



Õiguskantsler

Pille Vaiksaar
Principal
Maarjamaa Education College
emajoe@mhk.edu.ee

17.08.2021 nr 7-9/210694/2105284

Inspection visit to the Emajõe Study Centre at Maarjamaa Education College

On 4–5 February 2021, advisers to the Chancellor of Justice inspected the Emajõe Study Centre at Maarjamaa Education College (*Maarjamaa Hariduskolleeegium*) (hereinafter ‘the study centre’ or ‘the centre’).

Group homes in the study centre are cosy. Each young person has their own bedroom which they can decorate to their liking. The centre has very good sports and handicraft facilities.

Pupils can meet their family in private in the family house. Young people are also guaranteed privacy during telephone conversations.

The centre has ongoing cooperation with young people’s relatives, substitute homes, local authorities and other agencies and specialists to ensure the necessary services for pupils. It is positive that specialists of the centre remain in contact with the young people even after they have left the centre.

The staff at the centre are supportive. The work of the nurse at the centre left a good impression. Communication between the staff and young people is constant and open. Pupils said that they trusted the staff and in general they got along well with each other.

Activities at the centre are properly documented. A comprehensive overview of each pupil’s development is prepared. Placement in a seclusion room and extraordinary incidents are also documented separately.

Small group rooms at the study centre must be made cosier if they are to be used to accommodate pupils in the future. Upon arrival at the study centre, a young person must immediately be ensured therapy and support from a psychologist.

Reducing the minimum time for use of the telephone and restricting home visits should not be used as a sanction. Many restrictions and punitive measures imposed on pupils in group homes are unlawful. Collective penalties are not allowed nor do they comply with international standards.

The Chancellor requests that incidents where a pupil has been placed in a seclusion room with an unlocked door be also documented and recorded in the general register of use of the seclusion

Õiguskantsleri Kantselei

Kohtu 8, 15193 TALLINN. Tel 693 8404. Faks 693 8401. info@oiguskantsler.ee www.oiguskantsler.ee

room. The form on use of the seclusion room must reflect how an attempt was made to resolve the situation before secluding the pupil. Staff must take into account the abilities and state of health of pupils and avoid activities that may cause serious irritation to young people and result in their seclusion.

The Chancellor asks the educational institution to consider various strategies to deal with bullying. The abilities and wishes of the children involved in conflict must also be taken into account. A victim of bullying should not feel pressure to formally reconcile with the bully. Staff must understand the group dynamics of young people so that, instead of resolving the conflict, the measures chosen would not escalate it.

When accompanying girls on trips the escort team must include at least one female employee.

Maarjamaa Education College is an educational institution providing the closed childcare institution service (§ 130¹ et seq. [Social Welfare Act](#)). A juvenile is referred to the service under a court order. At the time of the inspection visit, the Emajõe Study Centre had 28 pupils aged 13–17 years; 17 were young men and 11 girls.

The Chancellor's advisers and a healthcare expert (a child psychiatrist) examined the centre's rooms, interviewed staff and pupils, and examined documents.

1. Living conditions in group homes

Young people in the study centre are accommodated in group houses on the centre's premises. There are six groups in the group houses and up to six children at a time can be accommodated in each group house. At the time of the inspection visit, in only one group were all the places filled. In other groups there were three to five young people. Two pupils were accommodated in so-called small groups for the purposes of combating the spread of the coronavirus SARS-CoV-2 where they had to stay for two weeks prior to proceed to the group house. There were two small groups and they are located in the study centre's main building in the former rooms for provision of the special care service under a court order.

According to explanations by the head of the centre, vacancies in groups do not mean that the centre can accept more children. Children are divided into groups based on how they match each other and taking account of their individual needs. For instance, due to mental disorder some young people do not tolerate living in a group with more than two or three people. In addition, to reduce the risk of bullying, a group could preferably include pupils of more or less the same age.

Small groups in the main building differ considerably from the group homes. The area for shared activities is much smaller, there is no kitchen corner or view to the yard. Furnishings in small groups are more austere – there are no elements to create cosiness (handicrafts, pictures, flowers, and the like), and the rooms have steel doors. Small group bedrooms are single-occupancy and each room has its own toilet and washroom. The toilet bowl and the sink, as well as the shower head attached to the wall, are of stainless steel. Furniture in the room is fixed to the floor. Some rooms have no window covers; signs of damage are visible in some places (doors, walls).

The Chancellor acknowledges the centre for allowing young people in the group home to decorate their bedroom and arrange the furniture according to their liking. It is positive that each pupil in a group home has their own well-furnished bedroom and the possibility of using a kitchen corner.

However, the furnishings in small groups must also be made cosier and more child-friendly, so as to be supportive of treatment and rehabilitation.

2. Treatment and therapy options and recreational activities

Many young people in the study centre see a psychologist. Where a young person has supportive relatives who are prepared to make efforts for the well-being of the child, it is possible to apply multidimensional family therapy (MDFT). Unfortunately, some children do not have this kind of support network. At the time of the inspection visit, a family parent from a substitute home was participating in multidimensional family therapy with a young person. This deserves recognition; however, MDFT is oriented more to those who have maintained a relationship with their parents and relatives.

The expert involved in the inspection visit found that in view of the background of young people referred to the study centre it is important that they all receive the assistance of a psychologist. It is essential to begin therapeutic intervention immediately when a child is referred to the service. The sooner the therapy begins and the more consistent it is, the higher the likelihood that even in several months the young person is still interested in participating in treatment and rehabilitation.¹ The files of some young people revealed that they began to receive the service of a psychologist, for instance, only after three months from arrival at the study centre. Such waiting time is too long. Once a young person's need for assistance is found to be so great that they require referral to a closed childcare institution, they should be ensured all the necessary specialist assistance immediately after arrival.

The multidimensional family therapy model to which the study centre attaches great importance might not work for all children in the centre since they lack a strong and supportive family. Besides multidimensional family therapy a young person should also receive personal counselling to support their ability to cope independently. The importance of individual professional counselling in work with juveniles has also been [emphasised](#)² by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Inter alia, the CPT has noted that this must be an ongoing and long-term process and not just a post-conflict response.

On a day-to-day basis, development teachers (*kasvatuspedagoog*) of a group deal with young people – under their guidance, conversation groups take place, young people's concerns are discussed and group plans are drawn up. In the evenings, practical life issues are discussed in groups (e.g. a healthy diet, hygiene, rules of behaviour, handling money) and corresponding tasks are resolved. Some evenings are also filled with creative activities, watching films or reading books. Development teachers also help young people with doing school homework.

The expert noted that young people's involvement in activities and debates is absolutely positive but in doing so a child's maturity and abilities must be taken into account. It would be good to adjust tasks according to young people's comprehension and learning abilities. Some tasks which the Chancellor's advisers examined during the inspection visit may be difficult to grasp for young people with learning difficulties. During interviews, some pupils pointed out that the tasks were too easy and did not provide new knowledge.

¹ See e.g. Roest, G. H. P. van der Helm, G. J. J. M. Stams. [The Relation Between Therapeutic Alliance and Treatment Motivation in Residential Youth Care](#): A Cross-Lagged Panel Analysis. *Child and Adolescent Social Work Journal*. January 2016. 33(5). 33:455–468.

² See para. 65.

On working days, a nurse is present in the study centre to provide counselling to pupils with health problems. The nurse monitors pupils' state of health, communicates with their attending doctors, organises doctors' appointments, ensures that medicines prescribed in young people's treatment schemes are available, and distributes medicines to drug dispensers. On school days, the nurse is among pupils during breaks so that young people could speak with the nurse directly if necessary. During the inspection visit, open communication between the nurse and young people could be witnessed. Such a proactive approach deserves recognition.

Pupils mentioned that they liked meetings with therapists since the meetings were thorough and it was also possible to communicate with family (during multidimensional family therapy). However, visits to the attending doctor are too short to enable a young person to speak about all their concerns. Young people have received support from career counsellors about future study plans and possible choice of profession.

On working days, young people can participate in hobby groups in the study centre after classes. There are groups for general handiwork, handicrafts, pottery, woodwork, music, and sports. In some hobby groups the whole group of pupils participate while in another hobby group a child receives individual guidance. Young people admitted that they liked participating in hobby groups even though pupils arriving at the study centre might express only limited interest in hobby groups. Teachers manage to involve young people in activities; particular mention was made of the pottery and woodwork group. Some young people have also attended hobby groups outside the educational institution although those groups did not take place during the spread of SARS-CoV-2.

The study centre has a large yard with sports facilities where young people can walk three times a day according to the daily schedule. The walk lasts for one hour. Some walks may be cancelled by staff of a group home as a sanction.³ Pupils said that they cannot return from a walk earlier at will. For example, it has happened that a pupil starts feeling cold but still has to keep walking. According to the staff, the whole group is together outside, otherwise some young people would be left without supervision. Although young people do have winter clothes, many do not wish to dress for the weather. For this reason, they may start feeling cold while walking outdoors. During the inspection visit, it was noticeable that some young people did not wear a hat or a scarf, and instead of winter boots they were wearing low sneakers.

The Chancellor understands that if group members are not together in one place it is complicated to supervise them. At the same time, a young person who is feeling cold could be allowed to return to the group home to put on warmer clothes. If a young person refuses to walk, an attempt should be made to find out the reason for refusal. If a pupil cannot walk for some reason, the institution must find a solution which ensures that the remaining group mates can go outdoors.

The centre has created good conditions and the necessary sports equipment exists indoors. According to the schedule, pupils use the sports hall at least once a day. The study centre also has various outdoor sporting equipment (bikes, roller skates, skis). Pupils are also taken for sporting and recreational activities outside the study centre (joint outings).

The Chancellor recognises the specialists who participate in children's rehabilitation and everyday support. The nurse's work and dedication to young people left an extremely good impression. The Chancellor asks to ensure that every young person referred to the study centre can receive psychological counselling right after arrival at the centre and that treatment and therapy begin

³ See also section 7 of the summary.

immediately. Additionally, the Chancellor asks the centre to allow young people for a walk outdoors even when one of them wants to return to the group house before the mandatory walking hour passes.

3. Communication with next of kin (including during the spread of SARS-CoV-2)

The study centre is a closed institution. This means, inter alia, that rules have been set for children's contacts outside the institution (with parents, friends, state agencies). It is good to note that in comparison to the [previous inspection visit](#) pupils' opportunities for using the telephone and computer have improved. Still, some problems occur in arrangements for communication which would need to be resolved.

As a rule, pupils can use their personal mobile phones for calling. Those who do not have a phone can call from the phone at the study centre. All phone conversations take place in private in a pupil's room. Usually, 10 minutes of phone time is allowed every day. Pupils can use their personal phones for calling as well as other activities (messaging, e-mails, internet use). With good behaviour (having earned 'bonus' points) a pupil may be given up to 20 minutes additional phone time. Pupils can use a computer three times a week for 45 minutes.

During the spread of the SARS-CoV-2 virus, it was not possible to allow home visits for pupils and visits by parents were also reduced. Therefore, the minimum daily phone time was extended by 20 minutes a day – i.e. a total of 30 minutes – for all pupils. With good behaviour and other positive results, the time could also be extended to 50 minutes a day. Where a young person's behaviour was found to be unsatisfactory, the phone time could be reduced to 10 minutes. The decision on applying this restriction and its duration was made by group staff. Conversations with young people and the documents examined revealed that in several cases this measure was indeed applied.

The Chancellor has repeatedly emphasised⁴ how important it is for juveniles in a closed institution to be able to call their next of kin. Once an institution has agreed that young people are given at least 30 minutes a day for phone calls, the staff must respect this rule. Even more so since the purpose of this arrangement is to alleviate the effect of restrictions (ban on home visits) imposed due to the spread of infectious disease. The minimum time allowed for phone calls to young people may not be reduced and it is also inadmissible to threaten young people with potential application of this measure. The CPT has said⁵ that juveniles' contact with the world outside a closed institution may not be restricted in order to punish them, nor may manipulating opportunities and time for contact form part of an incentives and privileges scheme.

Interviews with staff revealed that extending telephone time during the spread of infectious disease did not result in organisational problems nor did it disrupt compliance with the daily schedule. The Chancellor finds that the daily minimum time for use of the telephone by pupils could be longer than ten minutes. This would support young people's contact with next of kin. For example, the CPT has [praised](#)⁶ an arrangement where young people could use the telephone in their room for up to three times a day for a total of 60 minutes.

⁴ See the Chancellor's [inspection visit](#) of 17–18 May 2016 to the Emajõe Study Centre of Maarjamaa Education College (para. 1); the Chancellor's [inspection visit](#) of 5 May 2018 to the department of children and young people at the Tartu University Hospital Foundation Psychiatric Clinic (para. 4).

⁵ See e.g. the CPT 2019 [visit to England](#) (para. 166); the CPT 2017 [visit to Poland](#) (para. 109).

⁶ See para. 166.

Phone calls in group homes are made in the evenings. If a young person needs to use the telephone during working time, they must seek special permission for this from group staff. In the Chancellor's opinion, it is important to allow pupils to call even during the daytime if necessary. That way they can quickly contact the authorities (e.g. child protection, the Chancellor of Justice). It is positive that the internal rules of the study centre now stipulate this possibility. In this regard, the guiding principle should be that a young person does not have to justify their need to call or disclose to staff whom they wish to call during the daytime. To prevent possible abuse (e.g. using the internet under the pretext of a need to call) a pupil can be visually monitored during a phone call (e.g. via video surveillance, through a window in the door) but the substance of the conversation must remain private.

During the spread of infectious disease, home visits were prohibited. Pupils' parents/guardians could visit young people at the study centre. Family and therapy rooms were used for visits. One pupil with their next of kin were allowed to meet at any one time. Visitors and a pupil had to wear a mask during the visit, disinfect hands and maintain distance. In order to be able to organise a larger number of visits a day, the duration of one visit was limited to one hour.

According to the head of the study centre, a procedure is being prepared that enables parents to stay overnight in the centre's family house. The living conditions for this have already been created (sleeping places, kitchen corner, washing facilities) and after relaxing the restrictions caused by the spread of the SARS-CoV-2 virus it is intended to implement the plan. This is a good plan.

Interviews with young people revealed that restrictions on home visits had a strong effect on their mood and motivation. Relatives of some young people live far from the school and did not wish to come to the school for a brief visit. The staff also conceded that irritation and a feeling of hopelessness among pupils grew when the restrictions were extended. Certain restrictions were undoubtedly necessary to prevent infectious disease from reaching the study centre. It is positive that the centre applied measures flexibly (visits to the study centre and sending parcels to pupils were allowed) and found ways to counterbalance the restrictions (extension of telephone time).

Unfortunately, home visits are also being restricted in order to sanction and punish pupils. A closed childcare institution service provider is entitled to restrict a child's freedom of movement to the extent necessary at the place for providing the service and outside the place for providing the service (§ 130³(3) [Social Welfare Act](#)) but in doing so it is essential to take into account the effect of the restriction on achieving the purpose of the service and whether the restriction is compatible with the needs of the child. For example, one of the service provider's tasks is provision of all-round support for relationships between a child and the person raising the child (§ 130³(1) clause 5 [Social Welfare Act](#)). Prohibiting a planned trip to parents/guardians or restricting telephone time with the aim of sanctioning the child simultaneously restricts the child's contact with people close to them, which certainly cannot be interpreted as support for the relationship between a child and people important for the child. For this reason, imposing such a restriction must be carefully considered.

In a certain situation, a ban on home visits may be imposed [in the child's best interests](#) (e.g. the situation at home is not safe for a young person) but then also measures counterbalancing the ban should be applied (e.g. video calls, additional time for calls, meeting with next of kin on the institution's premises). It would be good to presume that a home visit is allowed as a rule and that it may be cancelled/postponed only having in mind the child's well-being. This should also be

explained to the pupil. Prohibiting home visits as a punitive measure or a sanction is not compatible with the purpose of the closed childcare institution service.⁷

The Chancellor recognises the study centre's plans that would enable a pupil's next of kin to stay overnight at the centre. It is positive that the possibility of phone calls is also ensured to children who do not have a personal phone. The minimum daily time for use of the telephone could be longer than ten minutes. Reducing the minimum time for phone calls and restricting home visits should not be used as a sanction.

4. Staff and security

According to the staff, they generally feel safe. Physical assaults against staff have occurred very rarely. Sometimes it is necessary to deal with verbal insults. Various things have also sometimes been thrown at staff. In a dangerous situation, a group staff member or a teacher can call supervisory staff for assistance by walkie-talkie. The need for assistance can also be notified via video surveillance. Video surveillance is used in the common rooms at the study centre, in the yard area and in the seclusion room. The video surveillance feed is constantly monitored by security staff. According to the group staff, supervisory specialists very quickly respond to dangerous situations.

The staff conceded that the number of dangerous situations has reduced significantly in comparison to previous times. A couple of years ago some changes were introduced in staff working arrangements and the number of specialists in daily direct contact with children was increased. Group sizes are also kept small, which enables staff to notice and prevent problems before they escalate. It deserves recognition that staff who have had to resolve a complicated situation are offered psychological assistance and the time spent on this is counted as the employee's working time. More complicated situations are also discussed among the management. According to staff, the management are supportive and the team close-knit.

Interviews with pupils revealed that most often they experienced mental violence – name-calling and bullying. However, physical assaults have also occurred. The pupils noted that the most difficult is the induction period because other young people want to test a newcomer.

The pupils said that they knew whom they could approach with a concern and many also had the courage to do so. Some pupils mentioned that they had submitted a written complaint to which they also received a reply. Very few pupils admitted that they did not trust any of the study centre's employees and therefore talked about their concerns only to the attending doctor, therapist or a friend.

Some pupils mentioned that even though they had to suffer bullying in their group they did not want to go to another group because it might be worse there – the current situation is at least familiar. The pupils were convinced that it was a victim of bullying and not the bully who was transferred to another group. In some cases, the results of resolving a complaint or an incident showed that even though a bullied pupil was not prepared to forgive the bully they still wanted to continue living in the same group with the bully. It was also affirmed that it was a victim of bullying who changed group. Pupils who had changed groups said that they felt better in the new group even though before going to the new group they felt great uncertainty.

⁷ See also the summary, section 7.

Young people with limited proficiency in the state language have also been referred to the study centre. To prevent bullying, it is important that information about the functioning of the study centre which is of direct concern for a pupil (internal rules, daily schedule, menu, and the like) should be available in a language that the pupil understands. This supports a pupil's independence as they do not have to rely on assistance from fellow pupils or staff. Information about possibilities to complain must also be available in a language that a pupil understands. The internal rules in Russian are available at the study centre's [Estonian version of the homepage](#), so that young people and their parents with Russian mother tongue who read the [Russian-language version of the homepage](#) might not find the text.

The pupils also pointed out that the method used in conflict resolution for reconciling the parties might not be suitable in a situation involving bullying. The victim does not seek reconciliation but rather an affirmation that their concern is noticed and the bully will be disciplined. Many are internally not prepared to forgive the bully but – wishing for a quick end to addressing the matter (including pressure for reconciliation) – they agree to the conditions for reconciliation.

According to the staff, instances of bullying are taken extremely seriously and pupils are encouraged to notify them. The school also deals with prevention of bullying and supports new pupils during the induction period. For example, a young person referred to the institution during the spread of SARS-CoV-2 had to spend two weeks in the so-called quarantine group (a small group in the main building) before joining their main group. During this period, the future group mates were being prepared to admit the new pupil – for instance, discussions were organised to recall what had been most difficult for themselves and how they could support the new pupil. Also a welcome letter was written together with the group which the staff handed over to the child in the quarantine group. Together with the child in the quarantine group was a staff member from the same group which the child was later to join. This is a good practice. It is also positive that a young person who submits a written application is also replied to in writing, that this is done quickly and the child is recognised for the application.

The documents examined revealed that the methods chosen to deal with instances of bullying might not yield the desired result. Bullying and other conflicts recur, which may also lead to physical assault.

For example, one group had an incident where the group members physically assaulted a pupil who had recently been accommodated in their group. According to development teachers, the assaults were unexpected as far as they were concerned. When the assault was noticed, intervention was immediate. However, the documents reveal that problems between the new pupil and their mates had already begun when the new pupil came to live in the group. The file of the pupil who was assaulted contains several complaints against group mates.

An attempt was made to resolve problems with getting along through reconciliation and discussion groups. Collective restrictions were also imposed on all group members in the event of inappropriate behaviour. Among other things, a suitable measure to improve the relationship between pupils was found to be cancellation of joint walks outdoors, withdrawal of privileges earned, and reduction of telephone time. Interviews with pupils from that group revealed that the more new restrictions were imposed the stronger the group's anger against the new group member became, culminating in an assault against the new member. In order to protect themselves against bullying, the bullied pupil threatened others with violation of the rules. The pupil apparently hoped that the bullying would stop in order to avoid collective punishment. This, however, increased the group's animosity towards the pupil. Those participating in the assault also noted that the new

group member was younger than they and may have felt insecure, which also led to bullying. Regrettably, the staff were unable to take the signs of danger seriously enough or understand that imposing restrictions as a measure chosen by them could certainly not contribute to improving the relationship between the group members.

After yet another assault the bullied pupil was transferred to another group where they – according to their own words – adjusted nicely and felt safe. The pupils participating in the assault were punished with different duties and restrictions.

A provider of a closed childcare institution service must ensure a safe environment for a child (§ 130³(1) clause 2 [Social Welfare Act](#)). Inter alia, this obligation means that the child is protected from assault by other children. The duty of ensuring safety rests on all institutions providing social welfare services. For example, in a court case concerning the 24-hour special care service, [the court reached the conclusion](#) that a care home must protect a person from aggressive behaviour by other residents, and awarded non-pecuniary damages to the victim from the service provider.

The Chancellor asks the educational institution to consider various strategies to deal with bullying.⁸ The abilities and wishes of children involved in a conflict must also be taken into account when looking for solutions. A victim of bullying should not feel pressure to formally reconcile with the bully; it may be sufficient to receive affirmation that their concern was noticed and the bully's activities are prevented. The staff must have profound knowledge about the group dynamics of young people as this would help to avoid a situation where the measures chosen would escalate the conflict instead of resolving it.

5. Supervision of girls

If a pupil needs to go outside the study centre – for instance for a doctor's appointment – they are generally accompanied by a supervisory specialist. Conversations with young people revealed that they were also accompanied by male supervisory specialists. During the inspection visit, the staff at the centre only included two female supervisory specialists.

International [recommendations](#) dealing with preventing ill-treatment of people deprived of their liberty (the Mandela Rules) say that direct supervision of women prisoners must be carried out by women staff members. In order to protect women's privacy and feeling of security, a male supervisory officer may not have access to women's sanitary facilities or places where women may be seen while undressed.

In view of the particular vulnerability of women deprived of their liberty, [Rule 31 of the Bangkok Rules](#) stipulates that women must be protected from any gender-based verbal and physical violence, abuse and sexual harassment. An institution must have relevant guidelines on prevention.

Based on international conventions and recommendations, the non-governmental organisation [Penal Reform International](#), with a [consultative status at the United Nations](#), has [found](#) that girls must be supervised by trained female staff who are able to take into account girls' emotional and developmental needs.

The CPT is of the [opinion](#)⁹ that, in a place of detention for children, ill-treatment can be prevented, inter alia, by the presence of both male and female staff in the institution. Men must supervise

⁸ See also the information material "[Kool kiusamisest vabaks](#)" (Freedom from bullying at school).

⁹ See para. 99.

women prisoners together with female colleagues in order to prevent situations where women/girls in the institution might feel discomfort (e.g. a male prison officer may not suddenly enter a female prisoner's cell).¹⁰

The Chancellor finds that these principles are also relevant in provision of a closed childcare institution service. Girls with behavioural and mental disorders referred to the study centre may have previously experienced ill-treatment or harassment. Therefore, they might not feel safe when left alone with male staff. A girl may feel uneasy about requesting a male staff member's assistance in case of some concern.

The above recommendations definitely do not mean that male staff may not have any contact with women/girls in a closed institution. Gender balance among staff creates an environment similar to habitual life, which is positive and supportive of rehabilitation. An institution must ascertain situations where girls may be particularly vulnerable, and ensure that in such situations they are dealt with by women staff.

For example, if a girl needs to go outside the study centre (to see a doctor, a state official, or parents/guardians), the escort team should include a female staff member. In a situation where staff need to urgently (e.g. in the event of a suspicion of risk) enter a girl's bedroom, dressing-room or washroom, a female employee must enter first. If groups where girls are accommodated only employ (a) male development teacher(s), girls must have the possibility at any time (including in the evening and at night) to contact a female staff member by using, for instance, the group telephone for this purpose in private. Girls must be made aware of this possibility.

The Chancellor asks to ensure that an escort team for girls always includes at least one female employee.

6. Use of the seclusion room

The seclusion room is located in the study centre's main building next to the security specialists' station. In comparison to [2016](#), the furnishings and fittings of the seclusion room have been changed significantly. Furniture (table, chair, bed) from the room has been removed. Mattresses with waterproof cover have been placed on the floor. There is no longer a toilet corner in the seclusion room. The condition of a child in the seclusion room is generally monitored via video camera. The condition of a child in seclusion can also be monitored through a hatch in the door.

The CPT has [emphasised](#)¹¹ that even in a seclusion room a person must maintain contact with staff. A staff member does not have to be in the same room with the secluded person but the person held in seclusion must receive direct attention which cannot be replaced by video surveillance. It is good if a secluded person can see staff, for instance, through a safety glass opening in the door.

The [law](#) does not lay down specific requirements for furnishings and fittings of a seclusion room in the frame of provision of the closed childcare institution service. The CPT has [said](#)¹² that a seclusion room must be suitable for an agitated person to calm down and its furnishings and fittings must be safe. The seclusion room no longer has a toilet or a sink but a child in seclusion must immediately be given a possibility to use a toilet in privacy whenever necessary and drinking water

¹⁰ See e.g. the CPT 2006 [visit to Slovenia](#) (para. 81); the CPT 2013 [visit to Hungary](#) (paras 53, 56); the CPT 2018. [visit to Spain](#) (para. 109).

¹¹ See para. 85.

¹² [CPT Standards](#) (para. 3.8).

must be provided. A pupil must be informed of these possibilities at the time of placement in the seclusion room.

The study centre has approved the procedure for placement in the seclusion room, which states, inter alia, the required frequency for documenting a child's condition (every 15 minutes). This is a commendable specification in addition to the requirements of documentation laid down by law ([§ 107\(7\)–\(9\) Social Welfare Act](#)).

Documents on use of the seclusion room that were examined showed that the situation preceding seclusion as well as changes in the child's condition were described. It is positive that a secluded child's need for medical assistance is noticed quickly. In several documents concerning placement in a seclusion room, it was noted that an ambulance had been called to a young person and they were taken to a hospital. In some instances of seclusion it had been noted that the study centre's nurse had been called to the pupil. This is good practice which could always be applied when the nurse is on duty. However, many forms contained no mandatory information about the measures that had been tried in order to calm down a young person before taking them to the seclusion room ([§ 107\(8\) clause 3 Social Welfare Act](#)).

In some instances, a suspicion remained that placement in the seclusion room had not been lawful. For example, in a situation where a young person's agitation was only expressed in shouting and name-calling.¹³ Nor did the seclusion form indicate how the study centre's team had tried to calm down the pupil before placement in the seclusion room.

The seclusion room may only be used as an exceptional measure when an immediate risk has arisen to a pupil's own life or health or that of others ([§ 130³\(4\) clause 2 Social Welfare Act](#)). The CPT has also [emphasised](#) that applying means of restraint (including placement in a seclusion room) is only allowed in order to prevent imminent harm. In its [report](#)¹⁴ the CPT says that seclusion of a juvenile for verbal abuse towards staff resembles a disciplinary measure. Placement in a seclusion room for disciplinary purposes [is not allowed](#). If a student is rowdy and verbally abuses others, while not showing signs of physical assault, placing them in a seclusion room is not lawful.

Reading the descriptions of some incidents left an impression that placement in the seclusion room could be avoided if staff would take better account of pupils' specificities and needs. For example, in one instance placement in seclusion¹⁵ was caused by a young person getting agitated because their wish to eat in the evening was not taken into account. The documents about this incident did not reveal how an attempt was made to resolve the situation before deciding to place the young person in the seclusion room. Nor was it clear whether and how it was taken into account that the pupil might indeed have felt hungry.

Another example is an incident of seclusion¹⁶ where a young person's behaviour became dangerous after they were informed of cancellation of a home visit planned for the same day. The reason given for cancellation was that the pupil disturbed the class, as well as other problematic conduct. It is known that this pupil has serious mental problems, so that they might not always control their behaviour. Previously, the same pupil had been under psychiatric hospital treatment on several occasions as well as receiving the 24-hour special care service under a court order. In view of the circumstances related to the pupil, the staff had to anticipate that cancellation of a

¹³ The seclusion case of 17 December 2019.

¹⁴ See para. 130.

¹⁵ The seclusion case of 14 January 2020.

¹⁶ The seclusion case of 13 May 2019.

home visit planned for the same day might cause a strong negative reaction in the young person which they are unable to control. It is reasonable to presume that even in a person without mental problems the cancellation of a long-awaited event or a sudden change of plans may cause irritation and sadness.

Nor was it taken into account that due to the upcoming home visit the pupil may have felt anxious, which also affected their behaviour on that day. Instead of a punishment, the staff should have supported the pupil in coping with emotions. The study centre's staff must be sufficiently knowledgeable about young people's health concerns and their specific character and proceed from this when directing their behaviour. Direction and guidance does not mean applying punitive measures. In the case of the above incident, a suspicion remains that the staff acted unprofessionally, thus causing an escalation of the pupil's dangerous behaviour. Such situations must be avoided.

All instances of use of the seclusion room are recorded in the centre's general register. According to the data in the register, in 2019–2020 a pupil spent 50 minutes on average in the seclusion room. In 2020, only three instances of use of the seclusion room were registered, which is significantly less in comparison to previous years. According to the register, the seclusion room had not been used in the first month of 2021.

Yet some pupils mentioned that they had been in the seclusion room even in 2021 or they knew that some school mates had been taken there to calm down. A note on the wall of the seclusion room indicated that a pupil may have been there in 2021.

The staff use various strategies to alleviate a young person's agitation. For instance, the staff go on a walk with the pupil away from others. A restless pupil may also be sent to the lobby of the main building which is fitted out with soft furniture, and a pupil is constantly supported by a staff member. From the lobby, there is direct access to the seclusion room and, allegedly, a pupil moves from the lobby to the seclusion room at their own will if they want to be more on their own. In those cases, the door of the seclusion room remains unlocked and these instances are not treated as placement in seclusion within the meaning of § 130³(4) clause 2 of the [Social Welfare Act](#).

However, interviews with young people did not leave the impression that they went to the seclusion room on their own initiative but, rather, that this took place under direction by the staff. The situation where a pupil has been asked to go to the lobby for the purpose of calming down is perceived by young people as an instruction which they must obey. A pupil may perceive a proposal to go to the seclusion room to calm down in the same way. If the door of the seclusion room is left open or unlocked, a young person might not be sure whether they may leave the room at will or have to wait or ask the staff permission for this.

Use of the seclusion room with the door open to facilitate a pupil to calm down is understandable and in some cases this measure might be helpful. However, in this situation one cannot always be certain that the pupil went to the seclusion room of their own free will and also had the courage to come out of the room at any time. The CPT in its reports¹⁷ has recommended documenting all instances where a juvenile in an institution has been instructed to go to a separate room for some reason (even when the door has been left open).

¹⁷ See e.g. the CPT 2007 [visit to the Netherlands](#) (para. 89); the CPT 2015 [visit to Malta](#) (para. 170); the CPT 2019 [visit to Great Britain](#) (para. 182).

The Chancellor asks that incidents where a pupil has stayed in the seclusion room with an unlocked door should also be documented and entered in the general register on use of the seclusion room. A remark can be added to the incident description noting that the door of the seclusion room was open during the pupil's entire stay in the room. The form on use of the seclusion room should provide information about attempts to resolve the situation beforehand. The staff must take into account the abilities and the state of health of pupils receiving the service and avoid actions which may seriously agitate young people.

7. Sanctions and restrictions

Every group home uses a system of assessing a child's behaviour – the so-called bonus points system. In some groups, the model is more adjusted to the specific character of a particular pupil, so as to motivate a young person to cope with a task which is otherwise challenging for them (e.g. where a young person has not developed the habit of brushing their teeth they can receive bonus points if they do this daily). Mostly, tables with uniform assessment criteria are used to assess all pupils, with daily assessment provided in up to 18 categories. For example, young people's behaviour at school, getting along with others (politeness), respect for agreements and order (e.g. compliance with the lights-out period at night) are assessed. If a young person's behaviour in the respective category is found to be satisfactory then a "+" sign is noted in the table, otherwise a "-" is entered or the field is left empty. In some group homes children can add their own explanations or drawings in the table. Assessments are given and the table is filled out by group staff (development teachers). Other specialists (e.g. subject teachers) can also provide information about a child's behaviour.

For bonus points collected, for instance, a child's telephone or computer time is extended. In the event of a negative assessment, restrictions are applied. For example, telephone time is reduced or a young person is prohibited to use their phone (they can only call from the institution's telephone), a planned home visit is cancelled, or the young person is assigned to monitor duty (*korrapidaja*) for several consecutive days.

Collective punishments and restrictions are also applied. For example, if a young person fails to responsibly fulfil the monitor duty, children from the whole group are deprived of the additional possibility to spend time outdoors in the evening. One pupil's breach of the rules may also result in cancellation of a planned outing for the whole group.

During interviews, several young people pointed out that some restrictions are perceived as particularly unfair and as exploitation of their different situation. For example, if a young person has a boyfriend or a girlfriend living in another group whom they can meet only for a shared walk then such meetings are restricted in order to influence the young person's behaviour.

It is also difficult for young people to understand restrictions imposed on a group if other groups do not apply the same restrictions. For example, in one group the number of clothes that a pupil may keep in their room was restricted. This restriction is not based on the needs/specific character of the young people in the group because if the pupil goes to another group then no such restriction is imposed on them.

Young people mentioned that as a punishment for a major violation (e.g. a fight with another pupil) a pupil may also be taken to a small group in the main building. Young people have spent several days and nights there. They also described a disciplinary measure under which a young person had to walk apart from the others on a ball field separated from the rest of the yard by a tall fence.

It is understandable that the internal rules of a closed institution lay down specific rules of conduct, telephone and visiting times, and a firm daily schedule which pupils must observe. Clear and firm institutional rules and a carefully planned daily schedule ensure a feeling of security for young people with challenging behaviour and support the study and rehabilitation process.¹⁸ At the same time, restrictions on fundamental rights applied in respect of pupils (e.g. restrictions on use of property – a ban on using a personal phone) must arise from a law.

Children living in the study centre have been referred under a court order to receive the service in a closed childcare institution. At the same time, they are in an educational institution and have been accommodated in its boarding school facilities. On that basis, the provisions of both the [Social Welfare Act](#) and the [Basic Schools and Upper Secondary Schools Act](#) apply to young people at the centre.

Section 58 of the [Basic Schools and Upper Secondary Schools Act](#) lays down several possibilities to support and sanction pupils (e.g. a reprimand). The types of punishment described in the group homes at the study centre are not mentioned in the list set out in § 58 of the Act.

The Social Welfare Act does not stipulate application of sanctions in respect of a child receiving the closed childcare institution service. If a child behaves dangerously, it is possible to place them in a seclusion room (§ 130³(4) clause 2 [SWA](#)) but this may not be done as a punishment.¹⁹

Both the [CPT standards](#)²⁰ and the [recommendations of the Committee of Ministers of the Council of Europe](#) emphasise that in directing the behaviour of children and young people it is inadmissible to apply punishments caused by the behaviour of one juvenile but also extended to all the other children in the institution (so-called collective punishment).

The [explanatory memorandum](#)²¹ to the Draft Act regulating the closed childcare institution service (i.e. the Social Welfare Act) says that a child has not been referred to a closed childcare institution in order to punish or discipline them but in order to assist them in resolving their problems and prepare them to be able to cope successfully upon returning home.

The majority of young people referred to a closed childcare institution have been diagnosed with behavioural problems and mental disorders; many have suffered some trauma. For this reason, they often regularly see therapists and psychiatrists. In the context of psychiatric treatment, the CPT has said that punishing psychiatric patients for violating hospital rules is questionable since the patient's behaviour depends on their health condition and problems should be resolved through therapeutic intervention, not punishment. The CPT has recommended states to abandon applying disciplinary sanctions to psychiatric patients.²² The Chancellor is of the opinion that in view of the mental state and traumatic experience of children referred to the closed childcare institution service, the CPT's recommendations are also relevant for dealing with children at the study centre.

¹⁸ See e.g. J. J. Roest, G. H. P. van der Helm, G. J. J. M. Stams. [The Relation Between Therapeutic Alliance and Treatment Motivation in Residential Youth Care: A Cross-Lagged Panel Analysis](#). *Child and Adolescent Social Work Journal*. January 2016. 33(5). 33:455–468; F. A. Souverein, G. H. P. van der Helm, G. J. J. M. Stams. [Nothing works' in secure residential youth care?](#) *Children and Youth Services Review* 35 (2013) 1941–1945.

¹⁹ See also CPT Standards. Means of restraint in psychiatric establishments for adults. [CPT/Inf\(2017\)6](#), (para. 1.6); the CPT 2017 [visit to Slovenia](#) (para. 120).

²⁰ See para. 126. See also the CPT 2012 [visit to Estonia](#) (para. 72), the CPT 2010 [visit to Lithuania](#) (para. 42).

²¹ See page 22.

²² See e.g. the CPT 2016 [visit to Germany](#) (para. 126); the CPT 2016 [visit to the Netherlands](#) (para. 113); the CPT 2017 [visit to Poland](#) (para. 136); the CPT 2019 [visit to Portugal](#) (para. 114).

In the case of the system for collecting bonus points, it should be kept in mind that, unless this is adjusted to the abilities and needs of a specific child, it may become a source of disappointment and frustration to those who for some reason (e.g. due to intellectual disability, psychological problems) are unable to fulfil the conditions for earning bonus points.²³ Thus, there is a risk that instead of motivation the system of bonuses causes inequality. For example, good marks required by the study centre to obtain the right to a home visit may cause a feeling of hopelessness in some pupils since their academic abilities might not meet the prerequisite. Many children have been referred to the closed childcare institution service also because they failed to comply with the duty to attend school. This means that they need to readjust to the study process and good marks might not come quickly.

The law does not lay down a measure such as separation from others of a pupil who has been a party to a conflict and transferring them to the small group facilities. Interviews with pupils revealed that while in a small group they did not know how long they had to be in the segregated department and who decides this. No documents are drawn up about such measures (cf. the procedure for placement in a seclusion room). Study centre documents revealed that a party to a conflict whom the staff at the centre believe to be the guilty party is referred to a small group. A young person stays in the small group for as long as they are ready to admit what they did and understand its consequences. In a small group, individual conversations are carried out with the young person.

Considering that the living conditions in a small group are much more austere in comparison to a group home and a young person is separated from all the others for an undetermined time, there is no doubt that all this has a strong effect on their mental state. It may be presumed that in order to escape the small group and return to ordinary living arrangements a young person is prepared to accept the conditions set by the centre even if internally they disagree (e.g. do not agree that the conflict was caused only by them). It is understandable that it may be necessary to talk with a young person after a conflict in order to discuss the situation and think how to go on. At the same time, the study centre has several rooms (e.g. therapy rooms, classrooms, family house) where such a conversation may be organised so that a pupil does not have to be separated from others for an extended period.

The CPT has strongly criticised²⁴ punishing a juvenile in a closed institution by segregating them from others (essentially amounting to solitary confinement) and asked states to abandon such measures both in legislation and in practice. The Chancellor asks that pupils who have been a party to a conflict should not be segregated in a small group.

One possible sanction to be used when a pupil violates the rules or breaks the study centre's property is to redress it by another activity. For example, repairing the broken item (if possible) or replacing it with a self-made item. In the case of breach of the rules of conduct agreed in society (e.g. calling a fellow pupil names) the pupil is tasked with investigating the topic and writing an essay on the importance of polite behaviour. Such measures may have a positive effect on some children. At the same time, it should be observed that the pupil is able to cope with the task. If necessary, the pupil should be assisted in performing the restitutive task. When assigning the task, it would also be good to assign a staff member who will support the pupil in performing the task.

²³ The so-called *token economy principle* – S. de Valk, C. Kuiper, G. H. P. van der Helm, A. J. J. A. Maas, G. J. J. M. Stams. [Repression in Residential Youth Care: A Scoping Review](#). Adolescent Research Review, 2016, vol 1, 195–216.

²⁴ See e.g. the CPT 2017 [visit to Croatia](#) (para. 90); the CPT 2018 [visit to Hungary](#) (para. 72).

Some young people develop a mutual attraction to a fellow pupil at the study centre. The staff at the centre do not prevent relationships between young people but specific rules of behaviour and courtesy have been set for mutual contact. Young people found the rules to be partly too strict.

In the opinion of the expert participating in the inspection visit, the rules are actually fairly flexible and enable young people to communicate with each other (walking together, calling) and express attention (gifts, letters) while ensuring their safety and other young people's peace. Interest and feelings towards each other are a natural part of young people's sexual development and, as a rule, are not an indication of risk behaviour.²⁵ However, it should be taken into account that there are young people with traumatic experiences in the centre whose sexually suggestive behaviour may be amplified. The reason may be prior ill-treatment as well as desire for closeness and safety which they are unable to express differently. Certainly, young people should be ensured sexual education that provides them skills for creating a safe and mutually respectful relationship, raises their self-esteem and helps to protect their health.²⁶

The expert participating in the inspection visit noted that the system of the bonus points table was too general and failed to take into account the specificities of children receiving the service. In the opinion of the expert, in order to motivate young people it would be more effective to set objectives that take account of the abilities of a specific pupil and their individual progress. Due to their mental disorder, it may be challenging for some young people to communicate with others and they may easily become restless. If, as a result, they constantly receive minuses in the bonus points table, this may cause a feeling of hopelessness and the young person may instead abandon making any effort. At the same time, it is absolutely necessary to notice positive changes in a young person's behaviour and, in this regard, the bonus system may be quite suitable for some children.

However, being left without any bonus points should not necessarily entail negative consequences for a pupil. Cancelling previously earned bonus points for a violation is also questionable. This makes a young person lose trust towards adults because a prior agreement was abolished. This definitely complicates future therapy and rehabilitation. Young people may develop an understanding that there is no sense in trying because every new mistake reduces the importance of their prior achievements.

In the expert's opinion, also worrying are instances where a restriction is imposed immediately before the beginning of a planned activity: for example, if a young person is informed about a reduction of telephone time or a ban on using their phone immediately before making a phone call. Moreover, sometimes in this situation no staff member remains with the young person to monitor their behaviour and support them if necessary. Such a decision by staff agitates a pupil (which can reasonably be presumed) which, in turn, leads to new problematic behaviour resulting in a new punishment. In such a situation, accusing a young person of violating the rules is unfair in view of their condition.

Information collected during the inspection left an impression that disciplinary measures applied at the study centre, as well as the methods of applying them, might not be compatible with the

²⁵ See e.g. [laste ja teismeliste seksuaalkäitumise murebaromeeter](#) (a barometer indicating need for concern about sexual behaviour of children and adolescents).

²⁶ See also [WHO recommendations on adolescent sexual and reproductive health and rights](#); Estonian National Institute for Health Development ([seksuaaltervis](#) [sexual health]). See additionally: M. Lindroth [Sex education and young people in group homes: Balancing risks, rights and resilience in sexual health promotion](#). Sex Education, 2014., Vol. 14, No. 4, 400–413; A. Cortínez-López, D. Cuesta-Lozano, R. Luengo-González. [Effectiveness of Sex Education in Adolescents](#). *Sexes* 2021, 2(1), 144–150.

approaches of recognised social scientists concerning the recommended environment for closed childcare institutions and the relationship between staff and young people, that it should be safe and supportive of young people's rehabilitation and treatment as well as development of their independence and social responsibility.²⁷

Clear rules, motivational measures and a fixed daily schedule are necessary for the functioning of a closed institution and supporting young people. In several studies, young people themselves have admitted that rules support them. However, in a closed institution there is an unavoidable risk that motivational measures inconspicuously turn into means of punishment and oppression which, instead of supporting young people, aggravate their behavioural problems and mental disorders. The staff, however, act with the best intentions in mind and hope that the measures help young people. Finding a balance between flexibility and control is a constant process, which is why rules established in an institution must be reviewed every now and then. It is necessary to analyse with the team whether the study centre applies measures with a view to supporting and protecting young people or resolving a conflict, or whether the measures are essentially aimed at finding a means of punishment. Instead of punishment, the institution should revise its strategy.²⁸

Based on information collected during the inspection visit, it may be concluded that in working with young people the staff in many ways rely on informal (i.e. established by the institution or staff themselves) punitive measures and sanctions. In interviews with staff, the resonant belief was that the best incentive for good behaviour among young people is the fear of reduction of telephone time and a ban on home visits. For example, while resolving a conflict between young people the staff refrained from imposing additional restrictions only because inspection might reveal that their action was not lawful.

The documents examined reveal that the staff dealing with young people on a daily basis lack the skills to cope with challenging situations, identify signs of risk, and prevent bullying. Insufficient knowledge leads to a situation where the staff no longer feel safe or confident about their decisions.²⁹ Therefore, manipulating restrictions seems like a suitable course of action to direct young people's behaviour. Unfortunately, in this situation the young people are the victim because, even though fear of punishment may prevent some conflicts, in the longer-term perspective this is an impediment to rehabilitation and achieving independence. Studies have affirmed that the behaviour of young people in a place of detention can be directed much better through acknowledgement than punishment.³⁰

In pupils' files, specialists have noted that young people need encouragement, praise and attention in their activities. Many young people referred to the service have been previously deprived of the attention, recognition and care necessary for normal psychological development. At the same time,

²⁷ Several recent studies on this topic, as well as overviews of previous studies, have been published by professor G. H. Peer van der Helm *PhD* (University of Applied Sciences Leiden) and co-authors.

See e.g.: S. de Valk, C. Kuiper, G. H. P. van der Helm, A. J. J. A. Maas, G. J. J. M. Stams. [Measuring Repression in Residential Youth Care: Conceptualization, Development and Validation of the Institutional Repression Questionnaire](#). *Adolescent Research Review* (2019) 4:357–368; G. H. P. van der Helm, C. H. Z. Kuiper, G.J.J.M. Stams. [Group climate and treatment motivation in secure residential and forensic youth care from the perspective of self determination theory](#). *Children and Youth Services Review* 93 (2018) 339–344; G. H. P. van der Helm, I. Boekee, G. J. J. M Stams, P. H. van der Laan. [Fear is the Key Keeping the Balance between Flexibility and Control in a Dutch Youth Prison](#). *Journal of Children's Services*. Dec 2011. 6(4):248–263.

²⁸ *Ibid.*

²⁹ See e.g. S. de Valk, C. Kuiper, G. H. P. van der Helm, A. J. J. A. Maas, G. J. J. M. Stams. [Repression in Residential Youth Care: A Scoping Review](#). *Adolescent Research Review*, 2016, vol 1, 195–216.

³⁰ See e.g. P. van der Helm, G. J. Stams, M. Klapwijk, P. H. van der Laan. ['What works' for juvenile prisoners: The role of group climate in a youth prison](#). *Journal of Children's Services*. Oct2009. 4(2):36–48.

they have experienced punishment, complicated family relationships, violence. Some children suffer from congenital conditions which inhibit their development. Young people with a traumatic experience tend to respond to criticism and punishment by withdrawing into themselves or getting agitated, which impedes further cooperation and rehabilitation.³¹

The study centre has created all the preconditions to move towards working arrangements which better support the rehabilitation of young people. Although staff skills may be insufficient in certain fields, their attitude to young people is kindly and sympathetic. Many young people said that they trusted the staff and had received support from staff in resolving their problems and encouragement for future plans. Young people see restrictions and punishment as an inevitability of the system. This attitude may also arise from the fact that unfortunately many young people referred to the study centre have had to endure constant punishment and restrictions, some young people ill-treatment as well.

Nevertheless, it may be said that the relationship between the study centre's staff and pupils is good and young people's needs and specific characteristics have been thoroughly assessed and documented by several specialists. The young people also have a support network outside the centre with whom the centre has ongoing cooperation (local authority, pupils' attending doctors and therapists, substitute homes, parents). These strong preconditions form a foundation on which it is possible to successfully continue building an organisational culture based on mutual trust, support for independence, and taking responsibility through understanding the consequences of actions and not through punishment.

The Chancellor asks the study centre to stop applying restrictions and sanctions against children without a legal basis, as well as collective punishment. An approach based on punishment and restrictions fails to support the rehabilitation of young people. The Chancellor asks the educational institution to organise training for staff to help them find more constructive ways for resolving young people's concerns and conflicts. The management of the study centre must analyse the measures applied in terms of different groups and incidents, so as to ascertain which activities are not compatible with the purpose of an institution dedicated to rehabilitation of children and young people.

I expect feedback from Maarjamaa Education College to the recommendations by 1 November 2021 at the latest if possible.

Ülle Madise

Appendix: Healthcare expert's opinion on 4 pages.

Copy: Social Insurance Board, the Ministry of Social Affairs, the Ministry of Education and Research.

Maria Sults 693 8448
Maria.Sults@oiguskantsler.ee

³¹ See e.g. J. van den Tillaart, E. Eltink, G. J. Stams, P. van der Helm, I. Wissink. [Aggressive Incidents in Residential Youth Care](#). International Journal of Offender Therapy and Comparative Criminology. 2018. 1–17.