These included securing the room, removing all potentially hazardous equipment and occasionally limiting access to the bathroom for a short period of time, if a child was deemed to be at risk to themselves. In YOIs, which have dedicated segregation units, observations tend to be structured and less frequent than in other types of units. This is because the units are minimally equipped and deemed safer than standard cells. In SCHs and STCs, children are typically isolated in their own room and recorded observations are taken every five-15 minutes, depending on the mental health of the isolated child:

*Child can do 30 minutes then the duty governor needs to review every 30 minutes after that until it [isolation instance] closes. We have continuous discussions about how it is going, re-integration plan. [STC staff]*

## 8.3 Environment, personal items and daily routine

Children who are isolated in segregation units in YOIs tend to follow a strict routine in a prescribed environment, and they tend to spend the major part of the day inside their cell. Their daily privileges are usually reduced and occasionally they can have a visit and/or a phone call:

*YP: Basically in the morning you'll wake up earlier for breakfast. And come out your cell but they'll bring your breakfast. When they bring your breakfast they tell you to get ready and that so you have to get ready, make up our bed and eat your breakfast by the time they come back. And when they come back sweep your room, make sure it's tidy. That's at the start then throughout the full day I think you can get time out, a shower and a phone call. Basically you're not allowed off on the unit. You're only allowed half an hour out of your cell a day. [YOI child]*

Children in YOIs who are isolated in their rooms, tend to follow a similar routine, although they may have access to TV and Xbox occasionally and other personal items:

*I: Ok, so when you're in isolation, it's quite a big difference?*

*YP: When you're in isolation, the only time you can get out of your cell is your exercise, which is only, half an hour run, if you're banged up like twenty, twenty three and a half hours a day. If you got a TV you just sit there and watch TV innit, but hopefully there's other people that are the same so you can speak to everyone out the window. So hopefully you got people to speak to out the window, you just try it's so boring. [YOI child]*

In SCHs and STCs, this routine is a little more relaxed, and mirrors a typical daily routine more closely. Also, children are typically not left on their own for the very long periods of time that were observed in YOIs and usually have a member of staff present, or spend time in group segregation:

*This is not like isolation you find in YOIs. Isolation there it's just an empty room bang up you know like that. You have basic punishment there. Here it's just more like it is isolation but more like to keep you away from trainee you had contact with. I will wake up in the morning, I'll do my chores I'll obviously do the same routine like eat breakfast then obviously I'll wait for the other people on the unit to go education first. Then when they go then after the staff will take me down to the [name of isolation room] and I will have to do work down there and if I don't do work then obviously they just leave me there and then when it's lunch I'll go back to my room, eat lunch then I'll go back to the isolation room again and just sit there with a member of staff. [STC child]*

#### **8.4 Access to services/activities**

Access to activities such as domestic visits, legal visits, use of telephone, exercise and showers should be comparable to those for a child on a normal regime. When analysing the data, one thing that is immediately striking is a very varied practice in access to activities during isolation-even between establishments of the same type.

Children who are segregated in YOIs will often have very limited access to services, such as education, chaplaincy, or exercise. They will typically get 30 mins to 1 hour outside the cell, and they would need to choose how to spend this time-go for a shower, make a phone call or go out to exercise. In some YOIs, the measures are so stringent that boys in segregation units are not allowed

domestic visits, telephone use or access to education. One of the explanations for this varied practice could be that it often depends on staff availability and risk assessments of the child.

*I: Do you get things like education?*

*C: Only if they come down. If they have the time. You don't get it every day. It's education support basically who comes to see you so it depends if they have time for you or not. [YOI child]*

*Complete isolation-no activities like gym, library, education etc. One hour for fresh air, wash and phone call [YOI child]*

Cellular confinement in YOIs, being a largely unregulated form of isolation, brings its own challenges for children. The variable lottery of access to services, which is somewhat evident in segregation policies, is even more pronounced in cellular isolation. Whereas some establishments encourage isolated children to come out of their cell and attend education, gym and have access to the phone, in other establishments, children are rarely let out of their room and they have very few visitors. A number of children stated that they had no access to education, advocacy, chaplaincy, gym, healthcare or even fresh air for protracted periods of time. When asked whether the staff came to see them, children typically said that the Governor came in and safeguarding, if there was an issue with health and safety:

*I: Did anyone come to visit you during all that time?<sup>19</sup>*

*C: Nah, not really. Only the governor came to speak to me to ask if I was alright and basically saying I'm now on losses.*

*I: Did any nurses or doctors come to see you at any point?*

*C: No no*

*I: But you had access to education every day?*

*C: Yeah. Well-sometimes, not always. [YOI child]*

*I got restrained the other day, because I was on the phone to my dad and this officer, he put the phone down while I was on the phone. Obviously, I just got angry. [YOI child]<sup>20</sup>*

In STCs, all children who are in isolation will be engaged in mediation with other children in an attempt to restore the child to association as quickly as possible. If isolation is prolonged, they will have access to education materials in their room and core day activities whilst accompanied by a member of staff. All children in STCs get educational points when they attend lessons, and those in isolation may only get half the daily points, due to not attending their lessons in a group. These points may affect how many benefits they are allowed every day. If the mediation is not successful, the child will be moved to another wing, rather than be subjected to long isolation. Children will also have access to healthcare as and when needed. Chaplaincy representatives and children's advocates are also allowed to visit regularly:

<sup>19</sup> Note: child was in isolation for 2 weeks

<sup>20</sup> Child who was in room isolation

*If it was a school day you get brought like education and that and you have to do your education you'd get half your points you don't get your full points cos you're not in education. You get like half your points and you keep on the regime you're on do you know what I mean. Healthcare would pop in if there was a, say there was an incident and somebody had a fight. Then I'll go back to the isolation room again and just sit there with a member of staff. [STC child]*

Similarly to STCs, children isolated in SCHs are also offered mediation and behavioural management to expedite their return to association. Prolonged isolation is rare, and if children are isolated for a day or less they will have access to educational materials in their room and will be visited by staff and healthcare. They will usually be allowed a visit from one or two other children, so that they are not in complete isolation:

*Usually it's 2 to 3 hours or maybe 4, half of it you spend in single separation and half of it in group. You get all your stuff in your room, you get mattress, TV all that and basically you're out at the library, studying and doing work with staff. [SCH child]*

In case of longer isolations and elected isolations, SCHs will put together a plan for the child, whereby they will have access to all daily activities, including education, training, exercise and dining, but never at the same time as the child that they elected to be separated from. This method arguably reduces the negative impact of isolation to a minimum, whilst preserving safety and wellbeing of children involved:

*C: I was only separate from him, I was still hanging out with other kids.*

*I: Ok. So what does your average day look like when you are in separation?*

*C: Erm, get up, have breakfast, go to school and then go and do activities. I was still in the same group but I got moved to a different class cos it [the incident that led to separation] happened in school.*

*I: So can I just check, you were doing more or less the same thing as you have done before but the unit just arranged it so you wouldn't be in the same room as that person?*

*C: yeah yeah that's right.*

*I: So did that routine differ in the great way from what you normally do?*

*C: No not really, it's still the same stuff! [SCH child]*

Security measures include securing the room, removing all hazardous equipment and occasionally limiting access to the bathroom for a short period of time, if a child is at risk to themselves. In YOIs, which have dedicated segregation units, observations tend to be structured and less frequent than in other types of units. This is because the units are minimally equipped and deemed safer than standard cells. In SCHs and STCs, children are typically isolated in their own room and observations are taken every five-15 minutes.

As for routine, isolated children in YOIs tend to follow a strict routine in a prescribed environment and they tend to spend the major part of the day inside their cell. Their daily privileges are usually reduced and occasionally they can have a visit and/or a phone call. In SCHs and STCs, this routine is a little more relaxed and more similar to a standard daily routine. Also, children are not left on their own for a long period of time.

Children in SCHs and STCs usually have access to education materials when in isolation, but in YOIs, this often depends on staff availability and risk assessments. Access to healthcare is also possible, although in SCHs and STCs, healthcare workers will typically visit a child daily, regardless of whether they requested medical help.

### **8.5 Recording and monitoring isolation practice**

This section summarises the findings of the review of field notes, restraint logs and wing diaries in each establishment. The purpose of this exercise was to gain evidence on:

- the nature of isolation practices;
- the description of locations where isolation may take place ;
- the current picture of the use of isolation, and;
- the extent of any isolation that goes unrecorded.

As the table below shows, establishments are fairly consistent in recording cases of isolation which happen following an incident, but less so when it comes to shorter or frequent 'time outs'. The extent of these unrecorded isolations varies between establishments, and the data would suggest that the highest likelihood of encountering them would be in YOIs, where isolations of less than 24 hours are usually not recorded. Furthermore, some YOIs do not record instances of cellular isolation,

and they only focus on segregation, which confounds the data further. We therefore, have very little information on the nature of these isolation instances, as they do not feature in the official segregation records that YOIs keep, and are often exercised as an unregulated form of provision (they are not subject to the same stringent measures as official segregations are). The evidence gathered as part of our qualitative research (the interviews and notes) suggests, however, that there appears to be a shift from the use of segregation to the use of cellular isolation, but the true extent of this practice remain unknown. There is some evidence in the table below to suggest that these unrecorded isolations also take place in STCs, but to a significantly smaller extent.

Overall, from the seven sites visited, SCHs and STCs had similar procedures in place, while YOIs' recording and monitoring procedures were found to be somewhat different. It is worth noting, however, that each visited site had variations in the methods used to record isolation and the types of isolation recorded; some recorded only single separations, other also recorded group separations. In some establishments, isolations below 24 hours were less frequently recorded, whereas in others, especially SCHs, even short breaks were put on file.

The review of incident logs and unit diaries revealed that YOIs typically do not record when children remain on the residential unit (sometimes referred to as 'the unit' by staff) all day, for example due to bad behaviour (fighting), not having an a vocational activity to attend or refusal to leave the unit, which can result in remaining locked up for several hours. On the other hand, secure training centres and secure children homes record isolation as single separation even when a child requests to be in their room whether that be for a period of 30 minutes to a couple of hours.

Within YOIs, observation logs or diaries have recorded entries which show the occurrences when a child is being irate and 'being placed behind door' – but they do not state the length of time a child was isolated for. Due to operational issues such as staffing, which impacts on regime, evening association time may not take place, which means that children can remain locked up in the afternoon until the following morning.

Elected isolations can also at times go unrecorded. YOIs have occasions where a child may choose to isolate themselves for several reasons, from safety to a want of privacy, and though staff encourage them to come out of their cell when opportunity arises, it cannot be enforced and often goes unrecorded unless the child is posing a threat to themselves or someone else.

In the STC visited, a method for recording children's movements was noted called a 'bed monitoring form'. This means that if a child chooses to return to their room they are checked on either every five or 15 minutes by a member of staff and this is recorded on a form just outside their bedroom. Like STCs, SCHs also use bed monitoring forms, and during the night children who are in isolation are checked on every five or 15 minutes which is logged by a key swab outside their bedroom.

It is important to note that with all sites visited, once normal night regime begins, formal isolation is stopped, and can, if required, restart at morning regime when a new process is initiated and new documentation opened. This indicates that a child can be locked up for a very long period of time without this properly being reflected in the isolation notes.

Below is a summary of notes from restraint logs and unit diaries.

1. YOI’s – Young Offenders Institutions

<p>Establishment 1:</p> <p><b>Staff ratio</b></p> <p>Staff ratio on general unit is 3 officers to 30 children. Higher staff: children ratios are available on mental health unit and segregation unit they generally have 4 staff in AM and 3 staff in PM shifts.</p> <p><b>Unrecorded isolation</b></p> <p>In mental health unit, there are entries in observation book of prisoners being irate and “being placed behind door” which suggests isolation – but does not state for how long.</p> <p>Officers in Healthcare unit pointed out that sometimes children spend time in isolation, until their mental health problems can be fully addressed. They gave us an example of Mr X who prior to receiving medication was spending 24 hours in isolation through his own choice, staff would try to prompt him every day to come out but he would not. After now being on his new medication he is out of his cell at every unlock, and enjoys being on the exercise yard.</p> <p>Following a discussion with a member of staff on the unit, children can be allowed out for a varied amount of time</p>	<p>Establishment 3:</p> <p><b>Staff ratio</b></p> <p>Staff ratio – 1 staff member to 12 children. They are pushing to change this to 1 member of staff to 6 children. They have just had a 75% increase in new members of staff. They are also hoping to employ 3 full time staff (Band 4) to deal solely with restorative justice work.</p> <p><b>Unrecorded isolation</b></p> <p>We looked at unit diaries and noted that out of 45 children, a number of people remained on the wing that day because 1 was sent back due to a fight, 4 refused to leave, 6 are unemployed, 3 had adjudications so they remained in their cells all day until the evening. These were not recorded as isolation.</p> <p>The daily register gave an example of several children being taken out of regime for 3 hours, due to a fight and then returned to normal regime in the afternoon. Sometimes the staff may also prevent those who were in a fight from going to education that afternoon. These are usually not recorded as isolation.</p> <p>We noticed when observing a unit that there were several people on there some were on the exercise yard, some had been allowed out to shower or make a phone call but some were locked behind the door, without</p>	<p>Establishment 6:</p> <p><b>Staff Ratio</b></p> <p>Long term unit – 1 staff to 8 children</p> <p>Regular unit – 1 staff to 12 children (60 beds all single cells)</p> <p><b>Unrecorded isolation</b></p> <p>One unit we visited found 28 children were off the unit, because:</p> <ul style="list-style-type: none"> <li>• 2 refused to leave;</li> <li>• 4 cleaners which need to remain on the unit and one for a visit in the morning;</li> <li>• 7 are currently unemployed;</li> <li>• 3 stayed on awaiting adjudications;</li> <li>• 2 are currently completing outreach education;</li> <li>• 1 was kept on unit for fighting;</li> <li>• 1 kept on because his class was cancelled.</li> </ul> <p>All those left on the unit remain locked up, but it remains unclear whether any of them were recorded as isolated children. They may be allowed out for a shower or exercise if staff ratio permits. If they refuse to go to education they are not allowed to watch their TV – this is</p>
--	---	---

<p>from 1-2.5 hours depending on regime. If the Governor cannot allow evening time out due to staff levels they could then stay locked up until the following day's unlock.</p> <p>Some occasions were recorded on general unit, where a child refused to see Governor so was told he would not receive time out of his cell – but it does not state how long this was for.</p>	<p>being in formal isolation.</p>	<p>monitored by staff, but we are not sure how well this is actually reinforced.</p>
---	-----------------------------------	--

## 2. STC – Secure Training Centre

<p>Establishment 2:</p> <p><b>Staff ratio</b></p> <p>Staff ratio 3 members of staff to 8 children.</p> <p><b>Unrecorded isolation</b></p> <p>From what we could observe, in de-escalation situations, whether through their own choice or due to regime, children do not remain in single separation for long periods of time. Majority do not remain indoors for more than 30 minutes but there have been a few cases where a child was locked up for a whole day. It is worth noting that one isolation instance stops when there is evening lock up (9.30pm) and if they are still isolated in the morning (7.30am) a new single separation form is opened. This indicates that isolations could be longer than a single isolation form necessarily reflects.</p>
--

### 3. SCH – Secure Children’s Homes

<p>Establishment 4:</p> <p><b>Staff ratio</b></p> <p>Staff ratio is 1 staff member to 2 children, at times it can be 2 members of staff to 1 child. At night it is 1 member of staff to 6 children and 2 members of staff sleeping in.</p> <p><b>Unrecorded isolation</b></p> <p>SCHs are generally pedantic with recording any removal from association, so instances of unrecorded isolations are very rare. The individual daily logs do suggest that there was an example of a possible isolation (not recorded as isolation) – AM shift noted that “B struggled to get up and he therefore missed his breakfast and was unable to attend assembly as he was separated from another child who also attended the assembly.</p> <p>There are also records at the weekends of children staying in room/bed until 11.15am, which is significantly later than the recorded room unlock at 7.30am.</p> <p>The logs also uncovered that 20 minute time outs are quite frequent and that a child can be up to 3 hours in isolation before it has to be authorised by the manager. This may suggest that there is an underlying level of unrecorded isolations, albeit short in duration.</p>	<p>Establishment 5:</p> <p><b>Staff ratio</b></p> <p>3 staff to 6 children and Duty manager.</p> <p><b>Unrecorded isolation</b></p> <p>At Establishment 5, separation does not end just because the door has been unlocked, they could move in to a communal area but there will be no other children in that area. This could indicate that single separations go on for longer than recorded.</p>	<p>Establishment 7:</p> <p><b>Staff ratio</b></p> <p>1 member of staff to 3 children.</p> <p><b>Unrecorded isolation</b></p> <p>Establishment 7 records every removal from association, even when it is a group separation (with a member of staff at all times and a small number of peers). They also record every time a child requests to go to their room during the day (i.e. for a nap, to watch TV, PlayStation, lying in bed if poorly) as single separation at child’s own request. As such we were unable to find any examples where a child may have been kept apart without this being meticulously reflected in notes. This could be why this establishment has a very high number of isolation cases.</p>
--	---	--

The extent of unrecorded isolations varies between establishments, and the data would suggest that the highest likelihood of encountering them would be in YOIs. It is worth noting, however, that each visited site had variations in the methods used to record isolation and the types of isolation recorded; some recorded only single separations, others also recorded group separations. In some establishments isolations below 24hrs were less frequently recorded, whereas in others, especially SCHs, even short breaks were put on file.

YOIs typically do not record when young people remain on the residential unit all day due to bad behaviour, not having vocational activity to attend or refusal to leave the unit. Also, due to operational issues evening association time may be cancelled, which means that young people can remain locked up in the afternoon until the following morning. Elected isolations can also at times go unrecorded. In some establishments, once normal night regime begins, formal isolation is stopped and can, if required, restart at morning regime when a new process is initiated and new documentation opened. This suggests that a child can be indoors for a longer period of time than is reflected in the isolation notes.

## 9. Decision-making process about isolation

---

### 9.1 How are the decisions about isolation made?

The decision-making processes were found to be as diverse as the establishments themselves. YOIs tend to hold multi-disciplinary meetings to assess the needs of a child and the plan for their return to association. These meetings are usually attended by senior management staff, wing staff, healthcare and representative child advocates. They are not necessarily formal – the Duty Governor may decide to consult one or all of the above staff alongside the child. In some YOIs, mental health nurses will do a formal examination of children’s mental and physical health needs and make recommendations. A similar procedure, although perhaps slightly less complex is followed when the child is formally isolated on the residential unit. The Duty Governor will consult the staff, child and healthcare as to the action plan for the isolated child.

*Decision is primarily from a governor grade. Everyone attends multi-agency meeting. 72 hour period gets reviewed to see if it should be continued then gets reviewed by the board made up of children, chaplaincy, education, senior management team, BMG, custodial managers. Every Tuesday morning the Behavioural Management Unit (BMG) discuss all isolation cases, nurse signs the paperwork. Duty governor then decides if isolation will be signed off after trying to collect all information so they can make an informed decision to see if mediation can occur, talking to them and building that level of respect between staff and children being able to challenge behaviour. [YOI staff]*

In STCs and SCHs, isolation instances are typically handled as part and parcel of the daily routine. This is because isolation instances rarely exceed 15-30 minutes in duration. The individual needs of the child are assessed with the input of the child. The strategic board attended by Heads of Departments is then held to approve the plan:

*Yes, morning meeting with Duty Director where you will be alerted to an issue. Open a plan (i.e. re-integration plan). There is then a strategy meeting [of] the Heads of Department to decide how to manage a child. Morning meeting addresses all aspects in question. If it's serious then we need to speak to YJB and may need to move them to a YOI. Or it could be that we look at a more structured plan. [STC staff]*

*Group separation – senior practitioner can decide that and then inform the duty manager and have morning meeting, and it will always be discussed there. Re-integration plan needs to be showed or he would be taken off – with goals to be reviewed. Single separation – it can last for 30 minutes then the duty governor needs to review every 30 minutes after that until it closes. Always continuous discussions about how it is going, re-integration plan. [SCH staff]*

## 9.2 Are the decisions fair?

Children interviewed were asked to comment on the decision-making processes and to judge whether in their view the use of isolation was fair. The majority of children agreed that isolation is needed, in principle, and that it was justly deserved on that occasion. Several children, especially in YOIs, did however note, that the length of time that they spent in isolation was disproportionate to the reason they were there. Some said that this is because the decision-making processes are protracted and it can often take a long time for the decision to be made and put in action:

*YP: They gave the sheet to me on Monday and I think I was meant to come off on Thursday or something. And on Friday they still didn't review it, then Saturday, Sunday, then they reviewed it on like Tuesday at the BMG meeting and I came off finally on Tuesday.*

*I: Right, that's about 8 days then, rather than 4. [YOI child]*

Children who spent a long time in isolation said that they would have preferred to have some sort of occupation whilst isolated, even if it is cleaning or mopping up. They said that keeping occupied would have helped to keep them 'sane' as opposed to the general feeling of apathy that they feel when isolated:

*[It's fair] to a point yeah, but they should get you out for cleaning and stuff like that when you're on bang up. Know what I mean, to keep you a bit sane, know what I mean obviously if you're sitting there with only four walls without any afternoon activity they should give you at least the opportunity to come out and clean [YOI child]*

There were a few similar instances in STCs and SCHs, as noted by children and one of the staff members explained that the delays in making effective decisions about the nature and length of isolation can sometimes arise due to a change in shifts or due to the fact that not all services operate for 24hrs on the premises:

*Yes usually in the morning briefing, but it depends, we are not a 24 hour service. The staff are key in bringing things to morning briefing where it can all be discussed. They can only do it if they are on premises. [SCH staff]*

YOIs tend to hold multi-disciplinary meetings to assess the needs of a child and the plan for their return to association. These meetings are usually attended by senior management staff, wing staff, healthcare and representative child advocates.

In STCs and SCHs, the decisions on imposing and terminating isolation are typically reached by the duty manager or shift leader, depending on the severity of reason for isolation. A child is consulted and a re-integration plan is drawn up.

The majority of young people agreed that isolation is usually fair and that, in their case, it was justly deserved on that occasion. Several young people, especially in YOIs, noted that the length of time spent in isolation was disproportionate to the reason they were there. There is evidence to suggest that decision-making processes can often take a long time, which could prolong the child's stay in isolation.

## 10. Work that takes place with children during isolation

---

### 10.1 Mediation and re-integration plan

Mediation is the most common type of work that takes place whilst children are in isolation. Mediation involves de-escalation – calming down the child involved and getting them to talk about what happened. It also involves setting goals which need to be reached before isolation can end. The goals form part of a re-integration plan. A child's learning style is taken into account and a re-

integration plan is produced which will reflect their ability. That is, the plan will identify protective factors and utilise these to build a child's confidence upon re-entering a unit. Peer mentors are often used and a phased approach is incorporated to build on their peer interaction. When asked whether isolation helped to achieve these outcomes, many children agreed that it did, as it gave them time to pause and think:

*The mediation works yeah, cos you get it off your chest you don't actually need to... argue, fight or anything for quite a long time cos you get everything off your chest. I've had a fight with [name of a child] in here and when we had mediation everything just calmed down and nothing's boiled since. It just helps you, it allows you to calm down, cos I think, think if staff talked to you straight away, it, you wouldn't sort of, you know, when you're in an angry mood whatever and kind of you're always like I'm right so it kind of, wouldn't help the situation and it wouldn't get anywhere. But whereas when they've given you that 15 minutes to calm down, it allows you to get quite settled calmly and obviously [YOI child]*

*It's helped me be, like, positive and they give out good advice to new people that come here to try and be good and not get put on separation cos it's not the best of things. It makes me not do silly stuff, makes me just stay positive and not be naughty [SCH child]*

## 10.2 Restorative work

YOIs have largely recognised the need to introduce more restorative justice work with children. Restorative work allows victims to receive an explanation and more meaningful reparation from offenders and it makes offenders accountable by allowing them to take responsibility for their actions. Restorative justice has been praised as an effective means of building community confidence that perpetrators of an offence are making amends for their wrongdoing (Feasey and Williams, 2009<sup>21</sup>). For example, one establishment is hoping to employ three full-time Band Four staff who will solely deal with restorative justice work, and another establishment trained staff specifically in mental health when dealing with vulnerable children. Two out of the three YOI establishments visited were trying to put arrangements for education still to be offered on a 1:1 basis for children whilst in the segregation unit. Staff, however, did point out that whilst trying their best, restorative justice and quality of mediation are still works-in-progress:

*S: Where YP are in the CSU, they will have an integration plan. More complex cases might have a phased return – going back to the unit for association but then returning to the CSU to sleep. Sometimes the plan would involve relocating a child to another unit if problems are irresolvable.*

*I: What about restoration?*

*S: We have mediation where there has been a fight leading to adjudication. . We will offer mediation – but I wouldn't say that it was fully fledged restorative justice as yet. [YOI staff]*

SCHs and STCs seem to have a better grasp on restoration and this could partly be why their isolation instances last for shorter periods of time. In these establishments, mediation is a concerted

---

<sup>21</sup> Feasey, S. and Williams, P. (2009) An evaluation of the Sycamore Tree programme. Sheffield: Hallam Centre for Community Justice.

effort by a senior member of management team, which does not cease until the children involved have talked to each other and understood each other's point of view:

*We had two children, one alleged to bullying, he went to see the child after their timeout, kicking his door. We will then ask him to sit on the bed and he can come in to talk to him so he can listen to his concerns. The key is to perceive the other person's viewpoint. Then facilitate a conversation between the two children [SCH staff]*

Mediation is the most common type of work that takes place whilst a child is in isolation. Mediation involves de-escalation and getting a child to talk about what happened. It also involves setting goals which need to be reached before isolation can end. The goals form part of a re-integration plan.

Restorative justice is also commonly used by establishments. The establishments have largely recognised the need to introduce more restorative justice work with young people. Restorative work allows victims to receive an explanation and more meaningful reparation from offenders and it makes offenders accountable by allowing them to take responsibility for their actions. Whilst in some units, such as YOIs, this is still work in progress, SCHs and STCs have a better grasp on the practice, which could partly explain why isolation instances last for shorter periods of time.

## 11. End of isolation

---

### 11. 1 How is isolation ended?

Within 72 hours of being placed in a YOI segregation room, children need to undergo a review to establish what goals need to be achieved to expedite a child's return to association. Most of this work will be in the form of mediation, behaviour management techniques and restorative work. Following a positive review of a segregated child, they will be allowed to return to association with a reintegration plan, although they may lose some of their privileges. The child will need to show that they have successfully engaged with staff, have addressed the problem that got them segregated and are completely calm to return back to contact with other children:

*Obviously you have to behave down the block and they decide if you're not a risk, you can go back on the wing. But if you're a risk they keep you down there. Until they review you again.[YOI child]*

Several children who have undergone the review said that they found the process very stressful and unhelpful:

*You don't know what it is like but when you're in a room with loads of... it's a small room and there's like 8 people in there with ya and you've got no space to move and that, I don't like places like that so I couldn't speak what was on my mind. It was just like you were under a lot of pressure. All these people in the room so they're not good. [YOI child]*

Children who are in cellular isolation in YOIs do not necessarily follow the same straight-forward route. If isolation is imposed as a form of punishment, often a member of senior management will visit the child in order to apprise them of goals that need to be achieved before the isolation can end. A similar procedure is followed if a child is formally placed on 'losses', that is, has had their IEP status downgraded and are spending prolonged periods of time in their cell. A review will take place, usually after a week, and if a child has had no negative behavioural entries (has not made an offence during the time on 'losses'), the child will return to their original IEP level. Otherwise, isolation may be extended. In case of unofficial cellular isolation the child may stay isolated for an indefinite period of time as there are no formal reviews and the decision-making does not follow the prescribed procedure.

If a child has elected to go into isolation, they may stay in isolation until a solution is found to separate them permanently from the child that they have had an issue with. Where possible, the child will be moved to another unit, or another group where they can resume a normal daily routine. This process however, can take anywhere between a few days to a few weeks, and is often unregulated:

*It was my decision to sit behind the door for ages and then you think 'I'm not doing another one of these', so I spoke to staff and they're like 'Right, we'll get you put on other wing so you can start coming out and that'. And like, obviously, I know people on that wing and I chose to come out and like settled and stuff.[YOI child]*

The children will often join others in association as soon as the isolation has finished, unless otherwise specified by the review committee and unless they have had their privilege status downgraded to basic. More complex cases may have a phased return to association, that is, going to the unit for association but then returning to segregation unit to sleep.

In STCs and SCHs the situation is somewhat different, in that isolation is mostly used a short-term solution until a more permanent one is found. Mediation work is intensified with all isolated children until the problem is resolved and the children are returned to association. If a child has been caught in possession of contraband, the isolation will be imposed until the search is carried out and the room stripped. In case of elected isolation, the child will often be transferred to another wing/group, where they feel comfortable to join others in association. At the end of the child's isolation, the door of their room will be opened, and the child can decide when they are ready to come out and return to association, without the pressure from the staff. The children are also given clear instruction about how they ought to behave when they leave isolation:

*You've got like eight things that you need to stick to when the doors open like, be polite and pleasant to other boys and staff, no threatening or attempt to hit anyone, keep personal space and do not touch, hit kick or punch staff or boys, respect the centre, do not damage property jumping on furniture and taking trainers off, do not make personal or sexual inappropriate comments to staff or other boys and then, like say I do any of them things I get like a warning and then if I do anything after that warning get put on group separation for two hours, so after that two hours when I re-join the group if I do anything after that, it'll be 24 hours [SCH child]*

## **11.2 Additional supervision after the end of isolation**

Children who have been formally segregated in YOIs may have follow up work carried out by psychology and counselling professionals, as well as with advocates. Those who were in cellular isolation, however, will often be released without any plan for reintegration or follow up work. One establishment which is piloting a new initiative on restorative justice, brings in youth workers to work with children who are isolated on units, but such examples are rare.

*It's on case-by-case basis. Before, we were at the poor end of the market. Now we have psychology who concentrate their service on these children, counselling, advocates. There is a new initiative - restorative justice - led by the chaplain whereby youth workers are coming in to work on units. [YOI staff]*

The situation in STCs is largely different and children who were in isolation will be on enhanced supervision, when they return to association. Those who were in prolonged isolation will also have a comprehensive resettlement plan, which will typically involve parents, Youth Offending Teams (YOTs), social workers and external agencies. They will also be monitored by a registered mental health nurse, especially if they are deemed vulnerable.

In SCHs, a child is unlikely to be subject to systematic follow-up work following isolation, unless they are known to have significant/persistent behaviour changes, in which case they will be regularly checked on. Vulnerable children may receive more intensive follow ups by nurses and the psychology team, as well as those who had to be restrained:

*If child had mental health history it would be psychology or psychiatrist that would be checking in with them. He will be the person the child sees within two hours of being brought to the establishment and he can request five minutes or fifteen minutes checks and whether that through observations panel or having a conversation with child. [SCH staff]*

Children placed in YOIs' segregation rooms will need to undergo a review within 72 hrs. Following a positive review of a segregated child, they will be allowed to return to association with a reintegration plan, although they may lose some of their privileges. Children who are in cellular isolation do not follow as straight-forward an approach and some may stay in isolation for an entire week before their case has been reviewed.

SCHs and STCs typically use isolation as a short-term solution, until a more permanent one is found. During an isolation episode, the child will engage in mediation until the problem has been resolved or, failing that, will be moved to another group where they can resume a normal daily routine.

Children who were segregated in YOIs will often have some form of follow-up interventions, unlike children who were in cellular isolation. STCs and SCHs offer follow up work for vulnerable children and children with a history of violence.

## 12. Impact of isolation

---

Children and adolescents are still developing mentally and socially, and this makes them very vulnerable to the effects of isolation. Haney (2001)<sup>22</sup> said that isolation of children is equivalent to putting them in 'deep freeze'. The prevalence of mental illness among children in secure settings is extremely high with as many as 95% having at least one mental health problem and 80% having two or more (WHO, 2013<sup>23</sup>). It is also important to note that children in juvenile institutions are 18 times more likely to commit suicide than their counterparts in the community (WHO, 2013).

<sup>22</sup> Haney, C. (2001) *The Psychological Impact of Incarceration: Implications for Post-Prison Adjustment*. In *Prison to Home: The Effect of Incarceration on Children, Families, and Communities*. Prepared for: U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE)

<sup>23</sup> Prisons and health: data and statistics [web site]. Copenhagen, WHO Regional Office for Europe, 2013 (<http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/prisons-and-health/facts-and-figure>)

Shalev (2014) posits that there are three main factors that are inherent in all solitary confinement regimes: social isolation, reduced activity and environmental stimulation, and loss of control over almost all aspects of daily life. Each of these factors is potentially distressing on its own, but when imposed upon children who are already likely to have particular vulnerabilities and mental health needs, the mixture can become toxic.

### 12.1 How does it feel to be in isolation?

The view above was confirmed in the present study, which investigated the short-term and long term-effects of isolation. On the whole, the interviewed staff and children were very vocal about the negative impact that isolation can have on a child, regardless of the type of establishment in which they were housed. When asked how they felt, children often said that feelings of apathy, depression and hopelessness were common problems during isolation, especially during longer instances, which are common in YOIs:

*It's a hard situation I mean you have no other choice than to get through don't you, when you're in jail. I mean first time been on it is always the worst you haven't experienced it before, you don't know what it's like to be on there. I think [name of segregation unit] is bad. I don't want to be going back there ever again if I'm being honest. Being inside your cell for too long you just want to walk around and do something and be in fresh air. So I think they could improve that. If they had a couple more activities and that that you could do, it would make you feel better about yourself. [YOI child]*

Interestingly, a number of children in YOIs pointed out that they experience the same emotions during the weekend regime when they are locked up for up to 17 hours a day:

*C: It's stressful innit. Stressful, you miss your freedom. That's it really. You just look out your window and wish you could be but you can't. And I just keep praying... that's it really.  
I: How does that make you feel? Like being inside all the time how do you feel emotionally about that?  
C: Boredom. But we can't do anything about it so you just have to... I don't know [...] It puts your morale down. [YOI child]*

Some children in YOIs suggested that if the weekend regime allowed them more freedom there would be fewer escalations when they were eventually let outside the cell:

*Once you're in your cell for so long you're over-thinking, you can stress out, some people get upset and then that can affect them. If there was more to keep us occupied like us coming out more us doing more activities it would cause less problems as well as in arguments because when you're in a cell for long and you come out for that hour, people are well stressed! That's how it causes problems. Cause if they give us more to keep us occupied I think there'd be less problems like that. [YOI child]*

## 12.2 The impact on mental health

Several children with histories of mental health problems said that their symptoms worsened during isolation, and the staff agreed that a child's personal risk of self-harm and suicide is heightened:

*Supposed lack of self-worth, not knowing what's happening - as [in they] might not be registering what they are being told, a sense of not being involved, feeling left out. In the years I've worked here anything is possible - there could be an impact if they are in isolation even for a short period of time, it could trigger self-harm [YOI staff]*

*It was a lot of emotions going through my head at once really, I was upset, angry. I've gone from being out of my pad all day to being isolated, well locked up really for three days straight so there was a lot of emotions going through my head. I didn't really know what was going on. I was up and down I was angry smashing up my pad and stuff like that. I ended up tying something round my neck and dropped to the ground [YOI child]*

The interviewed children and staff across all establishments agreed that the impact of prolonged isolation on mental health is a distinctly negative one due to the loss of control over their lives and absence of meaningful activities. The isolation tends to build up anger and anxiety in children who are likely to already struggle with emotional regulation, thereby often leading to exacerbation rather than alleviation of symptoms:

*It can affect their mood, make them anxious. It can re-enact some trauma that they have experienced in the past and long periods could cause psychotic episodes. [SCH staff]*

*When I'm in my room if I'm separated I'll keep banging and I'll want to come out. I can't sit down and chill, and like I'll start banging, calling after them. I'll want to meet the mediation people. It's very upsetting. [STC child]*

*You feel like they're all against you, so you have to come out and fight them all and something like that, that's what it feels like. You have to protect yourself. You don't know what's going to happen. You think that, you have to be prepared. It's horrible innit. [SCH child]*

## 12.3 Can isolation prevent future re-offending?

Children often come to the secure estate establishments from very complex backgrounds, which means that they have previously lacked structure and guidance in their lives and that emotional regulation is difficult for them to grasp. Prolonged or frequent isolation can often serve to worsen these problems as the children fail to learn the important lessons of social order and interaction which they will need when they leave the establishment. In that sense, isolation can have a long-term negative impact on a vulnerable child and can contribute to the perpetual vicious cycle of release and re-offending. This would also explain an earlier finding of this study, that the children who were isolated once are likely to be isolated again.

Staff, on the whole, agreed that isolation does not address the deeper issues that have brought the child to that institution, or the deep-rooted reasons for the child's behaviour. In that sense, it does not reduce chances of misdemeanour in the establishment, or the chances of re-offending once they are released. They believe that isolation is not always an effective deterrent and that its purpose is only momentary-i.e. to re-establish order:

*Five out of six young people currently down there [in segregation unit] have been there continuously and issues arise only when they are placed on a general wing. But isolation does impact on their mental health especially if they have been down there six to seven weeks, then the child starts wanting to see mental health specialist or wants to engage to get removed from CSU. A lot of time they are on their own without seeing people. There is, however, a general feeling that this will just become a negative cycle- get on the wing, get into trouble-back in segregation. [YOI staff]*

## 12.4 Are there any positive effects of isolation?

Short episodes of isolation, or a 'time-out', which are very common in STCs and SCHs, can sometimes have a positive effect, in that the child is removed from the person or a situation where the problem arose. Children agreed that having a 'time-out' of 15-20 mins can help to de-stress them and gives them enough time to rationally assess the situation:

*Sometimes it is boring cos you lose your power but it gives you a chance to reflect on what you've done. It's a time for some deep thoughts, like my behaviour and how I reacted to the situation. [SCH child]*

Brief instances of elected isolation can also have short-term positive effects. It allows a child to remove themselves from a difficult situation, and enables staff to work more intensely with the child in order to solve the issue and expedite their return to association. On rare occasions, children choose to isolate themselves for long periods of time-weeks or even months. While this may seem to the child like a good idea at the time, prolonged isolation can serve to exacerbate the symptoms and makes it harder to return to association with each passing day:

*C: Eventually I asked a psychiatrist to like help and stuff.  
I: Did she?  
C: No, not really. She did like a relaxation exercise with me cause I have like anxiety and stuff. But I don't think it really helps to be honest. I told her that it wasn't working.  
I: Did she try anything else?  
C: She's tried like breathing and stuff, but I just find it like, ridiculous.  
I: What do you think would have worked better?  
C: I'm not sure cause I don't know what they could do for someone like me. [SCH child]<sup>24</sup>*

## 12.5 Two case studies of the impact of isolation

### Case study 1

<sup>24</sup> The child was in isolation for 2 weeks

During a routine cell search in a YOI, a young boy was found in possession of a weapon. He was told that due to security reasons he will be confined to his room. A senior member of staff visited him to explain to the boy what was happening and why he was being isolated. He was kept there for three days without access to a shower or a telephone. The child was very angry and upset and destroyed his cell in a fit of rage. The reason for his anger was that until recently he had been doing well and had a job in the establishment that he enjoyed and was good at. Despite the child being visibly upset no member of healthcare team came to visit him, or do a mental health assessment.

The boy proceeded to self-harm, and at one point nearly took his own life. He was placed on ACCT and was regularly monitored. After a few days, when the staff were satisfied that he would not self-harm again he was returned to association, with a reduced IEP status. He never received any follow up work with the mental health team.

### **Case study 2**

After several days of arguing, two boys housed in an SCH got into a physical fight and one boy hit the other one on the head with a book. The boy who was the attacker was placed in isolation and the boy who was attacked decided to also isolate himself from the group. The boy would only go out for dinner and for education and the rest of the time he would spend in his room, watching TV and reading.

After some time, the boy began to experience anxiety attacks and bouts of depression which became more intense the longer he stayed in isolation. The staff tried to encourage him to come out of his room, but he became more reclusive as the days went by. Finally, after two weeks of elected isolation, and refusing all attempts to mediate with the boy who attacked him, the duty governor decided to move the boy to a different group, in order to give him an opportunity for a 'fresh start'. Soon after the transfer, the boy started to come out of his room and to mix with his peers. After a few days he was comfortable to return fully to association. He even re-established contact with the boys with whom he had the altercation that led to the isolation episode. There were no further incidents involving the two boys.

The overall impact of isolation on a child is profound. Mental health issues are likely to be exacerbated and self-harm, although not extremely common, can happen during a prolonged isolation. Interviewed staff and children agree that isolation does not address the deep-rooted causes of a child's behaviour. Prolonged or frequent isolation can often serve to worsen these problems as the children fail to learn the important lessons of social order and interaction which they will need when they leave the establishment. In that sense, isolation can have a long-term negative impact on a vulnerable child and can contribute to the perpetual vicious cycle of release and re-offending.

Short-term isolation or 'time outs' (for under one hour) which are common in STCs and SCHs can have immediate benefits in that they allow the child to calm down and look at the situation rationally, but should not be used too frequently or for prolonged

---

## 13.Reducing the use of isolation - conclusions

---

This report looked at the prevalence, reasons for, nature and impact of isolation in the youth justice estate. As evidenced in this study, the term itself carries a fairly negative connotation, yet, staff and children agree that isolation is not always 'bad'. Sometimes the use of short-term isolation (i.e. up to one hour) can be in the child's best interest at the time. Some children may just need 'time away' from others or need time to address a health or a mental health problem, which could lead them to pose a risk to themselves. While this type of isolation has a purpose, ideally it should last for an hour or less (or in case of elected isolation it should have an agreed maximum duration), until a constructive solution is found to address the deep-rooted issue.

The other type of isolation is typically used as a form of punishment. This can be for an aggressive/illegal/discriminatory act or intent to commit such an act. This type of isolation will typically take place in a segregation unit or as room confinement and the measures in place will be more stringent. Arguably, a sub-type of this form of isolation is also isolation as part of daily regime, such as weekend regimes in YOIs. It is likely that this sub-type serves no visible positive purpose to the child and they have no control over its duration or outcome.

Regardless of the type, frequent and/or prolonged isolation is likely to have a detrimental effect on a child's mental health and wellbeing. A range of factors were found to have an impact on being isolated, including a child's ethnicity (children of Black/Mixed ethnicity were more likely to be isolated); presence of disability; being on ACCT or an analogous marker, and being a looked after child. When thinking about ways to reduce the use of isolation, however, we should perhaps look beyond personal characteristics of isolated children and focus on the reasons for isolation. Violence is one of the most common reasons for imposing isolation in both YOIs and SCHs. Undoubtedly, rates of verbal and physical violence play an important role in the increasing number of elected isolations in SCHs and STCs. It stands to reason that if the rates of violence could be reduced, the need for isolating children would also diminish.

The key problems that were discovered in this study, especially in YOIs, are size of the establishments and child-to-staff ratios. Children tend to live in very close quarters to one another, and it often does not take much for a verbal altercation to grow into a physical fight and continue spreading across the unit, pulling in more and more children. In that sense, the only options to separate a child from other peers (or for a child to separate themselves) are to isolate them in their room or for them to go into segregation. Increasing the size of the daily living space could arguably help, as it would allow children to maintain a reasonable distance from one another, while still maintaining contact with others. Sometimes, children come to YOIs as members of street gangs or they join one while they are inside. Increasing the living space where children can separate themselves from one another if they choose to, would be particularly helpful in an effort to keep

children affiliated with different gangs away from one another, without the need to isolate them entirely.

The overcrowding and low staff ratios have brought on the need for YOIs to introduce various curtailed regimes, including weekend regimes and restricted unlocks, where young people spend very little time outside their cell. In an effort to maintain order and safety on the units, however, these regimes serve to perpetuate the daily isolation of children from one another. As some of the interviewed boys pointed out, the regimes perpetuate the anxiety, anger and restlessness in children, and when released from their cells, it does not take much for the tempers to clash. These altercations can in turn lead to yet another isolation.

There is a need to recognise and address these important issues which YOIs face, and in that effort, it is perhaps worth turning to SCHs and to investigate how they address the issues of violence and isolation. SCHs use isolation as a short-term measure and their efforts are not focused on keeping children apart, but on teaching them important skills on how to cohabit with others. Children live in smaller groups, have more space to themselves, as well as an opportunity for more intense work with the staff during a day which is filled with educational activities, vocational activities and other useful activities which keep children out of their rooms. Mediation work and restorative justice are used to swiftly resolve issues between involved parties and behavioural management techniques are put in place to address problematic behaviours on the spot. These techniques were highly praised by interviewed children and were often mentioned as good alternatives to isolation. SCHs and STCs also have an opportunity to move a child to a different group where they can resume their normal daily regime without running into the child with whom they had an altercation. All these measures make STCs, and SCHs especially, a more constructive environment for a child, where they can ideally leave the establishment at the end of their sentence with useful social skills and a better understanding of social order.

In recent years the Youth Justice Board has shown an increasing interest in using YOIs to hold vulnerable children, as part of its decreasing reliance on SCHs. This has resulted in a marked reduction in the number of SCH beds across the country. YOIs however do not replicate the level of care and philosophy of SCHs, as evidenced by this study. The results indicate that it may be worth re-examining this decision, in view of the compact living conditions in many YOIs and the increasing necessity to use isolation as a control measure in these establishments.

If the pressure on YOIs were to reduce, it stands to reason that some of the restorative work that takes place in SCHs and STCs could be implemented there. One of the YOIs visited in this study decided to implement a new behaviour management strategy for children and focus on restorative justice in an attempt to reduce isolation. The work has so far been praised by the staff, but without resources to involve all children in the institution, it is likely fall short of its ultimate goal.

---

## Company and Contact Details

---

**Associate Development Solutions Limited****Directors:**

Jane Sedgewick

Telephone 07787 508856

Email: [jane@associatesolutions.co.uk](mailto:jane@associatesolutions.co.uk)

Dr Fiona Warner-Gale

Telephone: 07739898609

Email: [fiona@associatesolutions.co.uk](mailto:fiona@associatesolutions.co.uk)

**Research and Evaluation Lead:**

Dr Dina Gojkovic-Grimshaw

Telephone: 07837030455

Email: [dina@associatesolutions.co.uk](mailto:dina@associatesolutions.co.uk)

**Programme Officer**

Jenna Veerapen

Telephone: 07475463721

Email: [jenna@associatesolutions.co.uk](mailto:jenna@associatesolutions.co.uk)

Head Office: 50 Halfway Drive, Halfway, Sheffield, S20 4TH

Company registration number: 7486948

VAT Registration Number 130 1509 67