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**A CASE STUDY OF THE RELATIONSHIP BETWEEN  
RHETORIC AND PRACTICE IN A  
LOCKED INSTITUTION FOR CHILDREN**

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**PhD thesis submitted to the  
Department of Sociology,  
University of Glasgow**

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**TO MY LATE PARENTS**

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### **Abstract**

This is essentially a study of social control processes as they relate to juveniles. It takes the form of a case study which focuses on one institution for children under the age of 16 years. The institution in question is part of a wider system which defines itself as welfare oriented and seeking to act only in 'the best interests of the child'. It is distinguished from the majority of other institutions in the system in that its remit is to hold children securely, and to that end it has a prison-like physical design.

But within the official rhetoric which describes and rationalises the juvenile justice system, the prison aspects of this particular institution are denied; deprivation of liberty is defined as part of an overall caring process and is justified in terms of the child's need for treatment.

This particular use of incarceration and its construction in treatment terms provide a stark example of what is seen in this study as a central conflict within the juvenile justice system. In the course of the study the conflict emerges at an empirical level as a gap between the system's rhetoric and its practice.

The study is set within a particular historical and conceptual framework which forms the wider theoretical background to describing and understanding the role of official rhetoric which does not describe or reflect practice within the system. Committal and treatment practices associated with the institution are examined using both qualitative and quantitative techniques. The resultant demonstrable gap between rhetoric and practice is considered in the light of relevant historical, conceptual and empirical studies.

## **Chapter One**

### **Introduction**

#### **(i) THE OUTLINE OF THE STUDY**

This is essentially a study of social control which focuses on one of a group of relatively under-researched provisions within the Scottish juvenile justice system - secure child care facilities. The institution in question is known as a secure unit. It exists as part of a very limited number of locked institutions which function within the juvenile justice system. It is administratively and ideologically separate from the prison system and is designed to hold "troublesome" young people under the age of 16 years who are described as being beyond the control of open institutions or of other "remedies" provided within the child's community. The unit is designed to provide "care", "control" and "treatment"; not punishment or deterrence as its locked status might imply. In the course of the study the secure unit in question becomes a case study which serves to highlight, both conceptually and substantively, certain controversial aspects of the juvenile justice system, defining and describing them in the context of some wider social control theories. In essence, the study relates to the ambivalence and conceptual conflict which are inherent in the ideology of the system. The system's ideology is expressed in the rhetoric of its professionals and in related legislation. The relationship of this rhetoric both conceptually and practically to the functioning of the system - what will be described as its "reality" - represents the core of the study. In broad terms, the aim is to uncover alternative interpretations to what may be described as rhetorical constructions of reality as they are demonstrated, experienced and described by those who work within the institution in question and those who experience its effects - the clients.

**(ii) DEFINITIONS**

In the context of the study, rhetoric is defined as language which, whether spoken or written, has the essential characteristics of being both evocative and persuasive. The official rhetoric referred to here is that which evokes a system of ideas relating to the control of juveniles. Since the notions which constitute the resulting ideology can be shown to be a matter of belief and assertion rather than of fact, the rhetoric has the function of persuading the listener to accept the validity of the ideas put forward. It can be seen as a means of justifying and rationalising the system in a particular way. The use of the term "reality" is more difficult to define and defend. In the chapter on Methods the role of subjectivity and objectivity in sociological research is discussed at length. Generally, it is accepted that there can be no attempt to discover one reality which is essentially true - only an interpretation of reality will emerge which may conflict with other, notably official, descriptions of the same processes. As Foucault's<sup>1</sup> analysis of social control processes suggests, it is impossible to achieve objectivity in analysing what appears to be, since the observer is inextricably part of the processes which he attempts to analyse.

A doctor can stand outside a patient and treat him objectively but a practitioner of interpretative analysis has no such external position. The disease he seeks to cure is part of an epidemic which also affects him.<sup>2</sup>

Edelman<sup>3</sup> reiterates this position by denying the possibility of one objective reality since "The meaning and logic of any interpretation are located in the same frame of reference as the object of interpretation itself." In the present context the idea of "uncovering" reality must be seen as an exercise in "interpretative analysis", to borrow the term from Dreyfus and Rabinow. Here the term "reality" refers to the nature and outcome of processes evoked by official rhetoric but which can be seen to offer contradictory interpretations to those described in rhetoric. The particular interpretation offered here relates

primarily to the contrasts offered by a system which, though described as benevolent and aimed at promoting the welfare of young people, can be seen as coercive and punitive.

In the context of the study a distinction is drawn between official rhetoric and the everyday working language of the professionals who work within the institution in question. Here the term "local talk" has been used to describe the language of professionals. Language which emerges in the course of the study is identified as relating both to the evocative content of official rhetoric and to the experience of working within the institution. The latter can be seen to relate to alternative interpretations of the purpose and function of the institution.

The use of the term "social control" also requires definition in the context of this study. In a sociological context the concept of social control has become subject to overuse and as a result is currently blurred and all-encompassing. In that context it has come to include all social processes and methods whereby society attempts to ensure the conformity of its members. A somewhat narrower definition of the term applies in the context of this study; following the use of the term in Cohen's<sup>4</sup> analysis of social control mechanisms. It is seen here as

organised ways in which society responds to behaviour and people it regards as deviant, problematic, worrying, threatening, troublesome or undesirable in some ways.

This definition is particularly appropriate in a study of secure provision for juveniles since, as a measure for social control, the institution was provided to deal not only with juvenile offenders but with those who are said to present behaviour defined loosely as threatening, troublesome or undesirable.

Current societal responses to juvenile deviance may include punishment, deterrence, treatment (carried out in both open and closed institutional settings) and other less easily defined interventions such as 'home supervision'

or 'intermediate treatment', both forms of individual surveillance within the community. The use of the institution in question is extreme in that (at least at the time of study) it chiefly involved incarceration for lengthy periods. Official rhetoric declares that incarceration is to be defined in purely welfare terms; that is, it is said to be for the good of the young person in question. Punishment and deterrence play no part in the official conceptualisation of the unit's purpose. Incarceration is described as merely providing the means whereby treatment may be carried out. Treatment might theoretically involve the application of psychological and psychodynamic techniques which are designed to foster change in an individual's behaviour and attitudes. The desired change is in the direction of the more socially acceptable and conforming behaviour. Such treatment is generally defined as rehabilitative or re-educational. The act of incarceration and the coercive application of treatment, however, offer other interpretations of their purpose.

### (iii) THEORY AND ANALYSIS

The analysis of the secure unit is located within a broader interpretation of what may be described as the two sides of juvenile justice - its policy and its practice. Since the current ideological position of the system is part of a historical process which culminated in the creation of juveniles as a separate category distinct from the adult criminal, a conceptual and historical analysis is essential to its understanding. Historically, the rhetoric of the system suggests deep transformations in the motivation and practice of social control. These transformations can, however, be seen to relate primarily to the surface structure of the system; the rhetoric which rationalises the system has changed but not its function or objectives.<sup>5,6</sup> The system's current ideology is dominated by welfare principles and reflects its allegiance to the systems of knowledge and ideas characterised by the helping professions - notably psychiatry and

social work. The case study of the secure unit is designed to demonstrate in a detailed way the nature of the current crises in juvenile justice, a crisis of failure to achieve rhetorical objectives - but one which paradoxically can be seen to ceaselessly transform and expand the social control network.<sup>7, 8</sup> The micro-analysis of the secure unit attempts to provide substantive evidence for the existence and consequences of conflicts inherent in the wider conceptualisation of the juvenile justice system; it highlights these issues as they reflect in the field of practice - giving rise to confusion, ambiguity and paradoxical expansion. These include justice and welfare, care and control, power, discretion and accountability.

While the child care professionals' rhetoric seeks to promote the notion that the incarceration of juveniles is altruistic and no more, this begs too many questions. In attempting to understand the broad function of rhetoric in shaping the image of benevolence and the contrasting 'reality' which emerges at the microlevel, the work of Foucault<sup>9</sup> and Donzelot<sup>10</sup> has been influential. Somewhat more attuned to detailed analysis of microsocial situations, although in the same vein, the work of Cohen<sup>11</sup> and Edelman<sup>12</sup> has been influential in unravelling the alternative reality which the study of the unit reveals.

Rhetorical imagery of welfare and benevolence which repeatedly characterises child care/control institutions is profoundly contradicted in the context of the institution concerned in this study. The penal nature of its architecture and the level of constraint, coercion and surveillance which it confers on "clients" offer a stark contrast to the ideological analysis professionals may give of its functions and purposes. In the course of initial observation of the "unit"<sup>13</sup> it became clear that academic discussion of a mismatch between rhetoric and reality was not merely a hypothetical extrapolation from some isolated instances within social control systems. In fact, the immediacy of the gap between rhetoric and reality in the unit and in



external agencies relating to it prompted an initial reaction in the writer of profound unease and confusion. Professionals could be readily described, at least simplistically, as saying one thing whilst doing another. As a result the study became partly one of professional discretion. As the study demonstrates, the experience of the gap which exists between notions evoked by the system's rhetoric and its contrasting reality is particularly acute for those who work in institutional contexts such as the secure unit. This appears to be so because the knowledge on which the system's professionals claim to base their actions lacks validity and verifiability. That is, it can be seen to be part of the system's ideology. Paradoxically though, what might be called the 'vagueness' of professional knowledge can be seen to enhance rather than limit the power which professionals may exert. At a theoretical level, the analysis of professional discretion can be related to Foucault's analysis of the relationship between power and knowledge in a social control context; functionally, the inconsistency and uncertainty of the knowledge within a juvenile control context can be seen to increase professional autonomy and decrease consistency. This has consequences both for professional and client:

The ambiguity of the status of knowledge frees the expert ... from simple accountability; ... in quite the same way, it loosens the capacity of the clients to predict to what processes they will be subject.<sup>14</sup>

As the story of the conceptual development of the system demonstrates, because the ideological basis of the system is conflictual and ambiguous, low level professionals like those who figure in the present study have no clearly identifiable purpose and means. The world of reality as opposed to rhetoric cannot meaningfully reflect the unresolved abstractions which constitute its ideology - care versus control, rehabilitation versus deterrence, welfare versus justice.

It is for these two reasons - the peculiar autonomy of the professional ethic and the contradictory values in

professions like social work - that the actual exercise of power at the lower levels of the system is so anarchic and unpredictable. There is no firm knowledge base, no technology nor even any agreed criteria of success or failure. In addition low level professionals are often poorly supervised and can easily deviate from organisational norms... Thus behind the ideology of professionalism, discretion is used in quite random and arbitrary ways.<sup>15</sup>

The study looks at the operation of professional discretion in and around the secure unit. The conflicting basis of the system dictates that discretion comes to play a central role in its functioning. The study includes an analysis of the processes of referral and selection of children for placement in the unit. This displays the arbitrary and capricious nature of discretion. The use of local talk - mainly because of its contiguity to actual practice in the context of the study - serves to demonstrate what is described as the symbolic nature of official rhetoric and ideology. In the secure unit local language may provide contrasting images of the unit's purpose; it can be seen to represent multiple transformations of rhetorical welfare objectives which are related to the context in which the talk occurs. Practical processes which are said to constitute the workings of the system appear insubstantial. Instead they function with a wider system of symbols evoked in official rhetoric and in local language - terms like treatment, assessment, coherence, classification, objectivity, systematisation - and do not represent the reality of the system. They can be seen as "cognitive constructs" - the result of a linguistic shaping of perceived reality rather than objective processes and events. That this can occur at all is dependent upon the ambiguity inherent in the system itself:

It is of course the ambiguity in the relationship and the ambivalence in the professional and the client that gives the linguistic usage its flexibility and potency. This is always true of symbolic evocations and it radically distinguishes such evocations from simple deception.<sup>16</sup>

In this study, official rhetoric and local talk are seen to structure the surface of

the system, influencing its construction in the eyes of others and creating ambivalence and dissonance, but within an ever-widening field of influence. In the case of those who experience the system most directly as clients or workers in the secure unit, the mismatch between rhetorical imagery and their interpretation of reality generates confusion and uncertainty.

The language of the helping professions reveals in an especially stark way that perception of the same act can range all the way from one pole to its opposite. Is an action punishment or help? The textbooks and psychiatric journals recommend actions that look like sadism to many and like therapy to many others.<sup>17</sup>

The rhetoric and ideology of the system on the one hand and macro theories relating to the nature of social control offer two opposing abstractions of the secure unit's purpose. Somewhere between these two descriptions the unit exists and functions: it is unpredictable and anarchic and its objectives are predestined to be paradoxical and ambivalent.

The study demonstrates that conflict and awareness of ambivalence are part of the experience of working and being held in the secure unit. The rhetoric which clothes the ideology of the system and gives plausibility to its actions is perceived by many as false or at best idealist - only vaguely related to the reality of the system. Through interview and observation the study looks at processes of discretion and management whereby young people are referred, selected and committed to the secure unit, and at the beliefs, judgements and practices which are embedded in the daily life of the institution. Overall the result will not be to provide some theory as to why a gap should exist between what people do and what they say they do; one can speculate that that happens because individuals are not aware of their true motivations, or are perhaps deluded; or more optimistically it could well be that rhetoric encapsulates idealism but reality constrains and distorts aims and processes. The main theme of the study is to examine separately the disparate images created by rhetoric

and reality both in a wider historical context and within the context of the institution and to consider the implications of the relationship or the lack of one between these two for the wider social control network.

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## **Chapter Two**

### **Rhetoric and Reality in the Juvenile Justice System**

#### **(i) INTRODUCTION**

Since the early 1960s, in the US, Britain and other Western European countries, the main ideological components of social control relating to juveniles have been based upon a general commitment to notions of treatment and rehabilitation rather than to ideas of punishment and retribution. This is known as the welfare ideology of juvenile justice. The dominance of welfare ideals reflects transformations in the ideology, loci, and rhetoric of social control which began in the late nineteenth century. Periodically, and specifically in the last decade, the welfare ideology has become the focus of scepticism and disillusionment.<sup>1</sup> The apparent humanitarian motivation supporting the development of welfare ideals and the practical application of the welfare principle to delinquents have been rejected. Academic attacks have characterised the welfare ideology as euphemistic rhetoric which at best does no more than conceal the real, if implicit objectives of a punishment oriented system and at worst represents covert and insidious attempts to extend the boundaries of state control.

Both historical revisionist and sociological studies of the 1960s shattered the consensus in which liberal penologists saw the purpose of imprisonment as one of reform, where treatment and counselling could alter offenders via psychodynamic therapy and good staff relations. Goffman,<sup>2</sup> Foucault<sup>3</sup> and Szasz<sup>4</sup> all published major studies in 1961. In these studies prison governors and staff were characterised as agents of social control; prisons "created" criminals and mental hospitals reinforced mental illness. As Jones and Fowles (1984) point out:<sup>5</sup>

Goffman's devastating insights made a wider analysis possible and punctured many institutional pretences. Foucault's powerful attacks, at first imperfectly understood in the English speaking world, added a tone of deep scepticism and despair. Szasz, the libertarian psychotherapist, portrayed psychiatric examination as the modern equivalent of the Inquisition!<sup>6</sup>

As Jones and Fowlis note, the general theme of intellectual attack on institutions is one which has created a number of political and ideological debates. It has contributed to a movement toward deinstitutionalisation and community care and to the rhetoric and official reasoning behind both. It has given rise to a considerable professional conflict between the legal and psychiatric worlds; it has promoted disenchantment with the increasing use of drug therapy, incarceration and behavioural techniques within institutions; it has given impetus to the growing number of patients' and prisoners' rights movements and has contributed to the demoralisation of institutional staff. It might be assumed that institutions have changed as a result of this pervasive intellectual and political pressure. These changes, however, have proved extraordinarily difficult to detect at the level of institutional practice. In the wake of academic scrutiny, those within the system, the agents of social control mechanisms, have turned to examining their own purpose. Anti-psychiatrists, radical social workers and de-legalisers have lent impetus to a more and more generalised movement dedicated to changing or even abolishing the very agencies and institutions in which they operate. In the case of provision for juveniles, the general call has been for a move away from institutional provision towards treatment (within the community). But the only notable shifts seem to be in the rhetoric, despite apparently massive deconstructing and reorganising of the system.

Current evaluative research into social control mechanisms repeatedly demonstrates the lack of tangible techniques which might represent a reform of approach; it often demonstrates the absence in all but rhetoric of identifiable

treatment and rehabilitative programs - distinct, that is, from processes more readily associated with punishment or retribution. It is claimed the new reality fails to reflect any real radical elements in the process of restructuring or rethinking the social control of juveniles. Cohen<sup>7</sup> in particular, insists there is instead a persistent failure to overcome the basic contradiction in the application of welfare ideas, a contradiction which persists in the demand for more and more reform:

Attacks on prisons and mental hospitals, the development of alternative forms of community control, attempts to bypass the whole criminal justice system, scepticism about professional competence, disenchantment with the rehabilitative ideal and the development of new forms of intervention and the ideology which justifies them. I will keep returning to the profoundly ambiguous and contradictory nature of these changes.<sup>8</sup>

Overall, recent reform, particularly the destructuring of institutional social control mechanisms, has been seen to have paradoxical effects. Destructuring, in particular the move into the "community", can be seen to provide greater opportunity for social control networks to penetrate the private world of individuals, which is the result of a process of officially co-opting each new radical measure by social control agencies themselves:

The creation of all those new agencies and services surrounding the court and the prison, the generation of new systems of knowledge, classification and professional interests is little more than a widening and diversification of the last century archipelago made possible by the resources, investment, ingenuity, technology and vested interests in a state that befits post-industrial society.<sup>9</sup>

Cohen provides something of an original attempt at making sense out of contradictory moves and influences in the social control arena. His analysis offers more balance than the generalised abstracted social control theorists such as Foucault, in that although he roots his analysis in the past it is elaborated by reference to contemporary issues and concrete social institutions.



Currently, he claims that even research into social control may contribute more to the system's rhetoric than to its practices. Research is surface oriented, he claims, persisting doggedly in the evaluation of processes, though processes - particularly of "treatment" and "rehabilitation" - are notoriously elusive of any attempts to define and therefore evaluate them. Research is in danger of doing no more than reiterating one element of the radical reformists' position in proving time and again that nothing works. In reality, however, the deluge of devalidating studies has done nothing to halt the expansion and diversification of the system. Cohen's analysis clearly prompts a renewal of attempts to understand what is actually going on rather than what appears to be going on. His emphasis on the inherent ambivalence in the system's ideology and his separate conceptualisation of rhetorical and "real" aspects of the system have helped to formulate much of the basis of the present study. The following chapter looks at the historical development of juvenile justice both rhetorically and practically, identifying and tracing the ambivalence in its ideological components. Without what is necessarily a selective presentation of the system's development, the study would lack a coherent basis for understanding current rhetoric and practice and the relationship between the two.

## **(ii) THE DEVELOPMENT OF THE JUVENILE JUSTICE SYSTEM**

Writers differ as to when the first institutional and judicial mechanisms were generated specifically to deal with child offenders as an entity quite separate from the adult criminal. In Britain, until the nineteenth century, the legal and economic system denied any recognition of childhood per se and viewed the child as a small adult. Until the early nineteenth century, childhood was considered a brief and relatively indistinctive life stage. The lack of differentiation between adults and children was reflected in all spheres of the social and economic life of preindustrial societies. Aries<sup>10</sup> has argued that some conception of childhood was developing in the sixteenth and seventeenth

centuries but that it was contained within the prosperous middle and aristocratic social groups. He links the emergence of childhood with the belief in the need for a period of training in which the child could be prepared to deal with an expanding range of knowledge. The children of the labouring poor, however, continued to work from necessity from the first moment they were physically able. Aries asserts that as a social construct childhood simply did not exist for a majority of the labouring poor until late in the nineteenth century.

In the first stages of industrialisation, children worked with their parents, and discipline was imposed on children only by parents. For certain forms of labour, children who were physically fit were treated as adults at four years old. Gillis<sup>11</sup> estimated, for instance, that in the first half of the nineteenth century, eighty per cent of the workers in English cotton mills were children. The conceptualisation of children as a vulnerable social group in need of protection, and the identification of destitute and criminal children as a distinct social problem, were nineteenth century developments resulting from economic and other social transformations occurring in society during that period.

Sociologically, juvenile delinquency can be seen essentially as the invention of what was and has remained a working class phenomenon. Historians writing on the subject in the context of a history of youth conceptualise it as incorporating altruism, enlightenment, progress and reform.<sup>12</sup> Early sociological and historical inquiry into delinquency was influenced by assumptions derived from functionalist and mass culture theory - particularly the notion that systems undergoing rapid social change experience a temporary loosening of control. Humphreys<sup>13</sup> provides a useful critical survey of this literature, citing Tobias, for example, who saw the increase in juvenile crime in the first half of the nineteenth century as something which

lay fundamentally in the failure of the economic and social system to adjust sufficiently rapidly to the great upsurge of population...internal migration...and bewildering changes... The control of youth was

weakened by these circumstances. These youngsters were criminals in England because of lack of work and because of the pernicious effects of a morally unhealthy urban environment.<sup>14</sup>

It was these notions which ultimately gave rise to the identification of juvenile delinquency. The beginnings of a separate system of justice for juveniles incorporating the objectives of both care and control of youth were associated most clearly with the reformist "child saving" movement which was ideologically committed to the promotion of state intervention to prevent and "cure" the moral damage inflicted on working class youth by developing industrialised society.

It must not be assumed that all boys become hooligans or animals but all do suffer from the want of control and the need of a more disciplined life. Hooliganism is merely an extreme type of disease which in a milder form fastens upon the boys who are allowed unrestrained liberty. The disease is the disease of restlessness .... the dislike of regularity.<sup>15</sup>

Moral outrage and the conviction that juvenile crime was increasing rapidly were expressed by such bodies as The Society for Investigating the Causes of the Alarming Increase of Juvenile Delinquency in the Metropolis. Evidence drawn by this society from interviewing children in prison led them to state that the main causes of delinquency were: the improper conduct of parents, lack of education, unemployment and the lack of religious adherence. The report also referred to causes related to the extreme severity of the criminal code and to police corruption. Such observers, who constituted the above society carried with them their own conception of childhood and parenthood and were responsible for identifying as "different" and in need of control those children and parents who did not conform to the current dominant class model of acceptable family life. It appears to have been largely their concern over the apparent lack of parental control amongst individuals of the working

classes, coupled with the parallel but distinct welfare and prison reform movement which eventually created the distinct status of juvenile delinquent. The society referred to above collected a vast amount of information which was later published.

The results of all these researches were truly awful to contemplate and presented a record of temptation, ignorance and destitution sufficient to account for almost any extent of vice and crime - indeed for more than was eventually committed, though this was a frightful amount.<sup>16</sup>

A "rescue" movement for child offenders developed and gained momentum with the voice of Mary Carpenter<sup>17</sup> and other moral entrepreneurs whose ideas precipitated the Reformatory Schools Act of 1884. There were difficulties in attempting to alter common law practice where children were generally tried and punished in much the same way as adults. Reform was slow, but children eventually gained special status from accumulating statutes which partially eroded public alarm and coercive reaction to even the most modest proposals.<sup>18</sup> Pressure was also accumulating from prison-oriented reformers such as John Howard who publicised the overcrowding and insanitary conditions endured by prison inmates. Prisons began to be criticised, not merely as institutions which aided the corruption of all inmates, but as agents significant in the widespread corruption of the young.

Imprisonment scarred the young with a life-long stigma which prevented respectable honest employment and forced children back into criminal life. Children treated as adult criminals reacted accordingly.<sup>19</sup>

But the very size of the prison population in the 1820s forced the prison system to introduce means of categorisation and segregation in order to maintain control over inmates. Parkhurst Prison, created in 1838 for boys under eighteen years, was part of this process; until 1840, leg irons were worn. but the Parkhurst boys had an arguably preferable fate to those confined in the

juvenile hulks. These floating juvenile prisons were located on HMS Bellerophon in 1823 and two years later, on the Euryalus. Both in regime and informally, the prison hulks were reputedly dire. There are reports of boys of nine choosing solitary confinement to protect themselves from the "nobs" - boys who terrorised the ship. The hulks provided a rich and constant source of scandal until, largely unreformed, they disappeared with the eventual emergence of the Reformatory and Industrial Schools.<sup>20</sup> Generally the prison system met with more and more criticism; the Report from the Select Committee on Criminal Commitments and convictions found that

they cannot doubt that the present system of long imprisonments for young offenders, besides the expense and inconvenience attending it, generally promotes the growth of crime...a boy is committed to prison for trial, the degradation and the company he meets there prepare his mind for every vice. After long delay he is sentenced to six months' or a year's imprisonment, he herds with felons and comes out an accomplished thief, detesting the laws of his country and prepared with means to evade them.<sup>21</sup>

A new emphasis on the inappropriate and self-defeating imprisonment of youngsters allowed the young to be classified as a different population to that of adult offenders.

The testing out of reformatory and preventative measures by private individuals such as Mary Carpenter and other voluntary organisations led eventually to the private creation of Reform and Industrial Schools. Ideologically, reformatories were designed to be "corrective" of crime; Industrial Schools aimed at preventing it by caring for the neglected before they became delinquent. Through The Youthful Offenders Act of 1854 and the Industrial Schools and Reformatory Schools Acts of 1857, these private ventures became subject to government inspection by the Home Office which was then enabled to make grants to them. Courts could now order juveniles who had been committed to be detained in reformatories for periods between two and five

years and could require parents to contribute to children's maintenance there. Very young offenders and children aged between seven and fourteen years charged with vagrancy could be sent to Industrial Schools. But public opposition towards the relaxing of a punitive attitude was still strong, and juveniles had to spend fourteen days in prison before going to the Reformatory Schools. By 1858 the Government Inspector reported that in England and in Scotland there were 45 reformatories with 1,973 boys and 370 girls in them. Both groups of schools increased rapidly over the next fifty years, the Industrial Schools increasing more rapidly and becoming more residential in nature.<sup>22</sup>

In the early twentieth century copious legislation appeared to deal with the relief of the effects of poverty and massive economic transformation brought about by the process of industrialisation. In the field of general child care, social services were provided which could not fail to reduce the amount of sickness and neglect and consequent poverty.<sup>23</sup> The general development of the welfare approach also influenced the new field of juvenile delinquency. Legislation began to appear which clearly emphasised the reform rather than punishment of young offenders.<sup>24</sup> The Children Act of 1908 contained nineteen statutes relating to Reformatory and Industrial Schools; the Secretary of State was given power to transfer youthful offenders from Reformatory to Industrial Schools, thus causing the distinction between offender and deprived child to be further broken down. The courts, it was stated in a parliamentary debate, should be agencies for the rescue as well as punishment of children. Section 58(i) of the Act gave seven categories of children who could be brought before the court as non-offenders. The imprisonment of children under fourteen was abolished and remand homes were set up to avoid any child being sent to prison before trial. The act in essence finally made an ideological commitment away from punishment and towards embracing notions of

treatment and care. The Children and Young Persons (Scotland) Act 1908 consolidated the welfare approach to delinquency and forged an even closer link between provision for poor and criminal children. The Act introduced the term "approved school", referring originally to the process whereby the voluntary-run Reformatory and Industrial Schools received certificates of approval from government inspectors.<sup>25</sup> In an interesting forerunner to the current Children's Hearings System in Scotland, the Acts of the 1930s made provision in Scotland for the construction of juvenile courts consisting of lay justices, whose selection was to be governed by the rules made by the Lord Justice General. These were constituted in only four areas in Scotland: Aberdeen City and the counties of Ayr, Fife and Renfrew. They were referred to as Section 50 juvenile courts<sup>26</sup> (to distinguish them from the sheriff and burgh juvenile courts). By 1908 the principle was established that young offenders should be conceived of and dealt with separately from adults by way of juvenile courts. This was reflected in a further crucial departure from tradition in that these courts were courts of summary jurisdiction - empowered to act both in criminal cases and for those children found begging, vagrant, in ill association with known thieves or whose parents were considered to be unworthy. But the juvenile courts remained essentially criminal courts despite their ostensible commitment to welfare principles. The idea that the child was a wrongdoer, whatever his situation, prevailed and the procedures for dealing with adults were still usually thought to be the most appropriate.<sup>27</sup>

So it is that the current juvenile justice system can be seen to represent a fusion of child care and criminal justice systems. It was intended to provide an administrative solution to Victorian attempts to decontaminate and re-socialise the working class young. But it incorporated an unresolvable ideological conflict regarding the relationship between crime and deprivation. The juvenile court was charged with the task of converting delinquency into a welfare issue and need into a legal issue. Consequently, the system can be seen

to create more categories of stigmatisation and ultimately a widening of the network of social control. Its conceptualisation and its ideology left unchallenged issues concerning the aetiology of juvenile crime and the appropriate form of treatment for it. Today these issues remain unresolved:

Then as now it was generally held that the young should be deemed responsible for their actions - but not quite; then as now the framework for dealing with the young should be bounded by the contradiction that whereas the delinquent young were typically no more deprived than working class non-delinquents (and so should be punished) they were noticeably less sleek than the children of those who sat in judgement over them (and accordingly should not be punished too much).<sup>28</sup>

Despite the legislative move towards a welfare ideology, typically the two prevailing ideologies - the punitive and the welfare approach - coexisted; for example, whilst imprisonment for children under fourteen was ended in 1908, later in the same year the Crime Prevention Act enabled the establishment of specialised detention centres where rigid discipline and work training were provided for juveniles in a secure environment. However, the juvenile courts provided magistrates with more personal discretion in the treatment of delinquent behaviour by offering a range of disposals from fines and probation to whipping and imprisonment. Legislative reform in developing the welfare approach culminated in the 1933 Children and Young Persons Act which directed magistrates to take primary account of the welfare of the child. The courts were to have full access to the juveniles' personal history. As Muncie points out,

The court in effect became a site for adjudicating on matters of family socialisation and parental behaviour even when no crime as such had been committed. When families were found to be at fault, the court acted *in loco parentis*.<sup>29</sup>

In general it can be seen that the response to demands for change made by Mary Carpenter and other reformers was slow and piecemeal but that by the end



of the nineteenth century, legislators and judiciary began to voice the opinions of reformers. The profound change of perspective is clearly shown in the 1896 Report of the Departmental Committee on Reformatory and Industrial Schools.<sup>30</sup> Mary Carpenter and her contemporaries shared a belief in the moral weakness of the two groups of destitute and deprived children which they identified: they distinguished between the "perishing" classes and the "dangerous" classes.<sup>31</sup> The former had not yet fallen into actual crime but were destined by virtue of their deprived circumstances to do so; the latter had already "received the prison brand".<sup>32</sup> Reformation was the keynote for both these groups; both were in need of moral retraining and the regimes in both the Reformatory Schools for the delinquents and the Industrial Schools for the "predelinquent" deprived child were harsh.<sup>33</sup> Ideologically, though, the 1896 report showed less concern with forms of custody or with the moral and physical benefits of institutional care and concentrated more on the welfare of the child. It questioned the need to remove a child from home, the wisdom of placing large groups of delinquents together, and argued that offenders were to be seen as the victims of social forces rather than of individual moral weakness. The ideological emphasis on the role of social forces in creating delinquents pushed the notion of punishment and moral reformation further into the background. This committee contributed to the subsequent blurring of the separate functions of Reformatory and Industrial Schools in stating that both groups of children had similar needs - needs for welfare and rehabilitative action. All subsequent legislation for children has followed this lead.

Any incompatibility of welfare and justice perspectives inherent in this new approach was rarely overtly explored. It was even proclaimed by official reports not to exist. The conflict did not arise in practice either, because the welfare of the child in juvenile courts did not in fact have priority.<sup>34</sup> Magistrates continued to present the approved schools (the old industrial and

reform schools) as punitive measures and not as welfare measures designed to counteract failures in parental skill or deprived social circumstances.

In essence, the actions of reformers made it possible for young people to be removed from home and 'retrained', not solely because of actions committed by the young person but also because of his or her circumstances and/or attributes. The culmination of the early history of the reform movement was technically the abolition of imprisonment for children, the first of many such attempts, and the establishment of juvenile courts in 1908. The object, according to the Lord Advocate, was "...to treat children, not by way of punishing them, which is no remedy, but with a view to their reformation."<sup>35</sup>

A Home Office spokesman admitted that

Some people feel it's unwise and perhaps unfair to mix up in the same school those who are there as punishment for an offence and those who are merely there for their own protection.<sup>36</sup>

The audience was reassured that "The distinction between the two was largely accidental."<sup>37</sup> But in practice there were ambiguities, as there are now. As has been noted, juvenile courts in practice remained criminal courts, in spite of the therapeutic rhetoric, and the institutions in which children were placed failed to encapsulate the welfare principle. The Curtis Committee in 1946<sup>38</sup> exposed the harsh conditions prevailing in the institutions. Another committee reported in 1960<sup>39</sup> and echoed the comments of a 1927 report<sup>40</sup> in suggesting once more that courts move away from their traditional role and become agencies to decide what help could best be given to a child coming before them.

Despite the early evidence that justice and welfare perspectives could not coexist without conflict, and certainly because this conflict was suppressed and denied, the 1960s saw a period of intense activity. The official rhetoric of reports developed and emphasised the "family dysfunction" theory of delinquency and proposed more refined legislation aimed at curing the ill effects of family failure in deprived and delinquent children. The Longford

Group report<sup>41</sup> proposed a Family Service to look after the child in need. Similar ideas were to be found in the Government White Paper. It envisaged the provision of local family councils and courts; it advocated the abolition of the juvenile courts in an attempt to spare children the "stigma of criminality".<sup>42</sup> The proposals for a Family Service were rejected in England, but in Scotland not dissimilar proposals in the Kilbrandon Report<sup>43</sup> were accepted and The Social Work Scotland Act of 1968 introduced the Children's Hearing System, a system of lay councils for juvenile offenders and children in need of care.

The blurring of the boundary between the judicial and the social which culminated in Scotland in the institution of the Children's Panels has led to a vast increase in the amount of state control exercised over the young. However, this widening and deepening of the social control network can be seen to have had no measurable effects on eliminating or reducing the problem of juvenile crime. Rather it can be seen to have created a vast population of potential and actual deviants. Those who established the juvenile courts, and even more so later in Scotland the Children's Hearings System, saw the child's delinquency as symptomatic of wider problems. They used what has since been termed the "medical model" of delinquency. As Freeman points out

The juvenile court substituted prevention for punishment and close surveillance for judgement. It treated the child's or adolescent's crimes as symptoms of an unhealthy, unhygienic home environment, thus justifying enquiries into the morality of his family and his removal from his home if this was deemed necessary.<sup>44</sup>

A number of assumptions pertaining to the nature of delinquency were necessary to the conceptualisation and operation of the welfare system. First, it had to be accepted that delinquent behaviour had causes related to the child's experience of the family and of social disadvantage. In fact such causal links

have never been established, only some correlations between factors describing social disadvantage and the detection of delinquency.<sup>45</sup> The correlation between crime and disadvantage may equally reflect the differential reaction of social control agencies.<sup>46</sup> Second, it must be believed that offenders are different from non-offenders. This assumption is not supported by evidence that crime, especially juvenile crime, is spread far more evenly across social classes than crime statistics imply. The delinquent from a "deprived" social background represents only a small proportion of offenders. It has been estimated that those convicted by courts represent about one quarter of those who have actually committed offences.<sup>47</sup>

But positivist conceptualisations of the causes of delinquency made the idea of treatment appear logical and possible. Treatment would cure and so control delinquency. A vast array of different systems exists in Britain today to deal with the process of identifying and treating delinquency. But research points out again and again that the process of treatment itself can be seen to lack integrity as a genuine welfare-oriented solution to the problem of delinquency. It is not simply that treatment carried out on an involuntary basis can be seen purely as a measure of social control, but that the treatment process itself may be invalid - even nonexistent in all but rhetoric. The language of treatment may exist alongside a system of child care and control which in practice offers no meaningful "treatment" at all. There is ample evidence to substantiate the suspicion that claims to carry out treatment are spurious and that what passes for treatment is merely the smooth management of the system.<sup>48</sup> Stone<sup>49</sup> cites a number of cases in the United States where there have been successful appeals against commitment to mental hospitals and juvenile institutions on the grounds that the commitments were for treatment which the institutions were not in fact providing. More specifically, Tutt, for example, has argued that the individual treatment of children is no more than a

myth.<sup>50</sup> He points out that meaningful observation and assessment, the crucial prerequisites to treatment, are not currently carried out; that observation and assessment of children are not functional in the absence of knowledge and resources. He doubts whether staff in institutions have the capacity to assess children; only 15 per cent are professionally qualified and turnover is rapid. The assessment procedure is intended to provide a "sophisticated analysis of each child's needs".<sup>51</sup> But is such an analysis possible in the absence of professional skill? Freeman points out that assessment centres are artificial:<sup>52</sup>

For a start the child is in an alien environment. He does not fully understand why he is there or what he must do to get out. He is in a strange and uncertain world and his reactions and behaviour are not likely to be his normal ones.

Freeman quotes Sutton who has asked what might form the basis for "a sophisticated analysis of each child's needs"

Where is the explicit knowledge base to which the organisers of observation and assessment might have recourse to help them in what they are doing? There is in fact none... Nothing offers a concise guide as to what precisely is to be observed, why and how and what are the structures of cause and effect that link these and other data together to arrive at the assessment of the needs and the fate of the individual child. Perhaps the fairest theoretical stance to be inferred from what has been published on observation and assessment is eclecticism.<sup>53</sup>

Clearly there are grounds for the assertion that assessment and treatment processes are, by virtue of their lack of practical substance and measurable effectiveness, rhetorical constructions which have no real parallel in the functioning of the system. Although the role of treatment itself will be more thoroughly discussed in the context of the study, it is essential to note here that so far, therapeutic treatment regimes are virtually undetectable (where it has been established that some form of treatment process is in operation) in reforming delinquents or rehabilitating offenders.<sup>54</sup> Research into the

organisation, ideology and practice in List D Schools in Scotland and their equivalents in England and Wales, the Community Homes with Education (CHEs) (both formerly approved schools preceding the 1968 and 1969 Acts) described their ethos as "reforming". The principal official aim of these institutions is treatment. But Taylor *et al.*<sup>55</sup> noted that because the institutions describe themselves as reforming through treatment, this "...legitimises not just day to day surveillance and control of most parts of children's lives - their friendship patterns, relationships at home, sexual interests, correspondence, allocation of spending money - but also their incorporation into a variety of experimental programmes."<sup>56</sup> This is called treatment. Cornish and Clarke state that organising treatment programmes eases problems of control within the institutions themselves, and that treatment in institutions can "more properly be regarded as being concerned with reducing the ill-effects of residential living itself."<sup>57</sup> For Cohen, research and evaluation of the effectiveness of the system are an endogenous part of the system which, despite the negative or meaningless results on the effectiveness of treatment, paradoxically fuel its expansion, provide it with the necessary rationale for diversification and contribute to the growth of mystificatory rhetoric to support these developments. He relates this to the "ideology of classification" which gives legitimation to professional interest and spread of influence. For Cohen, the question asked by endogenous evaluation processes is not "what works?" but

What works with which offender, where, by whom, how and why? And to a question like this there can only be one response: more intervention, more selection, more classification, more evaluation research.<sup>58</sup>

But this argument relates most clearly to alternative revisionist analyses of the purpose of social control mechanisms which are discussed in a later section. It is necessary first to look at the construction of the system's ideology in terms of its relationship to early criminological and positivist theory.

**(iii) THE ROLE OF NEO-CLASSICISM AND SCIENTIFIC POSITIVISM IN THE CONSTRUCTION OF JUVENILE JUSTICE**

The juvenile justice system can be seen to reflect the basic ambiguities which are inherent in classical criminological theory. The classical school of criminology can be seen as the initial source of the conditions of the social contract which currently forms the ideological basis of social control. Beccaria first formulated the principles of classical criminology.<sup>59</sup> Classical theory, with its implicit theories on human motivation, can be summed up briefly as follows: it held that man was by nature self-seeking and liable to commit crime for his own ends. There was, however, a prevailing consensus in society that personal property and welfare should be protected and that men would freely hold to a contract with the state to meet these aims. Punishment represented the enactment of that contract in deterring individuals from jeopardising the greater interest. Punishment itself was designed to be proportionate to the crime committed. Each individual was seen to be responsible for his actions and all were equal in the eyes of the law. Mitigating circumstances were not part of the scheme of punishment and retribution. Taylor<sup>60</sup> *et al.* point out that social contract theory can be seen historically as an ideological framework for the protection of the rising bourgeoisie. Positive and negative characteristics were assigned to different kinds of behaviour in terms of their usefulness in a newly propertied society. Radzinowicz points out the essential inequality of the utilitarian contract which relied heavily upon equality in the ability to reason and to enter freely into such a contract.

The doctrine of equality, though given great weight, was more cautiously defined...it was not prepared to go to the length of attacking inequalities in property or rank. Though men had been equal in a state of nature, they could not be so in society: authority and subordination must remain, although they must cease to be abused.<sup>61</sup>

Criminal action was, of course, unequally distributed in society.

Irrationality was, in classical theory, inexplicably concentrated in propertyless classes. For this reason the implementation of classical premises proved difficult to achieve. Difficulties centred on the concentration on the criminal act rather than the circumstances surrounding it. Neo-classicism introduced revisions to account for problems in practice: the criminal was no longer rational and isolated; he was seen to be under the influence of his physical and social environment and open to assessment on the basis of personal factors such as incompetence, pathology, insanity and control. All these considerations were seen to affect an offender's ability to exercise his reason and free will. These neo-classicist revisions made space for the non-legal expert - the psychiatrist and later the social worker. Within the context of the new juvenile court, the discretion required to operate the system was not available. Judgement now involved a balance between punishment and treatment, and care and control. This required some knowledge of the individual to be judged. Experts were required who could assess, diagnose, categorise and advise. It was essential that these experts would assist the court and provide both care and control. A central consequence of the revision was the emergence of the role of punishment as rehabilitation. It is this model which remains the major model of human behaviour adhered to by agents of social control in all advanced industrial societies.

The development of the new juvenile justice system was aided by the positivist approach of early biological, psychological and sociological studies of deviance. Positivism relies upon the belief of unity in scientific method and imposes the methods used in the study of the physical world upon the social world. Taylor *et al.* point out that

positivists have proceeded to propound the methods for the quantification of behaviour, acclaiming the objectivity of the scientist and have asserted the determinate law-governed nature of human action.<sup>62</sup>



From such a framework, the early study of criminal deviance began from the assumption that deviants were essentially a group apart - individuals who were inherently different from conforming citizens. The causal nature of the difference between the deviant and the conformist became the focal point of empirical investigation into the problem of deviancy; it was believed that the causes of deviance would be revealed if the nature of the difference between these groups could be established. Criminology sought to answer the question: "Why are a minority of individuals inherently deviant?" Although a consensus existed amongst early theoreticians regarding the nature of deviance, i.e. that people who broke the rules were defective in some way, this did not extend to theoretical explanations of the cause: for some, deviants were possessed by evil forces;<sup>63</sup> for others the problem was physiological. The physiological theory still has many followers. Cartwell (1977)<sup>64</sup> links deviant behaviour to brain damage, West (1969)<sup>65</sup> to the effects of abnormal chromosomes. A number of others claim it is associated with hereditary intellectual dullness and subnormality.<sup>66</sup> Alternative psychological and psychopathological reasons exist: deviants are variously described as individuals who are not susceptible to human socialisation processes (see Eysenck 1977<sup>67</sup> and Trasler<sup>68</sup>), who are insane or who display an array of personality defects (see Menninger 1969<sup>69</sup> and Prins<sup>70</sup>). These historically dominant positivist theories can be seen to be reflected in legislation relating to both current and historical criminality, and in the vast array of conventional social control "technologies" which exist for its correction, control and treatment. These theories had an appearance of logic and rationality and since the defects undoubtedly lay within the deviant, the techniques for the eradication of deviance were logically directed at the deviant himself.

There is, however, little in the way of concrete empirical evidence to substantiate the positivist approach. The lack of clear findings to substantiate

the positivist criminological approach were indicated in early sociological studies. Theoretically, a number of sociological analyses began to make a critical shift in emphasis from the defective individual to the defective social environment; the deviant was not inherently flawed but seen as responding to the effects of detrimental environmental influences. But although the sociological perspective shifted the "causes" of deviant behaviour from the individual and conceived of them as being external - the family, the peer group and anomic cultural influences were amongst the factors cited - again empirical research left claims conspicuously unsubstantiated. In general it can be said that studies of deviants and delinquents suggested a need for a shift in focus to more theoretical interest in the origins of concepts such as "deviance" and "delinquency", in particular in relation to related laws and their reinforcement.

Much of the difficulty of discovering deviance either within the individual or within social and environmental influences has been seen to lie in the concept of deviance itself; a number of writers adopted a definition of deviance which shifted the focus away from the deviant and the deviant act and saw deviance as external to the individual, a social product dynamically created by dominant social groups. Becker, for instance, proposed that delinquency and deviance are not inherent in human behaviour but are ascriptive labels which are assigned to actions in particular social situations.

Social groups create deviance by making the rules whose infractions constitute deviance, and by applying those rules to particular people and labelling them as outsiders.

From this point of view, deviance is not a quality of the act a person commits, but rather a consequence of the application by others of rules and sanctions to an offender. The deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that people so label. It is an interesting fact that most scientific research and speculation on deviance concerns itself with the people who break rules rather than those who make and enforce them. If we are to achieve a full understanding of deviant behaviour, we must get the two possible foci of enquiry into balance. We must see deviance, and the outsiders who personify the abstract conception, as a consequence of a process of interaction

between people, some of whom, in the service of their own interests, make and enforce rules which catch others, who in the service of their own interests, have committed acts which are labelled as deviant.<sup>71</sup>

Kitsuse takes a similar position in asserting that:

Forms of behaviour per se do not differentiate deviants from non-deviants. It is the responses of the conventional and conforming members of society who identify and interpret behaviour as deviant which sociologically transforms persons into deviants.<sup>72</sup>

The interactionist perspective of Becker, Kitsuse and others<sup>73</sup> stems largely from the recognition of the inequality in the imposition of the neo-classical contract; that criminal law is not systematically and rigorously applied. Law itself cannot be defined as representing a moral absolute, an assumption inherent in early utilitarian theorising and in positivist theories of deviance. In contrast, interactionist theories proposed that the problem of the nature of criminality could be seen as a problem in the nature and functioning of the law rather than in the actions of individuals. The main issue relates to the fact that moral criteria are not central to the definition or functions of crime. Schwendinger and Schwendinger (1975) discuss the differential function of the law in relation to moral issues:

Isn't it time to raise some questions about assumptions underlying the definitions of the field of criminology, when a man who steals a paltry sum can be called a criminal while agents of the state can, with impunity, legally reward a man who destroys food so that price levels can be maintained whilst a sizeable portion of the population suffers from malnutrition? The USA is confronted with a grave moral crisis which is reflected above all in the technocratic "benign neglect" shown in the unwillingness to recognise the criminal character of great social injuries inflicted on heretofore powerless people, merely because these injuries are not defined in legal codes.<sup>74</sup>

Becker substantiates the interactionist perspective in terms of the "real"

**function of law enforcement as opposed to its assumed function in the positivist approach:**

**The sociological view which defines deviance as the simple infraction of some agreed-upon rule...goes on to ask who breaks the rules and to search for factors in their personalities and life situations that might account for the infractions. This assumes that those who have broken a rule constitute a homogeneous category, because they have committed the same deviant act...students of deviance cannot assume that they are dealing with a homogeneous category when they study people who have been labelled deviant because labelling may not be infallible; some people may be labelled deviant who in fact have not broken a rule. Furthermore they cannot assume that the category of those labelled deviants will contain all those who actually have broken a rule, for many offenders may escape apprehension and thus fail to be included in the population of deviants they study. In so far as the category lacks homogeneity and fails to include all the cases that belong in it, one cannot reasonably expect to find common factors of personality or life situation that will account for the supposed deviance.<sup>75</sup>**

**The official data, attitudes and rhetoric became the focus for research itself, and the reason why is made clear in the following quotations:**

**In modern society, the socially significant differentiation of deviants from the non-deviant population is increasingly contingent upon the circumstances of situation, place, social and personal biography and the bureaucratically organised activities of agencies of control.<sup>76</sup>**

**The theoretical conception which guides us is that rates of deviant behaviour are produced by the actions taken by persons in the social system which define, classify and record certain behaviour as deviant.<sup>77</sup>**

**The main tenet of labelling theory is that official data are a social product. Those in a position of influence, those with the power to pronounce others "deviant", have become the focal point, not the deviants themselves. Generally, the main purpose of research such as this is to attempt to unveil the operating**

criteria employed by these agencies. The research is designed to illustrate the nature of contingencies which relate to the transformation of acts into deviant acts. Positivistic and quantitative methods gave way to some extent to alternative paradigms. The result has been the development of a variety of interpretative approaches of which the theories outlined above are examples. Essentially, they discard the purely normative view of society. Within the newer framework, it became possible to regard social knowledge and categories not as "true" or "objective" but as artefacts - "a creation of all the participants in a social situation which, however permanent it may appear to be, may be redefined and therefore changed."<sup>78</sup>

In this context, social control mechanisms, delinquency and other forms of deviance can all be viewed as social constructs. A number of writers proposed that social problems such as "juvenile crime" are generated and maintained by specific groups who can be seen to have an interest in promoting that particular definition. Hughes noted that:

Professionals do not merely serve, they define the very wants they serve. Thus the old dictum that the professionals fulfil the basic wants and desires of society is much too simple.<sup>79</sup>

A number of studies have addressed the issue of the manufacture of social problems. Case<sup>80</sup> defined social problems as social situations which are defined by others as requiring "readjustment or remedy", and Spectre and Kitsuse proposed that "the emergence of a social problem is contingent upon the organisation of activities asserting the need for eradicating, ameliorating, or otherwise changing some conditions."<sup>81</sup> The emphasis of these writers is that any theory of social problems should be directed at those who make claims on others for authoritative action. Spectre and Kitsuse use as an example the way in which certain vocabularies came to be used in the definition of a social problem - namely mental retardation in the USA. They note the way in which

groups compete through language for the control of a definition of a social problem. The same theme is found in terminology relating to the definition both of the nature and of the cause of juvenile delinquency and in the ameliorative action taken to eradicate it.

The history of the juvenile justice system can be seen as partly one of creating and defining new areas which required remedies. Official rhetoric, with its absorption of welfare principles and scientific positivism, opened up wider and wider fields of action for social control. In practice, however, the consequential ameliorative action is difficult to detect. Interactionist theory enabled an alternative view of the impact of major social control agencies by examining their rationalisations about the nature and control of deviance. While this approach made the necessary shift away from the concept of deviance as inherent in the individual and laid emphasis on the control agencies themselves in "creating" deviance, there was still no theoretical approach which set about analysing the arguably critical role of rhetoric as an explanatory factor in understanding the gap between policy and practice. This approach in fact emerged through the work of historical revisionists and discourse theorists. They represent something of a final step in the process of piecing together the conceptual and historical development of the social control mechanisms in question. The following section looks at the themes of wider theoretical analysis of social control which in essence focus upon the gap between the rhetorical evocations of welfare within the system and the contradictory reality offered both by its failure to meet rhetorical objectives in practice and its continued, paradoxical expansion in the face of failure.

#### (iv) HISTORICAL REVISION

The conventional view of correctional change in relation to juveniles is based on an idealistic view of history. The notion of reform is characterised as

an entirely benevolent one motivated by philanthropy, altruism and social progress. Criminology, psychiatry and other disciplines have provided an authoritative knowledge base for the enactment and refinement of neo-classical principles. Conventionally, change is seen to occur within the system as a response to the refinement of ideology. Although within this view the system of juvenile justice has been seen as practically and morally flawed, mistakes and abuses have been characterised as remnants of unenlightenment. In the course of time, good intentions and more adequate resources will iron out the imperfections. In this schema, the system's objectives are correct; it is merely some technicalities in the process of their realisation which represent the cause of failure. This vision encapsulates the contemporary rhetoric of reform.

Within the system itself, a naive demand for more and more reform continues. As Cohen illustrates, the pattern of response is by now very familiar: an old provision is replaced by a new one with the new provision becoming subject to reform. For youth the system is bifurcated. Although new measures appear to indicate a general move from institutional to social or community control, the use of incarceration has increased of late. In the 1980s more young people are being arrested and placed in custody than ever before. But neither approach works. The more unsuccessful each new measure has been, the more the system has grown in providing more and more of the same. One conclusion must be that the reduction of crime and the elimination of need are not in fact the objectives of the system and do not represent the goals of its ubiquitous professionals. The recognition of this point represents the culmination of the historical and conceptual analysis of the system. The changes in conceptualisation and in rhetoric can be identified as surface changes, transformations in the image but not in the reality.

It is by making the system appear less harsh that people are encouraged to use it more often. Far from each benevolent intermediate option slowing down the career of delinquency, it facilitates, promotes and accelerates it by making each consecutive decision easier to take.<sup>82</sup>

Alternative models exist, however, which focus on the gap between rhetoric and reality in quite a different way. Contrary to the progress model, they cast suspicion on the reform vision itself. In this model, the story is not just one of good intentions going wrong now and again but of continual and disastrous failure. The gap between rhetoric and reality is so vast that either the rhetoric itself is inherently flawed or social reality resists and prevents all attempts at reform. Within this revisionist meta theory of reform, ideology is not construed as the result of humanitarian impulses or scientific advance. Rhetoric rather disguises and distorts covert functional solutions to immediate problems presented by social change.

In *The Discovery of the Asylum: Social Order and Disorder in the New Republic*<sup>83</sup> and *Conscience and Convenience: The Asylum and its Alternatives in Progressive America*,<sup>84</sup> Rothman investigates the origins, development, survival and reform of the penitentiary, the mental asylum, the orphanage, the poorhouse and the reformatory, all of which he places under the general title of *The Asylum*. He analyses the association between the concept of rehabilitation and the practice of incarceration and characterises it as a response to social change taking place in America at the end of the eighteenth century. Prior to that, the criminal justice system had a more limited purpose; more serious offenders were sent to the gallows. Punishment was a public spectacle and directed exclusively at the body. Rothman holds that anxiety about a new, restless and socially mobile postwar population, coupled with a sense that family, community and religion were waning as forms of social control gave rise to the concept of "segregation for socialisation". Inmates were to be changed - via discipline, order and segregation. This new conceptualisation of changing the person was reinforced by positivist views on the nature of criminality. The ultimate failure of "asylums" to become more than custodial institutions (a failure echoed at every level of the reform movement) did



nothing to inhibit the power of benevolent rhetoric. In *Conscience and Convenience* Rothman chronicles the reforming movement into the twentieth century. Then the new institutions of the Jacksonian era were being actively reformed. But in the years after the Civil War, there were exposures of scandals and excesses. Rothman points out that survival of staff became the main goal of institutions. The "treatment" of the inmate was secondary. According to Rothman, a group of philanthropic progressives arose who set about the reform of institutions. At first interpretation, Rothman sees the reformers as being against incarceration, but he recognises his mistake:

The progressives were anti-institutional in a very special way. Their quarrel was not so much with the institution per se as with uniformity and rigidity. They were not so much struggling to return the offender to the community...as attempting to individualise treatment.<sup>85</sup>

At that time in the US, the search for alternatives was widespread and was echoed in the growing juvenile justice movement. Individual treatment became the ideal and psychiatric methods of diagnosis and treatment were applied across the board. But the gap between promise and fulfilment remained unbridgeable. Rothman produced criticisms of each new reformed service. He catalogued the failure of the system to respect the rights of convicted persons. For example, he said that the probation system extended surveillance and supervision into the community. Parole and indeterminate sentence increased control both within prisons and in the community, and the poor and immigrant populations were increasingly the focal point of official intervention. As a direct result of the welfare philosophy juvenile court judges developed highly personalised styles which rendered the system ever more powerful and unpredictable. Meanwhile institutions remained essentially the same: militarist, rigid and directed at discipline. Rothman's thesis holds that convenience is the key to these failing systems which nevertheless continue to

expand. Benevolence and humanitarianism provide acceptable rationales for expanding the processes of control regardless of outcome.

The notion that the process of control is crucial to the system and not the outcome of that process, is reiterated by a number of writers. They conceive of ideology as important not in itself, but only in so far as it enables the characterisation of a purely coercive system as fair and humane. For Rusche and Kirchheimer (1938)<sup>86</sup> welfare rhetoric disguised coercive developments which were again related to the demands of a changing social structure. For them the purpose of reform directed at criminal justice mechanisms reflected a need for more sophisticated methods of domination and discipline to serve the needs of developing industrial capitalism. Reform represented a new technology of repression with the purpose of enabling more thorough control of the workforce by the ruling class. In some contrast, Ignatieff's historical analysis of the emergence of the penitentiary system in England rejects outright economic determinism and gives more credence to the influence of reformers' religious beliefs and attitudes.<sup>87</sup> But he also sees the main motivation of reform movements as lying in reformers' perceptions of a disintegrating society and in an associated nostalgia for stability.

Finally, there is Foucault, whose conceptualisation of social control transcends the immediate implications of social change and economic imperatives and focuses instead on the compelling role of power in human motivation. Foucault's conceptualisation of social control involves a theory of relentless "discipline" and a rejection of conventional ideas on the nature of success and failure of control systems. Central to his thinking is the notion of power as ubiquitous and inevitable in all human social relations. For Foucault, all people exercise power and have it exercised upon them.

There are certain categories of person - children, prisoners, the "insane" - whose ability to exercise power is severely limited, but few members of these groups do not find some means of exercising power if only on each other. Power is not therefore to be identified with the

state, a central apparatus that can be seized. The state is rather an overall strategy and effect, a composite result made up of a multiplicity of centres and mechanisms, so many states within states, with the complex networks of common citizenship. Factories, housing estates, hospitals, schools, families are among the more evident, more formalised of such "micropowers".<sup>88</sup>

For Foucault, power and knowledge are inseparable. Professional knowledge and the rhetoric of humanist reform do not cause change nor are they the result of changes in the political economy. Power and knowledge are linked in a process of feedback and expansion: for example, criminology and psychiatry as forms of knowledge are directly related to the exercise of power and the exercise of power itself creates new objects and categories of knowledge endlessly accumulating new bodies of information.

Cohen describes Foucault's version of the "Great Incarcerations":

...thieves into prison, conscripts into barracks, workers into factories, children into school, are to be seen as part of a grand design. Property had to be protected, production had to be standardised by regulations, the young segregated and inculcated with the ideology of thrift and success, the deviant subjected to discipline and surveillance. The new disciplinary mode, which the prison was to represent, belonged to an economy of power quite different from the direct, arbitrary and violent rule of sovereign. Power in the capitalist society had to be exercised at the lowest possible cost (economically and politically) and its effects had to be intensive and extended - "relayed" throughout the social apparatus. This was power... "that insidiously objectifies those on whom it is applied, to form a body of knowledge about these individuals, rather than to deploy the ostentatious signs of sovereignty."<sup>89</sup>

Historically, transition in social control was from the use of torture as a public spectacle directed at the body to the more discreet prison sentence. Covert and isolated from public vision, punishment became the technical application of control over the mind. Within this transition, punishment did not lose its effectiveness; its effectiveness arose from its ability to penetrate and discipline the social world; technicians - the doctors, psychiatrists, social workers,

criminologists - replaced the executioner, providing a knowledge base which was intended to justify the process of controlling and changing the mind.

Foucault traces penal history through torture and punishment to discipline and argues that logic within penalty and not compassion was the force which altered the control system: from punishment as a display of sovereign power and superiority, the emphasis of the relationship between state and crime was transformed as a result of a shift in economic and political power. In the neo-classical context discussed earlier, crime became a breach of the social contract. From notions of exclusion or execution as a response to wrongdoers, the idea of reforming the wrongdoer began to take hold.<sup>90</sup>

The right to punish has been shifted from the vengeance of the sovereign to the defence of society. but it now finds itself recombined with elements so strong that it becomes almost more to be feared.<sup>91</sup>

Crime began to be conceptualised as a departure from reason and not a wilful breaking of the social contract.

What was beginning to emerge can be seen as a modulation that referred to the defendant himself, to his nature, to his way of life and his attitude of mind, to his past, to the quality and not the intention of his will. One perceives but as a place yet unfilled the locus in which penal practice, psychological knowledge, will take over the role of casuistic jurisprudence.<sup>92</sup>

The classical reformers wanted a fairer and more systematised form of punishment. For reasons unexplained by Foucault this vision is discarded and replaced by one of the carceral society: the prisoner to be observed, retrained and rendered obedient; surveillance and not just punishment were the objects of the exercise. The penitentiaries became laboratories in the exercise of power.<sup>93</sup> For Foucault, Bentham's<sup>94</sup> Panopticon was a vision caught in architectural terms of the potential relationship between power, surveillance and knowledge. The inmates of Bentham's Panopticon could be observed at any

time without their knowledge and they were liable for punishment or reward according to this assessment of their behaviour. For Foucault the Panoptican vision was a vision of the new mechanism of social control.

The reform of prisoners, the instruction of schoolchildren, the confinement of the insane and the supervision of workers all became "projects of docility" related to the new political and economic order. Hospitals, schools, clinics, asylums, charities, military academies - they became part of the panoptic world. Once the human soul enters the scene of justice, the disciplinary or "carceral" society arrives.<sup>95</sup>

Foucault's work is controversial and problematic. Cohen describes him as "the most ambitious and enigmatic representative of the disciplinary model." Is he a Marxist, non-Marxist or anti-Marxist? Or is he a structuralist?

If Foucault has some of his basic facts wrong can we trust the interpretation he places upon them? The rational answer would appear to be that we cannot, that his case falls to the ground; but Foucault has his answer ready...he is not writing a history; ...and he is basically a structuralist concerned not with the facts but with the underlying structures behind the facts, and the way in which facts, as perceived by others, generate images.<sup>96</sup>

This analysis is completely rejected by Harris and Webb:<sup>97</sup>

It is quite incorrect to say, as Jones and Fowles do, that Foucault is a structuralist: he has repudiated both structuralism and post-structuralism as well as hermeneutics and existentialism.

They state,

Foucault is of no school, but his own master.

Some criticism of Foucault has been damning: for Cranston his interpretations of the past were mere inferences lacking any empirical justification.<sup>98</sup> Intellectual argument still rages over his theoretical allegiances. At the risk of "popularising theory" and "intellectual philistinism", Cohen relies heavily upon Foucault's conception of power "as a thing not reducible to the workings of labour and capital."<sup>99</sup> He admits to

choosing to refrain from theoretical debate on Foucaultism and to using Foucault "more or less uncritically".<sup>100</sup> In the context of the present study, the same uncritical approach has to be adopted to Foucault's analysis of social control. It figures here not as one proposed justification for conclusions to be drawn about the data which emerges in the study, but more for its general analytical approach. Overall, the study cannot be an attempt to prove the validity of meta-theories relating to capitalist relations of production or class hierarchy, but Foucault's emphasis on power gives critical significance to much of the data which the study produces; it provides an organising principle which is lacking particularly in microcosmic studies of social control mechanisms. Moreover, as Cohen states,

to write today about punishment and classification without Foucault is like talking about the unconscious without Freud.<sup>101</sup>

In general, the model generated by historical revisionism enables a view from outside the workings of the system. But its weakness lies in a corresponding lack of attention to the day to day workings of the system by conceiving of them as almost simplistic reflections of wider imperatives - be they political, economical or part of the immutable structure of human motivation. The present study looks at the day to day workings of one institution; the data cannot really support the notion of professionals who consciously or unconsciously recognise the limitations of capitalism and devise policies accordingly.<sup>102</sup> The system in detail is much more arbitrary and whimsical in its day to day functioning than this suggests.

Aside from this central point - the issue of power in Foucault's analysis - historical revisionists converge on several issues which relate directly to the understanding of the juvenile control system: the actions of reformers constituted more than humanitarianism and the discovery of social pathology: prisons emerged as part of a widening network of similar institutions; the gap

between the aims of these institutions - their rhetoric, their regimes and their reality - cannot be understood at all without reference to macro theory, whether it is of power or of class relations; professionals - experts - captured and developed a hold on these institutions despite a demonstrably incoherent and unverifiable knowledge base; and lastly, the control system expands relentlessly despite manifest failure to achieve rhetorical objectives.

The notion that failure causes the spread of power mechanisms can be seen reflected in the history of juvenile justice. From prison to reformatories and industrial schools to approved schools and List D school, to the creation of lay panels and home supervision and finally to the move into the community with intermediate treatment and day assessment centres - all these moves have represented a widening of the system's sphere of influence.

The notion that the process of control is crucial to the system and is not the outcome of that process (i.e. whether it is successful or not) is a central point for the present study. Foucault's theory enables ideology and rhetoric to be conceived of as important, but not in themselves - only in so far as they enable the characterisation of a coercive system as fair and humane. Through rhetoric, false knowledge, the knowledge of the experts becomes a tool for the exercise of power. By blurring the judicial and the welfare perspectives, the juvenile justice system achieved an unprecedented access to the area of private social relations. Its new area of influence has been described by Donzelot<sup>103</sup> as the "social"; a means of controlling the establishment of norms in behaviour and attitude. This sphere of influence can be viewed as a reflection of the liaison between the professional knowledge of the experts and state control. Historically a number of writers have traced the development of the "social" as linked to the assumption of state control over children and motherhood.<sup>104, 105,</sup>  
<sup>106</sup> As Harris and Webb emphasise,<sup>107</sup> within the system, the professional uses discretion, in a crucially interpretative way. Not only does the role of the

professional deal with the reform of the deviant but it extends to the creation of prescriptive systems. When the law forbids child abuse and neglect, the professionals produce and teach acceptable means and standards in child-rearing. The discretionary action of experts introduces a capricious and arbitrary aspect to the system's action. Professionals may change the focus and direction of state power, generating an array of distinctive sub-systems. It is thus a common assessment that there is no single system of juvenile justice but only an array of discrete local systems, each with its own personal and distinctive logic. Donzelot's concept of tutelage, the idea of state supervision of individuals, identifies the root of the spiral in the relationship between care and control in the juvenile justice system, a relationship which gives rise to the expansion of the system and is paradoxically related to its failure. He draws attention to the fact that the invasion of professional help into the family context has positive as well as negative potential for both child and parents. Whilst it strips the parents of control, at the same time it implies enhanced opportunities for the child. But if the opportunity is not taken up, if the child does not display beneficial effects of professional tutelage, this becomes a justification for imposing more and more measures.

It is in this cavity opened up by the suspensive character of the punishment that the educative measure takes hold.<sup>108</sup>

#### (v) PROFESSIONAL LANGUAGE AND ITS RHETORICAL ROLE

Donzelot's theory relates well to the principal point raised by Foucault and Rothman - "legitimation in spite of failure". Professional rhetoric can be seen as a major source of legitimation in the juvenile justice context:

At the soft end it is the rhetoric of "doing good" which functions now as it did historically, to insulate the system from criticism, to explain away failure and to justify more of the same under the guise of novelty. This was how diversion and community control could expand: each rung of the ladder was benign, each of the new control



and helping technologies promised salvation from the next. In the therapeutic empire as well as the crime-control empire, the theory which so plausibly justifies this incremental growth is the notion of an anticipatory syndrome which if not dealt with properly will lead to something worse. Those feedback loops in the organisational model depend, that is, on a particular theoretical loop. Such theories constitute the language, the cultural capital of the helping professions. Words such as "treatable", "amenable", "dangerous", "pre-delinquent", "at-risk", "deserving" or "pathological" become authoritative scientific definitions. They call for invention, expansion, separate agencies and services.<sup>109</sup>

Edelman<sup>110</sup> has described such words as those quoted above as "mythic cognitive structures". He points out how language functions to conceal and distort the political elements intrinsic to the helping professions. He demonstrates how professional terminology, syntactic forms and metaphor support and justify a hierarchy of power. Professional "rhetorical evocations" form a basis for the exercise of power over individuals; terminology appears to refer to concrete and objective processes - categories and events - for example, "resocialisation" or "in need of care and control". But these are symbolic rather than representative of reality. The words call up elaborate cognitive structures that are full of ambivalence, a blend of fact, belief, perception, emotion, habit and prediction.

Edelman gives close examination to the political uses of language in psychiatry and social work. Many of his examples are drawn from language occurring in therapeutic but coercive settings. In these contexts the control functions of the language are particularly apparent: common activities are transformed to treatment methods, a process which serves to clarify supervision and subordinate and to justify surveillance and constraint. For Edelman the subtlety of rhetorical evocations is reflected in its power to conceal its political components from both professional and "client". Ambivalence, value conflicts or moral doubt are resolved by defining all practices as help or treatment. The power of professional language is such that for the non-professional to describe

therapeutic practices in commonsense or pictorial terms would generate a shock reaction. To illustrate this point, Edelman writes:

...the May 1973 issue of *Psychiatry* tells of a psychiatric ward in which as part of her therapy a sobbing patient was required to scrub a shower room floor repeatedly with a toothbrush while two "psychiatric technicians" stood over her shouting directions, calling her stupid and pouring dirty water on the floor.<sup>111</sup>

Any ambivalence over the means employed in therapeutic techniques is resolved by evoking the end - "mental health", "law and order". The public appears to accept the professional perspective which, according to Edelman, assures professional licence and the spread of professional power and influence.

#### (vi) CONCLUSION

The foregoing chapter has attempted to provide a broad framework in which to set the study of one institution. It has attempted to demonstrate, via a conceptual analysis of the development of the juvenile justice system, that the system's rhetoric is a thing quite separate from its reality. Historical revisionist theories recognise this fact as critical to understanding the workings of the system, and discount conventional models of progress and benevolence. Professionals have become the hub of the system, creating its rhetoric, defining its objectives, justifying its failure and generating new areas of influence. Both official rhetoric and the language of professionals function to disguise the coercive aspects of the system. But, as Cohen points out,

An informed sociology of social control talk can afford neither to be deceived by appearances nor to be obsessed by debunking. The notion of demystification is based on inadequate understanding of the contexts, sources and functions of control talk... For the most part, the workers and managers - who are simultaneously the apostles and architects of the new order - cannot explain very well what they are doing. So they improvise a vocabulary,

drawing on those abstractions, which invests and dignifies their daily organisational imperatives and contingencies with the status of a theory.<sup>112</sup>

These comments reflect very well the general outcome of the present study: it displays not a simple incongruence between rhetoric and reality but a series of contradictions, paradoxes and confusions which are related to the deeper structure of the system. There is a quite radical distinction between rhetoric and practice. As Garland and Young put it, the distinction is between the

public realm of representations, significations and symbolic practices and the operational realm of sanctions, institutions and practices.

The first is not a theory of the second nor its ideational reflection but a "separate realm of penal discourse".<sup>113</sup> The political power of rhetoric lies in its power to shape both perceptions of what is and the stories people tell of reality.

The following quotation sums up the general aim of the present study.

...what the social control system does is invariably accompanied by much talk. These good stories stand for or signify what the system likes to think it's doing, justify or rationalise what it has already done and indicate what it would like to be doing (if only given the chance and the resources). This talk also has other functions: to maintain and increase the self-confidence, worth and interests of those who work in the system, to protect them from criticism and to suggest that they are doing all right in a difficult world. These stories constitute sociological data as much as the motivational accounts of individuals... This is the theoretical double bind: to take these stories seriously (seldom are they based on total delusion, fantasy or falsification), but also to explore their connections with the reality they are meant to signify.<sup>114</sup>

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## **Chapter Three**

### **Research Methods**

#### **(i) THEORETICAL PERSPECTIVES AND RESEARCH PARADIGMS**

The type of methodology used in a study of a sociological nature is directly related to the type of problem addressed. The research is usually conducted within one of two paradigms, the positivistic or the phenomenological. The theoretical perspectives of the researcher and the formulation of the problem concerned have a direct bearing upon the paradigm in which the research is designed.

A basic theoretical distinction is drawn between positivism, which holds that universal laws determine social behaviour and that as a consequence social facts are measurable just like natural facts; and interactionism, where the focus is upon how the subject mediates such facts through interpretative processes. Some regard these as totally different paradigms, involving mutually incompatible assumptions. Others see them as complementary.<sup>1</sup>

As an example of the positivist paradigm, Durkheim's basic methodological principle was that: "the determining cause of a social fact should be sought among the social facts preceding it and not among the states of individual consciousness."<sup>2</sup> Positivism functions as a quest for measurable laws and the researcher is seen to function as an objective observer carrying out pure scientific research which results in the discovery of immutable social facts.

Interpretative research, on the other hand, regards social science as essentially different from natural science. Unlike natural objects, people are construed as thinking, interpreting and attributing meanings. Within this perspective, it is these subjective processes which account largely for variations in social behaviour; there are no discoverable external universal laws governing behaviour. A research operating from this paradigm requires a

different approach from the purely positivistic. Processes are observed as they happen and researchers frequently assume a participatory role in the processes. The values and attitudes of the researcher cannot be disregarded. It is implicit in this perspective that he holds certain predispositions and that potentially he changes and is changed by the processes studied, of which he naturally becomes a part.

In practice it is frequently the case that the two positions outlined occur at the level of research design in complementary methodology. These combination models have become more frequent, particularly in the light of technological advances which allow, for example, the study of multiple interactive variables within a single experiment. Methodological and theoretical advances have encouraged eclectic approaches to inquiry. Ethnographers, for example, may combine ethnographic data collection with strategies from survey models. As Denzin<sup>3</sup> points out, although some research problems and questions may appear to dictate a practical research model, depth can be added to most studies by using aspects of several models.

Since the final methodological approach adopted in research is so inevitably bound to the theoretical and personal perspectives of the researcher, these become critical to our understanding of research design and findings. The research perspective can be loosely defined as interrelated sets of assumptions, concepts and propositions that constitute a particular view of the world. Within sociological theorising, Turner<sup>4</sup> identifies four general perspectives which predominate: functionalism, conflict theory, interactionism and exchange theory. Such conceptual frameworks may strongly influence the questions a researcher asks and the means chosen to answer them, since they are related to grand theory and to a lesser extent to middle range theory. Hammersley and Wood<sup>5</sup> discuss the influence of researchers' personal and sociological perspectives in research in schools.

How then are we to judge the status of a theory? Firstly, we should examine the researcher. He might, for example, be a Fascist or a Stalinist or functional conservative, or a romantic liberal - these are all basic ideological positions which predispose him to certain ways of viewing things, to certain interpretations of what he sees and to certain modes of action on the basis of his interpretations... They influence the very questions we ask. Consider a school assembly, for example. A research worker concerned to improve the system as it stands would ask: To what degree is the Headmaster getting his message across?... A conservative functionalist would ask: How does it function to conserve social order?... A conflict theorist, however, would ask: In whose interest is the assembly socially organised, which social group benefits at the expense of others? A neo-Marxist might interpret the mass activity, the discipline, the religion, the moral messages, the Headmaster's public lecture and announcements as part of the pupils' training and indoctrination for their place in a capitalist society. Whilst some of these present their accounts with great conviction as 'truth', it is of course a truth that has reference to their political sensitivities and inclinations, rather than to any scientific criteria. Those inclinations therefore should be identified.

In the current project the researcher's theoretical position is outlined in the introductory chapter; within a loose framework of interactionism particular notions are developed concerning the nature and functions of social control mechanisms. It was generally proposed that the "reality" of the institution studied would reveal more about the institution's functions as part of a system of social control, given its digression from rhetorical versions of its role. It is perhaps more difficult to answer the demand to clarify one's personal beliefs and attitudes in relation to one's own research. Hammersley and Wood<sup>6</sup> characterise the perspectives of a number of writers in the sociology of education in terms of their political standpoint. These include liberal-reformists such as Jackson,<sup>7</sup> functionalists such as Kohlberg,<sup>8</sup> radical democratic - Illich<sup>9</sup> - and political-economic - Gintis.<sup>10</sup> The writer can claim closest identification with the liberal-reformists.

## (ii) PROBLEMS IN RESEARCH DESIGN

The focus of the study, the gap between rhetoric and reality in a system and the identification and description of the meaning and consequences of this gap in a micro-social situation, arises out of a particular conceptualisation of the dual nature of (i.e. of hidden and overt) social reality. This view is derived from interactionism and is clearly non-functionalist. As a result it directs the researcher away from positivist techniques associated as they are with the concept of social reality as lawful, predictable and measurable. In summarising the functioning of social control mechanisms, Cohen<sup>11</sup> appears to provide a mandate for the methodology of study such as this one.

What the social control system does is invariably accompanied by much talk. These good stories stand for or signify what the system likes to think it is doing, justify what it has already done, and indicate what it would like to be doing, if only given the chance and the resources. This talk also has other functions: to maintain and increase the self-confidence, worth and interest of those who work in the system, to protect them from criticism and to suggest they are doing all right in a difficult world. These stories constitute sociological data as much as the motivational accounts of individuals. This is the theoretical double-bind: to take these stories seriously (rarely are they based on total delusions, fantasy and fabrications), but also to explore their connections with the reality they are meant to signify. This leaves the researcher in a difficult position.

The aim of the present study then was to illuminate interactional processes which were related to the selection, incarceration and management of children. At the level of wider social systems, the research had to formulate and respond to questions about the function of certain processes within the institution and their implication for wider social processes. Clearly nothing could be taken at face value or for granted. Such an approach demanded exploration of a basic order. Ethnographic techniques appeared to provide the most appropriate means for this type of approach and they are widely associated with research

which operates from an interactionist perspective.

Ethnography is a term derived from anthropology. It means: "literally, an anthropologist's 'picture' of the way of life of some interacting human group".<sup>12</sup> The dominant concept is culture viewed as a process, i.e. "ongoing, elusive and always being modified".<sup>13</sup> An ethnographical account ideally allows a thorough description of the relationships between all elements in a human situation. The 'hidden curriculum' can emerge since the researcher does not predefine what is going on. Roles and positions, views and perspectives are revealed gradually over time. Crucially, these may be found to contrast vividly with more formalised and official accounts of the given context.

Often the role of the researcher in such a situation is criticised as being subjective, value-laden and a source of interference to the processes under analysis. But any research, as has been shown, is vulnerable to exactly these criticisms. It can never be entirely independent of the theoretical and personal constructions of the researcher. The main methods adopted by ethnographers are (a) participant observation which involves the researcher as an actor in the situation under study; (b) non-participant observation and, less often, (c) open and semi-structured interviews. The validity and efficiency of these methods as research tools compared to others has been evaluated by a number of writers. Denzin<sup>14</sup> evaluated four different designs: experimentation, survey analysis, ethnographic techniques and historical methods. The designs were assessed for their effectiveness in addressing a number of factors. The establishment of time order and covariation among factors and the elimination of rival hypotheses are the common scientific standards for assessing the validity of causal relationships.<sup>15</sup> In Denzin's assessment, the effects of history, maturation, testing, instrumentation, selection and mortality are addressed in evaluating the validity of descriptive and correlational as well as causal relationships. Ethnography was awarded overall effectiveness except for control of rival hypotheses and selection

effects. Trav,<sup>16</sup> however, rejects any claim to the inherent superiority of participant observation over any other techniques: "Different kinds of information about man and society are gathered more fully and economically in different ways...the problem under investigation properly dictates the methods of investigation." Surveys and ethnographies are, for example, different enterprises frequently addressing different types of problems and producing very different data. But ideal situations are rare in reality. Ethnographers do in fact combine ethnographic data collection with strategies from survey or other models. Zelditch<sup>17</sup> developed a guide to appropriate methodologies for different situations. He combined various types of information into three broad categories: incidents and histories, distribution and frequencies and generally known roles and statuses. Different types of method were examined by two criteria: information adequacy and efficiency. The conclusion is summarised below.

Information Types	Methods of Obtaining Information		
	Enumerations and samples	Participant observation	Interviewing informants
Frequency distributions	Prototype and best form	Usually inadequate and inefficient	Often, but not always, inadequate; if adequate it is efficient
Incidents, histories	Not adequate by itself; not efficient	Prototype and best form	Adequate with precautions, and efficient
Institutionalized norms and statuses	Adequate but inefficient	Adequate, but inefficient, except for un verbalized norms	Most efficient and hence best form



As indicated, any three methods can occur in one study. Webb *et al.* 18 also argue for an eclectic approach since all methods complement each other reducing overall weakness in design. Sieber<sup>19</sup> also endorses this approach.

First, the theoretical structure that guides the analysis can be derived wholly or largely from qualitative fieldwork. Second...certain survey results can be validated or at least given persuasive plausibility by recourse to observations and informant interviews...third, statistical relationships can be interpreted by reference to field observations. Fourth, the selection of survey items for the construction of indices can be based on field observations. Fifth, external validation of statistical constructs is afforded by comparison with observational scales. Sixth, case studies that illustrate statistical and historical types are supplied by field protocols. Seventh, provocative but puzzling replies to the questionnaire can be classified by resort to field notes.<sup>20</sup>

The final design of this study incorporates the use of a multi-method approach. This was dictated by the subjects to be studied, by the theoretical perspectives of the researcher and by the practical and political considerations which were brought to bear on the situation. The following section looks at the development of the design and its ultimate dependence upon all of these factors.

### (iii) PROBLEMS ASSOCIATED WITH ETHNOGRAPHIC TECHNIQUES

Ethnographic research is particularly problematic in giving rise to ethical problems. Because of the voyeuristic nature of the observer's role, any data has a dual significance: its meaning in the context of the sociological analysis and its significance for those individuals who provide, often unknowingly and naively, the data for analysis. The danger is that resulting reports will be regarded by those who contributed to data as a highly personal and evaluative commentary on them as a group. Patrick was acutely aware of this and other issues arising from the study, *A Glasgow Gang Observed*<sup>21</sup>.

I have deliberately allowed for some years to pass between the completion of fieldwork and publication. The main reasons for the delay have been my interest in self-

preservation, my desire to protect the members of the gang and my fear of exacerbating the gang situation in Glasgow which was receiving nationwide attention in 1968 and 1969... I have not been able to include - for legal reasons - a full account of my relationships with the gang or the police.

Problems of role conflict also emerge for researchers in purely or partly participatory roles. If, for example, the researcher is also identified as a careworker in a secure unit then he has two roles which are often not compatible. Is such an individual free to use all information gained through his privileged position? Frankenberg<sup>22</sup> thinks he is not. Hargreaves<sup>23</sup> thinks he is: "the moral question is one of uses made of the material so obtained."

This particular conflict is difficult to resolve. So much of the information for sociological data is received via trust and rapport developed between observers and observed. Clearly individuals involved provide information convinced that it will be put to good use. If they did not feel confident in this they would simply block access.

The inherent difficulties of the researcher role can be difficult to resolve without losing rapport, trust and face. If two conflicting parties are both revealing information to the observer, how does she avoid the natural burden of taking sides? Accusations of hypocrisy and insincerity arise easily in what is unfortunately a common experience. Becker<sup>24</sup> suggests the researcher should identify with each and share their feelings. To do this convincingly is no easy task.

The foregoing discussion of some of the many difficulties inherent in carrying out ethnographic research provides an introduction to the problems faced by the present researcher in the role of observer in the institution studied. An examination of why a certain overall design emerged and the problems encountered in carrying out the fieldwork reveal much about the nature of the situation examined and scarcely less about the attitudes of the

researcher to the task in hand.

#### (iv) BACKGROUND TO THE RESEARCH INITIATIVE

Cohen's<sup>25</sup> observation that research itself can easily become part of the organisational mechanisms of social control is a pertinent one in the context of this study. So often government-funded research projects can become part of the "talk" referred to earlier. The data for this thesis were drawn from just such a government-funded project. The initial idea to carry out research in the secure unit came from the senior staff in the unit and the Headmaster of both the secure unit and the adjacent List D school.<sup>26</sup> Their proposal arose from a basis of confidence about the unit's performance and their perception of its success. The Headmaster in particular seemed keen to characterise the unit as successful and felt that in the light of negative findings regarding the *ad hoc* nature of committal to similar units in England and their poor success rate in terms of recidivism, his secure unit was of a different and better order. His feelings were intuitive, since no prior examination of recidivism rates, for example, had been carried out. In fact the unit's policy required no formal follow-up procedure of children after release. The Headmaster held a strong conviction that the unit was successful as an institution in its day-to-day running and in the type of therapeutic experiences it provided for youngsters.

The initial proposal to carry out research was taken up by the Social Work Services Group,<sup>27</sup> a government body responsible for research and policy planning in areas of the social services. It is also crucial from the point of view of the subsequent research project that this group was responsible for the funding of the secure unit but not of the adjacent main school, though both were controlled by the same Headmaster and the same board of managers.

The SWSG subsequently funded the project, assigning it to the Sociology Department of Glasgow University under the supervision of Paul Littlewood. From the outset it can be said that the project's status as government funded

research created tensions associated with a clash of perspectives between the funding agents and researchers. The funding agents and the Headmaster of the school felt that prior research into secure resources for juveniles (which had called into question both the rationale for placement of children in secure provision and the need for such institutions at all) had been wrongly conducted.<sup>28</sup> The results, they felt, were a reflection of researchers' perspectives and not of the reality of secure provision. The implicit request seemed to be for "positive factual feedback" - that is for a positive assessment of the unit as "successful" in their terms.

In retrospect, this attitude may be partially explained by the timing of the project which coincided with a general political upheaval over the abuse of secure provision in England and, by implication, in Scotland. This was coupled ironically with a push for more and more secure provision in Scotland, a demand which has since been realised. It emanated, I believe, largely from within the child care system itself.

The position of the funding body could be described as extremely defensive regarding data emerging from the project. Interim reports on referrals process echoed the findings of other studies, and ironically the sociological approach to the study (on the whole its emphasis on ethnographic material) highlighted even more clearly than other studies the lack of coherence and rationality in child committal processes. Meetings on interim material revealed the funding body's wish to suppress early reports and to remove comments made by individuals and quoted in the reports. Added to this there were numerous constraints imposed on divulging information to external bodies who held a valid interest in the issue of secure provision. Later reports and the final report met with lengthy delays in response to report submission, one in particular being due to the perusal of the report by the school's solicitor.

This summary of the various pressures and constraints which were

brought to bear both during and after the research period indicates that it could not be conducted in an academic vacuum. In a positive light, it is clear that the constraints imposed had no radical effect on the initial intentions to design and report frankly on ethnographic material. As has been stated, the present study draws on the data from the original project. But it can in contrast represent a more completely independent and sociological treatment of the data and is free of the constraints imposed by the demands of the initial audience: what may have been regarded as irrelevant or over-academic in the initial context can be more freely expressed.

#### (v) FIELDWORK

The study sets out to give a detailed account of the organisation of a secure unit. The methodology was designed to provide a multi-dimensional view and includes an analysis of referrals to and selection procedures of the unit as well as a study of aspects of the unit's organisation. Although information is presented about only one institution, its import need not be confined to the particularistic concerns arising there. The study extends to general problems in the sociology of social control processes. The methodology reflects Frankenberg's view that "the discussion of small segments of society in great detail is used to throw light on the general."<sup>29</sup> Here, the social mechanisms of the unit are explored in an attempt to particularise the wider problem of the gap between reality and rhetoric in juvenile control ideology.

The study began in 1981. The original proposal prior to my appointment had envisaged not only an analysis of processes involving committal of children to the unit but of children who might later be identified as potential referrals but who nevertheless avoided incarceration. Data from initial fieldwork eliminated this aspect of the project since analysis of selection procedures failed to reveal any particular 'types' of children who might be

considered likely candidates for committal. The original proposed methodology included a combination of observation and participant observation but the latter proved not to be feasible.

My introduction to the unit and to the adjacent main school was gained via the project supervisor in collaboration with the Head of the school and unit. They had had some discussion prior to my appointment regarding the nature of the researcher role. At an initial meeting with the Headmaster and senior unit staff I made my general intentions clear regarding access to the unit and to referrals meetings where decisions were made to select children for the unit. Unexpectedly, these referrals meetings were held, not in the secure unit itself, but in the adjoining main school. Only senior members of unit staff attended these meetings. The careworkers and teachers were never allowed access. This fact placed considerable constraints on my proposed participant observation role. Since I could not enter the unit as an acting senior staff member, my public role (initially as a trainee social worker) would necessarily restrict my observation of referrals meetings. If I were allowed this unprecedented privilege, senior staff felt that my access to information, informal and otherwise, from junior staff, would be blocked. There would be increased anxiety over the nature of my role in the unit and jealousy over my access to privileged information. But perhaps most importantly my presentation as a staff member could block my access to children since they would see me as an authority figure. It was agreed that my role could not justifiably be more than observer but that I should have as much freedom as I wished to observe in the unit and to talk to and interview staff and children. My subsequent experience of the unit convinced me that this had been the best compromise towards gaining the type of data I wanted. It was also agreed that I attend referrals meetings for a period of eighteen months where I would be permitted to tape record these sessions and to take notes.

During the first three months my purpose was to locate a number of

strategic areas that would enable me to gain a clear picture of the processes taking place in the unit and to a lesser extent in the school. I also had to formulate some basis for studying the selection process. I spent a number of hours every day in the unit and attended referrals meetings every Wednesday afternoon. With the help of senior and other staff I identified the unit's formal timetable and was able to organise observation time to allow me to attend staff meetings of which there were many each week. I also spent time observing staff management of children and talking informally to both staff and children.

Although there were obvious disadvantages to losing the participatory role, I believe that working in the unit as a junior staff member would have denied me access to data which was critical in terms of the study's theoretical viewpoint. Much of the official ideology on child treatment and the purpose of custody emerged from discussion with senior staff. Junior staff held different, if confused, perspectives due in part to the lack of any formal training and the tendency for senior staff to avoid contact with junior staff. The nature of the mismatch between the rhetoric of ideology and the managerial perspective and the beliefs and practice within the unit's daily functioning would have taken much longer to emerge had I been confined to working in the unit alone. Wider based observation and the use of semi-structured interviews appear to have compensated for my failure to experience at first hand the junior workers' norms, values, conflicts and pressures.

At first my presence did generate some unease amongst staff. I was jokingly referred to as a spy, the modern equivalent of the "anthropologist-as-witch" problem on a number of occasions, and pressed for my opinion. At a meeting with care staff I let them know of my wish to observe them and to interview them at a later date. I also proposed to tape-record the interviews. This I was flatly refused. "We are not sure what you will do with the tapes. The wrong people might get hold of them." I decided to drop the idea of tape

recording interviews and assured the staff that interview material would remain anonymous.

If there had been doubts as to the tangible nature of gaps between rhetoric and reality in the unit context, my initial observation soon replaced these doubts with certainty concerning the existence of two worlds - one of ideology and talk and one of reality and practice. It was in fact this very situation which appears to have enabled me to gain staff trust. Confusion of their role both in the unit and in relation to the unit's role in society appeared directly linked to low staff morale. A perceived lack of senior staff support to other staff had given rise to conflict between these two groups. There was little identification with the unit and a lack of commitment to maintaining a positive image of its role. In short, most staff seemed disillusioned. The degree of conflict and uncertainty staff experienced seemed to make talking to an outsider attractive and perhaps reduced tension. The material reported indicates the level of openness I found amongst most staff members. Only one senior staff member appeared never to "drop his guard" and I found interviews with him and informal conversation stilted and stereotyped.

Staff adjustment to my presence and my own adjustment was, I believe, very quick. About half way through the first year I was asked to provide minutes from staff meetings since the secretary was on holiday. This was a sincere request and seemed to indicate a belief that I merely wrote down information on children reported at meetings - this was the usual information contained in minutes. I took this, along with the relaxed and informal attitude of many staff members towards me, to indicate a general lack of anxiety about my presence or my role.

One advantage of not adopting a participant role was very clear in relation to my access to children. Although my role must have constituted something of a mystery - I told children I was writing a book about the unit - I was clearly not



identified as a staff member. It was made plain on a number of occasions that staff did not treat me as another staff member either by including me in their unit meetings with children, which I frequently attended, or by asking me to cover for them when I was in a unit. Subsequent interview material reflects the fact that I was not perceived as a staff member but as someone who held a special interest in their point of view.

Finally, as Hargreaves remarks, "a social scientist is always a person with his own personality, idiosyncrasies and faults. One suspects that as a participant-observer he makes more impact on the people he studies as an individual person rather than as a researcher."<sup>30</sup> I have no doubt that my presence influenced the life of the unit, in so far as the process of interviewing appeared to raise the level of staff awareness of issues which they claimed they had felt but not discussed before. The ultimate impact of this is difficult to evaluate. The more formal approach I adopted in interviewing rather than simply chatting to staff may have interfered with the spontaneity of responses, especially if staff who were interviewed early on discussed their interviews with other staff. I asked staff not to do this, but assume they did. There is little doubt that a different researcher would have made a different impact and would have emphasised different aspects of the material. It has to be assumed, however, that a common core of material and interpretation would still emerge. I have emphasised some of the limitations and difficulties as well as the strengths and successes of the research process since I feel they have a bearing on the quality of the data.

#### (vi) FORMAL RESEARCH INSTRUMENTS

A number of studies were influential in the formal overall design both for their style and content. The studies of Hargreaves<sup>31</sup> and Lacey<sup>32</sup>, for example, pinpointed the difficulties of ethnographic research in schools and detailed the

impact of certain methodologies. Kogan's<sup>33, 34</sup> studies were also helpful, looking as they do at the perceptions and influence of decision-makers; the subtleties of the management of educational decisions; the exercise of power and the discretionary negotiations, all were examined through tape-recorded interviews. Street *et al.*'s<sup>35</sup> study of institutions for delinquents, which held different ideological perspectives, contributed greatly to the design of the study of the secure unit itself; Street *et al.*'s research incorporated semi-structured and structured interviewing combined with observation in a number of institutions.

The final design was to carry out the following research in relation to investigating the referrals process to the unit and the regime in operation in the unit itself.

#### **(A) Referrals processes**

##### **(a) Interviews with referring agents**

It is essential to an understanding of the factors operating in referrals decisions to interview outside agents responsible (either partly or wholly) for directing a case to the Referrals Group.<sup>36</sup> This idea was reinforced by initial impressions at referrals meetings that the reasons behind placement requests were remarkably diverse. Although outside referral agents, usually social workers, were almost always present at referral discussions, it seemed that analysis simply of the formal presentation was inadequate. The cases of young people for whom placement requests were made involved a wide range of diverse problems. There appeared to be a lack of shared criteria amongst referring agents as to who should be referred and why; and referring agents appeared at times to be unacquainted with any notion of the nature and purpose of the unit. In addition, analysis of referrals discussions indicated a marked confusion among some social workers concerning the nature of legal jurisdiction over children subject to court process and sentence; and on more

than one occasion, there was evidence of two clearly opposed views held by different agents in a referral discussion as to the suitability of a given case for secure provision.

Bearing this confusion and ignorance in mind, a semi-structured interview schedule was drawn up which was designed not only to pin-point issues affecting decision-making in a particular case but also to elicit information concerning agents' understanding and expectations of the unit. The initial intention was to interview forty social workers; in the end, because of pressures of time and commitments to other areas of the research, twenty were interviewed. In order to supplement the information, a further twenty postal questionnaires were sent but the response was poor. Consequently the material is limited to the answers of twenty-four social workers. The interview/questionnaire dealt with:

- (1) decision-making, i.e. the decision to refer a child to a secure placement
  - (2) knowledge of the child and his history
  - (3) the social worker's understanding of the reasons for the child's referral
  - (4) knowledge of the secure unit's philosophy and practice
  - (5) the purpose of secure provision in general<sup>37</sup>
- (b) Observation of the decision-making processes

A study of the processes underlying the decisions made by the RG was a major part of the research project, both in itself and in the background information it provides for the study of the unit. In monitoring the deliberations of the RG, the methods used involved direct observation and tape-recording of a long sequence of referrals discussions (86 cases in all). Data drawn from the discussions were used in two ways: as a basis for examining factors operating in decision-making within the group, and to study the case itself as presented by the referring agent. The data were also used (within this

particular approach) for compiling case history material on the young people involved.

There were few practical difficulties in carrying out this part of the project, but one area of difficulty did emerge in monitoring the outcome of referrals discussion: in some instances no firm decision to accept or reject a young person was made during the initial discussion. Several factors may contribute to delayed decisions, ranging from the lack of an immediately available place to a purposeful delay intended to allow a young person, family or referring agent time to absorb the implications of a secure placement - and perhaps bring about a change in behaviour, thus eliminating the "need" for security. From a research viewpoint this created a backlog of pending cases.

A further complication for the research was that final decisions about placements were often made outwith RG meetings. Contact with outside agents and informal discussions with members of the RG were necessary to trace these less accessible decision-making processes and their consequences, in terms of placement for the child.

Yet another difficulty confronting the research was the existence of a separate group of cases involving placement in the unit without any discussion at RG meetings. All such cases involved young people in the main school.<sup>38</sup> The appearance of these cases in the unit was noted by the researcher, and information concerning each case could be drawn from files held in the unit and from the relevant review meetings. Clearly, the information gathered for such cases is qualitatively different from that concerning "standard" referrals. It was, nevertheless, felt that the acknowledgement of such cases as a special group was crucial for completing an overall picture of referrals practice.

### (c) Compilation of case histories

The monitoring of referrals discussion was a suitable starting point for compiling case history material on children referred with the intention of

conducting some comparative analysis of children referred and accepted with those referred and rejected. This analysis is based purely on the cases as they are presented to the RG. That is, the information compiled on young people referred is strictly related to the contents of reports presented at referral meetings, and in the referrals discussion themselves.

The reasons for this restriction are inherent in the objectives of the research but also concern the nature of the background<sup>39</sup> material. A preliminary investigation of six cases involved gaining access to the complete social work files, but because of the nature of the information in the files, it was impossible to develop a systematic means for extracting comparable data on each subject which would provide adequate information in the context of the research objective (i.e. examining the selection process and the operative criteria). Crucially, the contents of the files were highly uneven, both quantitatively and qualitatively.

A preliminary study of the type of issues which tended to be discussed by the group in examining placement requests was used to form the basis of the case history schedule. The schedule was then widened to include information drawn from recent literature on the subject which might have had a possible bearing on a child's placement in the unit.<sup>40</sup> A case history schedule was finally designed to elicit a wide range of information concerning the young person, including the impressions conveyed by agents about her/his personality, relationships, behaviour and family background. The schedule allowed for the inclusion of non-standard information such as the mode in which the cases were presented as perceived by the researcher.<sup>41</sup>

#### **(B) The unit itself**

It was decided to combine "low profile" observation with more formalised techniques; a semi-structured schedule was drawn up for the purpose of

interviewing as large a sample of the unit staff as possible. Information from initial observation in the unit, along with material from relevant literature sources, was used to compile the schedule. The resultant 26 interviews were detailed and time-consuming; on average three-and-a-half to five hours were spent by each staff member interviewed answering questions; this is largely because the staff were encouraged to expand on issues raised by questions and in particular to use concrete examples from their own experience where these might help to clarify matters which were difficult to discuss purely in abstract.

(a) Staff interviews

The starting point for the exploration of staff perspectives was the suggestion in relevant literature that there is little coherence in the theories underlying treatment models in secure accommodation and little evidence of their existence, let alone efficacy, in the routine practice of the units, despite the convincing treatment rhetoric surrounding placements. An examination of the literature showed that much of what has been written on residential "training" or "treatment" for adolescent offenders is based on intensive and individualistic case history material. Very little systematic research of a sociological nature has been carried out in these settings and much of what has been done is positivistic in perspective and deals with issues such as "absconding" or "personality characteristics".<sup>42</sup> American literature provides more which is of a sociological nature, and several studies are of obvious significance. Weeks<sup>43</sup> attempted an evaluation of different regimes: in institutions for juvenile offenders, treatment regimes gave superior results in terms of short-term recidivism and attitude change to the more traditional type of reformatory regime. The Camp Elliot Study<sup>44</sup> indicated a very complex relationship between the type of treatment and type of offender. Based on concepts of supervisor's and subject's "maturity", results pointed to a

relationship between level of maturity, nature of supervision and post-release success (defined as six months without an offence being committed).

The more individualistic, sociological research of Cottage Six<sup>45</sup> drew attention to an important aspect of "correctional institutions" - the existence of a negative, hostile inmate sub-culture with a rigid hierarchy based on threats and violence. The crucial point was the divergent definitions of "treatment" adopted by staff and inmates and the obstacle this placed before any serious treatment plan. In a later and highly relevant work, Polsky and Claster<sup>46</sup> introduced a "systems analysis" approach into the discussion of the significance of staff/boy relations in institutions: they distinguished between the therapeutic community and the custodial institution where inmates stand in a totally dependent relation to staff. In Street *et al.*'s *Organisation for Treatment*<sup>47</sup> the authors explore the function of a treatment ideology in custodial settings for juvenile offenders. This is a comparative study of six correctional institutions; using Goffman's<sup>48</sup> concept of "people-changing" organisations, the authors developed a custody-treatment continuum and proceeded to construct organisational typologies based on the institution's *publicised philosophy*: the object was to test the hypothesis that the organisational strategy would affect the dynamics of the institution - the context of activities, the structure of internal power arrangements, staff relations, conflict and tension, control and even the behaviour and relations of inmates.

Since the study examined exhaustively and in detail a large number of aspects relevant to the description of an institutional regime and since it directed itself specifically at determining the influence of treatment philosophies in a custodial setting, some of the questions used in the study's written questionnaire were adapted for use in the secure unit interviews.<sup>49</sup> No specific hypotheses were formulated regarding the situation in the unit, but the interview, combined with observation and informal discussions, was seen as a

basis for elucidation and evaluation of the role of the unit. In general, the American studies offered sound guidelines but no direct basis for comparison since the situations in Scotland and the USA are historically and culturally somewhat different regarding residential provision. The remainder of the interview material, which amounted to 54 questions in all, was based on the initial period of observation in the unit and informal interviews with senior staff in particular.

The interview schedule looked in depth at the following areas:

- (1) the ideology of the unit; treatment and control perspectives
- (2) the purpose of secure provision
- (3) organisation of staff; the distribution of power and influence
- (4) unit routine and practices; methods, efficacy, outcome, perceived success and failure
- (5) unit/main school relations
- (6) management and treatment of the children
- (7) processes of assessment and evaluation of the children
- (8) staff beliefs about the children<sup>50</sup>

(b) The Children's Interview

Unit staff expressed no objections to the interviewing of children. As Gill<sup>51</sup> noted, there is a sad lack of research concerning children's attitudes to the List D system and certainly very little concerning secure units. Baum and Wheeler<sup>52</sup> point out that "the intended targets of the programmes are the juvenile delinquents themselves and it seems reasonable to assume that the anticipations, beliefs and opinions of the delinquents will have some effect on the success or failure of the programmes."

The children's definitions of the reasons for and purpose of the placement are clearly important in terms of "official" aims. It was necessary to know why



the children thought they were being placed in the secure unit and how they interpreted certain aspects of life in the unit; if staff and children saw their respective roles quite differently, then clearly relationships and the role of treatment became far more complex. A child may regard with unassailable hostility even the most permissive of the staff, simply because through a mixture of anticipation, stereotyping and past experience, the child defines all staff and all regimes as restrictive. This part of the study can be seen as a way of assessing (partially) the real influence of the regime - given the co-operation and honesty of children in answering questions. Children were generally very willing to answer questions; this seemed to be partly due to the decision that the researcher should not take on a role which might identify her too closely with the staff.

Certain considerations were incorporated into the design and practical application of interviews in the case of children. First, the confidentiality of the child's response was stressed: a standard introduction was read to each child before the interview began. The purpose of the research was not disguised in any way and the child was told that his name would not appear in any publication. (Many of the children were very disappointed to hear this but their anonymity was protected nevertheless.) Secondly, the schedule was linguistically as simple and straightforward as possible. Thirdly, no research is justifiably undertaken without consideration of its effects; no child took part in interviewing who was not very willing to do so or who seemed less than calm and happy at the time appointed for the interview. (This was ascertained by chatting to the child beforehand and discussing all proposed interviews with staff.) There are methodological and ethical issues involved in interviewing youngsters which are extremely difficult to resolve. For instance, it was problematic to resolve which issues should be avoided or dealt with superficially during the interview to minimise disturbing responses in the young people in

question. As Yarrow points out, "The moral is not to blunder into children's feelings and conflicts and private worlds."<sup>53</sup> The acceptance of the researcher in the secure unit as a non-authoritarian individual with demonstrably no say in the running of things appeared to boost children's confidence in the interview situation. Personal conflicts and powerful emotions did emerge in the interview situation and a few children took the opportunity to "let off steam" about various aspects of their personal situations in response to interview questions. In these situations, staff were informally consulted after the interview about the child's state of mind. None of the children was described as disturbed or unhappy about the interview situation and in subsequent contact with the researcher all maintained a friendly rapport which had undoubtedly been established during the interview situation, despite its difficulties, and to some extent beforehand.

Twenty-six children were interviewed individually and in private. A number of questions in the children's interviews were drawn from work done by Baum and Wheeler<sup>54</sup> and the remainder were inspired by observation in the unit. The children's schedule is more structured than the staff schedule though the vast majority of the 44 questions are "open". The interview took an average of fifty minutes to complete.

Questions dealt with the following areas:

- (1) comprehension - of reasons for placement etc.
- (2) knowledge, information, about aspects of unit life
- (3) perception of the motives and "alignment" of staff, i.e. "for or against" the child
- (4) purpose of the unit and the perception of its regime
- (5) peer group relations
- (6) child/staff relations<sup>55</sup>

**(vii) CONCLUSION**

The general aim was to place the analysis of interview material in the context of wider observations of life in the unit. These wider observations encompass a range of phenomena: the extent to which the custodial aspects of the architecture (locked cells, MPU units, security doors etc.) are exploited or counteracted by staff; staffing levels and staff turnover, the formal and informal division of labour, and the staff's authority structure (both internal to the unit and in relation to external authorities); the temporal use of the day/week with reference to schooling, treatment, leisure activities, day release, visits (by parents, social workers, consultants etc) and the various formal meetings (unit meetings, review meetings, etc.); and theories and practice relating to custody, treatment, leave and release; and finally, to locate the micro-sociological analyses of the referrals meetings and unit practices in the broader contexts of (a) the historical development of policies and practices related to the legal custody of minors, and with this, (b) the present nature of pertinent aspects of the Scottish legal system as it affects young people and, in turn, as it has been affected by new legislation and the growing sensitivity of the European Convention on Human Rights; (c) developments and innovations in social work policy and practice; and (d) the socio-economic and cultural milieux from which the occupants of the unit are drawn and more generally within which the practice of incarcerating children is maintained.

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38. The secure unit is a part, though a separate one, of a large List D school. Their relationship is discussed later.
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## **Chapter Four**

### **Secure Units**

#### **(i) INTRODUCTION**

The secure units represent an interesting case history in the evolution of the welfare principle in the juvenile justice context. At the point of their inception in 1958 they provided tangible evidence of the existence, not of one unified welfare policy for the under-sixteens, but of a double-track system representing irreconcilable judicial and welfare perspectives. They were in essence evidence of a lack of faith in the welfare ideology and owe their existence in the first instance not to politicians or legislators but to professionals in the residential child care field. The following chapter looks at the development of secure provision in Scotland and at the role of welfare rhetoric in creating custodial institutions which were technically isolated from the criminal justice system but at the disposal of both the child care system and the judicial system. The existence of secure units highlights not only the ambiguity and conflict generated by welfare rhetoric but also draws attention to the effects of informal, non-adversary procedures with their rehabilitation-oriented rationale in extending influence over the lives and rights of young people.

The chapter also introduces the secure unit in question, looking at its physical design, its functions and its philosophy. This incorporates some consideration of the unit's relationship to the main List D school on the same campus since this has a bearing on processes of committal and treatment. The chapter ends with a description of the unit's staff structure and includes some introductory material from staff interviews on experiences of working in the unit. Although staff attitudes are given thorough consideration in later chapters, they are inextricably linked to other aspects of the study which are



given prior consideration. An introduction to this material early on serves to set the scene for the analysis in general.

## (ii) HISTORY OF THE SECURE UNITS

Britain's first secure unit was established in Scotland in 1958 without much recourse to the extensive discussion which took place south of the border before similar units there were opened. The haste with which Scotland decided to resort to containment for the under-sixteens has been attributed to the allegedly politically timely "riot" of a group of boys at St. John's Approved School, Springboig.<sup>1</sup> Further investigation of the incident revealed not a riot, but the failure of ten boys to return from leave one weekend.<sup>2</sup>

Ten boys who had been given leave from St. John's Approved School, Springboig, near Glasgow, failed to report back yesterday. Three of the boys came from Glasgow, three from Edinburgh, two from Dundee, one from Shettleston and one from Cambuslang. A police official said that as so many boys were missing it seemed to be a prearranged affair.

This affair was followed by a more serious disturbance at Carlton School in England, but in the Scottish context the original St. John's incident may well have been one significant precipitating factor in the setting up of secure provision for children. Certainly, as early as 1951 the Franklin Report<sup>3</sup> noted strong representation from heads of boys' and girls' approved schools that a closed school, or a closed block attached to an open school, should be established for the "difficult child" or "persistent absconder". Interest in closed provision seems to have been particularly associated with the widespread but arguably exaggerated perception of a sharp increase in absconding in the 1950s. Later the Home Office, commenting on a *Report of the Inspectors' Working Party on Closed and Other Special Facilities* (1959) placed a new emphasis on "the intractable and anti-social type of boy" and suggested that the same kind of physical provision still under discussion might be suitable for this kind of boy

as well as for the persistent absconder. This same report indicated categories of children thought to be creating the need for closed provision within the approved school system, describing them as the "exceptionally disturbed" and "exceptionally unruly and uncooperative"; absconders came third in the list.

In May 1960, two years after Scotland had established its secure unit, the Approved Schools Central Advisory Committee Working Party on Closed and Other Special Facilities published a report finally identifying and recommending the following types of candidates for containment:

- (1) persistent absconders
- (2) exceptionally unruly and uncooperative boys
- (3) exceptionally disturbed boys requiring psychiatric help
- (4) medical misfits - e.g. epileptics, diabetics

The Working Party felt that groups (1) and (2) were creating difficulties and that the other two groups were only difficult when they showed disruptive behaviour patterns. It is noteworthy that regarding girls, it was considered that secure accommodation would not be particularly useful; many of the "difficult" in-care girls were not offenders and a recommendation was made that some open schools should be encouraged to specialise in provision for more difficult girls.

At that time, agreement on the value and purpose of closed provision was not unanimous. The notion that some very difficult and disruptive children were creating problems in open schools seems to have been universally accepted, but disagreement lay in the appropriate way of dealing with them. At the time, two dissenting approved school headmasters stated that to provide closed provision which offered nothing but containment was a retrograde move; interestingly both felt that a separate open school for problem children with a high number of the best care staff available would be much more constructive than mere physical security. Yet another made the point that

schools and staff rather than boys might be responsible for absconding and disruptive behaviour. This view was endorsed by research into reasons for absconding from approved schools; basically, different rates of absconding were related to the regimes in different institutions and not to characteristics of absconders.<sup>4</sup>

The closed school was clearly seen as a measure to counteract more basic problems in the approved school system. The majority view, however, remained that a marked deterioration in the boys' behaviour in the system had resulted in the need for closed units. The definitive report on criteria for admission - or rather, on the types of boys thought suitable for secure accommodation - stated that the new secure units were to provide for:<sup>5</sup>

...the persistent absconder because of his refusal to take continuous advantage of the training provided and the adverse effect he has on the more settled boys and his tendency to commit offences in the neighbourhood of his school and so undermine the school's good relationship with the community; the truculent boy because of his adverse influences on other boys and of the menace that he presents to the staff and his fellows and to the maintenance of good order in the school.

The report reflects the issue raised by Donzelot of the suspensive nature of supervision. The boys in question were characterised as rejecting the help offered by the residential approved school system and disruptive of its aims to rehabilitate. Professionals within the system demanded stricter measures for those who failed, thus expanding the system and generating a further range of classification for youngsters beyond the control of immediate measures. The establishment of secure units reflects very clearly a rhetorical debate over their ultimate purpose. Their initial purpose was conceived of as penal, and this was the result of the influence of government bodies who interpreted the demand for secure provision for under-sixteens as a demand for the extension of the newly established Borstal system. For reasons which will emerge, this image was unpalatable to the child care professionals who were to run the new

units. Generally the development of these units with their penal design and high surveillance of inmates was subjected to rhetorical revision where the use of euphemistic language and an emphasis on the rehabilitative objectives served to blunt their impact as penal institutions.

Prior to January 1984, it was the case that children in Scotland might be placed in secure provision for extended periods without there being any recourse to legal consideration of the placement. In May 1982, the Children's Legal Centre<sup>6</sup> published the results of an investigation into the admission of children to secure units in England. The report stated that practices associated with depriving under-sixteens of their liberty were in direct contravention of the European Convention on Human Rights; the Article states:<sup>7</sup>

Everyone who is deprived of his liberty on arrest by detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if his detention is not lawful.

The document was a result of research into the practices of local authorities in relation to secure units in England. The legal framework in both Scotland and England for the use of containment was and is both complex and confused. Department of Health and Social Security concern, prompted by two DHSS-funded research projects, had resulted only in one report published as late as 1981 which made a number of recommendations, emphasising in particular the need for clarity and simple rules where children's liberty was concerned. The DHSS recommended a judicial review of any proposal to extend secure placement beyond a three-month period. Authors of the Children's Legal Centre Report made the following comment regarding criteria used for selection of young people for custody:

We accept a small number of young people in care may have to be confined when they are a proven danger to the public or to themselves and other alternative forms of care are inappropriate. But no such criteria for the use of secure accommodation exists.<sup>8</sup>

A view has emerged from research into secure provision that the rapid growth in the use of secure accommodation in England has been accepted in part because of the use of confusing and euphemistic language, where the notion of treatment justifies loss of liberty for as much as two years. In Scotland the situation regarding the number of secure places within special units is markedly different. At the time of writing only fifty places exist, of which only six are intended for girls. Scotland also differs from England in that it has no alternative to secure units, such as Youth Treatment Centres for the "very severely disturbed child". It is, however, comparable to the English system in that, in the context of secure placements, the legal status of the young person has not, until recently, been deemed a priority consideration. This is of course a direct consequence of the unification of welfare and justice perspectives which characterises the juvenile justice system. The controversy highlighted by the Children's Legal Centre led to new legislation in Scotland and England governing both the committal of children to secure provision, and, through the attempt to create a number of criteria, their selection for the units. (The new criteria and the associated committal processes have since generated their own debate.) The new legislation came into force in Spring 1982.<sup>9</sup> Section 8 of the Health and Social Services and Social Security Adjudications Act specifies the criteria to be used by the Children's Hearings (or Sheriff) before a child may be committed to secure provision. First it must be established that the child is in need of compulsory measures of care. Then one of the two further criteria must be met: either the child has a history of absconding or is likely to abscond unless he is kept in secure accommodation - and if he does abscond it is believed that his physical, mental or moral welfare will be at risk; or he is likely to injure himself or others unless he is kept in secure accommodation. No minimum age for committal was stipulated.

The new criteria for admission to secure units in Scotland were, in

essence, the same as those applying in England and Wales. Initially, prior to their implementation south of the border, the Government defended the then current procedures, saying that the placement of a child in security should be a "matter of professional discretion". However, despite initial reluctance, the Government agreed that prior arrangements for committal did in fact contravene the European Convention on Human Rights and that criteria for admission should be established.

The criteria for committal to secure provision and their application in the "welfare" context of existing committal practices have since provoked comment. Debate centres on the existence of irreconcilable conflict between the welfare and justice oriented models which serve to rationalise child custody. The fact that secure units had been an integral part of the residential child care system for over twenty years before the attention of legislators and civil rights protagonists was attracted to the situation indicates the powerful sway of the welfare and treatment rhetoric which justifies incarceration as being "in the best interests of the child". Even as late as 1975 an advisory circular issued by the Department of Health and Social Security suggested that it was "generally accepted" that:<sup>10</sup>

A small minority of the boys and girls whom it is the present function of the community homes system to accommodate, have needs which staff cannot meet unless supplied with the additional facility of physical security.

"Needs" remained conspicuously undefined, but there was reference to the kinds of person for whom secure accommodation ("a very exceptional aid to the care and control of very exceptional boys and girls") was intended:<sup>11</sup>

The most disruptive of the young people in care and those from whom members of the public most need protection.

But this statement was to be contradicted by the research findings of a series of projects focussing on the processes whereby children and young

people were being selected for various levels of more and more controlled supervision. The evidence showed that processes involving committal to secure units both south of the border and in Scotland were arbitrary, and that their population was more accurately described as "inadequate adolescents rather than thugs".<sup>12</sup> Doubt was also being cast on the degree of rigour in the assessment procedures of young people more generally. As early as 1975 researchers were focussing on professional discretion, stressing the crucial role of attitudes and values held by the various types of officials and professionals concerned with the sentencing and disposal of young people.<sup>13</sup> And six years later it was found that children were being committed to List D schools in processes involving significant elements of idiosyncrasy on the part of Children's Panel members.<sup>14</sup>

Continuous themes emerged in relation to the closed units: these were, that prior to the establishment of these units, approved school children were becoming more difficult; specifically, a hard core of subversive anti-authority types was emerging, and aggressive children required and would benefit from custodial arrangements. The later notion that treatment in a custodial setting was more palatable than mere confinement reflected, as has been shown, the wider trends in policy and ideology which conceptualised delinquency within the medical model, defining it as symptomatic of wider treatable problems in the individual's background. Both Milham *et al.*<sup>15</sup> and Cawson and Martell<sup>16</sup> saw the influence of these treatment philosophies within the context of secure accommodation as having a profound effect on its development and use: they claimed that the ambiguity of the terminology, "security" and "treatment" allowed the euphemistic resolution of a position which was historically one of control and containment. In support of their views, Cawson and Martell showed that the characteristics of children in their study reflected a confusion about the purpose and nature of "security". Most children they studied were not dangerous to the community, were not persistent absconders and many were not

troublesome in care except by absconding from it. Crucially, they found no evidence that it was possible to divide children referred into types which would be representative of children deemed suitable or unsuitable for treatment. They also noted after the 1969 Children's Act a trend away from dealing with older more delinquent children (for whom the units were originally designed) towards admitting younger, less delinquent individuals. Milham *et al.*, on examining the selection criteria for secure units in England, found the process to be obscure:<sup>17</sup>

It is clear that the majority of adolescents in the special units are casualties of the care system; admission to security depends on making a sufficiently cogent case, a brief which relies almost entirely on a candidate's inconvenient behaviour in other residential institutions. This is in marked contrast to hospital units where the criteria for admission are specific, where treatment has been validated and where both rest on a widely accepted theoretical base.

It seems fair to say that the criteria for placing children in secure units have never been (nor could they be, given the discretionary element in decision making processes) clearly articulated. Nor, it would seem, do the units genuinely fulfil the purpose for which they were created. The difficulties associated with the implementation of the new criteria for committal reinforce the difficulties and inconsistencies which the above research outlined. Professionals involved in committal of children acknowledge that from either a justice or welfare perspective, interpretation of criteria is impossible to standardise. In fact, professional freedom in the process of assessment of who may be eligible for treatment in confinement is currently seen as being challenged and jeopardised by those who question the treatment rationale and are attempting to impose a justice model on a welfare system. For example, the Scottish List D Schools psychologists, who play a crucial part in the selection of children for committal to the secure units, produced a document discussing the



imposition of criteria for committal:<sup>18</sup>

Selecting criteria for the use of secure accommodation is a testing exercise requiring a balance between criteria which are too general and open to interpretative abuse and criteria which are so specific and detailed as to lead to "totting-up" procedures which interfere with assessment of individual needs and circumstances.

There are aspects of the criteria as stated which we feel require clarification if the aim of achieving protection of children's rights is to be reached.

The statement "and was likely to abscond from any other form of accommodation" does not acknowledge the Dartington Hall research into patterns of absconding which indicated that high absconding rates were a feature of particular schools rather than particular children, as it is summed up in *Locking Up Children* (2) (p.88):

"Unfortunately, the more we allow security to be seen as an answer to absconding, the more we obscure what all research demonstrates: that it is the nature of a child's residential experience that makes him an absconder, that boys run because of the places they are in." [Authors' emphasis]

What are the criteria for establishing risk to physical, mental or moral welfare? Or for establishing the likelihood of injury to self or others if placed in other accommodation? How are such assessments to be made and who is competent to make them? Further, the research quoted above indicates that there are establishments where absconding and pupil failure are more likely. How is study of the practice of such establishments to be brought into the remit of consultation about children's rights?

The subject of new criteria is discussed more fully in the context of referrals to the unit in question. In essence the situation remained the same as that prior to the enactment of new legislation in early 1984. The new criteria were vague enough to allow almost any List D child to be considered a suitable candidate and, paradoxically, their lack of specificity may allow most children referred to be rejected on a quite different interpretation of the criteria. The historical analysis of the development of secure provision for the under-sixteens and of the conflicts inherent in its role in a welfare oriented system can be completed by looking in more detail at the background of the secure unit's operating

ideology in Scotland, and in particular at certain factors affecting the secure unit which is the subject of the present study.

### (iii) THE CHILDREN'S HEARINGS AND THE LIST D SCHOOLS

As was noted earlier, the Kilbrandon Report of 1964<sup>19</sup> was responsible for establishing an alternative to the management of juvenile delinquency and child neglect in Scotland by identifying both as indicative of the same underlying problem - family dysfunction - and suitable therefore for simultaneous consideration under the same "welfare-educative" principle which aimed to discard the punishment/justice model in dealing with juveniles.

Nevertheless, whilst arguing that neglect of the child and delinquency by the child were symptomatic of the same deeper cause and should be handled within the same welfare oriented framework and using the same resources, the Kilbrandon Committee felt it was still inappropriate for certain children to come under the new jurisdiction of the "welfare-educative principle". The exceptions were to be those children whom:

the Lord Advocate might prosecute under his traditional authority

the exercise of which

we would assume could arise only exceptionally and for the gravest crimes in which the major issue of public interest must necessarily arise and in which, equally as a safeguard for the interest of the accused, trial under criminal procedure is essential.<sup>20</sup>

This reservation was clearly at odds with the new welfare approach; it created in effect a double-track system which resulted in 1973 (two years after the beginning of the Children's Hearings) in one in five of all child offenders being referred not to the welfare system but to the Procurator Fiscal.

The List D schools and the attached secure units in particular are resources

shared by this double-track system with its divergent philosophies of "welfare" and "justice".

Although children may be committed either by the Hearings or the Court to a List D school for what may be essentially an identical offence, the terms under which they are required to reside there and the rationale for placing them are different: the supervision requirement of the Children's Hearing is indeterminate and subject to periodic review, whereas the order for residential training by the Court is of determinate length and for a maximum period of two years, with discretionary release or transfer by the Secretary of State at any time during the period. Responsibility for children placed in a List D school or a secure unit under a Children's Hearing order is held by local authority Social Work Departments. Children sent to the schools by the courts are the administrative responsibility of central government in the form of the Social Work Services Group, and decisions regarding release are made by this group on the basis of written reports provided by the school.

Children committed to secure accommodation are generally those whom the List D schools, for a number of reasons, maintain that they cannot hold; they are reputedly the "troublesome and disruptive" element of the Franklin Report.<sup>21</sup>

Until 1985, a secure unit placement was made without reference to the Children's Hearings, should the child be under a Panel Order; individuals dealing with the child (usually a social worker or the Head of a List D school) would independently initiate a discussion of the child and would arrange for the case to be presented at a meeting of the secure unit's Referrals Group (RG).<sup>22</sup> Duration of a secure unit placement for a child under a Children's Panel Order was essentially at the discretion of the secure unit staff in collaboration with the child's social worker and others involved in the case.

In the case of children receiving court sentences under Section 413 or 206,<sup>23</sup> the sentence may carry a recommendation<sup>24</sup> that the child reside in

secure provision. That recommendation would be given to the RG of the secure unit in question.

The type of children eligible for secure provision and the provision both of clear criteria for committal and for conditions, both judicial and otherwise, associated with their custody, are areas which have given rise to considerable debate, particularly of late. As has been seen, historically the practice of imprisoning children has always existed, either intrinsically, as part of the traditional institutional management of delinquents, or more overtly, as is the case today, as part of the welfare oriented social work approach, albeit a controversial part. As the earlier discussion indicated, the use of custodial placements for children has come to be justified within the framework of the welfare ideology which holds that actions taken to curtail a child's freedom are in the child's best interest and that custody is essential to provide treatment and rehabilitation. But institutions dealing with the treatment of young offenders have been seen to fall short of the welfare ideal. In Scotland, specifically, the List D schools were part of that general failure to implement in practice the welfare and treatment principles of the 1968 Social Work Scotland Act. Post-1968 in Scotland, investigation and comment indicated that residential "treatment" had failed to keep pace with the ideology of the exponents of the "welfare" philosophy. The failure to provide a residential experience appropriate to the philosophy once again prompted questions concerning the nature of the incompatibility between welfare and treatment objectives and the practice of the List D schools. For example, a study comparing children sent to the same schools by the Courts and the Children's Hearings examined the philosophical orientation of the List D school staff.<sup>25</sup> On the critical dimension of control-treatment, staff in each of four schools differed markedly in the description they gave of their ideology and their work. There was also a tendency for the staff of these schools to see themselves as being at variance

with Children's Panel members (the lay persons responsible for decision-making in the Children's Hearings system); if the List D ideology was one of 'treatment', then panel members were seen as "control" oriented, and vice versa.

Actual beliefs held by panel members about List D schools were examined at length by Fox, Martin and Murray.<sup>26</sup> Panel members by and large had working notions of List Ds as places which offered children, "a stable, predictable and reliable environment where children might learn to conform to acceptable social standards." Such a vague and uninformative statement characterised the List D school as an institution which may incorporate practices equally well defined as "control" or "treatment" oriented. Giller,<sup>27</sup> in an article discussing the role of justice in residential settings, comments on a general effect of the "new vague philosophy", which increased confusion considerably; he points out that for staff who provide residential services or indeed for anyone concerned, the "vagueness" means that apparently identical programmes can derive support from opposite ends of the ideological spectrum.

The evidence presented so far supports the notion that the conceptualisation of the welfare system had stopped short at the point of enactment of appropriate legislation; that is, it was a conceptualisation in rhetoric alone; methods to be employed in order to apply the welfare principle in List D schools were never discussed, let alone described in detail and there was no discussion of resources in terms of trained personnel and specialisation in residential provision. The fundamental inconsistency between the principle of "the best interests of the child" and the prosecution of children in the interests of justice was further compounded by the products of both procedures being sent to the same institutions - the List D school and the secure units.

The failure of the Children's Hearings system or the List D schools to present an image which is easily identified with either penal or welfare

thinking is of course most acutely highlighted in the secure setting; the loss of liberty and prison-like surroundings are most difficult to rationalise in purely welfare terms.

There has been a general failure then, in Scotland and in Britain generally, to commit juvenile justice entirely to the welfare oriented approach encapsulated in the Kilbrandon solution, or to the criminal justice approach of the juvenile courts. Children arrive in List D schools, committed by two apparently incompatible systems. As we have seen, the views of staff both within and across List D schools would appear to coincide in general either with notions of treatment or control - leaving the mechanics of any treatment processes conspicuously unelaborated.

This duality of objectives emerged initially in the context of secure units only at the level of rhetoric. In England, the Franklin Report<sup>28</sup> acknowledged first of all the right of the community to protection, but at the same time emphasised the child's need for treatment as well as control. However, when the final plans for the design and running of the English secure units emerged, the more concrete, immediate objectives were clearly custodial and reflected the mores and ideology of the larger established Borstal training system. Government officials planning the units south of the border showed no initial interest in incorporating the notion of treatment in the practice of the secure units; staff were not to be especially trained, nor was there to be any special psychiatric or psychological provision. The children allocated to the units were to be simply those who were found to be disrupting the open school system or who were described as being beyond its scope.

It seems that closed units were not, initially at least, intended to be more than specialised "prisons" for the very young - or "closed" approved schools.<sup>29</sup> But the secure units in Scotland (two at the time of the research but now three) were attached to approved schools which, of course, under the new system became List Ds; in England also units attached to CHEs were common. It is not

surprising, then, that the welfare ideology of the parent institutions highlighted the ironic position of the secure units; secure units soon began to refuse to be described as purely punitive outposts of a caring system - dealing with the failures of that system. They attempted to develop away from their penal image towards one of treatment guided by the welfare principle. However, in the secure units, as in the List D schools, there was considerable confusion generated by both the vague welfare philosophy and the contradictory double track system described earlier, a confusion illustrated by the lack of clear-cut legislation governing the committal of children to custody. In the case of the unit which is the subject of this study, the already blurred and uncertain treatment oriented philosophy of the parent school and the views of the Headmasters and the Deputies appointed appear to have been the most important factors influencing its ultimate confused practice and philosophy. The comments of both Headmasters<sup>30</sup> regarding the development of the unit revealed the vagueness in thinking behind its immediate purpose. The original Headmaster of the parent school and the secure unit made the following comments:

In Brentwood the staff behaved like gurus creating a "brave new world" for inmates. We never thought in those (treatment) terms. We wanted basically a therapeutic community. I had carte blanche about the unit. I was never told to have any particular kind of regime. The first appointed Deputy had a good experience in the secure units in Canada. But Reality Therapy - it seemed very limited to me - just control - that's all there was to that. But staff in the unit thought they had a formula. They liked it. It gave them confidence. Actually, nothing really works, except perhaps talking. I felt that Reality Therapy was a start to developing a staff that would talk to children. When that Deputy left, I told the new Deputy I wanted to ease out of Reality Therapy and for the unit to run more as the Main School does.

[How does the Main School run?]

I can't describe how I ran the place really. An "executive" List D Head might pretend he knew. To an outsider I would say I run a professional child care organisation. But personality and experience of staff are

what affect the ideology of the place more than anything.

The subsequent Headmaster's view of treatment in the unit confirms that of the first; there was never any clear formulation in the Headmasters' minds or in the minds of those who funded the building of the unit to produce a treatment model aimed at eradicating the behavioural and emotional problems of the delinquent and maladjusted children likely to be referred there. The regime was never prescribed; rather it emerged due to the particular experiences of the first Deputy. At the legislative level, the orientation was not considered to be of overriding importance. It seems that from a vacuum created by an environment which must provide containment, a therapeutic ideology was expected to develop. The purely punitive approach would not have been acceptable to child care professionals since it soon undermined the efficacy of the open institutions, and therefore professional status, and because the penal nature of the units might have encouraged a strong liaison with penal or Borstal systems.

This attitude, whilst illustrating a degree of vagueness as to how the welfare ideology should be applied in such cases, also reflects a certain scepticism on the part of Headmasters about ideas of treatment. But despite this scepticism and the clearly identified lack of treatment programmes, from the viewpoint of the original managers at least, the secure unit began as a treatment centre, practising Reality Therapy.

The question emerges from discussion of the history of the secure unit: how are the apparently conflicting notions of welfare and containment characterised in the secure setting where there is loss of liberty for the child and where conformity is demanded before welfare and treatment can even begin? As has been explained, the study is focused on the social processes affecting the placement of children in the unit and in the secure unit itself. It seemed clear that the issues discussed here and in the introductory chapter



would have detectable effects in the two focal points of the study: (a) the professional management of the process of selection of children for the unit could be expected to reflect lack of objectivity, lack of identifiable criteria for the selection of children considered suitable for confinement and lack of identifiable "symptoms" in those finally selected which would allow them to be described as extremely delinquent or extremely disturbed; these expectations were justified by research which had shown that secure units elsewhere served a purpose other than that supposed by the official descriptions of their potential population and treatment remit. And (b), the lack of evidence for the existence of actual treatment processes which were identifiable, i.e. definable, or if they did exist, were measurable in their effects, suggested there would be confusion and contradiction in the formulation of the unit's objectives - especially treatment objectives - amongst staff in the unit, vagueness about the role of containment, difficulties in describing treatment methods and outright contradictions between ideological statements contained in the unit's "official philosophy" regarding practice in the unit and the use of containment and physical control within the building.

#### (iv) HISTORY AND DESIGN OF THE UNIT

The secure unit exists in close physical proximity to a Roman Catholic List D School. The relationship between the two institutions is highly complex. Briefly, the school is a voluntary enterprise, for the most part financially supported and managed by the Roman Catholic Church. Thus, although it is a regional resource, government agencies have accorded it a significant measure of independence in policy and practice.

The secure unit, on the other hand, is directly funded by the government, whose officials usually treat it as an institution separate from the school. But both institutions share the same Board of Managers and the same Headmaster, to

whom the head of the unit is responsible. The Headmaster has considerable influence over the unit through his dominant position on the secure unit's Referrals Group, and through his right, until the 1983 Act,<sup>31</sup> to use the unit as an adjunct to the main school.

In the early 1970s, the Social Work Services Group (SWSG)<sup>32</sup> contacted the Board of Managers of the List D. The school had a reputation for unusual willingness to deal with difficult, older boys - particularly absconders. The SWSG proposed that the school undertake the running of a secure unit. The Headmaster, who had a reputation for holding somewhat progressive views about children in trouble, was pleased about the chance to have oversight of a closed unit, and to contribute to its architectural design as well as the development of its policy and practice. The only other existing secure unit<sup>33</sup> was by then being regarded as too isolated and as offering too few places at a time when there was strengthening pressure to increase the number of secure places. A decision was made for the school to accommodate a closed unit, initially to hold eighteen boys but with the possibility of six more places for girls if they were ever felt to be required. In fact the unit was extended to provide six places for girls in 1980.

The first architect's plans for the secure unit were prepared without consultation with the Headmaster of the school or with the Board of Managers; they were rejected by the Headmaster as unsatisfactory. They ran, he felt, very much along "prison lines" and did not match developing ideas of the unit as a therapeutic community. A further criticism of the original plan was that it made no provision for a gymnasium. The Headmaster urged that the original plans be scrapped. A discussion group including the Headmaster and the representatives of the Board of Managers collaborated with architects over the final design of the unit. The result was the physical layout of a building designed to reflect three independent group living arrangements with a communal recreation area, classrooms and offices. The sleeping area on the

second floor of the building reflected the three-unit arrangement. The physical recreation problem was solved by building the secure unit close to the main school gymnasium and providing access to children in the unit via a secure door. But only the layout of the unit was altered. In essence it remained a prison which is clear from the high level of physical security it imposes on inmates.

Fig. 1 represents the final plan for the ground floor living area of the unit; the area was divided into three, each living unit ideally holding six boys and two girls.<sup>34</sup> The units were known as "Yellow", "Green" and "Blue". The three living areas looked out onto the central area - known by children and staff as the "TT" area - the table tennis area - since it houses a table tennis table.

Each of the three living units consisted of one large room divided into a kitchen/dining area with a dining table and chairs, and a sitting area which is carpeted and has a television and stereo equipment.

Fig. 2 shows the second floor plan - the sleeping area. Here there were three corridors, each containing six "bedrooms" (except for one which contained eight). Girls slept in a separate corridor from the boys. In addition there was a separate, self-contained unit known as the "MPU" - "Multi-Purpose Unit". This unit contains two cells furnished only with beds, and had a shower room and toilet nearby. It was provided for the isolation of children whose behaviour was found by staff to be particularly difficult or violent. It was, however, put to many other uses: for emergency admission during the night; as a spare bedroom when the rest were full; and, most importantly, for the detention of boys from the main school whose behaviour has been deemed, in the words of a member of the care staff, to require "shock treatment". This practice was subsequently to stop with changes in personnel in positions of authority in the unit and the main school. It was not, however, uncommon, and such boys would be confined alone for forty-eight hours or more, taking their

Project Secure Unit Kenmare St Mary's Boys School Bishopsggs		John Drummond - Partners Architects 041-332-8072 11 Lynschock St. Glasgow C3	
scale	date	drawn	
1:100	07/03	J.P.	
drw. no.	67/33		

Ground Floor Plan

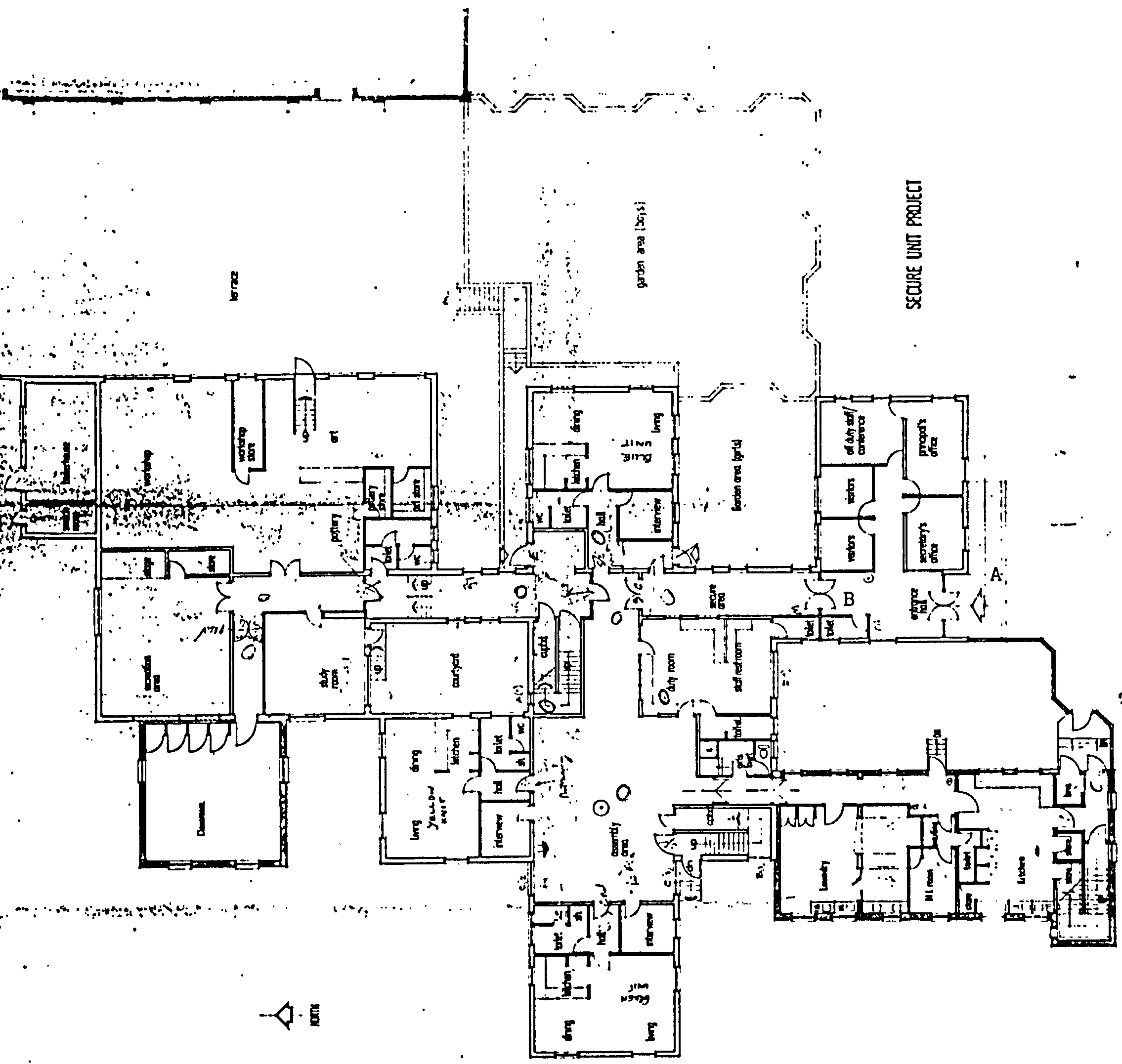


FIGURE 1

ARCHITECT: S. J. JAMES ARCHITECTS  
AND ASSOCIATES  
1000 BROADWAY  
NEW YORK, N.Y. 10018

First Floor Plan

Project		Secure Unit	
Client		Kenmare St. Mary's	
Architect		Boys School	
Designer		Bishopbriggs	
Architect		John Drummond - Partners	
Address		041-332-8072	
City		11 Lynwood Bl. Glasgow G3	
Date	Drawn		
Drawn		474/37	

SECURE UNIT PROJECT

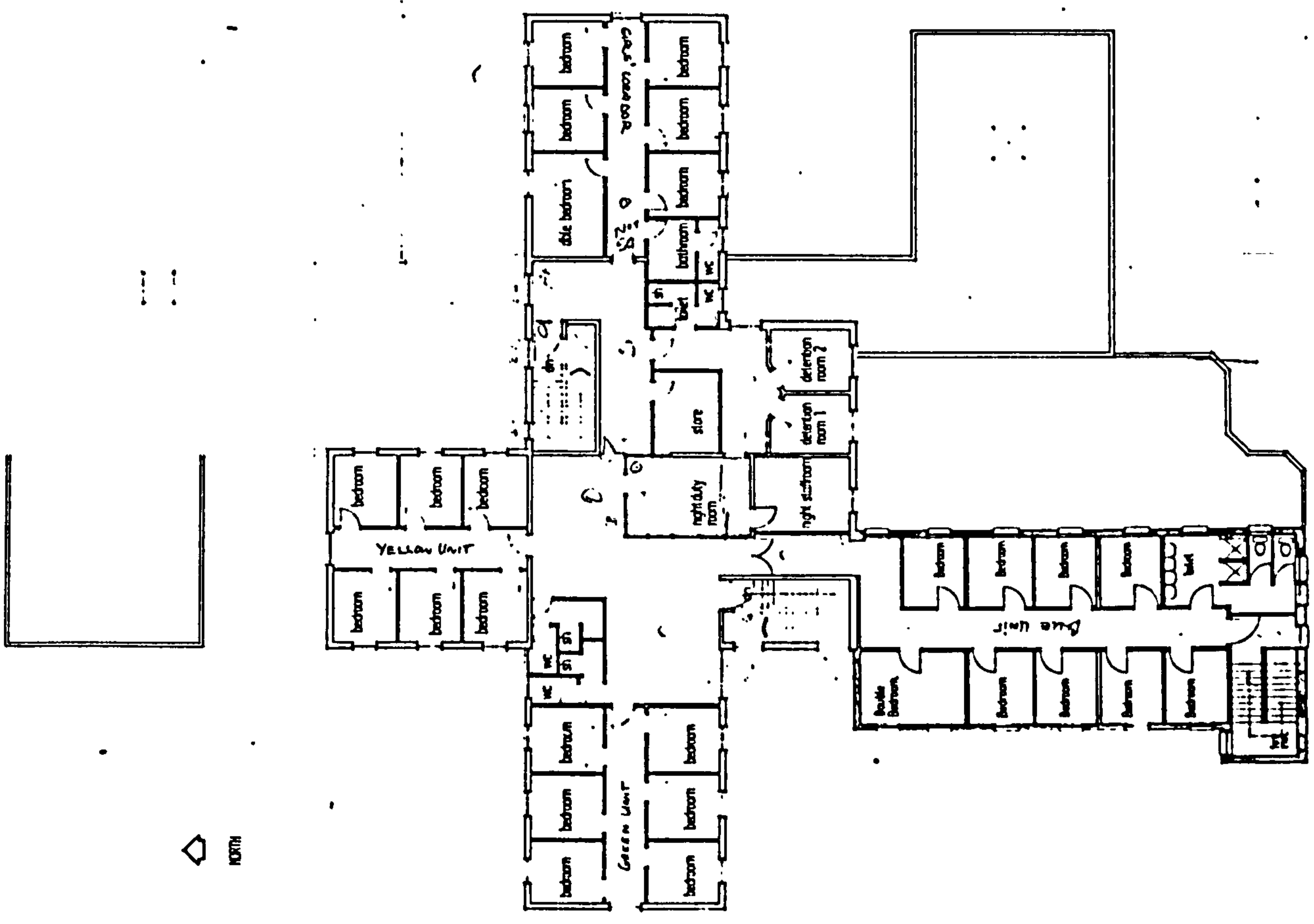


FIGURE 2

meals in the locked cells. This isolation from other children was intended to intensify the unpleasantness of their transfer to the unit, since otherwise, as the then Headmaster pointed out, they might enjoy their stay - which would defeat the purpose of sending them there in the first place.

Externally, the unit had two small outdoor yards, both surrounded by walls approximately fifteen feet high.

Despite the concern on the part of the Headmaster to promote a therapeutic regime in the unit by limiting its prison-like aspects and allowing for small group living units, the concern for security, close supervision and restriction of inmates was nevertheless basic and paramount. In fact, the first Headmaster's successor saw the division of units into three not solely as a treatment measure but also as a control measure:

It is, of course, a lot easier to have two staff with six kids than six staff looking after eighteen kids.

It is no real surprise that custodial aspects of the unit's design are so obvious. The DHSS recommendations regarding the design of such units indicate that these aspects are more important than any others.<sup>35</sup>

In a secure unit, the first essential of the arrangements is continuous and effective control.

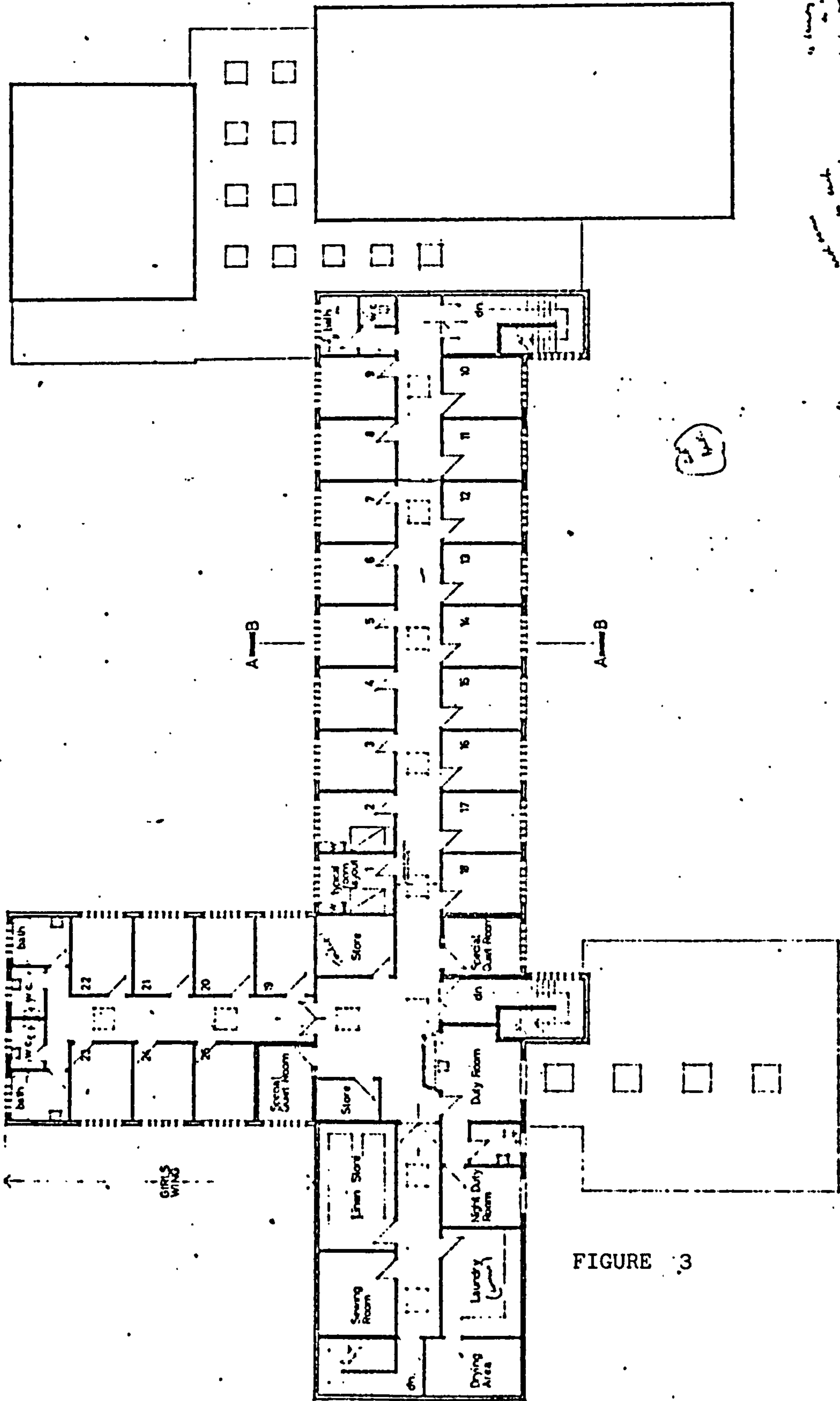
The security of the building is monitored by an electronic alarm system. In order to enter the building, three sets of doors must be unlocked by a staff member authorised to carry the appropriate keys. Doors A and B in Fig. 1 are in fact barred iron gates. Once admitted to the unit, it is not possible to leave unsupervised. Access to the second floor of the building is via one of the two stairways with locked doors at the top and the bottom.

Children's "bedrooms" (Fig. 2) are, as has been stated, cells, since they are clearly designed primarily for containment: the steel doors are locked from the outside, and peep-holes allow staff to observe the occupants at any time without

them necessarily being aware that they are under surveillance. To call these rooms "cells" raises what is more than a merely semantic issue about terminology: "referral" to and "acceptance" of "secure accommodation" in a "wing", "unit", or "suite", especially where the confinement is solitary and extensive in a "multi-purpose unit" may serve to help the child so accommodated to feel that he or she is not being imprisoned, and to help staff feel they are different from prison warders. But as the thesis will argue, this sort of terminology is intentionally mystificatory, disguising all the prison-like features of the secure unit without making it less prison-like in real terms. Staff, perhaps for reasons to do with establishing interpersonal relations and their own professional identities, resist the use of prison-related terms, and correct new members of staff who on occasion call bedrooms "cells". As the thesis will demonstrate, euphemism is a major rhetorical tool in transforming what are essentially issues of incarceration, control and punishment into ones of welfare and treatment. The role of such rhetoric is a major theme in analysing the data and will be taken up in the following chapters.

The bedrooms are arranged around a central area containing a night duty office. Here, as in the staff offices downstairs, a display panel linked to buzzers in all bedrooms and in the "multi-purpose unit" indicate when a confined child requires attention by pressing a connecting button in his or her room. A further alarm system exists for the protection of staff, known as the "panic button": staff who find themselves in a threatening situation with an inmate are able to alert all staff in the building, who will immediately provide assistance.

Restriction of movement to, from and within the building, and close continuous supervision of inmates by staff within the living and sleeping areas, are in part prompted by the design of the building and the security systems incorporated in the design. Fig. 3 shows the earlier plan for the design of the



FIRST FLOOR PLAN

FIGURE 3

is being surveyed to be  
 in use.  
 should be done

22

PROJECT: ...  
 'A' LAYOUT ALTERED 4-2-77  
 SCHEME 2

Structure ...  
 on ...  
 (notes)

Project  
 Special Unit at  
 Kenmore St. Mary's  
 Boys' School

John Drummond & Partners  
 Architects 041-322 8072  
 11 Lynedoch St. Glasgow C3

Scale 1/200  
 Date 10 Jan 72  
 Drawn  
 251



unit which was rejected by the then Headmaster, because of its closeness to conventional Borstal and prison designs. There are no "living areas", and the inmate population would be organised and supervised as a whole. The existence of "observation" areas pre-defines the role of staff, anticipating a greater physical and social distance between the two categories. In contrast, the final plans for the Ogilvie Wing succeed in reducing the social distance between staff and children by encouraging contact in the social setting of the three group living units. One can perceive potential supervisory and possible "treatment" objectives in this design for closer staff-child proximity, with obstacles to the development of a "them vs. us" attitude among the inmates. But on the other hand, this could lead to a greater personal imposition by staff, and perhaps to a growth of personal dependence on staff members by inmates. In this sense there is an immediate ambivalence in the design of the unit, given the simultaneous presence of detailed security precautions and alarm systems for use by staff solely for purposes of containment.

Within the institution, it is clear that the idea of living units and small group arrangements had not led to a lessening of the "institutional" appearance of the accommodation, furnishings and decor of the unit as a whole. Significantly, the overall size of the unit had to be cut back because of reductions in the budget. As a result, staff and children felt cramped, with staff, for example, being constrained to use the laundry room as a common room. This was not provided in the original design and staff not on duty were expected to use the central office - known as the "goldfish bowl" - where they might see and be seen by other staff and inmates.

Opportunity for recreation, both in terms of space and equipment, is severely limited: within the confines of the building, one table tennis table and one pool table represent the sum total of available resources for twenty-four children. The gymnasium is outwith the building and must be shared with the

children of the main school.

"Bedrooms" are small<sup>36</sup> and furniture limited. Windows are small and placed high in the wall. The ventilation and heating systems in these rooms are inadequate - as they are generally throughout the building. In summertime, conditions tend to be oppressive, and in winter they are subject to cold and damp. Vision is greatly restricted throughout the building, and all windows are barred.

Some redecoration was carried out during the period of the research but until then the three living units were marked by their impersonality. Decorated in the muted colours favoured by many public institutions, and furnished with utility-type chairs and metal lockers, they were - all three - almost indistinguishable. There were very few signs of any "personal" touch, by children or staff.

During the research period, there was evidence throughout the unit of neglect, and no doubt by some standards, a lack of hygiene. Broken furniture remained so, and in places the paint and plasterwork were in a state of disrepair. For some, no doubt, the low ceilings and small, sparse barred windows, together with the lack of space, ventilation and views, all contributed to an oppressive, claustrophobic and unstimulating atmosphere for both children and staff. The photographs (Fig. 4) indicate the basically prison-like features of the building.

The secure unit began, then, as did the other units in Scotland and England with a general remit to provide "effective and continuous control". The Headmaster's desire for a therapeutic community was in many ways an echo of the reaction south of the border to the penal design of the secure units there. As was noted earlier, staff who ran these units in the early days rejected the penal philosophy, and pushed for a welfare and treatment identity instead. Likewise the Headmaster of St. Mary's, having experienced the effects of an



FIGUR

apparently radical change in thinking brought into being by the Social Work Scotland Act 1968 and the philosophy of the Children's Hearings system, was not prepared to run a children's prison; the notion of the child's best interests, of treatment and welfare, now characterised the public image of the List D system. It was to be expected that they would characterise the secure unit as well. But the question which then arose was how the new welfare ideology would affect the functioning of a custodial institution and vice versa.

#### (v) THE SECURE UNIT AND THE MAIN SCHOOL

Since historically in Scotland there has always been a close tie between the secure units and their parent institution, List D schools, the logical place to begin a description of the function of the unit is by describing its relation to the main institution.

Staff comments indicated that relations between St. Mary's and the secure unit were never clearly defined, nor, arguably, have they ever been particularly good or beneficial to either institution. A unit staff member characterised the relationship between the open and closed schools as a "mutual lack of confidence, the hallmark of which is the careful avoidance of communication". And, in the words of a care worker,

There have been problems since the outset. Eight main school staff applied for posts in the unit when it first opened. Only two were accepted. That's what started the problem.

The care worker quoted above was suggesting that the appointment of an external Deputy and a majority of external staff gave the new secure unit a somewhat elitist air. This was apparently reinforced by the attitudes of the Deputy when the unit finally opened; he felt that close identification of the unit with the main school was to be avoided.

The early management preached separatism. This was continued quietly over the years. They (the management

of the unit) would say, "tell them nothing". That was ridiculous because so many of the kids came from there and we needed background information.

So, according to secure unit staff, the main school saw the unit as "elitist" and "separatist", even, boastful of its remit to care for and control the most difficult children in the system. Resentment emerged based on the notion that unit staff had a comparatively easy time since troublesome children could be swiftly locked away in their rooms or in isolation cells - whereas the main school had no such "easy option". If relations got off to a bad start between the two institutions, the subsequent<sup>37</sup> Headmaster's attitude to the unit as primarily a school resource clarified mutual attitudes not merely of resentment and "separatism" but of antagonism.

It's a "them and us" situation now. The Headmaster generated the problem by placing kids here willy-nilly from the main school. It makes the place look like a private prison. (*Team leader in unit*)

It appears that the "separatist" attitude of unit management staff and the use of the unit as a main school resource by the second Headmaster conspired to create the situation where neither institution benefited from the presence of the other; unit staff resented the, at times, quite ruthless imposition of children sent in from the main institution for short-term "disciplinary" placements and they did not as a rule feel confident in transferring children from the secure unit to St. Mary's; pupil commitment to the main school, particularly amongst those who had come into the secure unit from the main school, was low, and few desired to return there after a term in security. Unit staff felt that the main school had a low motivation to sustain children in the open setting, especially after a period in the secure unit; they felt, and observations confirmed, that main school staff often presented the unit as a threat to unruly pupils in the main school. As Milham *et al.*<sup>38</sup> point out, it is unwise to build small secure units to solve the problems of the parent institution. Discussing units in

English settings which are similar though not identical to the unit in question, they point out that the stability of such units is often problematic. They suggest that these units may only be successful if the main institution to which they are attached is itself stable and free from serious problems of morale or control before it can be asked to accommodate a secure unit. This may have been the case when the unit was first opened, but changes in leadership and the subsequent resignation of the second Headmaster, combined with a general threat to the existence of the school (and others of its kind in Scotland), are external factors which conspired to lower staff morale in the main institution and subsequently in the unit.

But the underlying problem between the two institutions was more to do with the clash between policy objectives and the experience of the reality of secure provision within the List D system than with secondary problems of instability, morale, resentment and jealousy of staff involved, although these are undoubtedly related to the former.

In this case, the role of the locked institution in relation to the main school was never made clear. One school document describes it vaguely as a "List D resource". The first Headmaster's comments were equally vague about both its practices and the children it would be designed to treat. The unit emerged with a multiplicity of functions and a diversity of confused expectations concerning its role.

The "overseeing" role of the Headmaster as head of both institutions clearly contributed to undermining the apparent planned autonomy of the closed unit when it first opened - planned, that is, by the managers of the unit itself whose ideas on the very separate identity of the unit were at odds with those of the Head. Furthermore, the lack of any legal strictures on committal worked against the development of a systematic approach to placements by the Headmaster. Because of the crucial discretionary position of the head, the unit

was able to create and act upon its own set of implicit policies regarding the acceptance and rejection of children. Given the *carte blanche* which unattainable rhetorical evocations create, a local system emerged between these two institutions which was both idiosyncratic and arbitrary in its committal of children, the unit itself depending largely on professional improvisation rather than organisation which could be identified as drawn from wider ideological parameters.

To summarise, the following factors may be seen as contributing to local difficulties in the formulation of a coherent philosophy and treatment practice in the secure unit:

- (1) general problems of reconciling the welfare model based on treatment of the individual with the justice model of punishment, particularly when the institution is penal in design
- (2) the lack of a true discussion about the purpose of the secure unit, defined vaguely as a "List D resource"
- (3) the lack of autonomy for the secure unit managers and the autonomy of the Head of St. Mary's over both institutions. This has led to an inability on the part of the unit to develop any coherent policy regarding selection of children, and, *ipso facto*, the treatment of children.<sup>39</sup>

The third point is well substantiated by observation of the practice of the school's RG and the almost exclusive power exercised by the Headmasters in the placement of children and in many cases in their length of stay. The above situation becomes all the more anomalous when one bears in mind the initial point made by a unit staff member that what characterised the relationship between the open and closed schools was:

A mutual lack of confidence, the hallmark of which is the careful avoidance of communication. (secure unit social worker)

## (vi) THE STAFF GROUP: CHARACTERISTICS AND ORGANISATION

(a) *Staff Structure*

Staff structure in the unit is hierarchical and the Headmaster has the ultimate say in all matters relating to both the unit and the main school (see Figure 5). At the time of the study, the staff complement (44) included the following posts, though not all of these were full all of the time: a management team including the Head of the secure unit but described as deputising for the Headmaster; two "thirds-in-charge", one whose responsibility was for educational and related concerns and the other whose responsibility was for social work or "care" concerns; one co-ordinator responsible for the general administration of the staff group; four "team leaders" who had supervisory and organisational roles; sixteen care staff, who cared for and supervised children outside class hours; one senior teacher and four teachers; four instructors teaching trade skills (carpentry, painting and decorating, plumbing and printing); four night staff; one cook and one assistant; one part-time secretary and one cleaner. A senior social worker dealt with case work for the unit.<sup>40</sup>

The unit ran on a dual shift system during the school term time, changing to a single shift "long day" system, where during the school holidays two alternating staff groups worked from 8 a.m. until 11 p.m. for two days and were then off duty for two days.

<b>Care Staff Shift System: Term Time</b>				
<b>Shift</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>
A	8 a.m. - 5 p.m.	8 a.m. - 5 p.m.	2 p.m. - 11 p.m.	2 p.m. - 11 p.m.
B	2 p.m. - 11 p.m.	2 p.m. - 11 p.m.	8 a.m. - 5 p.m.	8 a.m. - 5 p.m.

Care staff worked one weekend in four from 10 a.m. until 10.30 p.m. both days. Friday evenings were also covered by the weekend team. Teaching staff worked 10 a.m. till 5 p.m. with one late night a week (6.30 p.m. - 9.30 p.m.) and



one weekend in four.

(b) *Responsibilities*

The bulk of the responsibility for running the unit fell on the Deputy, with occasional input from the Headmaster. The Deputy, both as part of the RG and in dealings with outside agents, was the chief link between the unit and the outside world.

The Deputy had almost complete autonomy in the running of the unit and complete jurisdiction over children once they were in the building. But he had a considerably reduced role in the process of selecting or rejecting children who were referred.

In the secure unit, the rest of the staff, whether senior or junior in status, had relatively limited decision-making power. Case conferences and meetings not presided over by the Deputy appeared to hold the semblance of power, but it was merely a semblance. Any decision regarding children, in particular those concerning leave, outings or release, required the approval of the Deputy.

Thirde-in-charge and team leaders took responsibility for the daily running of the unit and internal administration; they did not generate policy or practice directly - this was yet another function of the Deputy. They, for example, prepared timetables, wrote reports, chaired review meetings and maintained internal and external security. Their role in ironing out the various organisational problems that junior staff presented was somewhat curtailed by their lack of true authority. This centralisation of decision-making power was coupled with a very poor downward flow of communication of decisions made by the Deputy and eventually fed to staff through the thirds-in-charge. Team leaders had something of a diffuse role, opening and closing doors for which more junior staff had no keys, supervising movement of groups as the timetable demanded and supplementing and supervising care staff

activities. Teachers and the senior assistants provided education and were also involved in care duties. Course Instructors provided trade instruction and were expected to contribute to child care, both attending meetings on children and sharing in the social supervision of children in the units. Care staff were the largest staff group and the role adopted by the care worker in the secure unit was the most elaborate but paradoxically the least well defined - at the same time conferring the least status for the individual workers. The care worker was expected to deal with the domestic needs of children and with social work objectives - the alleviation of the child's problems through "treatment". The physical duties were clear-cut but interviews with care workers and a glance at the original school manual (now defunct) confirmed that the social/treatment aspects were difficult to define: the manual describes the care worker as "the Jack of all trades - and Master of them all".

(c) *Professional Qualifications*

Both Acting Deputy and Deputy in the unit were teachers by training and qualification, and both had taught for a number of years in the main school.

Despite the treatment orientation of secure units, this was perhaps to be expected, since most heads of secure units appear to have a teaching background. All of the principals spoken to by Milham *et al.*,<sup>41</sup> in their study of secure provision in England, were teachers. Even the first Youth Treatment Centre in England<sup>42</sup> abandoned its initial policy of giving a psychiatrist overall responsibility for the institution and appointed a CHE headmaster instead.

At first sight it should not be surprising to find that those in charge of security had teaching qualifications - secure units are, after all, part of the List D school system and open to inspection by the SED (of which the SWSG is a part). But, in the secure unit at least, the qualifications of staff did not really reflect a commitment to providing a wide array of secondary school level courses. The

Deputy and Acting Deputy had primary school qualifications - although they did no active teaching; the senior assistant and acting "third-in-charge" held secondary school qualifications in physical education, one teacher had an English middle school qualification, and the remaining three were qualified for secondary school teaching in art, domestic science and economics.

Care staff as a category were considerably less professionally qualified than teaching staff. Again this should come as no surprise. As Milham *et al.* point out:<sup>43</sup>

When some aspect of residential provision is scrutinised by research, the lack of trained staff is repeatedly highlighted.

It is this relative under-qualification which contributes to a tendency for residential care staff to feel they have limited standing compared to teachers and senior staff - a feeling shared in the unit by the instructors. Of the thirteen care staff interviewed, only three had a social work qualification. And, like care staff elsewhere, they were faced with obstacles to their becoming qualified. The secure unit did not provide access to or encourage professional training for more than a few; and there was no in-service training.

Interestingly, none of the teachers or instructors had social work qualifications; and among senior staff, only the "third-in-charge social work" was so qualified.

#### (d) *Staff Relations*

A number of questions in the interview schedule<sup>44</sup> were directed at the nature of staff organisation and staff relations. The answers contribute to an understanding of the basic organisation and philosophy of the unit.

One question dealt with the presence of "tensions" amongst staff groups and the reasons for them. The question asked: *"Would you say there are tensions between different groups of workers in the unit? Which groups?"*

*Why?* All staff felt tensions existed amongst and across all staff groups and gave a wide range of reasons for their existence.

Each group has different working conditions and the care staff have the worst conditions. One unit thinks it's best so there's rivalry too. (*Care worker*)

There's a conflict of ideas about the way things should be done here amongst all the different staff groups. (*Teacher*)

The care staff feel the teachers and instructors have an easier time; it comes down to the role everyone has in the place. Teachers and instructors don't like covering for care staff. They feel they are used as a stop-gap. Then the teachers and instructors want to run things - usually they've been here longer than care staff. (*Deputy of the unit*)

Problems over "professionalism", the development of staff cliques, the failure to develop common objectives, and resentment over job conditions were the main reasons given for "tensions" in the staff group. Residential institutions are often seen as riddled with intra-staff conflict; Street *et al.*<sup>45</sup> attribute these tensions on the whole to the failure of different subunits of staff to develop common goals and the existence therefore of "divergent staff perspectives". The present study finds similarly that the high degree of conflict reported by staff was not so much due to the different functions of the groups as due to their enforced interdependence in a situation of conflicting perspectives; and where such interdependence is high, so tension is also very high. Many examples exist in the observer's notes of the type of conflict described above: care staff felt teachers were "controllers", quick to discipline children or dismiss them from class without discussion, and that their approach was "superficial" and not treatment oriented; teachers felt care staff were responsible for sabotaging timetables and that they lacked professional commitment and organisation.

Tensions across all groups and between all groups and the management existed. Care staff in particular resented what they felt to be their lack of

autonomy in deciding about children in their charge. All groups felt that management had been deliberately divisive and prone to favouritism in the past, that decision making was delayed unnecessarily and that communication of management decisions to lower staff groups was very poor. Both Acting Deputy and Deputy were described as "interfering" in care staff roles, by overriding contracts<sup>46</sup> with children or making their own contracts with especially manipulative boys and girls.

Observing staff meetings, it appeared to be the case that "peaks and troughs" of tension occurred. As each group felt their interests threatened, a spokesperson would emerge and the same issues, apparently unresolvable, would be repeatedly discussed: teachers and the laxness of timetables, care staff and lack of clarity in unit policy over individual children, instructors and the failure of care staff to prevent vandalism in bedrooms, management and the lack or excess of control practices amongst staff; these and other more abstract (and perhaps more serious) issues were discussed at length by the whole staff group. A policy decision would be asserted but not implemented. The unit would proceed as before till conflict heightened and issues accumulated once again.

Two staff interview questions concerned the notions of conflict, interdependence, and the lack of shared goals; first:

*Would it be fair to say that, regardless of the rules, each staff person would tend to use their personal judgement in handling children?*

and secondly:

*Are you aware of clear differences between your own handling methods and beliefs about children and those of other staff?*

All staff were aware of differences in handling methods and beliefs in other staff and all but two answered positively to the first question. These answers

may indicate some association between the conflict and tension noted earlier and the lack of a shared staff ideology.

There are "trends" in handling. The "old guard" used to dominate: now they don't. Criticism of personal handling only happens if there's a mistake. Constructive criticism is very, very rare here. A middle road is the most effective route. (*Care worker*)

There's meant to be a standard practice but staff use their own judgement - they have to, though it doesn't help treatment. There are no set-down ideals so people do as they please. There's a lack of leadership - strong leadership. (*Instructor*)

Most of the time you are left a lot to your own devices here. (*Care worker*)

Yes - staff behaviour can't be standardised. (*Teacher*)

Quite a lot - I probably do - one shift in a unit can be consistent. No idea how other people function. Kids used to say we were "the good shift" - they prefer a lax approach. (*Care worker*)

Yes. The important thing is the way staff interpret "rules" to a child. A lot depends on length of experience staff have had. I don't think rules are that important here. They are not static - they keep changing. (*Team leader*)

There's consistency within each unit but not across the three units. (*Care worker*)

It appears then that staff comprised discrete groups whose various child handling methods were quite differently conceived; and the direction of some staff away from isolation and towards cooperation in child management planning merely exacerbated conflicting staff aims. Management appeared to offer little assistance and even less direction in formulating a common unit policy and were even seen by staff as being deliberately divisive. Rivalry and even lack of communication across shifts created rifts between staff performing identical roles with the same children, and the comment made by one staff member that children have preferences for a particular style of approach in staff suggests that they too contribute to the tension and discomfort between staff groups.

At the time of the research, the unit was characterised by a lack of written material outlining the goals of the institution. A handbook for guidance of staff had been prepared in the early months of the unit's life prior to any placement of children; this handbook had fallen out of use, though its prior usefulness was regularly remarked upon by longstanding staff members in terms of the clarity it gave to the task in hand.<sup>47</sup>

The comments of staff in the preceding section are certainly challenging to the notion of a coherent ideology, treatment oriented or otherwise. Whether or not this is due to a clash between competing ideologies, as some of the literature suggests, will be examined later

## References

1. The incident is described in Milham *et al.*, *op. cit.*
2. *The Glasgow Herald*, 21 October 1958: some staff in the unit recalled a disturbance at St. John's in 1964, although there were no newspaper reports of such an occurrence. The St. John's affair seems to qualify as one of those myths which provide the basis for "moral panic".
3. The Franklin Report, *op. cit.*
4. Clarke and Martin, *op. cit.*
5. The Report of the Approved Schools' Central Advisory Committee on Closed and Other Special Facilities 1960, London: HMSO.
6. The Report of the Children's Legal Centre (1982) *Locked Up in Care*.
7. The European Convention on Human Rights, Article 5, para. 4.
8. The Report of the Children's Legal Centre, *op. cit.*, p.6.
9. Contained in The Health and Social Services and Social Security Adjudications Act 1983, London: HMSO.
10. DHSS *Secure Accommodation in Community Homes*, LA Circular 1975/1.
11. *Ibid.*
12. See Milham *et al.*, *op. cit.* and Petrie, K. (1980) *The Nowhere Boys: A Comparative Study of Open and Closed Residential Treatment*, Aldershot: Gower.
13. Morris, A. and McIsaac, M. (1978) *Juvenile Justice*, London: Heinemann.
14. Martin, F., Fox S. and Murray, K. (1981) *Children Out of Court*, Scottish Academic Press.
15. Milham *et al.*, *op. cit.*
16. Cawson and Martell, *op. cit.*
17. Milham *et al.*, *op. cit.*
18. Extract from the List D Schools Psychologists' response to a Social Work Services Group circular, *The Use of Secure Accommodation for Children:*



*Proposed New Arrangements: Section 3, General Criteria* (1983).

19. The Kilbrandon Report, *op. cit.*
20. *Ibid.*
21. White Paper *op. cit.*
22. The practices of the Referrals Group are the subject of analysis in Chapters 5 and 6 of the study. The term RG will be used from now on to denote the Referrals Group.
23. Sections of the Criminal Procedure (Scotland) Act 1975.
24. Either arising indirectly from social workers' recommendation to the Court or from the Court itself.
25. Rushforth, M. (1978) "Committal to residential care: a case study in juvenile justice", Scottish Office Central Research Unit.
26. Fox *et al.*, *op. cit.*
27. Giller, H. (1983) "Residential services and justice", in Morris, A. and Giller, H. (eds.) *Providing Criminal Justice for Children*, USA: Edward Arnold.
28. The Franklin Report, *op. cit.*
29. *Ibid.*
30. It should be noted that in the course of the fieldwork for the study the secure unit and the parent institution had two different headmasters. The unit itself had an Acting Deputy, since the Deputy had gone on a two-year training course. The Headmaster of the parent institution was also technically head of the secure unit, though in practice the Deputy ran the unit.
31. The Health and Social Services and Social Security Adjudications Act 1983, Section 8, Summary iv, vi, London: HMSO.
32. The government agency controlling residential child care resources, hereafter referred to as the SWSG.
33. Rossi Farm List D School's secure unit, the Macdonald Wing.

34. Overcrowding was common in the unit; eleven children have been known to be held in one living unit.
35. See DHSS (1977) *Community Homes, Design Guidance - A Small Secure Unit*.
36. Approximately eight square metres.
37. During the research period the Head resigned. The previous Head then in retirement took over the running of the school once again. He had been Head when the secure unit first opened.
38. Milham *et al.*, *op. cit.*
39. Clearly, the outline of a treatment policy is predicated on the basis of the "ailments" to be treated - that is, on the type of children selected.
40. It should be noted that there was considerable staff turnover during the research period. Three out of the four longstanding instructors left, as did many of the care staff. No teachers or senior staff resigned, however.
41. Milham *et al.*, *op. cit.*
42. None exist in Scotland to date.
43. Milham *et al.* (1980) *Learning to Care: The Training of Staff for Residential Social Work with Young People*, Aldershot: Gower.
44. See Appendix I.
45. Street *et al.*, *op. cit.*
46. "Contracts" are used by staff to control children's behaviour; for example, a child confined to his room for swearing may be asked to write a statement saying he will not swear again, in order to be let out of the room. Such arrangements are known as contracts.
47. The contents of this handbook will be the subject of a later discussion.

## **Chapter Five**

### **Processes of Referral and Committal**

#### **(i) INTRODUCTION**

In Chapter Four the conceptual and historical background to the emergence of secure units was examined. It could be seen that, from the outset, these units called into question the ambiguous nature of rhetoric which described their purpose in welfare and treatment terms and overlooked or obscured their penal and punitive aspects. Children were locked up for indeterminate periods for "their own good", for rehabilitation and for treatment, but never explicitly for punishment. But it appeared that treatment rhetoric had no clear parallel in the reality of the management of secure provision.<sup>1</sup> Committal to the units was an arbitrary procedure, unrelated either to the features of those committed or to the professional rhetoric of treatment and welfare which ostensibly rationalised confinement.

The following chapter presents an empirical study of processes of referral and committal to the secure unit. It sets out to demonstrate the gap between official rhetoric and the reality of processes whereby children are selected and confined. Professional discretion is examined: can it be seen to reflect official accounts of the system or does it represent an alternative to rhetoric?

The secure units can be seen to reflect a process of continual expansion in deviancy control. In the context of juvenile justice and child care they offer a penal-like resource which until recently at least was free of legal strictures and wholly rationalised by professional treatment rhetoric. Their role reflects the failure of community surveillance and open residential resources for particular individuals. But they are also part of the overall growth of the system, in that rather than being replaced or supplemented by the trend towards

decarceration, custodial institutions are increasing proportionately to the growth in community surveillance. In Britain there has been no decline in the numbers of juvenile offenders in custodial institutions. Even where anti-institution and pro-community rhetoric has been strongest, i.e in the juvenile context, the increase in the use of custody has been larger and more dramatic than for adults. The only conclusion which statistical evidence provides is that the system overall is getting larger; the general rhetorical demands of the destructuring movement are not reflected in a detectable, concrete shift away from custodial provision towards community provision. But the case of the secure unit is particularly interesting since it is characterised not as a penal resource but as a welfare resource. A child need not be charged with an offence to warrant a period in custody, since rhetorically, containment is a means to treat and not to punish.

The particular autonomy of the professional in juvenile justice and the contradictory values inherent in the welfare philosophy were examined in the introductory chapter. Theoretically they can be seen to give rise to an expression of power at the lower levels of the system which is anarchic and unpredictable. The system can be seen to have no unifying logic. Local subsystems might be expected to display an autonomous selectivity in professional focus - a freedom which allows the sporadic emergence of temporary popular theory in the management of juvenile deviance. As a result, professional discretion may appear random and arbitrary. The power of the lower level professional in the juvenile context - the social worker and child care professional - can be seen to be largely derived from psychiatry. It can be identified as an offshoot with its own ideologies and systems of classification. From the monopoly established by psychiatry with its esoteric knowledge, claims of effectiveness and, most importantly, its established right to treat, the rhetoric and ideology of the child care professional represents one

strand of the various refinements and developments which have characterised the growth of power over "the social".

With their institutional base in the asylum, their powerful set of analogies to physical and preventive medicine and with their claims to unique knowledge and skill, psychiatrists have been able to conquer more and more areas of social life. The apotheosis of the rise of the therapeutic is seen as the eventual replacement of the older moralities of right and wrong with the newer ethic of health and illness.<sup>2</sup>

Although sociological studies on psychiatry exist in abundance, the processes of deviancy control have not as yet been subject to such thorough analysis. What little there is is largely concentrated upon prison communities and the police. Overall there is little information on what Cohen describes as the "soft" end of the system - the end which relies most heavily on "the therapeutic" and is operated by social workers, psychologists and child care professionals. At present the fact that this end of the system is continually expanding and diversifying is its most salient feature in the context of sociological or statistical analysis.<sup>3,4</sup> Little is known about the experience or action of these professionals in dealing with the day to day running of the juvenile justice/child care system.

In the present study a number of different professionals collaborate in part of an overall strategy of selection, classification and management of particular young people who are characterised as "in need of secure provision".

Official rhetoric on the functioning of the unit in terms of treatment is typically vague and uninformative: for example - one government manual deals very briefly with the secure unit's programme, a term used to refer to treatment.

In a secure unit, the first essential of arrangements is continuous and effective control. Further essentials are flexibility and the encouragement of creative activity. The programme has to be adjusted from day to day and sometimes from hour to hour both to enable the individual child to have the undivided attention of one member of staff if he requires it and to respond to changes in the

composition of the group and in the condition of the children in it. A special emphasis on creative activity is required to counteract the frustration which a physically restricted environment must tend to produce and which leads to disruptive behaviour or to passivity. A child who needs physical security will usually have much to learn socially and academically and will learn best through the medium of an activity in which he can readily see himself to be making something or achieving something which he can recognise as worthwhile.<sup>5</sup>

The commentary on "programme" given above reinforces the impression that the secure units have autonomy regarding the content of treatment approaches, especially since "control" is implicit in the design of the building and need not be a product of a particular ideology or regime.

In terms of the theoretical position outlined in Chapters One and Two, processes of referral, selection, diagnosis, assessment and treatment justify the gathering of elaborate information on individuals and therefore allow penetration into the private life of the child and family. But most of this information can be shown not only to be of little substance and consistency, but of little relevance too. Processes of assessment and classification are based in part on selective use of partial data; and in turn, they do not appear to inform or correlate with professional decision-making as it affects management of children. Not surprisingly, therefore, they do not appear to achieve tangible results in terms of successful outcome. The relationship between the futile information gathering of the deviancy control network and the paradoxical expansion of the system in developing and refining classification is summed up by Cohen.

Orwell's terrible image of totalitarianism was the boot eternally trampling a human face. My vision of social control is much more mundane and assuring. It is the eternal case conference, diagnostic and allocations board or pre-sentence investigation unit. Serious looking PhDs are sitting around a table. Each is studying the same computerised record, psychological profiles, case histories, neat files punched out on the word processor. The atmosphere is calm. Everyone present knows that no amount of criticism of individual treatment methods, no

empirical research, no dodo-bird verdicts can slow the work down. The reverse is true. The more negative the results, the more massive and baroque the enterprise of selection becomes: more psychological tests, more investigation units, more pre-sentence reports, more post sentence allocation centres, more contract forms, more case summaries, more referral notations, more prediction devices.<sup>6</sup>

But of course it is still plain that nothing works. Classification can be seen in all aspects as applied official rhetoric. The offender or deviant cannot apparently be matched to treatment resources which are effective. Classification is the major tool of the system, but its application is mythical, it is an immaterial reflection of rhetorical evocation. Particularly where children are concerned, the classificatory system is potent. Experts in the field of child development and family dynamics offer a vast array of theoretical explanations for delinquency. In delinquency, the influence of the expert ranges from the pre-natal to the post-educational with every possible developmental stage standardised and every possible deviation theoretically analysed. The practical demand is for vast amounts of information on individuals to be collected and classified and the individual subsequently labelled as representing such and such a kind of deviation. The information is designed to aid the process of decision making about the most appropriate course of action to eliminate the problem, but does not in fact serve this end.

The purpose of the next two chapters is to substantiate empirically the foregoing description of professional discretion and the role of classification. If at the abstract level the analysis of the gap between rhetoric and reality has begun to seem far-fetched or exaggerated, the data from interviews and observation and from analyses of the processes of decision making serve to demonstrate just how clear the gap becomes in a practical context. The study demonstrates that professional discretion is indeed arbitrary and that classification is both spurious and creative in that it can be seen to reflect

Foucault's<sup>7</sup> idea that the exercise of power through expert knowledge generates wider and wider spheres of influence regardless of efficacy. What is perhaps unexpected is the extent to which lower level professionals can be seen merely to pay lip service to the very processes which identify and support their expertise; although they appear to utilise the treatment rationale and classificatory processes, these may simultaneously be regarded as ineffective and inappropriate. Low level professionals can be characterised as "simplifying" the system - as decoding the complexities and ambivalence of welfare rhetoric. But welfare rhetoric and treatment rationale never quite disappear. They are evoked when they are required - particularly when the simplified practice model can be seen to threaten professional power and autonomy.

An analysis of the processes associated with the referral and committal of children to the secure unit was a major part of the remit for the initial project. Its design reflected the findings of similar research and was aimed at describing the practice of professional decision making in terms of its objectivity and consistency in selection of children for the unit. Official rhetoric, in particular that produced by government committees,<sup>8</sup> prompted the supposition that the unit's purpose was to hold and treat only the most disruptive and problematic youngsters. However, the limited research which had been carried out suggested that this was not what occurred.<sup>9</sup> The research indicated difficulties both in discovering systematic processes of identification of youngsters for secure provision and in generating categories of children either already incarcerated or likely to be in the future. For the purposes of the study, an analysis of data presented on children referred and their association with decisions to commit or not was carried out. The demonstrable lack of a clear association between data on children and subsequent decisions on custody was linked to the existence of underlying factors. Although the notion of such factors was considered to be crucial in explaining inconsistency in the



immediate context, discussion did not extend to considering the nature and the role of these factors as part of the inherent structure of social control mechanisms.

This chapter presents some of the data of the original study, but the focus of the analysis is shifted and developed to examine the data on two levels: the reality it represents and the tenuous nature of the association between that reality and the corresponding official and local rhetoric.

This reinterpretation of the data is in a sense only possible since the research is no longer so much part of the system which it set out to describe. Although there was an awareness of the wider theoretical and political implications contained in the data, it lacked appropriateness as a topic for government funded research and as a result it could only be presented in a partial and distorted way. In the following chapter, the theoretical position outlined earlier allows a deeper understanding of the processes at work in referrals and committals to the unit.

An analysis of the data shows the situation is complicated primarily by the fact that rhetoric hides and distorts an understanding of what is really taking place. Moreover, it can be shown that there is more than one form of rhetoric – the official form and one which is more closely related to the immediate situations under analysis – i.e. the actual processes of committal. The term "local talk" has been used to label the latter form. The factors which seem to influence this "local talk" are related to a number of things: the position of the speaker in the social network created between the secure unit, the main school and external agencies, the purpose of the talk at the time and the specific professional interests of those who are talking. Local talk may be seen to form a bridge between official and real worlds, drawing as it does on both official and practical influences. In essence, though, its function is not to describe reality any more clearly than official rhetoric can be shown to do.

But what is the nature of a reality which is hidden and distorted by various forms of rhetoric? The analytical problem was recognised in the introductory chapter and in the chapter on methods; it is accepted that there can be no attempt to discover one reality which is essentially true. Only an interpretation of reality, which is of course partially a product of the researcher's perspective, will emerge.<sup>10</sup> Crucially though, this alternative interpretation can be shown to conflict with official, rhetorical descriptions of reality. The analytical problem is discussed by Edelman<sup>11</sup> when he mentions multiple realities and writes,

There is no question that the analysis of evocative language and of multiple realities creates some vertiginous perspectives. Like the language forms I explore, the language I write is also evocative. Reader and writer seem to be wandering through a hall of mirrors or clambering around the perspectives of a cubist political scene. But so are the political spectator and the political actor, and in view of that fact how can we best really see them?

To try to get as close as possible to the reality of the referrals and committals, an exploration of these processes was carried out using the same sorts of positivist classification as those constructed by the professionals who create the official rhetoric. That is, what is examined is that which is supposed to constitute "reality" in their terms and on their grounds. The purpose of this approach is to demonstrate the illusory nature of diagnostic and classification processes as they are applied to children referred and committed to the unit. The official description of the types of children deemed to require secure measures and the grounds for their committal can be shown to be fictional. It can be assumed that if this analysis reveals nothing about the children themselves which corresponds to official versions of reality, then this reality must be located within the actual process whereby the professionals construct their classifications and apply and justify them.

The following chapter focuses on official accounts of the processes of

referral and committal and then compares them to what will be called "real" processes relating to these areas. Observation of local rhetoric during these processes and an empirical analysis of factors relating to a sample of children who were referred to the unit provide a view of the system which runs counter to the official version. The analysis demonstrates the lack of correspondence between official versions of the nature of both the children committed to the unit and the system itself.

Edelman's<sup>12</sup> theory on the role of language in shaping reality forms a theoretical backdrop to both this chapter and the next chapter. Along with other influences specific to the situation under analysis, language, or more correctly the use of certain terminology, can be seen to alter the rationale of certain professional actions which may be otherwise construed. Such terminology may form an active barrier against the perception of reality in those who use it, since, as Edelman proposes, it may actively engender a split between words and actions or objects, thereby creating a gap between rhetoric and reality. The language of welfare rhetoric in particular can be seen to evoke a system of classification and treatment which does not in fact exist.

Euphemism is the most ubiquitous form of distorting language and in the present context it serves to blunt the reality of a system it purports to describe: it renders the process of incarceration in the secure unit purely benevolent; no deprivation or suffering is evoked since professionals act within the welfare framework "for the child's best interests".

The euphemistic and generally distorting influence of the welfare and treatment rhetoric also serves to insulate the professionals against a perception of the real factors at work in the processes under study. That is, although local talk may be seen to convert the official welfare model to a more simplified local model of punishment and control, wider values which rationalise and characterise even local action and talk remain embedded in the schema evoked by officials' notions of welfare and treatment.

## (ii) THE EMERGENCE OF A REFERRALS POLICY

During the course of fieldwork for the study, attempts were made via legislation<sup>13</sup> to develop criteria for the committal of children to secure units. Prior to the enactment of this legislation, no criteria for committal existed. Theoretically this is predictable, given the nature of the professional knowledge and its relation to discretion. Were the system able to generate rules, the expert would be unnecessary. Consideration and selection of candidates developed from an informal process whereby the Headmaster of the school involved held total and arbitrary decision-making authority for the selection of candidates. The development of a referrals group (RG) - a group of individuals who gathered to consider, along with the Headmaster of the school, the candidates for the unit - was a later development.

An interview with the Headmaster of the school conveys the ad hoc flavour in the initial selection process when the secure unit first opened in 1976:

In the late 1950s there was a riot in a school in England - Carlton School. This affected headmasters in Scotland since they were aware that there were disruptive children in all schools in Scotland but that there was nothing they could do about it. The feeling was that some controls must be made available. Rossi was chosen mainly for its isolation. The idea for the second unit came in response to what was seen as an increasing need and because Rossi School was so isolated from the point of view of trying to do any work with families.

I think the Social Work Department felt that children were being put away in Rossi with no opportunity for even family visits. When Ogilvie Wing opened, other headmasters knew it was available. Names had been cropping up and the plan was to fill the wing unit by unit. The first boy was an absconder from an open school and very disturbed. We contacted the boy's social worker and told him the boy was going into the wing. There had been discussions but the referrals group developed over time. It began with the old headmaster, myself, a SWSG Advisor and a psychiatrist. No social workers. After six months we had to invite social workers and representatives from the prisons division and any other interested parties.

The formal referrals procedure seems to have emerged in response to an accumulation of potential candidates; this would obviously require a corresponding process of selection whereby the "most suitable" cases would find their way to the unit. There were only eighteen places available (all of them for boys) when the unit first opened. A number of places were taken by children in the adjacent open school; the remainder were placed on the basis of informal discussion between the then Headmaster of the school and unit and the Heads of other List D schools. Increasing awareness amongst headmasters and perhaps social workers of the existence of a locked unit increased a demand for places. Some process was obviously needed to professionalise and rationalise the selection.

At the time of the study, some referrals to the unit were still handled exclusively by the Headmaster. All involved boys in the adjacent main school. Those referrals not handled directly by the Headmaster were considered by the referrals group which comprised the following members: in the chair, the Headmaster of the school; the Deputy in charge of the secure unit; the Deputy's second or third in charge of the unit; a consultant psychiatrist and a consultant psychologist; and an official from SWSG. In a document on secure accommodation in Scotland there is discussion focussed on the role of the RGs for both Scottish secure units, which brings to attention a crucial factor in the decision-making role of the groups. In the words of the consultant psychologist, a member of the RG,

The question of admissions is totally bound up with the authority of "the Headmaster". There is a distinct lack of clarity about the role of the admissions committee, about its power and authority. The ultimate decision is the Headmaster's irrespective of his decision-making style. His is the ultimate responsibility and to this extent he is constantly pressured by his managers, his staff and the social work department. Although the committee discusses cases, the Headmaster essentially listens to recommendations, but he makes the final decision.

Observation of the operation of the referrals meetings supported this interpretation of the decision-making power of the Headmaster. The RG did not meet in the secure unit - the destination of candidates whom it is decided to commit to secure accommodation - but in the Headmaster's office in the main school, which served to reinforce his authority. He chaired all discussions, stipulated the direction(s) they took, and decided on whom to call for contributions. And while advice and recommendations were sought from other RG members, the final decision to commit a candidate or not was manifestly the Headmaster's, whether or not his decision represented the consensus or majority feeling of the group. And often, it did not.

### (iii) OFFICIAL PROCESSES OF REFERRAL AND COMMITMENT

At the time of the research fieldwork, most external referrals in Scotland (i.e. referrals not arising in St. Mary's open school) of children to secure provision were made through SWSG by the referring agent. The cases were then presented to either of the secure unit's RG for consideration.<sup>14</sup> Selection of cases for referral to either unit was usually specified by the referring agents, who stated that they would wish to see the child reside in the Ogilvie Wing or Macdonald Wing. The request for a particular unit usually reflected the geographical relationships between the child's home area and the secure unit, though there were obviously other considerations; reputedly, there were clear differences in the regimes of both units, and, for cases arising in certain regions, neither unit might have been easily accessible. A further constraint operated in the referral of girls: only the Ogilvie Wing provided secure accommodation for girls,<sup>15</sup> only six places being available throughout Scotland. As has been noted, occasionally external referrals were made directly to the Headmaster of St. Mary's.<sup>16</sup>

Children referred were represented by two categories of jurisdiction: those who were under supervision orders issued by the Children's Hearings and

those who had received court sentences. Children receiving court sentences are the direct responsibility of the Secretary of State. Children's Hearings cases are the responsibility of the Children's Panel and the relevant social work department.

The Sheriff Court is bound to consider:

- (1) children committing offences along with an adult;
- (2) children committing Road Traffic Act offences;
- (3) children committing offences judged to be serious
- (4) children who have dangerous weapons in their possession.

The sheriff is bound under the Criminal Procedure (Scotland) Act 1975 if the child is found guilty by Section 413 or Section 206(1) or 206(2) of the Act. Section 413 proceedings are for summary prosecutions and Sections 206(1) and 206(2) for prosecution under indictment and for offences considered to be serious. For children under sixteen, the sheriff has the option of referring the case to the Children's Hearings for advice or disposal. Section 413 of the Act states:

A person convicted of murder and under the age of 18 at the time of the murder shall not be sentenced to life imprisonment. The court will sentence him to be detained at Her Majesty's Pleasure and in such a place or under such conditions as the Secretary of State may direct.

For Section 206(2) cases, release under remission can occur only after the Parole Board has met to consider the case. For children sentenced under Section 413, release before the stated term is on licence and under the supervision of the child's social worker. Decision to release children under Section 413 is also the responsibility of the Secretary of State. Assessment of the case is based on reports from the residential establishment concerned and the relevant social work department.

Sentence under Sections 413 or 206(2) need not necessarily result in the

placement of a child in secure provision. Recommendations made to the court prior to sentencing, which are the outcome of assessment by the prison's division and the child's social worker, may state that the period of residential training would more appropriately be carried out in an open List D school.

All children sentenced in court and recommended for secure provision are passed to SWSG advisors who then present the referral to the referrals group representing the secure unit in question. Data later suggested that in most cases a recommendation to place such a child in Ogilvie Wing secure unit would be endorsed by the Headmaster and the referrals group, space permitting. Occasionally, however, if the Head disagreed with such a recommendation, he was at liberty to reject the case or suggest an alternative placement. As SWSG had responsibility for the placement and monitoring of these cases, they in turn had the right to disregard the opinion of the Head, should he refuse to accept the case, and would attempt to place the child in the other secure unit or within the penal system. There were problems, however, in implementing this course of action, and "Secretary of State" cases were sometimes a bone of contention, as local talk revealed.

In contrast to cases arising in court, in those cases solely under the jurisdiction of Children's Panel Orders, the Ogilvie Wing RG had more autonomy in deciding whether or not a child was suitable for placement in the unit. These cases were not directly identified by SWSG as possible secure unit candidates but were referred on the basis of assessment and recommendation by the child's social worker and representatives of residential establishments who felt the child required security.

The SWSG advisor was responsible for acquiring and circulating relevant papers accompanying all referrals to secure units regardless of their source. The advisor was responsible for directing these cases to either secure unit, generally on the basis of geographical location of the child's home and the availability of places in the units. The idea that all referrals be directed to the



same point is obviously an organisational advantage. The secure unit's places are defined by SWSG as a national resource. However, as was noted earlier in relation to Ogilvie Wing at least, children who resided in the main school prior to placement in or referral to the unit were not directed formally as cases to be dealt with by SWSG, but were dealt with internally.

The selection of information presented to the SWSG was left to the discretion of the referring agent.<sup>17</sup> Information accompanying referrals varied greatly in source, content, quantity and quality: where one agent saw fit to include a range of reports on a child, others included only a brief updated social background or residential report accompanied by a letter stating the reasons why a secure place was required for the child. Where a case was brought before the referrals group from the main school, there were more often than not no papers accompanying the case discussion; verbal information on reasons for the child's referral was given by the Headmaster and, sometimes, a residential care officer from the main school staff.

The role of the RG, then, was explicitly to assess the suitability of a child for treatment in the locked unit. It was essentially an informal decision-making group. The "client" had no legal representative and usually was not present. Neither, usually, were the parents of the child in question. The informal nature of committals processes and the non-legal status of committal were later challenged as contravening basic human rights, but at the time of the study it was clear that the action of professionals, described in the language of treatment and rationalised as being purely in the interests of the child, allowed what, if it had taken place in an adult criminal/legal context would have been considered morally outrageous and legally untenable – especially in the light of evidence which suggests that although the process has "treatment logic", it is in fact arbitrary and whimsical. The presence of a psychologist and a psychiatrist on the RG strongly suggested that skills of psychological

assessment are brought to bear in committals processes. The data given in the following sections demonstrate that these skills are largely superfluous to a system which cannot be identified in relation to processes which are officially given as representing its aims and methods.

(iv) UNOFFICIAL PROCESSES OF REFERRAL AND COMMITTAL

In the following section, the reality of the system is examined, first by looking at what might be termed "unofficial" influences which appear to transform these official processes, profoundly altering their official construction. Second, an empirical analysis of a sample of children referred to the secure unit was carried out which attempts to match the children placed in the unit with some salient factors generated by official rhetoric on the type of child in need of secure provision and to distinguish these from those children referred but not placed in the unit. This search for suitable cases for treatment is a search for the logic of the system, apparent in its rhetoric, but as we shall see, not in practice.

(a) *The main school*

The first factor which proved influential in the committals process but whose influence could not be predicted from an official description of the process, lay in the relationship between the main school and the secure unit. Both, as we saw, had the same Headmaster. Theoretically, this should have had no influence on processes of committal since the secure unit was conceived of as a national resource. It emerged, however, that the main school itself was a major source of committal to the secure unit, arguably to the exclusion of other "clients" from external sources. Moreover, the relationship between the two institutions allowed an informal committals process to develop whereby the unit was used by the Head in a quite distinctive way as opposed to cases arising from outside this particular local system.

Cases arising in the main school were identified by staff there and referred to the Headmaster; the Headmaster then chose whether or not to bring the child's name for discussion to the referrals group as a candidate for the secure unit. Cases occurred where the child was not considered for the unit by the referrals group, but was transferred there informally, this often involving little communication between main school and secure unit staff. Often the reason for the child's transfer was not made clear to staff operating in the secure unit. These cases, not technically referred, but placed in the secure unit, were either long-term placements or short stays, and explicitly characterised as "disciplinary measures"; weekend stays in the secure unit were not uncommon for boys in the main school; the conditions of their stay were somewhat different to children coming from elsewhere: they were not generally permitted to mix with children who were long-term in the unit and, in order to avoid this happening, the boys were held in seclusion in secure "bedrooms" for the duration of their stay.

The direct internal placement of children in security appeared to occur in response to particular behaviour which was considered by the Headmaster to be "the last straw" in his or his staff's assessment of a child's need for stricter measures. These cases were never construed in the treatment terms of official rhetoric.

Some cases arising in the main school were considered formally by the RG but were handled quite differently from external referrals. Social workers were often not present; parents were often invited to the case discussion and might have been involved in prior discussion with the Headmaster about the possibility of using the unit as a disciplinary measure. This never occurred in external referrals. The child also entered into the discussion himself at some point, a practice generally disapproved of by RG members where external referrals were concerned.

There was a quite open acceptance amongst RG members regarding the use

of these particular meetings as a (euphemistically) "preventive" measure; it was hoped that when the child realised that he was being considered for the secure unit, the knowledge would have a substantial impact on his behaviour. It was quite clearly stated by the Headmaster that such discussions are merely exercises in control - to be applied not only to the child but in some instances to parents whose increased anxiety over the child's future might supposedly result in their becoming a more positive influence on their child's life.

Discussion with social workers concerning referrals to the secure unit was part of the research and will be discussed fully later. It is, however, pertinent to note that social workers whose main school clients were transferred to the unit without warning generally found the practice unprofessional and unacceptable. Of those social workers whose clients had been discussed by the RG, two were not aware that they were being invited to attend a meeting on a child's referral for a place in the secure unit. The letter sent to social workers who were invited to these internal referral meetings (most were not) appears below:

The Headmaster has invited you to a meeting on.....to take place at 3.15 p.m. on Wednesday 15th September 1982. I have also dropped a note to his parents in the hope that they might come. I have prepared a report on .....s history over the past two years, for the meeting.

Clearly then, the physical location of the secure unit in the grounds of the open List D school, and the decisive role of the open school's Head in the committals process, enhanced the close and informal relationship of the secure block to the school. It was not unknown for social workers to arrange the transfer of children to the main school via the Children's Hearings with access to the closed block implicit in the placement, and of course for children referred who were under Children's Panel orders, the likelihood of their being placed in security would increase should they be resident in the open school.

It seemed that this very informal aspect of the processes whereby some

children came to be locked up had two immediate implications. First, it would be unlikely that, as official discourse suggested, a truly representative sample of the most disruptive element in the Scottish residential institutions would be represented in the sample of children finally referred to the unit. This was the case simply because of the autocratic role of the Headmaster in assigning children from his own List D school to the secure unit and because of the finite number of places available. As was noted previously, the secure unit representatives had little or no say in the selection process and though the RG existed, its role was advisory; the decisions reached were at the Head's discretion. Second, there are the very obvious implications for the unit's role as a "treatment" resource; most of the observed discussion material relating to cases described above highlighted the use of the unit not as a treatment measure but as a purely disciplinary measure, and this was certainly its observable function within the local talk of the school community. The following case extracts drawn from the RG discussion concerning the referral of a child from the main school indicates this quite clearly; these meetings may be largely bluff, designed to "scare" the child and parents into a more conforming attitude. In the first case, S had been causing his father considerable anxiety; he had been involved in solvent abuse and absconding from school. The boy's father had expressed concern for the boy's safety. At the time of the meeting, at which both parents were present, S had been held in the unit for four days.

**Headmaster:** What do you think of Ogilvie Wing?

**Father:** As far as S goes, I wouldn't like him to go in there. It's a mini prison - I think it would make him worse than ever - security - when I spoke to you that day - well, afterwards I had second thoughts about it, you know.

**Depute of Secure Unit:** That's how most parents react to a tour of the wing.

**Father:** For the last three weeks except Sunday he's been the same - sat watching the telly, playing his records, his stereo - if he wasn't I'd be first one to lose the nut. Except for Sunday, when he left the house at about half past two he went down the town. I never knew he was in trouble.

**Deputy:** He came back and he was fairly normal when he came back. He said

he'd nothing to do with it [incident].

**Father:** No, no, no, I believe him. He said he got lost or something. He told the police that he was in here, you know, and they got in touch with someone.

**Psychiatrist:** And you feel that was because of the possible threat of the wing - him coming back himself?

**Father:** We tell him about it at home.

**Psychiatrist:** You were able to talk about it because you knew the wing; you were able to talk to him from knowledge of the wing, then?

**Father:** Well, he's been there before.

**Psychiatrist:** Yes, so therefore both of you could talk about it and you could say, "Well, you don't want to go in there, do you?"

**Father:** That's right.

**Psychiatrist:** So he would see you as being worried about him and at the same time being on his side - that you didn't want any excessive thing done to him.

**Father:** No, I didn't.

**Psychiatrist:** Did he like that, then, did he? In the past before this, when you were worried about him, were you inclined sometimes naturally to give him a bit of a row? Was there a gap between you or were you friendly all the time?

**Father:** No, we were shouting and arguing all the time.

**Psychiatrist:** Well, you were bound to do that, but was there a change then over the last few weeks: you were more talking together, things like that?

**Father:** Talk, yes, but you know at that time he absconded all the time. He was in another world - his pals - running about. That was his main concern, you know, running about with those boys.

**Psychiatrist:** What did you think of that change in the last three weeks then?

**Mother:** Well, he's just like his brother, his sister, he's the way he used to be - part of the family, you know what I mean.

**Psychiatrist:** And did that make everybody feel happier?

**Mother/Father:** Yes.

**Psychiatrist:** It might be the threat or it might be many other things as well. If the threat is working that's fine. What's wrong with a threat? I mean, I have a threat every time I walk down the street: start breaking windows and a policeman will jump out on me.

**Headmaster:** G's got all the facts on how he's been since he came to the school. You fill us in on that bit of it, G.

**G:** Well, S arrived 8th December. The first five to six weeks everything was excellent; he had a fair amount of leave over Christmas plus his normal weekend leave. There was no cause for concern. In the middle of January he absconded with a local boy. We had a discussion with S and made a contract. The basic idea of a contract was to let him know what the consequences would be if he continued the behaviour. I've told him his name is on the list for Ogilvie Wing, and though he may not go in this time, it would just be a matter of a rubber stamp and he could go at any time.

It seemed that the internal characterisation of the unit, i.e. its presentation to children by staff in the main school was plainly one of threat and control; the unit was an unpleasant place where children who would not conform to the standards imposed by the main school were sent for the explicit purpose of punishment. The casual nature of these committals and the absence of official treatment rhetoric did not extend with the same degree of clarity to cases of children entering the unit from other external sources. In the course of the study there were no instances of children from other List D schools being placed in the unit on a short term basis or under similar circumstances to those referred from the main school. (The role of treatment as an issue in the processes of committal will be discussed more fully later.)

**(b) *The court***

The relationship of court cases to committal processes also emerged as embodying "unofficial" constraints on the local system. Generally, prison authorities considered children under sixteen, i.e. the majority of children referred, to be generally unsuitable for penal placements; though they were unwilling, they would not refuse to hold the under-sixteens if security were deemed necessary by the court. Disagreements about the suitability of Secretary of State cases recommended for closed units did arise within the referrals procedure to the unit. In such instances the RG may have felt obliged to admit the child to the secure unit to prevent his early involvement in the penal system if SWSG stated that they would not allow the child to be placed in an open setting. In one such case, a debate along the lines described above arose and the compromised role of the RG in handling decisions regarding

Secretary of State cases recommended for Ogilvie Wing was described as solely "enabling and recommending" by the SWSG, rather than as "decision-making".

This again offered an alternative characterisation of the secure unit and its role. Where Secretary of State cases were concerned, the unit assumed the role of a penal resource with the RG, including the Head, having a clearly limited decision-making power. There had, however, been some prior assumption regarding the workings of the RG in relation to these cases: in essence, group members described how their professional experience in assessing children for secure units took precedence over the more detailed, legalistic framework in which decisions are made by civil servants, sheriffs and prison division representatives. In this context, official rhetoric made an appearance; it was emphasised by the Head that the closed unit was part of List D provisions and therefore shared a child-centred ideology with the Children's Hearing system; the reasoning behind the placement of children in secure units, he stressed, attempted to encompass the notion of "securing" the child's best interest, i.e. that such a placement ought to be first and foremost "in the best interests of the child" and ought not to be seen purely as a punishment or "sentence" meted out in response to a particular offence. This rarely emerged as an issue when children were transferred without discussion to the unit from the main school.

Petrie<sup>18</sup> found that Secretary of State cases have an implicit priority in terms of filling secure units' places; she saw the closed block she studied as "really" functioning as an alternative to the penal system since court sentences were considered rather more seriously than Children's Hearing Supervision Orders; only 34% of secure unit boys in her sample were hearings cases. Petrie quotes Morris and McIsaac who questioned the rationale for assigning children under sixteen to different disposals; Section 413 cases are generally considered to be more serious offenders than children offending under panel jurisdiction,



though this may not in fact be the case in terms of offences. In comparing procedure in two regions in Scotland, the authors observed enormous differences in sentencing practice relating to juveniles, which depended on the opinion of the official concerned, not on law. The values and attitudes of police, social workers, reporters and procurator fiscals were found to be influential in interpreting the seriousness of a particular action. The present study sample is more evenly divided between hearings cases and court cases but it is probable that this was due to the over-referring of 441B cases from the main school rather than to any other factors affecting the sample of children referred. Certainly in the sample of external cases referred through the SWSG, court cases did represent a majority.

The reality of the committals process to transform its official character ran counter to official rhetoric on the role of secure units as a welfare resource designed to provide care and treatment; first, the main school and the unit formed a local sub-system which, because of the over-riding discretionary power of the Head, developed in parallel to a more official referrals process. Local talk relating to committals arising in the main school represented a distortion of official policy implicit in the use of the unit as a short term disciplinary measure and not as a treatment resource. Second, the influence of the court on court order cases was powerful; implicitly, the Head was coerced, though subtly, to comply with court demands that certain children be securely contained and to give precedence to these cases; this offers a quite contradictory interpretation of the unit's role as a treatment resource, indicating that in real terms it was often a penal resource. Although this characterisation of the unit was resisted by the Head who frequently evoked official rhetoric to counter the penal image, the unit nevertheless held children with finite court sentences alongside others who had no court sentence and perhaps no offence record but who were described as "in need of care and control".

(v) IN SEARCH OF SUITABLE CASES FOR TREATMENT

Despite these obvious constraints on official descriptions of the RG's and the unit's role, it could still arguably be the case that the RG did in fact meaningfully classify and ultimately treat those children who within the official rhetoric were described as the most disruptive and maladjusted element of the open residential population. Two reports provide the official description of children who may be deemed in need of secure provision. In 1951 The Franklin Report<sup>19</sup> acknowledged, somewhat vaguely, that secure provision should be provided for the "difficult child" or "persistent absconder". In May 1960, two years after Scotland had established the first secure unit, The Approved Schools Central Advisory Committee Working Party on Closed and Other Special Facilities identified the following candidates for containment: "persistent absconders", "exceptionally unruly and uncooperative boys", "emotionally disturbed boys requiring psychiatric help" and "medical misfits - e.g. epileptics and diabetics who presented behavioural problems". These reports, along with other sources in literature,<sup>20</sup> were used as a basis for examining the hypothetically divergent nature of the system's real processes of selection and committal as opposed to its official construction. The hypotheses regarding this part of the analysis were that given the theoretically spurious nature of classificatory systems based on the welfare principle, (a) there would be difficulty in identifying the official characteristics of children deemed to require secure provision, and (b) the arbitrariness generated by the esoteric nature of professional discretion would result in the absence of a clear distinction between children committed to the unit and those rejected by the RG. Were there in reality coherent and identifiable criteria based on the treatment and welfare rhetoric which functioned to select a population clearly different - more extreme and unruly - than those rejected? Or was the process truly arbitrary as the theoretical and historical analysis in Chapters Two and Four suggests?

(a) *The sample*

This part of the study focusses on material drawn largely from the case papers provided for discussion in 86 referrals to the unit, of which 53 children were committed and 33 "rejected". In the course of the study it became obvious that information presented at referrals was selective and edited with a view to obtaining a secure place. As has been stated, information was uneven across cases; where children already resided in the open school before referral it was necessary to rely on verbal statements taken from tape-recordings of referral meetings, since written material was rarely available.

A clear-cut sample of children considered unsuitable for placement by the RG proved difficult to assemble for the purposes of straightforward comparison with children thought suitable; a large number of children were referred more than once and the initial decision made was sometimes reversed. [See Appendix II, Tables 1A, 1B and 1C]

(b) *Reason for referral*

The most common reasons given for referring children were absconding, offending and the abuse of glue, alcohol and other substances. These reasons occurred in almost equal proportions in both the committed and rejected groups. [See Appendix II, Table 2]

Looking at the groups of children who were accepted and rejected by the RG, and comparing both on the basis of the reasons given for their referral, both groups appear to be largely indistinguishable. Moreover the profiles presented solely by the reasons given for referral of accepted and rejected cases did not seem to be in line with the expectations generated by the Franklin Report. The report stated that the secure units would be for the persistent absconder, the exceptionally unruly and uncooperative, the exceptionally disturbed requiring psychiatric help, and the medical misfits - i.e. the epileptics and diabetics. Initial impressions of the information suggested little evidence

of a preponderance of referrals made and accepted on the basis of any but the first category mentioned in the Franklin Report - the persistent absconders.

(c) *Sources of referral*

The fact that the immediate reasons given for referring the children did not appear to be influential in predicting which child would be accepted and which rejected by the RG suggested that some other aspects of the case were more influential, either in isolation, or in combination with the reasons given for referral, than the reason presented to justify the need for secure provision.

It was stated earlier that some children were placed directly in the secure unit from the main school as a result of a decision made by the Headmaster but outwith the context of an RG meeting. It was also noted that a preponderance of cases for consideration by the RG arose in the main school itself and were placed in the secure provision in relatively large numbers. In fact, referrals from the main school were high, representing 19.0% of all children referred. That is, the main school itself referred, from among its pupils, almost as many cases as the rest of the thirteen referring List D schools put together.

The number of children actually placed in the unit from the main school was consistently high relative to the number of children successfully referred by other List Ds: 14% of the final sample. Only 15% of the total sample represented children successfully referred by external schools. (See Appendix II, Tables 3 and 4) Children in remand prison generated the largest group of referrals overall. At the other extreme, none of the six children at home at the time of the referral was seen as suitable for the locked unit.

The point made earlier seemed valid: the search for clear criteria for selection of children was complicated by the presence of the adjacent main school. Certainly secure unit placement was more of a possibility for children already placed in the main school than for children in any other List D school.

(d) *Emotional maladjustment and exceptional unruly behaviour*

It has been noted that in England, prior to consideration of new legislation governing criteria for admission, the secure units were expected to deal with children who were "persistent absconders" or "exceptionally unruly and uncooperative". Other categories of children cited as requiring secure provision were those displaying severe maladjustment, subnormality and severe behavioural problems with an organic basis. These latter categories have, at least in name, been directed away from secure units towards the Youth Treatment Centres in England. In Scotland there are no Youth Treatment Centres, so it might be expected that both the maladjusted child and the antisocial child would be represented at the referrals discussions. The term "medical misfits" has odd connotations, but its existence as a label for children who may be candidates for security in a Youth Treatment Centre south of the border justifies the assumption that some brain damaged or epileptic children (to whom the category refers) would be referred to the unit for related behavioural problems.

The exact nature of the "exceptionally unruly" and "uncooperative" behaviour justifying security has been investigated elsewhere. Cawson and Martell (1979)<sup>21</sup> found that most children in their referral sample were not dangerous, many were not persistent absconders and others were not particularly troublesome in care. More recently, Potter<sup>22</sup> studying large samples of List D equivalent children in England and comparing them to those held in secure units, claimed to have identified four significant variables in the backgrounds of children who were committed. A similar type of analysis was conducted on information presented to the RG.

The fact that the concept of "significant personal variables" failed to reproduce similar profiles from the present data may well be due to the fact that the background variables apparently identified by Potter were vaguely defined

and open to a wide range of interpretations: these were described as "personal maladjustment", "delinquent behaviour", "domestic abuse" and "destructive history". These are in fact standard social work labels which are freely applied in the course of assessing children from families usually described as "inadequate". They might be said to apply in different forms, across the board. But even when the analysis is more comprehensive, including a wider range of possibly influential factors as in the present study, the factors occur with equal frequency in both the committed children and those who remained at liberty. [See Appendix II, Table 5]

Some paradoxical material emerged from this analysis, however. For instance, school behaviour problems did seem typical of both groups, but paradoxically 9% of the accepted group and 18% of the rejected group had been referred to Child Guidance for behavioural problems which might be indicative of maladjustment. In the reasons given for referral, it was noted that only 10% of the referred group were described as maladjusted, although certain other behaviour might be interpreted as indicative of maladjustment; looking, for instance, at the children's relationships in residential placements, about half were seen as displaying difficulty in forming relationships with staff, showing withdrawal or hostility. [See Appendix II, Table 6] There were, however, no significant differences between the two groups in terms of their reported relations with staff. It might be possible to infer a cause of maladjustment from the above data, but other interpretations, such as explaining the child's negative reactions as normal under circumstances of involuntary residence, are equally plausible. Crucially, it should not be overlooked that 17% of reports on children's relationships within the residential settings proved to involve discrepancies or outright contradictions.

(e) *Residential experience*

Both groups appeared to have amassed considerable residential experience

prior to their referral to the secure unit. [See Appendix II, Table 7] In the case of many children, residential placements began early on in life, the first being in a children's home. The most common reason for the initial placement of children away from home was truancy, closely followed by grounds of "beyond parental control". Offending was considered a major reason for the placement for less than one fifth of those placed away from home. School refusal and other descriptions of school-related behavioural problems appeared in both groups. In the accepted group, 73% had been regular truants from school; 23% were described as disruptive and 19% had been eventually suspended from school. In the rejected group, 69% had truanted regularly, 36% had been disruptive in school and 15% suspended. Both groups are perhaps slightly unusual in that by far the most common reason for referrals in general to Children's Hearings is offending; truancy and "beyond parental control" are next most common but represent only about a tenth as many cases as offending. Surprisingly, members of neither group, then, seem particularly delinquent at the outset of their residential careers.

*(f) Offending*

With its clear links to the penal system and its internal image of a disciplinary measure, offending patterns might be thought to offer a clue as to why particular children from similar backgrounds and with similar histories might be committed to the unit. [See Appendix II, Tables 8 - 11]

The more "serious" offenders - those children under 206(1) and 206(2) orders - were very rare in both groups. Children under social work supervision were equally represented in both groups, but there was a statistically significant tendency for the placement of a 413 referral to take precedence over a referral made under a Social Work Department Order. The other categories of legal jurisdiction were uncommon.

A realistic analysis of children's offences was prevented by the limited and inconsistent information provided by those making the referral on the child's offence history. As far as the information would allow, in terms of offending alone, few children could be described as constituting a serious risk to others; only four were found guilty of serious assault; fire raising occurred in only two instances, robbery was mentioned once. Of the other serious crimes, manslaughter occurred once and rape not at all. Theft, shoplifting and housebreaking were by far the most common offences mentioned. The taking and driving away of motor vehicles was common in the 413 section group, as would be expected, since such offences by children under sixteen are automatically liable to court prosecution. It is also crucial to note that offences noted were not necessarily part of the current reason for referral to the secure unit, but were presented as part of the case material for RG discussion.

Three types of alleged offence tend to predominate generally among children proceeded against in courts and those referred by the police to reporters in the hearings system; these are housebreaking (which includes theft by opening a lockfast place) and attempted housebreaking; theft (including theft by shoplifting); and breach of the peace (which includes "petty assaults"). These tendencies are clear in the referred group. Crimes against the person, however, amount to only 1.5% of those cases referred directly to a reporter and around 5.6% of those reaching the courts. Offences relating to motor vehicles, including theft, account for over 20% of the cases dealt with by the courts but only 2.0% of those referred directly to reporters. In the secure unit referrals, crimes against the person amount to 38% of cases in the court group, and in the non-court group to 16% of cases. The children referred to secure units seem to show a greater incidence of offences against the person, when compared to children being dealt with in the court and hearings system at large. Offences did appear to play a partial role in the



selection of candidates for the unit, but they cannot be seen as part of a systematic process of assessment of the child. Firstly, for children who appeared in court, case papers were more likely to include a systematic presentation of the offences dealt with by the court than was the case in papers referring to children dealt with by the hearings system - although these children may have committed offences identical to those of children proceeded against in court. Seriousness of offence is by no means a consistently relevant reason for the child's entering the court system. In this sample, seriousness of offence led to court proceedings in only seven cases. Furthermore, research indicates that the very fact that a child has a history of court appearances may lead to the biased assumption that he or she is a more serious offender. It is clear that presented material, whether it refers to current or old offences, may influence whether or not a child is placed in the secure unit, but it is certainly not a reliable or consistent predictor of placement. Offences may be omitted or emphasised in the presentation of case material. In the present study, no information or discrepant information was given in 17.0% of cases.

(g) *Age*

Other factors associated with the child or the presentation of the case were revealing, albeit indirectly, in the way in which they allowed information about the reality of the unit's purpose to emerge. The suitability of a child for committal as a function of his or her age, for example, raised issues relating to contradictions between official rhetoric and practice. The mean age of the referred sample was fourteen and a half years. This was in line with the research conducted by Petrie in the other Scottish secure unit. Both units have a tendency to have older children referred than those referred to closed units in England. Of the younger children referred, five out of eight were considered suitable; age was taken into consideration but other factors took precedence; one child (a girl) was described as a "severe management problem"

and in the other the family's criminality was a very influential factor.

The bulk of referrals were made within "appropriate" age limits, as defined by the referrals group, i.e. they were eleven to fourteen years old. [See Appendix II, Table 12]

The Working Party on Legal and Professional Aspects of the Use of Secure Accommodation for Children in Care (1981) stated that the minimum age for a child entering secure accommodation ought to be ten.<sup>23</sup> The Working Party took note of an anomaly which had been detected, in that children under ten in England (eight in Scotland) are not considered to be criminally responsible and cannot be made subject to a care order under criminal proceedings; however, children committed to care for other reasons could be placed in a secure unit. In Scotland similar circumstances existed at the time of the research, in that children under eight years old in local authority care might find themselves in a secure unit; the child does not have to be legally an offender in order to be placed in a secure unit, a point which clearly reflects the official treatment ideology supposedly embodied in the unit's role.

Local talk by RG members in the course of discussions strongly suggested that, in practice, the lower age limit of ten years would not be considered appropriate (by the RG). There were, however, a number of ways in which age might become a crucial factor in weighing a child's suitability for admission to the secure unit. Firstly, RG members often stated that the younger the child was when placed in security the more likely it was that she/he would re-offend or get into more "trouble" after release, scarcely an endorsement of official discourse. There were, however, additional concerns over the age of children placed in the unit which emanated solely from the unit's definition of its half-way role in relation to List D schools and the penal system: basically, if a child was referred and committed to the secure unit at an early age, say fourteen, it was unlikely that his secure unit programme would be extended beyond one

year. The average length of stay in the unit was nine months. On release, around fifteen years old, the child remained the responsibility of the social work department should he re-offend or fail to attend school in the period remaining till his sixteenth birthday. There was a strong possibility of such a child re-offending or failing in some other direction, and an equally strong possibility that he would be re-referred to secure provision, since technically he remained beyond the remit of the penal system till he became sixteen years old. RG members preferred to commit children within a year of their official school leaving date, (a) to avoid the child experiencing further failure within the child care system, and (b) to offset the tendency for younger children to become more problematic as a result of extreme measures having been applied early on in their "careers". At a political level, however, this particular stance may reflect an attempt to avoid visible failure on the part of the secure unit in preventing re-offending or the re-appearance within the child care system of a "problematic" child whose reinstatement either in the open system or in the community is rarely without difficulties. The use of the term "school leaving age" seemed to provide a local euphemism for "adult criminal status".

The following case highlights the problem of the offender who does not respond to "treatment" - i.e. secure provision within the child care system - but who is not acceptable (mainly because of his age) to the penal system either. The following information was drawn from the researcher's notes made during a Joint Referrals Meeting in September 1982. The child being discussed had previously resided in Ogilvie Wing and was at the time of the meeting being held in Longriggend Remand Prison. Neither of the two secure units in Scotland would re-admit him, although he was under sixteen. Two factors emerged in discussion which indicated pressure both towards maintaining the boy within the child care system, i.e. in a secure unit, and towards hastening his departure for the penal system. The comments of the representative of the

penal system were illuminating: he stated that the boy was an embarrassment to Longriggend Prison mainly because he was under sixteen years old. A visit from the press was anticipated and the prison wished to be rid of the under-sixteens, who were described as "bad for publicity".

**Headmaster of Rossi Farm Secure Unit:** We decided before he needed locking up, not treatment. Why are we spending so much time on him?

**Prison representative:** If we could see him as a risk to the public - after all, you've got to base the reason for locking him up on something - could we wind the case up that way?

The case is interesting in that the boy, in terms of offending, was not a serious criminal nor any great threat to society. He was described by a consultant psychiatrist as a "true blue delinquent". The Headmaster of the open school did acknowledge the possibility of re-admitting the boy to the secure unit with work prospects and hostel accommodation as part of his release programme; but in the end his "intractable" delinquent attitude, the fact that he was already "institutionalised", his tendency to display "flat unresponsive effect" in the face of treatment attempts, coupled with the fact that he was, paradoxically, highly adaptable (presenting no particular management problem), conspired somehow to overcome both the embarrassment of the penal system and the caring tendencies of the secure units who eventually agreed to his transfer to a penal institution the moment he became sixteen.

The attitudes adopted by social workers and Heads of List D schools and other establishments are crucial when the option of a penal placement becomes available to an offender, either just approaching his or her sixteenth birthday or, on rare occasions, over sixteen years of age. Occasionally a recommendation to transfer a 413 or 206(2) case to the penal system was made to the referrals group if the child was approaching his sixteenth birthday. Discussion of such cases might describe the child as having "outgrown" the List D system and as being in need of the sterner, more clear-cut measures of control and discipline

provided by the Borstals or Young Offenders Institutions. In contrast, children over sixteen might still be placed in the List D system if this were felt to be appropriate. The summary of the case of T below indicates an attempt to "protect" one child over sixteen from Borstal or DC by placing him in a secure unit.

#### *Case Summary*

T (seventeen and a half) is a most unfortunate boy who is surrounded by problems and handicaps. He comes from parents who themselves are problematic and inadequate and there is no support from his family. In June 1977, T was made the subject of a residential order and placed in a children's home because of his offending. Further offences induced a move to an assessment centre and from there to a hostel. I supervised his period in the assessment centre which showed him to be a slow-thinking individual, dull in his responses and easily scapegoated. Basically, though, he is accepted by his peer group. It is felt by most that he is not really a difficult boy to manage, though he has a compulsion for physical/sexual contact and is on drugs to reduce his libido. In reality, T is a seventeen-year-old operating at the mental and emotional level of a ten-year-old. He will never survive adequately without institutional support. It is the general opinion that T is a potentially dangerous boy who will very easily commit offences of a serious sexual nature. We are aware of the remoteness of acquiring a suitable placement but there is a strong need for finding a residential establishment which can contain T and provide adequately for his needs.

Commentary at this referrals discussion indicated that a child such as T needed containment but was not suitable for a State Mental Hospital since he was not certifiably of low enough IQ and he had not yet seriously offended. The referrals group did not feel that he did present a grave danger to the public since so far he had proved to be manageable in an open placement and his misdirected libido was drug-controlled. There were fears, however, about his possible conduct in the future. The case was presented in order to "protect" an older but "very vulnerable" child from the probability of Borstal or DC training should he eventually offend.

The style of the following report extract is quite different:

#### *Case Summary*

A was fifteen years old at the time of his referral to Ogilvie Wing. He had a history of offences, one of which had led to an accident causing him severe injury. At that time A was detained in

Kerelaw List D school on a 206(2) order since he was not thought to require security. He had received the 206(2) sentence for police assault, attempting to rescue a prisoner and resisting arrest; his further offending after the sentence caused him to be transferred to Longriggend remand prison.

At the time of the referral meeting opinions varied. The boy's social worker felt that a penal establishment might prevent further offending - the prison service recommended a secure unit but failing this a young offenders' institution. The RG was divided: the Headmaster felt the penal system was appropriate, the Deputy and others felt the child deserved a chance within the child care system.

The following extract is taken from the child's social background report:

We have tried almost every method of therapy without permanent effect.<sup>24</sup> Residential workers and social workers find him likeable in informal and work settings where the rules of behaviour are clearly defined. A complies willingly with any instruction and can be trusted to complete any task given. In his home situation, life is marked by a lack of discipline, both internal and external. His parents cannot control his behaviour and he rebels against every form of authority: education, Children's Hearing, social work and policy. The prison assessment report which, like the social background report, describes how amenable and likeable the boy is in the prison situation, stated: "My recommendation is that A should be held in the secure wing of a List D school if possible, but bearing in mind his predilection for involving himself in criminal activities when released on home leave, some form of restriction should be placed on this for the foreseeable future. If it is not possible to place him in such a secure setting, I would advocate holding him in the regime of the Young Offenders Institution.

It was not clear how this child differed from children with similar orders and offences who already resided in the secure unit. The child's social worker seemed convinced during discussion that the unit would be "too soft" an option for A. Even the suggestion in the prison governor's assessment that a young offender's institution might be appropriate for him seemed unusual, given their dislike of holding under-sixteens. It is tempting to nominate his charge of

police assault and the very cautious attitude of the social worker as the influential factors in this early departure from the child care system.<sup>25</sup>

The evidence drawn from the sample is conflicting: it shows that children are in fact presented and committed from around thirteen years of age. For the older child, "age" may become a deciding factor in certain circumstances, but on the other hand, the conviction that very young children with three years of compulsory education ahead of them are unsuitable for a locked unit will not always prevent such a measure.

(h) *IQ*

A child's assessed IQ was also found to be influential in helping to understand the real role of the secure unit. Although no reliable general comment can be made about the IQ scores of referred children, intelligence was mentioned sufficiently often in school and psychologists' reports (usually relating low IQ to behavioural disorders), for it to function in placement processes. In 53% of the committed group and 48% of these rejected, no information was provided and the subject was not discussed. So for the majority of cases, assessed IQ did not appear to be a significant factor in either committal or rejection of a child. In observation of case discussion, however, it was found that "intelligence" may be important as a criterion in rejecting children when it is described as falling below the dull normal range. Observation suggested that children who were considered to be mentally subnormal would tend to be rejected, overtly at least, on the basis that children in the closed unit would make life difficult for the subnormal child, but perhaps more importantly, staff time, already at a premium, could not be made available to meet the special demands of a subnormal child. Nor did staff have skills for dealing with such children.

Low IQ was, however, of overriding importance in three of the cases studied, and a significant aspect in others. In one of these cases the child, a

sixteen-year-old, was thought to have suddenly developed a potential for violence and at the time of the referral was in the State Mental Hospital, Carstairs. The case was interesting, as it highlighted a number of issues, IQ in particular, which affected referrals process. It was apparent from statements made by the child's social worker that the child was referred purely to prove his unsuitability for any resource in Scotland, since the intention was to have the child transferred to a Youth Treatment Centre in England. It appears that his violence, apparently uncharacteristic, had been exaggerated and mishandled by the institution holding him at the time - an institute for subnormal children - and resulted in his transfer to a state mental hospital. This quite clearly made him an unattractive proposition for other mental subnormality hospitals, and his very low ability combined with his "demanding" behaviour were reasons given by the RG for his unsuitability for the secure unit. This is clearly paradoxical given the unit's official remit to treat difficult and disturbed youngsters. The case was given no real consideration by the unit and the boy was in fact placed in Glenthorn Youth Treatment Centre, Birmingham, after spending more than nine months in the State Mental Hospital, Carstairs.

The Franklin Report suggested that low IQ had a role to play in setting criteria for admission to secure units. But the reasons for not wanting children with very low IQ and combined behavioural problems are part of the unofficial or local system. The unit had had experience of low ability children in the past, and one such child remained there for almost three years. The problem had been not so much one of handling behaviour in the unit but one of organising the child's future. Apparently such children were seen as likely to be beyond the scope of family care and unable to be directed to independent living. Moreover they were seen as difficult to place in supported communities, especially if they had been held in a secure unit. The unit was not able to provide the necessary care and after-care support such a child might demand.



Within the local system of the unit, its role was not defined as one of providing care or treatment for these children nor did it provide a post release support system for any child leaving the unit.

If the unit was unable to provide care for the intellectually dull, disruptive child, the same appeared to apply to children who represented yet another category officially deemed suitable for committal - those diagnosed as having suffered neurological damage. Although a diagnosis of such damage was rare in either the committed or rejected group, diagnosed actual damage as opposed to "suspected" damage was generally more common in the rejected group. Only two suspected cases occurred in the accepted group. The fact that the RG made no general comment about the possible role of neurological damage in a child's behaviour added further confusion to the unit's real purpose. The information, though given in case notes, was consistently ignored by psychiatrist and psychologist alike in the course of verbal discussion of these cases.

#### (vi) NEW RHETORIC AND ITS RELATION TO PRACTICE: THE EFFECTS OF NEW LEGISLATION

Halfway through the research period (August 1983) some legislative changes occurred which affected the secure units in Britain. The controversy highlighted by the Children's Legal Centre<sup>26</sup> led to new legislation governing both the committal of children to secure provision and, through the creation of a number of criteria, their selection for the units. The new legislation came into force in Spring 1984.<sup>27</sup> Section 8 of the Act specifies the criteria to be used by the Children's Hearings (or Sheriff), before a child may be committed to secure provision. First they must establish that the child is in need of compulsory measures of care. Then one of the two further criteria must be met: either the child has a history of absconding or is likely to abscond unless he is kept in secure accommodation - and if he does abscond it is believed that his physical, mental or moral welfare will be at risk; or he is likely to injure

himself or others unless he is kept in secure accommodation. No minimum age was stipulated.

Section 8 also created a new ground of referral to the Children's Hearings - a body which had not previously been involved in the process of referral to secure accommodation. The new ground involved children who were in the care of the local authority and whose adequate care and control needed special measures. The reason why Children's Hearings were brought into the legislation concerning secure accommodation was to bring the legislation into line with the specifications of the European Convention on Human Rights. This stipulates that any imprisoned person must have a formally constituted legal hearing.

It seemed initially to those operating the system that the new legislation would substantially alter practices surrounding assessment and committal of children to the secure unit. Criteria were now available which would affect selection of children referred, and the Headmaster of the school must now inform and have the agreement of the Director of Social Work regarding the placement of children from the main school. The decision-making process itself was to be monitored by the Children's Hearings: all children under the care of the local authority, or under some other status<sup>28</sup> where a recommendation for a secure placement was made, would be required to attend a Children's Hearing. The proposal would be scrutinised using the new criteria and subsequently endorsed or rejected. The Children's Panel was not given the power to recommend or authorise security - only the power to prevent inappropriate placements. It seemed their role as review body might well influence the length of placement and, one might speculate, considerably shorten the average length of stay in secure provision. However, in the actual acceptance of the child by the secure unit, the Headmaster retained the position of final arbiter regarding those children whose recommended placements

carried the endorsement of the Children's Panel.

The new criteria for admission to secure units in Scotland were, in essence, the same as those applying in England and Wales. Initially, prior to their implementation south of the border, the Government defended the then current procedures, saying that the placement of a child in security should be a "matter of professional discretion".<sup>29</sup> However, despite initial reluctance, the Government agreed that prior arrangements for committal did in fact contravene the European Convention on Human Rights and that criteria for admission should be established. Proposals were circulated here in Scotland to professionals, notably members of the RG at both St. Mary's and Rossi Farm, Montrose, for their advice and comments. At a meeting between the SWSG<sup>30</sup> and members of the Joint List D Secure Unit RGs, the nature of these criteria was discussed. An interesting summary of the comments and reactions regarding criteria was provided by discussion at this meeting:<sup>31</sup>

There was a long discussion on the appropriateness of the statutory criteria for consideration of secure accommodation; again there was some concern that these were too wide and that the term "moral welfare" was open to various interpretations. SWSG noted that there had been some dissatisfaction with the criteria but that no clear consensus on alternatives had been forthcoming. In the circumstances it seemed appropriate to use wording similar to that proposed for England and Wales - which in that context attracted widespread support - since presentationally it would have been difficult to justify different criteria to Parliament without good reason. Again it was emphasised that the most significant "gatekeeping" provision with regard to the use of secure accommodation was the decision of the Heads of the establishment as to which children they were prepared to accept and how this interacted with the role of the Hearings and the Referrals Group.

Discussion over the interpretation of terms such as "moral welfare" and indeed all other aspects of the criteria was surprisingly limited within the RG itself. In their separate submission to SWSG<sup>32</sup> no mention was made whatsoever regarding interpretation. From a research viewpoint it was immediately clear that these new criteria were very broad and vague; attempts on the part of the

RG to implement the new criteria, prior to their enactment in legislation and afterwards, were observed as part of the research on referrals. The various possible interpretations of the criteria tended more often than not to divide the opinion of the professional group and place the final decision even more surely with the Headmaster. The following illustrations are extracts from edited transcripts of RG meetings.

**Head of External List D School:** He's never stolen anything, never conducted any acts of violence - but I don't know if an open school would make much impact on him. Borstal would destroy him. I want him in a secure wing to work with him so he can eventually have community parents or some sort of supportive living. [Boy has 14 outstanding Road Traffic Act offences.]

**Psychologist (RG):** Community parents are a pipe-dream for the child and this should be made clear to him - he'd have to be directed towards independent living.

**Headmaster, St. Mary's (RG):** Both the psychologist and psychiatrist feel the child should not be sent into the penal system but his outstanding charges may force the court to place him in Borstal since he's over sixteen.

**Psychologist (RG):** He does not strictly meet the new criteria. Also there are younger children whom we would consider a more positive prospect. However, it's hard not to be sympathetic to him - he's trapped and has nowhere to go.

**SWSG Advisor:** He's a competent driver and rarely has been a danger to others.

**Head of External List D:** Our problem was just keeping him away from cars.

**Headmaster, St. Mary's:** He has another court case. It's unlikely he will get deferred sentence. We would have to establish his cooperation and yours [social worker's] about aiming him to your supportive services. We will admit him - but I can't see him getting beyond October with us. We could present his secure placement to the court and his contract for independent living.

And the following extract is from an RG meeting discussing the continued placement of a boy from the main school who had been placed in the secure unit for a three-week assessment period. The placement was sought by the Headmaster of St. Mary's.

Headmaster introduces the case to the RG:

**Headmaster of St. Mary's:** A came here originally as a day pupil. He attended well for some months. He had a history of running very far away (London, Belgium). His behaviour deteriorated again and he was made a

resident pupil. He's always remained apart from other boys, but did make a few difficult attempts to relate to staff. He still continued to run away - once to Newcastle. He was moved to the wing after this. He's an intelligent, aware boy but inarticulate concerning family problems. His mother is a very disturbed personality and very inconsistent in attitude to A - "blowing hot and cold".

**Third in Charge (Education), Ogilvie Wing:** A is very quiet in the wing and says nothing about his reasons for running. Absconding may be his expression of resentment for the system, for school etc. His involvement with his mother does appear "pathological". I am uneasy - he's not a danger to himself or others, he's not a great offender. His mother is the problem and she is the one requiring work. The boy would like to see his father but he is caught in an emotional double bind. In essence, we are locking up the child to treat the mother.

**Headmaster:** The real problem is the family relationships. In view of new legislation it's probable that he would not fit the criteria. But how can we encourage the mother to loosen her grip and how can the father's involvement be assessed?

**Third in Charge, Ogilvie Wing:** Nothing has changed, but we have no real reasons to hold onto him. The psychologist's report gives a prognosis of trouble when work begins on the mother and child relationship.

**SWSG Advisor:** All children's placements should be endorsed by Children's Hearings by January 1984 so perhaps the case should be presented to them earlier to highlight the difficulties in placing certain children who do not come within the criteria.

**Headmaster:** He's definitely a borderline case; we need the Hearing's support and some help with conciliation between mother and father. The practical issues to do with the child must be resolved - not the marriage difficulties.

Any investigation should be directed at understanding family dynamics. Predicting a placement time would be nebulous now; we have to see progress being established.

The RG decided that the child was to be detained till the family situation was clarified and some progress made with the mother.

The first extract illustrates the use of the unit to prevent a child's placement in the penal system. Though there was some doubt as to whether or not the child might meet the new criteria for placement in the secure unit, it was nevertheless "hard not to be sympathetic to him" and place him in the unit. In this instance the fact that the unit was locked was irrelevant to the placement in the minds of those making the decision; the child was over sixteen, eligible for a Borstal sentence and quite likely to receive one.

To return to the main point of establishing whether or not a child meets the criteria, both provide good examples, at least in relation to other children already committed to secure accommodation, of fairly extreme behaviour; the first child had fourteen outstanding Road Traffic Act offences and the second had been known to travel very far afield, even as far as Belgium, but still the cases caused debate over whether or not the child's behaviour could be said to meet the criteria in full, so vague and open are they.

To consider "absconding" first of all, the Children's Legal Centre<sup>33</sup> argued against the inclusion of absconding in the criteria for committal. They stated that they had:

consistently opposed "absconding" as a ground for restricting liberty on the basis that it is a product of factors which have little to do with the pathology of the individual young person.

They also pointed out that although the criteria include certain qualifications regarding absconding, i.e. that it must be seen as likely that the child's physical, mental and moral welfare will be at risk, the assessment of mental and moral welfare may be based purely on value judgements.

During the parliamentary debate on the Bill in question, Lord Trefargue qualified the absconding criteria even further:

We do not think it is right that children should be liable for placement in security just because they abscond, where their absconding is not associated with serious risk; there are children who absent themselves from a community home for a few hours to go down to the shops and then come back again and there are children who have a tendency to go back home. Secure accommodation is not appropriate for children like them.

Despite the difficulties associated, at least in recent research, with the use of secure accommodation for absconders, in referrals to the secure unit absconding remained the most common reason for requesting committal, occurring in 67% of the total 86 cases studied.

The second criterion, likelihood of "injuring himself or others if he is not held in secure accommodation" was originally proposed by the Children's Legal

Centre in *Locked Up In Care*. They did acknowledge that this too was open to a variety of interpretations. They comment: "Young people under stress often make threats which could be interpreted as fulfilling these criteria." This criterion certainly presented problems to the RG. Road Traffic Act offences were practically automatically thought to fulfil the conditions, as were offences of assault.<sup>34</sup> But an acceptable standard level of risk was impossible to establish.

#### (vii) CONCLUSION

In summary, the referred children were not those who began a residential career because of violent offending; this tendency seems to have been acquired as they moved from one residential situation to another. About half of the sample were reported as having some tendency towards violence, either in the form of offences or in their reported behaviour towards adults, in particular institutional staff. Although the pattern which seems to emerge in looking at offence data did indicate a slight preponderance of crimes against the person, it is nevertheless true that the bulk of these offences represented nothing extraordinary: only one child in the sample was convicted of having committed a grave crime and even in this instance evidence was confused and implicated a number of adult co-offenders. Often the label of assault masked a fairly trivial situation, certainly scarcely serious enough to warrant the use of incarceration in an adult context; and the violence reported against List D school staff was likewise rarely of an extreme or vicious nature.

It can be said that from an examination of official rhetoric we discover, not a corresponding reality, but one which thwarts attempts to impose empirical categorisation and impute processes. The immediate reality of the situation is that the unit is a resource which may impose incarceration informally and even whimsically. Professionals who are involved directly in the supervision

of children in the main school use the unit as a threat to impose order and to inspire conformity to the school's norms. This least formal use of the unit occurs within the network of local relations existing between the closed unit and the open school. One stage removed from this system are children referred on whom court orders have been imposed. We find they are admitted more often and more readily than children who are not referred with a court order. Here the unit is used to prevent an accumulation of under-age children in adult prisons or, less clearly, as a prison where a court may expect either incarceration alone or incarceration with some form of rehabilitation; or even more confusingly, the unit may be described as providing a "soft" option to the penal system.

At face value, the material presented on children referred to the unit reveals little about the relationship between the unit and the children it was designed to treat, rehabilitate or simply contain. Examined in isolation, the referrals process reveals little directly about the secure unit regime which can be identified with official treatment rhetoric. Predictably, its population cannot be identified at all clearly with the government papers and other literature which itemises the faults and inadequacies of potential secure unit candidates. The data presented here demonstrate that a ten-year-old child with no record of offending but who repeatedly runs away from a children's home and who is legally under the guardianship of the local authority may be incarcerated in a penal setting. Conversely a fifteen-year-old car thief may avoid such a fate if he responds to repeated threats of incarceration in the same institution. The unit seems to sit uncomfortably on the dividing line between "hard" and "soft" control measures. However, the role of the RG is even further complicated by the fact that this "division" may shift endlessly in the local rhetoric of the RG in response to case history material and style of presentation of a particular case. For some children the unit is clearly a penal resource and



appears to be applied overtly as such. For others it is described as a soft option to the "real" penal system. For still others it becomes a sanctuary. It is the case that actual psychological mechanisms which might constitute a concrete manifestation of treatment in the unit are never clearly discussed in the context of RG meetings. One infers their absence, or perhaps a lack of any true significance attached to their role, among RG members, from the nature of the local talk surrounding cases where a demand for treatment arises. We return to a fuller consideration of what constitutes "treatment" in the next chapter.

As Cohen points out, empirical demonstrations of the gap between rhetoric and reality are as much a critical part of the social control system as its day-to-day functioning. Rather than merely condemn the system as a sham, they paradoxically contribute to its overall growth and refinement. Within the system itself, negative evaluations of effectiveness justify more specialisation, more individualisation, more classification and more resources to meet the demand for a display of effectiveness.

If only we knew the right information, at the right time, and could match it to the right method, then we would know what to do. Something would start to work.<sup>35</sup>

But more recently, in the context of secure provision in particular, negative evaluation of outcome has been overtaken by attacks on the inherent ambiguity of welfare rhetoric which rationalises incarceration. Such attacks, both from within and outwith the juvenile arena, seem damning to the system - a final identification of the irresolvable conflict between welfare and justice. But the response of government bodies has been once again to refine rhetoric, this time meeting a demand to produce a set of criteria for the committal of children referred to secure provision. The demand was to make the committals system logical and rational, to reduce in fact the discretionary role of the professional. This cannot of course be achieved without discarding once and for all the treatment and welfare aspects of the secure units and defining them

unequivocally as a penal resource designed for punishment and operating a system of fixed penalties for offending. When new official rhetoric appears, it seems to change the system; in the case of a demand for new rules or committal to the units, the rhetoric of new legislation which emerged has no impact at all on lower level professional decision-making. Theoretically, this has to do with the mythical nature of classificatory systems and treatment processes on which the juvenile system rests; if the pretexts of the system are illusory, then no amount of rhetorical change will change the reality of the system itself. To conclude this current chapter, the impact of legislative change on the committals process serves to highlight the theme of the foregoing analysis. It indicates very clearly the inherent arbitrariness of a system which depends on a conflicting and ambivalent ideology and the impossibility of creating or changing meaningful classificatory processes from a basis of professional knowledge which is neither demonstrably rational or coherent.

Necessarily the processes which represent the reality of committals to the unit are a departure from rhetorical evocations of the welfare ideology of the system; they arise from the untenable conflict which official rhetoric contains and represent a simplification of aims towards control, containment and punishment. It appears that random forces with their roots in professional discretion create and direct the decision-making processes of the RG and render it impossible to generalise either about the RG's interpretation of official criteria or the salient features of cases associated with the application of either "new" criterion.

The next chapter continues the examination of referrals and committal process, looking more closely at the issues of welfare, treatment and treatability. It examines notions of welfare and treatment as a separate issue in the referrals and committals processes. Official rhetoric dictates that professional discretion should be based on assessment of a child's needs for care and treatment. But the

failure of a distinct welfare theme to emerge in any but a paradoxical relation to decisions not to commit individuals to the unit in certain cases (particularly those where social work involvement was greatest) gives weight to the idea that the reality of the system counters official versions at a most basic level. A discussion of the role of treatment includes an analysis of social workers' responses to a questionnaire designed to elicit their version of the processes and aims of committal in the secure unit. Social workers play a central role in directing children to the secure unit, so their construction of the purpose and function of the system seemed essential to an understanding of both official and real versions.

## References

1. Cawson and Martell, *op. cit.*
2. Cohen, *op. cit.*, p.166.
3. See Castel, R. *et al.* (1982) *The Psychiatric Society*, New York: Columbia, and
4. Schrag, P. (1980) *Mind Control*, London: Marion Byars.
5. Department of Health and Social Security (1977) *op. cit.*
6. Cohen, *op. cit.*, p.185.
7. Foucault, *op. cit.*
8. See, for instance, Report of the Approved Schools Central Advisory Committee on Closed and Other Special Facilities 1960, London: HMSO.
9. Cawson and Martell, *op. cit.*
10. Dreyfus and Rabinow, *op. cit.*
11. Edelman, *op. cit.*, p.16.
12. Edelman, *ibid.*
13. The Social Science and Social Security Adjudications Act 1985, London: HMSO.
14. That is, to St. Mary's secure unit or Rossi Farm's.
15. As there are only six places for girls requiring secure provision, the alternative is the penal system, i.e. Cornton Vale Women's Prison.
16. This course of action arises either through ignorance of the standard procedure or because the agent sees some advantage in bypassing SWSG.
17. Either a social worker, Headmaster of a List D school or a representative of the Prisons Division in the case of a child held on remand with a recommendation for a secure place.
18. Petrie, *op. cit.*
19. The Franklin Report, *op. cit.*

20. Notably research on secure units by Milham *et al.* (1979) and Cawson and Martell (1979) which were reviewed in Chapter Four, The Secure Units.
21. Cawson and Martell, *ibid.*
22. Potter, *op. cit.*
23. The Working Party on Legal and Professional Aspects of the Use of Secure Accommodation for Children in Care 1981, London: HMSO. Prior to this statement no age below which children in local authority care might be placed in a secure unit had been stated.
24. Child's previous placements: a junior and a senior school for maladjusted boys and one open List D placement.
25. The role of the social worker in monitoring a Secretary of State case is also important. The child was a 206(2) case; the social worker was perhaps wary of risking the boy's misplacement once again in a situation where he would get leave and perhaps re-offend. The role of the social worker in referring children to the unit is discussed in detail later.
26. Report of the Children's Legal Centre, *op. cit.*
27. Health and Social Services and Social Security Adjudications Act 1983.
28. For example, Section 37 of the Social Work (Scotland) Act 1968 deals with the compulsory interim detention of children in a place of safety, for children who require compulsory measures of care.
29. Mr I. Mayhew, Minister of State, Home Office Standing Committee A (1982), Official Report Vol. 2, 337, second para.
30. SWSG were responsible for drafting new legislation in Scotland.
31. Notes from a meeting between SWSG and the Joint RG Groups, 7 June 1983.
32. Secure Unit RG, *Secure Accommodation for Children*, 1 November 1983.
33. Report of The Children's Legal Centre, *op. cit.*
34. *Ibid.*
35. Cohen, *op. cit.*, p.183.

## Chapter Six

### Welfare and Treatment as Issues in the Processes of Referral and Committal

#### (i) INTRODUCTION

The following chapter considers the issue of treatment and its role in processes of committal to the unit. First, the issue of treatment is examined as it arises in discussion of cases by the RG. Both the circumstances which give rise to the emergence of what might be called treatment talk and the role of treatment in influencing the processes offer a profound contradiction to official rhetoric which defines treatment and more loosely care as the *raison d'être* for the secure units. Second, since treatment talk was largely confined to cases which were the sole responsibility of the social work department and were free both of the informed constraints imposed on the RG by the court and of the exclusive influence of the Head, it seemed that perhaps official rhetoric relating to treatment would provide a crucial feature of social workers' construction of the unit's purpose. A number of social workers were interviewed who had made referrals to the unit and their constructions of the unit's purpose and aspects of their own role in processes of referral were examined in relation to official rhetoric.

Generally it can be stated that the local talk of the referrals process seemed to reflect the reality of the local system to some extent. It seemed, for instance, that locally the unit might be characterised as a place where punishment was meted out for unacceptable behaviour in main school pupils. But this was only ever explicitly the case where local staff and the Head were involved. This characterisation was avoided when external agencies were involved. Local talk might also be seen to embody the reality of negotiation with the penal system, involving factors relating to a child's age and the weight

of a court sentence in the assessment of a case for committal. But the acceptance of the reality of this aspect of the process was never truly explicit. The Head intermittently countered this construction of the unit's function by evoking an official construction of the role of the RG - as a caring body complying with the principles of welfare and treatment - thereby relating RG decisions to the wider rhetoric of the child care system. But the heart of official rhetoric - the ideas of systematically assessing the child with reference to his or her needs and focusing on individual personal factors in order to provide effective treatment - this aspect seemed most conspicuous, either by its absence in committal processes, or by the unexpected outcome of discussions which did take up the subject of "needs" and treatment. It emerged that where treatment talk arose it was most often in relation to cases where the court had had no direct influence, the Head was not directly involved, and where the social work department alone requested a placement. Treatment ideology was more often and more clearly articulated in these cases even though, as we shall see, the notion of treatment was rarely central to the social work management of secure unit cases. Here, when the unit was prescribed for treatment, the rationale of the placement was couched in language which was vague or tautological and euphemistic: the unit would "benefit" the child or provide a "respite".

#### (ii) ISSUES OF TREATMENT AND WELFARE IN RG DECISION-MAKING

Generally, more information about the unit's treatment role was gleaned from cases which forced the issue. Then, the official treatment role became difficult to maintain: for example, the child who displayed "a powerful and unnatural" sexual drive and was of low IQ; a child who was described as psychopathic and given to self-mutilation, and another who, having demanded to be taken into care, showed a propensity for arson, promiscuity, glue-sniffing

and drug abuse. All three were said to present management problems which could not be "helped" by a stay in the unit. Interestingly, two of these youngsters were never securely detained in any institution. Children were occasionally presented for consideration who were characterised as disruptive and "maladjusted" and who were, management-wise, deemed to be beyond the scope of the limited psychiatric resources provided to cater for the more malleable maladjusted populations. They may also have had an offence history which increased the likelihood of their becoming part of the List D population rather than the psychiatric hospital population. The very obvious categorisation of these children as psychologically and behaviourally disturbed normally elicited the professional assessment that "treatment" was required; this might be of a behavioural nature (behaviour modification techniques or some other dynamic interpersonal approach). These children are not usually considered to be, nor are they labelled, as definitely suffering from a psychiatric illness. When brought before the RG, such cases tested the official treatment notions associated with the secure unit.

Two definite cases of this type appeared in the sample and both were rejected. In four other cases, seeking "treatment" for a child was a specific reason for the referral, though the children could not be described as disruptive. In these instances, beliefs held by referees about the psychological or psychosocial treatment potential of the unit were not met in reality: where a child presented serious disruption or violence, the lack of appropriate treatment available in the unit was emphasised; and where the child posed less physical danger to either him/herself or others, behavioural problems alone were not seen as adequate grounds for locking the child up. In either situation it was generally made clear to referees that the child whose behaviour was construed as abnormal or bizarre could not be "appropriately" treated in the unit.<sup>1</sup> The Youth Treatment Centres in England represent the logical



development of the treatment philosophy in a secure setting. In Scotland no such specialisation has emerged. Indeed, the demand for the kind of "treatment" described above is fairly uncommon. The conclusion seems to be that either these children are in fact very rare in Scotland or they are not consistently referred to secure units under the terms described above. Their cases may be otherwise construed and presented. But certainly bizarre, uncontrollable and seriously violent and disruptive behaviour was an unusual occurrence in the secure unit itself. It seems more likely that the RG acted to prevent the selection of children who might pose the greatest difficulties in the unit. By implication, if one accepts rhetorical definitions of the role of the unit, they acted to prevent the "treatment" of those most requiring it.

The notion of the dependent status of juveniles is crucial to the functioning of the welfare principle in the juvenile justice system. As the introductory chapter indicated, the growth of what Donzelot termed juvenile "tutelage" was based initially on the conjunction of criminality and deprivation in the new welfare ideology. The family expert assumed the right to educate parents on their role, to supplement the parental role when juvenile deviancy occurred and to assume on therapeutic grounds an *in loco parentis* function when parenting was deemed inadequate. As a result,

[the] juvenile court does not really pronounce judgement on crimes, it examines individuals. There is a dematerialisation of the offense which places the minor in a mechanism of interminable investigation or perpetual judgement. The break between the investigation and the decision is obliterated... The actual investigation thus becomes an evaluation of the minor and his milieu carried out by a host of specialists in social pathology. An evaluation that becomes a prosecution subsequent to sentencing.<sup>2</sup>

Theoretically it is in this area - where what the child is rather than what he does is considered to be important - that the rhetoric of diagnosis and treatment might be expected to emerge, and with it some clearer indications of the role of both the professional and the unit.

Much of the discussion generated in the RG came about not as a direct result of a child's criminal activities but as a result of his or her status as a minor. Silberman<sup>3</sup> comments on the role of the judicial management of these cases in the US juvenile court system where the court directs its concern towards individual psychology and interpersonal dynamics from a welfare and treatment standpoint. The court, like the RG, attempts to perform a complex *in loco parentis* role:

When judges do try to manage these relationships both they and the youngsters involved tend to get trapped in a vicious circle from which neither can escape. The first time a runaway girl appears in court, a judge is likely to send her home with a warning that she remain there... But without some major change in the home situation, or without some unusually successful therapy or social work counselling, the youngster is likely to run again. (The study of a sample of runaways found that three out of four had run away one, two and three times before). The second time the judge may keep the youngster in detention for a day or two or three...

By the third or fourth offence, the judge is trapped; having put their authority on the line, even the kindest and gentlest judges feel compelled to follow through their threats. Since there seems to be no other way to compel the runaway - or truant or unmanageable child - to obey court orders...a judge who began intervening in order to help a child ends up punishing her by incarcerating her in a state training school. The irony is compounded by the fact that if she continues to run away, the judge usually gives up and turns her loose.<sup>4</sup>

Silberman's commentary provides clear parallels in identifying the conceptualisations associated with some of the decision making and negotiating over children referred to the secure unit. In the present context, some status-linked behaviour problems may be seen as grounds for incarceration alone although this may not always be so; for example, in the case of a girl, presentation of the case emphasising moral and physical danger may or may not be effective in securing custody:

**Social Worker:** The girl has been missing since June 1982 [RG met November 1982]. She has been caught but always runs off again. She turned up of her own volition for a panel in September and asked to be returned to her mother. We've heard she sniffs glue and sleeps around, but we couldn't substantiate that.

**Headmaster:** What do you expect us to achieve?

**Social Worker:** She has to be held before anyone can do anything. She has a peculiar insecure domestic background and very tenuous family connections. We feel she could go out of her way to have a baby for all the wrong reasons.

**Headmaster:** The lack of parental concern - that's a fundamental aspect of work in the wing: cooperation between wing staff and parents. All we could do for this girl is lock her up till she's sixteen. There are plenty of girls simply in moral danger. We are a scarce resource. It's only the moral danger aspect that is serious. There's nothing else really - just petty theft.

**Social Worker:** I'm smiling because it's not "just" to me.

Since no boys were presented on grounds of moral danger, the presentation of the cases on this basis is peculiar to girls, and in a sense, all girls can be construed to present the "moral danger" problem, especially when absconding. In the presentation of cases where the child is a girl, many features of the case are quite different in content and emphasis to cases presented on boys. The differential emphasis on the moral wellbeing of boys and girls is well known: expectations of the behaviour of girls and boys clearly dictate a different response in general to boys' and girls' "delinquency", giving rise to a double standard in unacceptable behaviour. Hagen *et al.*<sup>5</sup> note that among males, delinquent activity embodying elements of independence, aggressiveness and assertiveness implies freedom or the absence of control. These notions are contrasted with the parallel attitudes to similar delinquency in girls.<sup>6</sup>

It is usually anticipated that teenage boys will struggle to liberate themselves from the control of the family (particularly the mother) and this is considered a healthy part of development towards autonomy. Girls, by contrast, are not expected to escape the informal control system but to change roles within it. When childhood is behind them they traditionally adopt roles as sisters and finally mothers in their own right. It is easy to see then why runaway, promiscuous girls cause such concern.

All six "unsuitable" girls on 441(B) orders had been presented as promiscuous or involved in alleged but unsubstantiated episodes of prostitution;

moreover their detachment from family influence and their aggressive or abusive behaviour in List D schools were the factors providing the framework for all of these referrals. It is unexpected and interesting that none of these girls was considered suitable. The RG appeared fairly consistently to reject the girl who was in "moral danger" and at some physical risk whilst absconding. In order for a girl to be committed to the unit, the presentation of the case generally had to emphasise criminal and assaultive behaviour as well as or instead of moral/physical danger aspects. But this was by no means always so.

Below are abbreviated extracts of "suitable" cases:

*Case 1*

**List D Headmaster:** She's determined to run away from us. She cut her arm with a blade whilst being held in a police cell. She was transferred from a children's home to us because the staff couldn't cope. She's been charged with numerous assaults on police and social workers. She appeared in court and got a three-month deferred sentence to be of good behaviour.

*Case 2*

**Social Worker:** The crucial meeting on this girl was last year's meeting at X where it was decided that she was List D material and not maladjusted. She was violent and aggressive with us. The staff were afraid of her. She kept bothering staff and provoking them. She extorted money from other girls, harassed them sexually and was very destructive, tearing the curtains down.

*Case 3*

She's very mature and attractive. She's been seen with men and hangs around the red light district - we never substantiated anything. The police want to question her in relation to thefts. She's been seen all over and has quite a network. She's assaulted staff frequently.

*Case 4*

She's been in X List D for two-and-a-half years. She's cut her wrists, sniffs glue and has absconded on 26 occasions. She assaulted a nurse in hospital who was trying to stop her arm bleeding. She recently got involved in a fight with her boyfriend and slashed his throat. She assaulted a girl in school, cutting her arms, leg and hands with glass. She was lifted by police and placed under an Unruly Certificate.

The referral of girls on grounds of moral danger reveals some referees' construction of the purpose of the secure unit, but it was not matched by the general acceptance of the RG. Generally, though not always, offences,

particularly of assault, were required to lend weight to the committal of girls. Again though, it can be said that four of the committed girls were not serious offenders and that the initial construction of the referral on the basis of morality and juvenile status enabled the committal to take place. In this sense the committal of girls does reflect the superimposition of a further layer of surveillance from which boys are generally excluded.

In some instances the existence of the very factors which rhetorically have been described as giving rise to delinquency and maladjustment could be seen to work against the placement of children in the unit. For example, in general, a strong representation of family rejection in which the child is characterised quite clearly as a victim of family pathology, together with usually mild though occasionally serious delinquency, appeared to form a group of factors characterising certain rejected cases. The following extracts from such cases serve as an illustration of this type of characterisation.

*15-year-old boy:*

**Social Worker:** His father's in prison and there's a history of marital disharmony and alcohol abuse. The child's been passed between the mother and the father and was in children's homes for two years. He had school problems and got sent to List D. He's never settled there. He offends whilst absconding. The mother and her cohabitee decided to leave for Manchester. They left without telling him they had gone. His offences are usually breach of the peace, housebreaking, fraud and Road Traffic Act offences.

**Headmaster:** Why do you want security?

**Social Worker:** We can't contain him; he's increasingly becoming a problem to himself.

**Acting Deputy:** You will have to look at other options for him; he doesn't meet the criteria. There are children who are serious offenders who are more in need of places.

On the face of it, this child's offences might well be classed as serious, and as we have seen, a child need not be a serious offender to gain a place - but in this instance the referees' characterisation of the child is seen as inappropriate; the social worker shows a strong empathy and concern - suggesting that the child is not "bad" but subject to considerable emotional pressure and neglect.

Those cases which give rise to least deliberation, and particularly where boys are concerned, are those where the child is presented as delinquent and entrenched in a delinquent subculture. The child's potential for criminal activity in adulthood appeared to be a useful if highly impressionistic gauge used frequently by members of the RG. Conversely, in these cases parental involvement may be construed a "positive" - at any rate the child is not generally presented in such a way as to encourage his identification as a victim of family dysfunction or disruption. His delinquency is presented, often subtly, as wilful, planned and for his gain or as a matter of undisciplined impulse rather than as the result of some psychological and developmental problems of which delinquency is rhetorically construed to be a symptom.

At the moment he is on the run. The List D can't hold him. He is believed to be involved in drug abuse and housebreaking. He was stabbed in the lung and there's more to that than he will say. Strangely there are no formal charges against him. His mother, though, has found him with stolen pension books, and neighbours have phoned X List D to say he's broken in. He's using his father's house to store stolen goods.

There was nothing in the above case which described the structure of the family or its dynamics other than the statement that "the mother and father don't offer much in the way of control." The following case provides a similar presentation.

*Main School Pupil:*

**Headmaster:** He arrived here in August but didn't settle or associate with other boys. He had leave and stole his mother's and a neighbour's purse. There's been more theft since under similar circumstances. He's developed into an absconder. He goes around the doors collecting for the blind or the handicapped. When he's counselled he explains he only goes to old folk because they can't run or hit him.

**Social Worker:** A period in the closed block might help nail him to the floor and help with his "socialisation" problem.

**Main School Care Worker:** He has a long track record with the panel. He offends whilst he's on the run - car theft mostly. He was returned home a year ago but wouldn't attend school. He operates his own rules at home and does as he pleases. Delinquency is his main problem. He stole the school car recently. He's expert at challenging authority. Reduced freedom might show him an authority he's never run up against before.

**Headmaster:** This boy has been in the school for only eight days. He lives very rough and comes back in poor condition.

**Deputy:** I wonder if he meets the criteria?

**Headmaster:** He meets the criteria because he's a danger to himself while he absconds.

**Care Worker:** The boy is in custody at the moment. He's unlikely to be made unruly since his offences are minor.

**Deputy:** Couldn't we just release him?

**Headmaster:** No - that wouldn't make much sense to the Children's Panel. He should be seen as fit for the wing in terms of physical danger.

To consider release at the same time as a secure placement is not uncommon with children under panel orders - a point noted by Silberman. It was clearly recognised by the RG that some children's rejection of the List D experience is so profound that a return home would be more productive in the long term than a secure placement. The above boy was placed in the secure unit but escaped. As a result he was paradoxically granted day boy status in the main school instead of a secure placement. Also, there was some evidence to support the statistical evidence that court and panel cases tend not only to evoke different decisions but that discussion of court cases tends to be briefer, more oriented towards the nature of the child's delinquency and to practical considerations such as length of sentence and the probability of a penal placement.

Treatment, then, was rarely mentioned in RG discussion - in fact if a case were constructed on the basis of the juvenile justice system's ideology regarding the aetiology of delinquency - i.e. as largely a symptomatic by-product of family dysfunction and emotional maladjustment - the case was more likely to be rejected. In fact, cases which emphasised delinquency as part of wilful, deviant or rebellious aspects of a child's personality resistant to parental and social work attempts to curb it, i.e. resistant to treatment so far, were far more likely to result in committal.

The analysis of RG decision-making indicated that treatment talk is rare or

at least ambivalently used in the committals context. It might be the case that the secure unit, by virtue of its autonomy and its unique position as a locked resource, displayed an unusual divergence from the official talk which predominates in other areas of the juvenile system. One could speculate that as a locked child care resource it had inevitably adopted some local features of a judicial system which seeks retribution and as such could be seen as an anomaly within the system. The rest of this chapter looks at the views of social workers making referrals to the secure unit. It could be argued that social workers are more likely to operate a system which clearly reflects the welfare ideology. Their role is assessment, supervision and advice to child care professionals, including the secure unit RG, i.e. they are responsible for identifying those in "need of care and protection". Where their role is supervisory, they act on a one to one basis with "clients". When they decide to refer a child to an institution, the welfare ideology dictates that this should be on a rehabilitative basis. Where a case is free of court orders, the social work decision to have a child committed to a locked institution could be expected to reflect an emphasis on the child's needs for care, control and treatment. The next section considers the social worker's role in processes of referral to the unit. It looks in the main at the role of concepts of welfare and treatment in their characterisation of secure provision. These are difficult to consider in isolation, and where unofficial influences on social workers' referrals practice emerged, these have been included in the analysis.

### (iii) SOCIAL WORKERS' PERCEPTIONS OF SECURE PROVISION

#### (a) *The decision to refer*

In observations of referrals meetings, the agent making the referral - usually the child's social worker or occasionally the Head of List D - was seen to play an important role in the process of decision making; a social worker was



present at most RG meetings. An interview schedule was drawn up specifically for social workers. The schedule dealt with information specific to the circumstances of the current referral but included some general questions on the purpose and practice of secure units. The aim was to establish the nature of current concepts associated with the use of secure units amongst a group who, though directly involved in the placement process, generally had no experience of the closed unit itself. Twenty-four social workers co-operated in this part of the study.

Two points should be noted in relation to interview material: first, of those responding, fourteen of the children referred were accepted on the basis of one RG meeting and eleven were rejected; second, the number of children under court sentence in this particular group is not proportionately representative of the overall number of children referred with court sentences. Children referred under court sentence are more likely to have the additional weight of the penal system recommendation attached to the application for security, plus the direct involvement of SWSG in the presentation of the case to the RG. The imposition of a court sentence means that the child becomes the responsibility of the Secretary of State; a concurrent panel order may be terminated or not under these circumstances, depending to a large extent on the age of the child concerned. Either way, there may be a lessening of the social worker input to the actual referral to security and the subsequent nature and duration of the placement. One social worker described the above situation:

I wasn't really involved in the case at all. Prisons Division and a psychiatrist did an assessment. Prisons Division recommended a secure unit in the List D system. They passed the case to SWSG and I attended the referrals group meeting.

Observations of RG meetings indicated that the decision to apply to place a child in a secure unit would seldom be arrived at by a field social worker in isolation. The information, particularly recommendations appearing in reports

presented to the RG, suggested that a number of individuals might raise the issue of secure accommodation in relation to a particular child and that this might be a matter of some deliberation before an application was made.

In answer to the question: "To what extent were you responsible for deciding on the child's referral to the secure unit?", nine interviewees said that they decided to pursue the application alone, but usually consulted a senior social worker on the matter; five claimed the referral was largely a result of police, penal system or court recommendations; and a further nine cases were pursued largely by the Head of the List D school where the child was resident. One application was made on the insistence, illegal at the time, of Children's Panel members. (This particular social worker was clearly unaware of the limited power of the Children's Panel in this instance, since he pursued the placement against his better judgement.)

Headmasters of List D schools were clearly important figures in identifying a need for secure provision. Some social workers felt under considerable pressure from List D Headmasters to pursue a place, sometimes reluctantly:

J ran constantly from St. X List D. He was very resourceful and never offended - he was very proud of that. I was never worried about him. He always wanted to be at home. At a review in St. X school the Headmaster instructed the referral. He felt J was at risk running away in the terrible winter cold. I felt it wasn't appropriate at all and neither did the care staff in the school. I compromised; I felt the threat might stop him.

We thought about security but I decided along with List D to let her try again. I returned from my holiday and the police came in and said they were worried about her, that she was in moral danger. She had charges and the Reporter directed the case to the Procurator Fiscal. There was a great over-reaction to the morality issue.

At the point of the referral meeting exactly half of the social workers had substantial doubts as to whether a secure placement was appropriate for the child, three disagreeing outright with the referral.

Although the above situation obviously causes friction, outright dissent - should there be any - between social workers and List D Heads was generally suppressed at RG meetings. Comments made to the researcher after the meeting were often the only indication available that a debate had occurred at some point prior to the meeting.

The autonomy of List D schools in rejecting children they consider unsuitable is obviously of considerable overall importance to understanding the referral of children to secure units. Social workers are aware of the commonly unenthusiastic reaction by List D schools to a request to place a child who has been rejected after failure in other List Ds. If this situation arises, open residential options become severely curtailed. Mention that a secure placement has even been considered may also prevent a further placement. From the social worker's point of view, there can be little to gain in trying to prevent a secure unit application, and in the above circumstances their doubts about the child's need for a secure placement can have little real relevance. In these instances the social worker may feel compelled to capitulate:

I have questioned this from the beginning (secure placement). The wrong actions have been taken. He was roped into solvent abuse and alcohol when he was placed in Y List D. It perhaps looks as though the secure unit is appropriate now but that's purely because he wasn't handled properly at Y List D.

In fact, nine of the respondents were unconvinced that each of the children's previous experiences in a residential placement, usually though not always a List D school, genuinely represented a failure on the child's part to respond to adequate care and "treatment"; they felt that the List D schools in particular were themselves largely responsible for the child's "failure" in that they had failed to meet the child's needs or to prevent the behaviour giving rise to the referral:

I would question whether they ever did anything with D. I think they thought they were just holding him. They say in their report that he was leading young ones astray; others say this wasn't the case. It could have been used in part to get rid of him.

Yes, I feel his List D could have coped perfectly well with him. Certainly I don't know where else would have been more appropriate. I just feel the List Ds are a law unto themselves.

They (the List Ds) were amazingly bad. Staff were unprofessional and antagonistic towards [the boy].

For many, then, there was clearly an awareness of something akin to a "failure to treat" rather than "treatment failure". The secure unit referral arose out of that failure and not from some identification of the child as not responding to treatment.

(b) *Reasons given for referring*

As we have seen, despite attempts to produce criteria for the committal of children to secure provision, the process remains one of professional discretion. This, coupled with the policy adopted by the unit in question not to give out information on the "type" of child likely to be considered suitable, leaves the social worker with a prospective referral in a state of confusion regarding whether or not that particular referral is appropriate. Prior to January 1984, social workers were required to make application to SWSG for a secure place. An SWSG adviser gave the case initial consideration; most applications were in fact presented for discussion by the adviser who described his function as "a very wide sieve". He arranged for the cases to be presented to the unit's RG - at least this was the common practice; occasionally a social worker, unaware of this procedure, made direct application to the Headmaster of the school. The case would be discussed just the same.

The lack of information provided by the RG regarding criteria for admission - or, even more loosely, specification of the types of potentially

suitable behaviour (for example, absconding, types of offence, etc.) - was noted earlier. It might also be assumed from the social worker's quite different position in the child care system that he or she might well be more securely aligned through professional training etc. with welfare principles and treatment ideology than List D staff. If these two points are taken together, it could well be expected that social workers' notions regarding the purpose of secure facilities and of the "type" of child thought suitable may not be consistent with those of the RG.

Certainly, it seemed to be the case that social workers did not see themselves as well-informed regarding the referrals process to secure provision. As regards the suitability of the children referred, only thirteen respondents felt confident that the case presented was appropriate and would be accepted; nine expected the case to be rejected and three were unsure.

A social worker whose case was rejected comments on the different emphasis placed on details of the case by members of the RG:

I did think I would have a very hard job convincing them. Her offences were petty and she never actually harmed anyone; there weren't any incidents of very serious self mutilation. I thought they would accept her, though; but they emphasised the facts that she hadn't injured herself or anyone else rather than the importance of her own needs. I'd hoped they could help her more than we had.

Another social worker had a negative expectation (the child being placed):

I personally felt he was really a borderline case; I thought they would prefer a more vicious boy rather than a chronic glue sniffer and absconder. Of course, I based my expectations on one very bizarre case - the only child I happened to know in the unit

Overall, negative expectations seemed to be generally disconfirmed:<sup>7</sup> only three of those expecting a placement were rejected, while eight not expecting a child to be placed found their clients were accepted. Of those who had firm expectations, two social workers whose cases were under court sentence

expected rejection and roughly the same proportion, six of the social workers with supervision order cases, expected them to be rejected by the RG.

Three of the social workers who were surprised at the acceptance of the referral had children resident in the main school. One was unaware that she was actually attending an RG meeting, another had received confusing communications about the child's situation.

I never thought they would consider him for the unit. At the previous review they asked me to consider alternatives. At that time I was told I was the only person considering security; at the RG there was obviously a change of heart. They had apparently decided to place him in the unit.

In the reasons given for the referral of the child, persistent absconding and offending were mentioned most often - in fifteen cases. Eight described the child vaguely as "a risk to himself or herself" and five were considered a risk to others. A need for containment was given as a reason in six cases, usually in association with preventing absconding or the child's danger from, for example, glue sniffing. Specific failure of a List D to deal with the child was cited in three cases.

Generally the RG would find all of these reasons for referral acceptable, but not consistently: the examination of the case during discussion might convey that the extent of offending and/or absconding, for instance, was insufficient to justify placing a child in security. But as the study of the placement process indicates, there was no standardisation in the process of selection, and accurate prediction of the type of child likely to be placed is impossible. It could, however, be said with some certainty that social workers who emphasise the moral danger aspect of a case or present this as a major criterion for referral would be unsuccessful in gaining a place for the child.

About one such case, the social worker commented:

By the end of the discussion I was genuinely very confused about criteria. It certainly didn't seem clear what they expected - asking for police reports. I thought the basis for my request was being questioned, even my integrity. I

began to feel a bit paranoid and I definitely didn't get a clear reason of why they rejected the case.

A close examination of this particular presentation indicates that not only were moral aspects emphasised but the child's 'treatment' needs were emphasised by an assessment centre representative present at the RG meeting who was advocating a secure place. As the referrals analysis showed, a number of social workers, in presenting cases to the RG, appeared to couch them in terms unacceptable to the RG by laying their emphasis on the moral and physical danger of the child. It appeared to be the "presentation" of the case and not the facts which leads to rejection, since the facts of these cases may be, and have been seen to be, almost identical to or even more serious than cases which are accepted. In fact these unacceptable cases are best described as cases where "welfare", i.e. the child's welfare, either physical, emotional, or moral, is the dominant theme rather than delinquency or troublesome behaviour. Members of the RG appeared reluctant to characterise the secure unit quite so clearly as a provision for "feckless" teenagers. There was also a spoken reluctance on the part of the RG to be what the Acting Deputy of the unit called "a very expensive contraceptive", though in some instances they could be seen to be exactly that.

(c) *Knowledge of the case and of the secure unit*

It seemed that such a serious step involving the child's loss of liberty would involve on the part of the social worker a thorough examination of each case before referral, a good knowledge of the child's personality and motivation and a careful assessment of his long-term "needs". These cases would surely be representative of those requiring most attention in the minds of the social workers, even for those social workers who felt the referral to be inappropriate. Social workers were asked how well they knew the child being referred and how familiar they were with the child's history. Only one quarter of those interviewed felt they knew the child or his or her background very

well. Ten claimed they had a limited knowledge of the child. The majority were involved in the referral working from a "reasonable" knowledge of the child.

I knew him reasonably well but that's mostly secondhand information. I wouldn't say I know him very well.

Regarding knowledge of the secure unit itself and of the type of experience it would give a child, seven of the respondents had no clear idea of the philosophy and practice which characterised the secure unit, and for the purpose of referral it seemed this was not considered to be valid information, at least from the social worker's point of view; only thirteen had been inside the secure unit, but not necessarily in connection with the present referral. But even for this group, knowledge of the functioning and philosophy of the unit was not good. Those who had not visited it had gained impressions from other sources about its organisation and objectives. When asked about the nature of the unit's regime, eight described it as a "treatment" unit with a programme based on group or individual counselling. Four thought treatment programmes involved the application of behaviour modification, i.e. that it operated on a reward and punishment basis. The remainder had the impression that the unit had a penal orientation where the regime was highly controlled and security conscious and the children severely restricted.

When asked what they thought might be gained from placing a child in the secure unit, eight respondents felt that little or nothing of lasting impact would occur and that, in the last analysis, the placement would be merely a period of containment and euphemistically would "provide respite", for both child and agents involved with the child, from continual problems or "risks" associated with the child's behaviour. Two felt that the experience would have shock value for the child and could prevent further misdemeanours.



Little can be gained when X will ultimately be returned to a very bad environment.

It would at least keep her off the streets, but it was a bit like using a sledgehammer to crack a nut.

Nothing would be gained. I haven't yet met a child who needs to be locked up.

I had doubts about whether it would work. It seems to boil down to containment.

The remainder believed or hoped that the child's behaviour would be modified by "treatment" in the unit. By making the referral, they felt they were at least providing the child with an opportunity to receive counselling and the benefit of forming relationships with adults whom they would have no chance to avoid through absconding. Only six respondents felt that the secure unit would be a final and effective placement for the child. The remainder were convinced that the child would either re-offend or require further social work intervention after release.

Notions of the length of time a child might spend in the secure unit were as speculative as notions about the nature of the regime; none had attempted to discover how long this might be prior to referral, despite the fact that some had very clear-cut ideas on how long the placement ought to last: five expected the child to stay a year or more, four felt a stay of three months or less would be appropriate. The majority expected the placement to last between three and nine months - none was certain and five had no idea. The respondents were asked if at the time of the referral they felt there were in fact any realistic alternative placements which might have been pursued. Surprisingly, five felt there might have been. Community parents and home supervision - perhaps antitheses to a secure unit placement - were still considered at the time of the referral to be appropriate solutions by four respondents, and a further open List D placement was thought feasible by one. The reasons for not pursuing the alternatives were based on the lack of availability of the resource, such as

community parents, or were a result of pressure from other influential individuals who wanted the child locked up.

(d) *The purpose of secure provision*

When asked what they thought the purpose of secure provision was, the majority of respondents stated that the purpose was twofold: to protect both the child and society and at the same time to provide some form of treatment aimed at behavioural and attitudinal change in the child. The notion of protection for the child was clearly linked with the idea that the child was placing him or herself at risk through his/her own irresponsible behaviour - not that they were in unavoidable situations with a high degree of risk from which they could not escape - as might be the case for a child abused by parents. Irresponsible behaviour which placed the child at risk (absconding, or glue-sniffing, for example) was thought to be amenable to the same "treatment" approach as that thought suitable for those who were considered predominantly a risk to others. Five of the social workers clearly rejected the role of welfare ideology in their understanding of the purpose of secure units; they described them as "unacceptable" prison facilities for the under-sixteens, provided purely to hold children beyond the control of the List D system. And moreover, the majority felt that an increase in locked provision for the under-sixteens was required but pointed out that a greater range of resources within the locked system would be preferable to a straightforward addition of more secure units dealing with children presenting an array of different problems. It is noteworthy that the need for remand facilities within the child care system was mentioned by only one respondent.<sup>8</sup> Although none of the children in the present sample was regarded as such by the respondents, seven of them nevertheless felt that there was a need in Scotland for a separate unit dealing with the "maladjusted delinquent". Only two saw a reduction in the number of

secure places currently available as a desirable proposition. Their beliefs reflected a demand for a refinement of the system and an increase in its size, and this despite a general lack of faith in its efficacy beyond a resource for control and containment which conferred no lasting, positive effects on the young people in question.

#### (iv) SOME IMPLICATIONS OF SOCIAL WORKERS' PERCEPTIONS

Several points arise from the information given by social workers which represent a further layer of real constraints upon the system. First, the relationship between the social worker and List D Headmasters over secure unit referrals may represent, for the social worker at least, a "no-go" situation. It is clear from comments made by some social workers that their perspective on the need for a secure place may often be incompatible with that of a List D Head. Both the type of behaviour worthy of a secure placement and the point at which a crisis develops necessitating referral may involve social workers and List D school Heads in fairly extensive debate. Some List D Heads behave autonomously in making secure unit referrals, instructing or even arranging an application without the social worker's agreement or in some instances without his or her knowledge. New legislation designed to protect the child emphasises social workers' decision making in secure unit applications; since January 1984 a placement requires the agreement of the Director of Social Work and the approval of the Children's Panel. This may limit the scope of List D Heads in exercising their authority without full social work involvement, though it will not overcome the problems faced by social workers in attempting to place difficult children in the open system, since the List D Heads still have the right to refuse any child a place.

Secondly, the lack of shared impressions amongst social workers about the nature of secure provision, and their lack of factual information, suggested some interesting interpretations and speculations. The secure unit is poorly

publicised and it is a very limited resource, offering very few places. It is probable that many social workers are unaware that such units exist at all. The impressions gained by some who have heard of the unit may also deter some potential referrals. Some children may avoid the secure alternative completely by default. It cannot be discounted that social workers seeking a secure place may be ignorant of the nature of the provision; if the nature of the placement, which involves the deprivation of a child's freedom, is to most social workers a mystery, or purely a matter of supposition and assumption, then it is fair to speculate that the unit's most salient feature is its physical security. What goes on inside is not worthy of close investigation and, as some respondents suggested, is assumed to be of little long-term value in any case.

By way of explanation of the above, one cannot disregard the professional accountability of the social worker as a major impetus to referral; it is clearly the duty of the social worker, as it is of List D schools, to prevent a crisis in the life of children under their care and supervision. Since the system operates from a basis of discretion and not from a basis of systematic procedures, it is clearly impossible to articulate a standard element of risk which is allowable in social work practice: as a result, some social workers and some residential establishments may jump more quickly to the conclusion that it would be "safer" for all concerned to lock a child up.

Many referrals reflect just such a situation where social workers are demonstrably uncertain of their role in relation to the control of children, and particularly at what point the deprivation of liberty becomes justified. The referral itself may represent a testing situation for the referees; the reaction of the RG is taken as an indication of the suitability of their particular cases, and, more importantly, of the child's degree of risk compared to the rest of the secure unit population. The very fact that the social worker has made a secure unit application, even if the application is subsequently rejected, can perhaps

be considered a form of professional insurance, and indicates that the social worker has gone to sufficient lengths to seek adequate resources for the child's control and treatment. If the case is rejected, the responsibility for maintaining the child in an open situation is no longer the result of a social work decision but the result of a decision made by the RG.

So, it is arguably the role of the referral group to attempt to establish an acceptable level of professional risk by rejecting those children who represent what they construe to be an over-hasty or inappropriate referral. During the course of the research, the RG began to recommend that social workers making a referral should visit the secure unit prior to the referrals meeting. This was done, perhaps paradoxically, to emphasise to social workers that the unit was locked and that placement would have to be justified fully in terms of the child's behaviour and needs. However, although some social workers voiced dissatisfaction about the unit, particularly concerning the lack of "treatment", none withdrew an application on the basis of a visit to the unit.

It is clear then that social workers can have a determining influence over the children referred to the locked unit. Their own ideas on the role of such units - indeed whether or not they were aware that such a placement was a possibility - were factors affecting the chance that a child might be referred; and such simple factors as having referred a child before might influence whether or not another referral would be made in subsequent cases. Their perception of the risk presented by a child was crucial and so their perceptions, obviously personal and highly variable, presented yet another source of arbitrariness in the selection of children. Critically, though, social work talk in the context of the referrals situation, whether in written or verbal statements, reflected the use of official rhetoric on which to base the rationalisation of the demand to have a child securely held. In many this ran counter to an apparently fully conscious rejection of the efficacy of both

welfare principles and of treatment. For the majority, no lasting positive effects could be expected and in any case no real treatment could be expected from the secure unit.

The social workers' confusion over who may be committed, and why, is a further demonstration that the system overall has no unifying logic but relies on discretion. Professional discretion reaches down to the very basis of the system where it clearly causes confusion and a struggle for professional dominance which exists beyond the rhetoric which supports the system

The confusion generated by listening to the presentation of a case at an RG meeting by a social worker and attempting to match the rhetoric of this presentation to the beliefs held by social workers about the real nature and purpose of secure provision, emphasises very clearly the existence of two worlds, one of rhetoric and one of reality. The issue of treatment and welfare forms the basis of official rhetoric on secure provision. One might expect that social workers above all would formulate the basis of their professional action on the tenets of official rhetoric. But as the interview material demonstrates, actual assessments of how the system functions are more accurately described in terms of immediate control and/or punishment of unruly children. In a sense, social workers do express the treatment rhetoric of the system most clearly when they present cases to the RG. They tend to couch the presentation in treatment terms. But the reality of the system - most critically its inability to treat - compels cases presented in these terms to be rejected - and again uses treatment talk as a rationalisation for a rejection of the case.

The RG can be described as simplifying the system of committal in rejecting treatment as a real aspect of the system and in acting to impose control and punishment. But this "simplification" is not overt. The secure unit is never characterised as a penal resource at any truly explicit level. The reality of the system seems to be both acknowledged and denied in the same process. The reasons why this is possible and desirable in a social control

context are discussed below. The conclusion to this chapter refers also to Chapter 5, since this chapter can be seen essentially as an elaboration of the themes emerging in Chapter 5.

#### (v) CONCLUSION

Analysis of the processes surrounding the decision to commit a child to the secure unit involved using two forms of rhetoric as frames of reference: the first was formal, encapsulated in official government papers and legislation and informed by professionals whose theories came to be incorporated in this particular form of rhetoric; the second was informal, drawn from observation, professional commentary and accounts of a micro-social situation, and accompanied processes of assessment and decision making whereby young people were committed to the secure unit. The former stated that incarceration was for the good of the child. It was to provide the opportunity for treatment to be given. The justification for this lay in the proposal that a child's bad or unacceptable behaviour had psychological and psychosocial origins which could be rectified by child care professionals. The official image of incarceration of juveniles denies forcefully that punishment has any significance; containment merely ensures that the child is available to be "helped".

The alternative rhetoric, described as "local talk", which emerged during the actual processes of assessment and decision-making suggested that in fact official rhetoric was divorced from the reality of these processes at some primary level.

One might generally describe the local talk of the referrals process as fluid, relating most clearly to a simplified "crime-punishment" model but on other occasions to a more complex, confusing and highly ambivalent ideology more easily identified with official rhetoric. As a result, the secure unit itself

could be characterised as many things, and incarceration imposed for many, often ideologically opposing reasons. Generally one could infer that individual psychological treatment was not its major *raison d'être*. Despite the presence of a psychologist and a psychiatrist in the RG, it appeared the system was not designed to use their skills in any immediately recognisable way. Following from Edelman's<sup>9</sup> ideas on the role of professional rhetoric, it seems their presence offers a validation of the selection process by reinforcing the impression that psychological skills were both relevant and utilised. Certainly, the clearest articulations of the unit's purpose related to control and punishment. Concretely, all that might be said is that some children are categorised as requiring to be locked up; why and for what purpose remains to be seen.

Although the analysis seems to suggest an awareness in professionals of a gap between rhetoric and reality - an awareness which seems to emerge in the local talk described so far - impressionistically this did not seem to be the case. Some professionals, particularly social workers, seemed to experience acute uncertainty about the real purpose of the secure unit. But although social workers, and members of the RG, could be seen to speak and act in such a way as to reflect both constraints identified in official versions of reality and simultaneously to rely on official rhetoric, this did not appear to be accompanied by fully conscious certainty that the welfare and treatment aspects of their system were untenable. Within the immediate context of decision-making, local talk which was clearly derivative of official rhetoric made spasmodic and inconsistent appearances, notably when the autonomy of the RG was challenged by government officials carrying greater overall power within the system - or less obviously, to formulate a denial of particular cases to the unit. This local talk appeared to represent the outcome of processes which eliminated the complexities and ambiguities of the official care/treatment



ideology. This greatly simplified the system of committal and reduced the system of incarceration for welfare reasons to one of punishment and discipline for unacceptable behaviour; where this was not the case, the reasoning behind the committal was generally opaque. It was concluded that within the closed system of the school and secure unit, the role of the unit appeared to require least justification; it seemed everyone there understood the practicalities of the situation - difficult children might be locked up to make them behave, and treatment ideology could be safely overlooked. Paradoxically, what might be called unelaborated official rhetoric was often invoked in order to justify the rejection of certain "untreatable" cases - usually those who might pose most disruption to the unit.

Two basic questions emerge from both chapters on processes of referral and committal: why do the processes of referral and committal appear so confusing and arbitrary and divorced from official rhetoric; and what is the function of rhetoric generally in the context of the system if it does not describe reality? It is appropriate to consider evidence from similar contexts where the act of decision making itself has been assessed, since there are clear parallels with the decision making tasks of the RG. The first has relevance for the fact that local rhetoric seemed to reflect a simplification of official rhetoric in reducing the problem of selection for the unit to one more closely related to a crime-punishment model. One can infer that something in the nature of official rhetoric constitutes an impediment to the development of systematic criteria-related decision making. Evidence from cognitive psychology and criminology demonstrates that processes of decision making which require the decision maker to take into account a large number of variables can in themselves generate arbitrariness. In such a situation, individuals display a tendency to focus upon the most simple and obvious variables. This means that within a system where, ideologically speaking, a vast array of personal

variables in a child's background are said to have importance in terms of the decision to impose treatment or remove liberty, the vast majority of such variables will be overlooked. There is evidence that this is what happens. For example, in probation officer recommendations or in sentencing, the mass of personal and psychological information collected on individuals has been demonstrated to be of little or no importance. Most influential are crude variables of offence seriousness, past record and social class. Silberman's<sup>10</sup> summary of research related to sentencing indicated that all but approximately 8% of sentences can be explained in terms of offence and prior record alone. In a study of the Children's Hearing system, Martin, Fox and Murray made a thorough analysis of factors associated with the decision to commit a child to a residential placement. They found that:

... in general the more far-reaching decision that Children's Hearings can make involves a larger element of idiosyncratic judgement than the less weighty decision to bring a child under the supervision of a social worker.<sup>11</sup>

Certainly in the arena of the adult and juvenile courts, wide variations in sentencing practice are the norm, even where investigations have compared apparently identical or similar types of offences. Hood and Sparks contested the obvious conclusion that variations in sentencing practice implied an unacceptable arbitrariness and irrationality within the justice system. They suggested that judges display internal consistency within the framework of their own values and priorities. Hood and Sparks'<sup>12</sup> conclusion seems odd; the lack of shared rules and priorities across a number of individuals involved in operating the same system cannot result in a system which is rational and, in any case, studies which have actually tried to establish an association between judicial decisions and specific personal factors of those making the decision have been few in number: Wheeler *et al.*<sup>13</sup> in a study which is highly relevant to the present research, showed that welfare-oriented juvenile court judges seemed particularly prone to send young offenders to institutions - a tendency

which reflected their belief in the rehabilitative function of custodial care.

At the level of the system itself, information overload has the same outcome in terms of arbitrariness as it has in instances of individual decision making processes. Krisberg<sup>14</sup> describes a situation of "justice by geography" where large discrepancies occur in admission and confinement rates across to institutions which cannot be linked to differences in rates or types of crime. It seems then that the information presented on children in the context of secure unit referrals is itself largely a form of rhetoric which may have little or no influence on the decision to commit or not. The tendency for court order children to cause less discussion and for the RG to seek for "positive criminality" in the background literature in case presentations as an indication of a candidate's likely suitability seems related to the need to simplify the task. Certainly, RG decisions themselves were rarely explained except in the vaguest and tautological terms - "The child will benefit from a period in secure provision."

The system of selection of children for secure provision serves as an example of Cohen's<sup>15</sup> classification systems - systems which though they may be demonstrably inefficient, or even purely figmentary, function to reinforce the control systems which they seem bound to undermine; in fact, they serve to elaborate the system's field of influence:

Like methods of punishment or treatment themselves, these classification systems may or may not "work". The category might be too broad or too narrow, the wrong candidate might be selected. Sometimes these mistakes can prove fatal, particularly at the output end where an offender might be classified as "safe" to be released, but turns out to be dangerous. But these forms of failure are perfectly suited for the crime control system. Unlike the failure of a correctional measure itself, the failure of a classification system rarely evokes troublesome ideological questions and never threatens professional interest. It simply calls for more and better classification - an agenda which can be followed with total agreement from everyone. Liberals and conservatives, reformers and managers, psychologists and guards, all are committed to seeking further refinements to

whichever bifurcation they are concerned with - soft or hard, treatable or untreatable, safe or dangerous. The non-contingent nature of these refinements matters not at all.<sup>16</sup>

There is more than sufficient literature on the provision of resources for children, locked or otherwise, to create a very strong impression of organisation, coherence, objectivity and systematisation. This overall impression as it stands in relation to the secure unit is quickly confounded and contradicted by its immediate reality and by the nature of local talk describing the processes of referral and committal. One is easily left with the impression that active and conscious deception may be the key to the vastly disparate images created by reading the literature, listening to the talk and observing the reality. Cohen<sup>17</sup> touches on the theoretical problem of trying to reconcile the relationship between talk and practice and the tendency for debate generated by research on the subject to be confounded by a faulty conceptualisation of the role of rhetoric. He quotes Leach's<sup>18</sup> anthropological analysis of Kachin society which effectively demonstrates that "talk" may have a function which is essentially unrelated to fact.

The explanations given by certain members of society about how particular institutions actually function, Leach argues, necessarily constitute a fiction... Actual crucial changes in particular communities are not at all reflected in the stories these communities tell about themselves. (In the same way as real correctional changes, especially when caused by external political or economic pressures are often not picked up.)<sup>19</sup>

The theoretical perspective on which this observation is based suggests that rhetoric has some function in controlling the perception and representation of reality. For Leach the function of story-telling is to validate the status of those who tell a given version of reality: rhetoric becomes part of the power structure of a society or, in the context of this thesis, of aspects of a social mechanism where control of individuals is the primary function.

But if the status of one individual is validated, that almost always means that the status of someone else is denigrated. One might then almost infer from the first principles that every traditional tale will occur in several different versions, each tending to uphold the claims of a different vested interest.<sup>20</sup>

And none of these tales can be expected to reflect reality. The present data highlight very clearly this confusing conflict between reality and rhetoric. In the present context there is little evidence to suggest a correspondence between local professional and official descriptions and analysis of the system, and the nature of the system itself. So what is the function of rhetoric, either official or local, which evidently does not describe reality?

The answer may be seen to lie in the powerful influence of language itself in formulating the global attitudes of listener and user. Language can encourage systems of belief which work against the experience of cognitive dissonance. The term "cognitive dissonance" is borrowed from psychological theory and refers to the uncomfortable subjective state when opposing versions of reality coincide. The tendency is to seek resolution of ambivalence and contradiction at the cost of tolerating the disorienting effects of competing definitions.<sup>21</sup>

A number of writers have dealt with the notion of language not as a means to objective naming of reality but as a creative political tool. Orwell drew attention to the anaesthetic function of language in a political context. For him, words have the power to shield their users and listeners from fully experiencing what they are saying and doing. As a barrier against the perception of "reality", political language was essentially:

euphemism, question begging and sheer cloudy  
vagueness<sup>22</sup>

The power of language in a social control context has to do specifically with the split it can engender between words and objects, thereby creating the gap

between rhetoric and reality. In this context, the terminology which forms the basis of official rhetoric in juvenile justice acts to create a symbolic system of ideas which neither represents nor is reflected by reality. Edelman's analysis of the political use of language shows how rhetorical evocation of symbolic systems result in "mythic cognitive structures" which are used to formulate a basis for classifying and controlling lives. He<sup>23</sup> focuses on the language generated by the helping professional: the psychologists, psychiatrists and social workers. Their language characterises their role as one of helping, caring, treating. Edelman claims that the language alone frees these professions to carry out a politically repressive role since it characterises their role as benevolent:

The language of the helping professions reveals in an especially stark way that perception of the same act can range all the way from one pole to the opposite. Is an action punishment or is it help? The textbooks and psychiatric journals recommend actions that look like sadism to many and like therapy to many others; deprivation of food, walks in the open air, visitors, mail and telephone calls, solitary confinement...<sup>24</sup>

Rhetoric embodies language which, when viewed merely as a tool, has no obvious political function in itself. Edelman, however, points out that the purely symbolic and evocative function of language has little to do with objective reality. To see language as symbolism dispels the naive view that linguistic terms such as "maladjusted" or "delinquent" or "treatment" must necessarily stand for particular objects or behaviour. Such terms have the power to engage the listener in a process of associative thought, feeling, memory, attitude and expectation - in Edelman's terminology they generate particular "cognitive structures" in the listener. But the symbolic imagery used by helping professions can rarely be matched with verifiable fact:

The name for forms of mental illness, forms of delinquency and for educational capacities are the basic terms. Each of them normally involves a high degree of unreliability in

diagnosis, in prognosis and in the prescriptions of rehabilitative treatment; but each also entails unambiguous constraints upon the clients; especially their confinement and subjection to the staff and the rules of a prison school or hospital.<sup>25</sup>

Within the system described in both this and the previous chapter, it is clear that reality may be construed as something quite distinct from any level of talk about it. The most salient feature perhaps of local RG talk is not so much the presence of a fully developed alternative rhetoric which somehow attempts to combine official rhetoric with the constraints which the realities of the system present; rather local talk can be characterised as appearing to acknowledge much of the reality without a corresponding loss of faith in the overriding official version. Regardless of actions which clearly contradict official rhetoric and their partial acknowledgement, the local system still purports to act, via professional discretion, in the best interests of the child. The true nature of the system is apparently masked or distorted by the use of certain key words. It seems that, as Edelman suggests, key words have the power to evoke elaborate emotional and cognitive resonances, which prevent the disintegration of ambivalent action into recognition of the reality. Christie gives a very clear example of the power of key words to evoke a construction of reality devoid of the profound and unpleasant emotional impact which a more precise terminology might provoke.

How the punishments hurt, how it feels, the suffering and the sorrow, these are the elements most often completely lacking in the texts (official rhetoric of criminology). And they are not lacking just by oversight as one discovers if one challenges penal law writers on their sterile coverage of the core phenomenon of their trade and suggests that they might become a bit more concrete in their writing. The word penal is closely related to pain...considerable torment is created if it is suggested that the basic law should be called a pain law. I have done it so I know.<sup>26</sup>

What both Christie and Edelman emphasise is what also appears to function in

the present context: the cognitive and emotional transformation of coercion and incarceration by the power of euphemistic terminology. For the RG processes may be described in official terms or in local terms. But the cognitive and emotional schema to which both relate is based on the evocations provoked by official terms known as "treatment" and "welfare". There may be no evidence for meaningful systems of selection, classification and treatment but crucially they are still known as selection, classification and treatment. Although the system may appear ambivalent to those who operate it, the implications of its ambivalence are never fully realised and acknowledged; as Orwell suggests, the basic official terminology performs an anaesthetic function by blunting the impact of ambivalence.

The most obvious characteristic of official rhetoric is to create an alternative reality. Euphemism has become arguably the major rhetorical tool in social control systems and seeks to disguise and convert the essentially punitive features of the system. As Christie<sup>27</sup> points out, euphemistic terms blunt the reality of incarceration. This is particularly obvious in the context of committal to secure provision and, as we shall see, in the secure unit itself; from the referrals process, "client" (prisoner) and "placement" (committal), and from the unit, "bedroom" (cell), "multi-purpose unit" (isolation cell), "time-out" (time in the isolation cell), are terms which conceal punitive action. Through language, crime control is rendered benevolent. No punishment, deprivation or suffering is implied.

To conclude, the data presented here offer evidence to substantiate the notion that processes of selection and classification surrounding committal to the unit constitute symbolic constructions and have at most an ambiguous relationship to the reality of incarceration and management of children. In terms of the welfare and treatment ideology espoused by the List D system and by the secure unit in question, the selection processes operating to assign



children to the unit seemed to display a lack of recognition for the treatment aspects of the placement. The rejection of cases defined as requiring behavioural or psychodynamic treatment in the context of referrals discussed, suggested that the unit did not function as a treatment resource in these terms at least. These tendencies, which were clearly apparent in the local talk, were greatly reinforced by the informal and explicit use of the unit as a disciplinary measure in dealing with pupils in the adjacent main school. It could of course be assumed that the type of treatment offered was specifically directed at children who showed delinquent tendencies rather than emotional or behavioural disorders. But this denies the official philosophy of the List D system which finds delinquency to be symptomatic of deeper underlying family and personal problems. It was clear that some referring agents categorised the unit as a sophisticated treatment resource. But analysis of social workers' (the majority of referring agents) beliefs about the role of secure provision indicated that this may have been "mere rhetoric". Extrapolating from referrals processes, the exact role of the unit as a child care resource is impossible to define; its remit was ambivalent from the outset; it cannot be seen as a holding place for very serious delinquents under sixteen years, since clearly the vast majority cannot be described as such. Neither can it be described as a treatment resource since this aspect does not figure meaningfully in decision making and has a very limited role in the initial reasons for referral.

The remaining chapters shift away from processes external to the unit and focus on the unit itself. Is the gap between rhetoric and reality more or less obvious there, when deliberation is over and the committed child must be dealt with? Does the presence of keys and bars erode the power of euphemism to structure the experience to which both staff and child in different ways are subject?

## References

1. As we see in a later chapter on the secure unit itself, a form of treatment involving behaviour modification used to be applied in the unit. It has since disappeared and has not been replaced by any easily defined or clearly recognisable form of treatment.
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3. Silberman, A. (1978) "Juvenile Justice: How Could it Happen?", in Silberman, Charles E., *Criminal Violence, Criminal Justice*, New York: Random House.
4. Silberman, *op. cit.*
5. Hagen, J., Simpson, J. H. and Bill, A. R. (1979) "The sexual stratification of social control", *British Journal of Sociology*, 30: 25-38.
6. Campbell, A. (1981) *Delinquent Girls*, Oxford: Blackwell, p.49.
7. As a general trend over the fieldwork period, the RG tended to accept more cases than they rejected. Children with court sentences passed were more often accepted than rejected.
8. A large number of youngsters under sixteen are held in a remand prison for lengthy periods of time prior to placement elsewhere.
9. Edelman, *op. cit.*
10. Silberman, *op. cit.*
11. Martin, Fox and Murray, *op. cit.*
12. Hood and Sparks, *op. cit.*
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14. Wheeler S. *et al.* (1968) "Agents of delinquency control: a comparative analysis", in Wheeler (ed.), *op. cit.*
15. Krisberg, B. (quoted in Cohen, *op. cit.* ) "Youth in confinement: justice by geography", San Francisco: NCCD Research Center. No date given.
16. Cohen, *op. cit.*

17. *Ibid.*, p.193.
18. *Ibid.*
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28. *Ibid.*

## **Chapter Seven**

### **Treatment: Professionals' Theories and Staff's Perceptions**

#### **(i) INTRODUCTION**

The chapter on referrals to the unit suggested a number of implications for the role of the unit itself. The evidence suggested that although official rhetoric might evoke an objective world of diagnosis, classification and treatment methods, the reality of the system lacked a parallel coherence and objectivity in its processes. According to the official rhetoric, the unit might be expected to provide treatment for children which reflected the professional assessment of the need for containment and treatment. But the discretionary role of the RG - the Head in particular - and of the referring agents, could not be meaningfully related to aspects of the children referred or to treatment methods which were said to operate in the unit. In practice, the rhetorical system did not fit; notions of discipline, punishment and control existed both overtly and covertly alongside those of welfare and treatment and could be seen to be arguably more relevant.

The more committal to the unit was a local process bound up with the insular sub-system created between the main school and secure unit, the more the official rhetorical imagery of the wider system seemed irrelevant to the process. The introduction of external agencies into the process of selection created more discussion and negotiation which, although it might include notions of welfare and treatment, could be seen to transform these issues; where courts were influential, decisions were quick to reflect both the political and ideological issues more readily associated with penalty; where the framework for a case was welfare and treatment, these very notions were often evoked as a means of excluding certain children from the unit. It was almost as though agents who adopted the official rhetorical construction and presented

cases as in need of specific treatment or other welfare intervention had the effect of "calling a bluff" - forcing official constructions of the unit's purpose to break down.

The finding that rhetoric and reality are so clearly at odds was anticipated in the theoretical analyses of the social control system presented earlier. The vision created by Rothman<sup>1</sup> of reform after reform being either resisted or welcomed for the wrong reasons, only to be transformed even in directions opposed to the original ideals, has been reiterated in more contemporary contexts, particularly in relation to diversion and decarceration. Some assert that the fault is not in the original ideological impulse or scheme for reform but in the process of implementation. Klein,<sup>2</sup> for instance, claims that the problem of mismatch between rhetoric and reality is essentially related to "programme integrity", that is, evaluation is irrelevant since programmes have not been properly implemented. The original welfare goals are replaced, transformed by latent functions and the vested interests of those who operate the system most directly; thoughtlessness, stupidity and ignorance sabotage the development of "real" programmes which must reflect all the necessary ideological components before the system will work effectively. But for others, notably social work theorists, the problem runs deeper than that.

Stevenson,<sup>3</sup> for example - unconsciously echoing Foucault - notes the expansion of both practice and theory on social work, and points to its tendency to become verbose and diffuse. She quotes Job - "Beware the man who multiplieth words without knowledge." Stevenson doubts whether social work yet has a body of knowledge since it has tried to "...build a social work house on the shifting sands of social science theory." For social work and related professions, sociology and psychology, which form the basis of rhetoric and ideology, have proved insubstantial in providing general theories that predict and explain social behaviour. Their value then is consequentially limited for

those who must develop practical measures in respect of such behaviour. Howe<sup>4</sup> advances the idea that theory is irrelevant to practice.<sup>5</sup> Indirectly he feels this is due to the increased awareness of sociology in legislators;

Legislators are now able to think sociologically. In recognising that many problems have a social component and that someone in some occupation is needed to tackle them, the only statutory body around that sounds as if it has any natural inclination towards matters social, because at the very least they have the word in their job title, is the social worker.<sup>6</sup>

Howe also recognises the urge towards professional status as contributing to the rift between rhetoric and reality. As an aspiring profession, social work has attempted to develop a convincing cognitive base as a means of establishing power and control over its given area of the "social"; it has tried to develop "a special competence in esoteric bodies of knowledge".<sup>7</sup> In the search for conviction and distinction, it has attempted to grasp many psychological and sociological theories only to note their subsequent ineffectiveness. As Howe remarks:

Social work rarely discards any of its theories, leaving them to accumulate in books and courses, so swelling what is taken to be the occupation's knowledge base, giving an impression of development, whereas all that may be happening is the steady accumulation of unrelated relics.<sup>8</sup>

Howe's observations as a social work professional also substantiate Foucault's assertion that professional knowledge is in fact purely utilitarian, an alibi for and symbol of power. The fact that it is unable to be integrated meaningfully into practice - that it is not represented in reality - is a predictable difficulty. The theoretical and rhetorical world is isolated from reality. It exists outside the world of practicalities, but serves to legitimate the process of surveillance and control - that is, the reality of the system's practical influences.

Sheldon's criticism of the issue of mismatch between rhetoric and reality reflects a note of professional panic which is most acute in the area of welfare

work as opposed to other professions where the knowledge base is less esoteric.

The chances of the individual practitioner bringing these two aspects of the work together in any systematic sort of way are not good. I emphasize the word individual because in the absence of any kind of agreed framework, relating theory to practice, still more attempting the reverse, is largely a personal matter. It all depends on "what works for you", as the old saying goes. The question is, should we rest content with this loose and increasingly looser relationship? Personally, I do not think we can afford to. It too easily leads to the spectacle of any three trained social workers deciding that any one client's problem is the result of either the suppression of his internalized "fun child", an upset in his family dynamics or his hitherto unsuspected need for three days camping in Wales.<sup>9</sup>

Those who operate the system at the lowest level are subjected to higher professional criticism. Academically the rhetoric of welfare objectives and of theory is denounced as a sham. Welfare work becomes social control in disguise, and all the more pervasive and penetrating for it. Welfare workers can offer no really convincing or confident reply to this. In an ambivalent welfare context, the treatment of juvenile deviance is weakly framed, its rationale incoherent and inconsistent. For the welfare professionals in the present study and for many others besides, their very professionalism is easily called into question. Rarely are they experts in child psychology, family dynamics or mental illness, but the rationale for their actions is drawn directly from these areas. The fragility of welfare workers' hold on a professional system of knowledge is contradicted by the power they wield over "clients".

Though official rhetoric based on professionals' psychosocial theories constitutes broad policy, these can in fact be shown to do little to structure or influence the actual work of low level professionals. Not unexpectedly, if the knowledge of experts is shown fragmented and contradictory, the representation of that knowledge "in the field" and in the hands of lower level professionals will be even more fragmented. In fact, the lower level

professional can be seen to endure a considerable degree of occupational uncertainty as a result of ambivalent rhetoric and incoherent theory. At an individual level, resolution of that uncertainty may take many forms:

But some experts will find their occupational coherence through a flight into cryptotherapeutics as though a thorough grasp of the Milan method of Family Therapy or Transactional Analysis could truly provide it; others ironically have embraced the idea of retributive sentencing (to the inadequacy of which one might have thought their very presence stood eloquent testimony) and due process, becoming adherents of the back to justice movement. Others gain their gratification from an association with more prestigious professionals such as consultants and judges, basking thereby in a modest quantity of reflected glory; others again busy themselves by becoming aligned with members of the oppressed classes.<sup>10</sup>

But in the present context cynicism or idealism, mystification and denial of incongruity appear to constitute the main forms of resolution. Without the prestige associated with higher professionals and the unassailable power which elite knowledge groups such as psychiatrists have acquired, the lower level professionals - in this case the care workers and teachers in the secure unit - are left to deal first hand with the all too obvious disparity between rhetorical and euphemistic imagery on the one hand, and the experience of the absence, or at least the inefficacy, of attempts to render welfare ideology workable in a penal environment on the other.

The following chapter compares rhetoric and reality in relation to treatment in the secure unit. It focuses first on the role of official rhetoric, looking at staff's constructions of the basic ideological components which underpin the use of incarceration in a welfare context. The separation of ideological and practical issues is somewhat artificial since discussion of one is automatically related to the other. This chapter does, however, serve to highlight the extent of professional uncertainty and conflict and the degree of isolation from idealistic aims which the experience of working in the secure



unit can impose. The next two chapters concentrate more on the reality of the unit, i.e. upon its organisation and functions.

All of the next three chapters are based partly on staff responses to questions designed to obtain an idea of their perceptions of both the rhetoric and reality of the secure unit, and partly on observation of the unit. Twenty-six members of staff were interviewed, representing two thirds of the full staff complement. Some of the questions presented concepts first used in *Organisation for Treatment*<sup>11</sup> which characterise some orientations of institutions dealing with delinquents. In the above study it was hypothesised that such institutions might have an operating philosophy reflecting either "custodial", "traditional" or "treatment" concepts. Custodial concepts were described as incorporating the goals of punishment and protection of the community and are closest to those operating in a traditional justice model. The traditional concepts are more representative of those underlying the philosophy of the old approved school system - the disciplining and training of youths in acceptable social behaviour with fewer elements of the custodial concepts. The comments of the Ingleby Report on the general approach adopted by the approved school give some of the flavour of the "traditional" concept:<sup>12</sup>

The schools are properly regarded as boarding establishments approved by the Secretary of State...and designed to provide care and training, give classroom and vocational education and exercise remedial influence upon children sent there until judged by school managers fit and able to take their place in ordinary life once more.

Treatment concepts are representative of the welfare philosophy, with its child-centred approach characterised by the notion of intervention in the "best interests of the child"; the emphasis is upon changing the child's attitudes and values or enlarging the child's self-awareness and understanding. The ambivalence created by the shift in emphasis from traditional concepts to treatment concepts is of course the major point of departure for the present

study. Here, interest is focused on the staff's characterisation of the secure unit as a treatment resource, and on their conceptualisation of the custodial role of the institution; it was expected that the ambivalence mentioned above (and discussed at length in the Introduction) would make the formulation of a shared staff ideology with clearly defined and articulated treatment goals unlikely in a secure setting.

(ii) STAFF'S FORMULATION OF THE UNIT'S PURPOSE: THE ROLE OF TREATMENT

The introduction to the study proposed that the rhetoric guiding secure units would mirror that of List D schools post-1968; that there would be attempts to meet the demands of a child-centred treatment-educative principle without, however, having a sound basis from which to develop the treatment theme in particular, beyond the rudimentary. The Headmaster's comments on this partly confirmed expectations.

I had carte blanche about the unit. I never was told to have any particular type of regime. But with children, hard children, you just batter them into hard young men if you have a hard regime. (*Headmaster*)

Originally, as we saw in Chapter Four, secure provision implied one thing - containment. For those responsible for the operation and design of units south of the border, security and control were of paramount importance. Treatment, or even educational and social provision, was scarcely considered. It certainly seems true that List D schools generally failed to adapt their practices from the traditional to the treatment oriented. At the time when the secure unit was established, there were no particular prototypes for treatment in secure settings already in existence in Scotland upon which the Headmaster or management of the unit might base their philosophy, or more particularly the practice in the unit. Since no clear remit or example existed, the opportunities were there for the unit in question to become something of an experiment in

the application of treatment or paradoxically to represent quite clearly the failure of the List D system to incorporate to any great effect the welfare/treatment principle.

Delving into the unit's past it was difficult to find consistent accounts of the original regime. In interviews with the Headmasters, Reality Therapy had been mentioned as the treatment used in the unit but at the same time they discounted it as a "form of control" and "not a major concern" in establishing the unit. The unit manual had been drawn up by the original Deputy of the unit but had fallen into disuse when the Deputy left two years after the unit opened. Only staff who were employed in the unit at the time remembered the original regime and its basis, a form of behaviour modification. It seems the original regime was to a large extent, if very briefly, based on Reality Therapy. The following extract from the original unit practice manual shows the section dealing with "Treatment Designs".

***Extract from the School Manual***

Reality Therapy states two needs:

- (1) Relatedness - the need to love and be loved
- (2) Respect - self worth

In the above example of a balance sheet we see on the negative side the following:

- (1) Lying (a denial of reality) - causes the patient to feel suspicious and others to mistrust. For example:
 

(patient) A - Suspicion	negative reinforcement
	- loss of relationship
(others) B - Mistrust	- separation
- (2) Running away - causes the patient to feel isolation and the group is left behind. For example:
 

(patient) A - Isolation	- loss of relationship
	Separation
(others) B - Left behind	

If one goes through all the negatives in the last example the need is obvious. For example, the patient is separating himself from others, therefore the treatment is the formation of a meaningful relationship with more involvement with others at

a later period of time in the treatment process. In other words, the child must learn to get along with others in a responsible way.

Anxiety - Violation of the integrity      Need - Respect of the self

**Positives**

Artistic  
Musical  
Well coordinated  
etc.

**Negatives**

Never completes projects  
Wanders from situation to situation  
"I can't do anything"  
Destroys possessions of self or others  
Suicidal  
Hygiene poor  
Sloppily dressed

The above example is obviously exaggerated: in all probability we will not have a balance sheet this cut and dried. However, it serves as a good example, as in the following:

Never completes projects - (patient) A - Lack of respect  
(others) B - Lack of respect (useless)

Treatment is always centred around projects. Start on small projects which the child can complete, thus enhancing his feelings of self-worth, thus success. Give praise after the completion of each project, but never false praise. The projects should become a little more difficult as each one is completed.

*Treatment Designs*

All Ogilvie Wing staff will have input into the treatment design of each boy in care. It is vital that Care Staff, Teachers, Instructors, all contribute factual information and not emotional or vague observations. When the "honeymoon" period is over and we are now seeing the problems and behaviour exhibited by the boy, we just meet as a team and form a balance sheet.

Examples:

**Positives**

Well coordinated  
Leader  
Initiator  
Clean  
Neat appearance  
Good attention span

**Negatives**

Runs away  
Lies  
Steals  
Swears  
Fights  
Bullies  
Argumentative

The manual suggests that staff would require a good deal of expertise in the field of individual psychology and psychotherapy. However, a lack of psychological and psychiatric training was universal amongst staff, and

certainly no-one in management had such training. It was established during the course of the study that although psychiatric and psychological advice was available to staff, they thought it useless and irrelevant. At the time of the research, psychological and psychiatric input for children on an individual basis was very restricted indeed: during the research period only one child had direct psychiatric care in the form of family therapy whilst in the unit, and this was conducted in a clinic over a hundred miles away from the unit. The presence of the consultant psychiatrist at the weekly general staff meeting implied that psychiatric consultation was pertinent to the functioning of the unit: in fact the psychiatrist offered general advice on policy and practice and was in no way associated with the planning of any individual's care beyond giving a verbal response to staff questions. Staff were asked to rate the input of the consultant psychiatrist and psychologist: *"How much influence do the psychiatrist and psychologist have in deciding how a particular child is to be handled?"* and *"How much influence do [they] have on the way the unit actually runs on a daily basis?"* All staff felt the influence of the consultants was non-existent or "negligible" in both circumstances.

They are no help at all and hardly ever seen. (*Care worker*)

We don't have enough access to them. I can't say why we don't have access. Care staff asking for help from them are usually ignored. Professional help is very "un-thought-out". (*Care worker*)

They are no help. They may be good in theory but certainly not in application. (*Care worker*)

They could contribute a lot more information. They are never involved with the staff here. Theory is generally useless in terms of handling children. (*Team leader*)

I have no experience of them. (*Teacher*)

I don't see them around children a great deal. (*Care worker*)

The following extract from the observer's field notes is drawn from a

specially organised meeting where the psychiatrist, a member of the RG, was asked by the unit's Acting Deputy to provide some guidance for staff on the use of group meetings. These meetings, originally part of Reality Therapy, had lapsed and none had taken place for some months, but the Acting Deputy felt they ought to be revived as a means of treating children. Their content and structure had never been fully described and, in the past, staff had conducted them as they saw fit. There was a vague notion that they were to be both therapeutic and re-educational, designed to alter children's unacceptable attitudes and behaviour by attempting to encourage children themselves to focus on other children's "faults" and to bring pressure to bear on them to change and conform. The psychiatrist has altogether a different set of ideas and is apparently shocked that staff should use the meetings for anything but a discussion of "mundane things".

***Extract from Field Notes***

***Psychiatrist:***

Staff must attempt to develop a set of common attitudes and goals in order to include children in an acceptance of staff values. Unit meetings must basically evolve a consensus between staff and children. The aim would be to undermine delinquent values in the children. We can never be sure if this is a realistic expectation.

An interrogation approach adopted by staff in unit meetings is terrible. It is absurd, since there is no way a child could ever win in this situation. The child's view is constantly invalidated. The confrontation situation is invaluable but should not always result in the child being denigrated.

The confrontation technique should be altogether more sympathetic - "perhaps with a smile". More than one member of a group focussing on a particular child might seem oppressive to the child and lead to anxiety and withdrawal. Prior discussion of a particular approach might be helpful to staff.

***Structure of Unit Meetings***

1. There should be an informal roll-call so that everyone understands the reason for absences.
2. Some sort of agenda might be provided by the chairperson. A permanent chairperson should be appointed in the meantime so that someone can develop chairing skills and the group can get used to a

particular chairing style. The chairperson's role should be quite passive, not overbearing.

The agenda should concern issues which concern or worry people and should be arrived at via consensus. The chairperson should be the final arbiter on agenda matters.

3. Proceed through the issues on the agenda. There may be tensions and anxieties but these should be explored.

4. It is best to end a meeting on a happy note of common agreement on some shared thing.

### *Aspects of Group Behaviour*

1. Encouraging child participation may be difficult. There may be a general fear of "grassing". This may change over time. The group may alter its definition of grassing over time.

2. Only public concerns and passing information should be the focal points of meetings. There's to be no delving into personal matters. For example, if a child has not been visited, that might be discussed under a general heading; probing into intimate personal feelings is to be avoided.

3. Children will tend to maintain certain areas which won't become part of group discussion or develop new group definitions.

### *Staff Commentary*

**Instructor** proposes involving child chairperson.

**Psychiatrist** This may be good for overcoming the separate interests of staff and children cultures, but should only happen under special circumstances [doesn't elaborate]. Child involvement could be encouraged by giving them a role, perhaps preparing notes for discussion topics.

**General comment** Meetings here are not prepared.

**Social worker** If staff have no shared beliefs concerning principles and practice, how can children be involved in sharing a staff view?

**General comment** How can decisions on policy made at meetings be put into action? So far the discussion and decisions have no effect; they have not been carried out.

**Acting Deputy** I don't expect immediate results on this.

**Psychiatrist** Let's assume a good staff structure exists and works well...

**Social worker** No, there is no point in making these assumptions. We just get nowhere.

**Care worker** Well, we won't ever learn anything. Doesn't discussion help staff gain an understanding?

**Acting Deputy** That's correct. We'll go on with this discussion.

**Care worker** What about this confrontation and interrogating style? We all know what that means. The problem is, children always want to discuss concrete things and staff want to talk about behaviour. So, inevitably, we discuss behaviour but against the children's will. We also lack any training or skill in guiding group meetings.

**Care worker** People lack the confidence to deal with unit meetings. And I don't think you *can* actually teach people how to do it.

**Care worker** Meetings were a tradition in the past. The fact that there was no choice in the matter made it a lot easier to have them.

**Psychiatrist** Children must have some pleasure in these meetings, not constant hammering.

**Acting Deputy** That approach was adopted in order to establish some controls over children for the meantime.

**Psychiatrist** I feel this is wrong. Mundane subjects can be discussed which produce a lot of talk but are not actually threatening or unpleasant to an individual.

**Team leader** Well, I feel that I am not holding a "real meeting" unless I'm conducting an intensive behavioural or emotional investigation.

**Psychiatrist** That intensive approach is terrible. Mundane issues can just as easily be guided towards helping with children's problems. The intensive approach may work where a regime is purely therapeutic - for instance, in a drug addiction centre - but it won't work in isolation outside a sophisticated treatment programme. Meetings here really have to deal with bread and butter stuff.

**Social worker** It's very difficult to know what mundane issues to discuss every day for an hour.

**Cook** That's because there's not enough for them to do here. We provide nothing for them to talk about. They are bored. They hate school holidays here because nothing replaces class time. Everyone is bored.

**Acting Deputy** You are saying that things which have been decided at these meetings are not being put into action. I feel got at. If things don't happen, you'll get your arse kicked. We talk about things, one decision is made, then you ignore it.

**Care worker** Practicalities are not a problem. It's staff attitudes that are to blame here. It all comes down to whether staff actually want to do things or not.

**Team leader** What has happened at a unit meeting should be put in the Kardex. Preparation for meetings is more important than the actual content. We [Green Unit] have already tried to structure the meetings themselves. We discuss the meeting beforehand and plan staff roles.

**Senior social worker** We still have no real basis for these meetings. They should somehow be linked to reasons for admission here and to assessment. The old positive/negative behavioural ratings in the Kardex were useful in providing facts for changing the child's behaviour.



**Psychiatrist** Well, I was trying to provide a meeting programme for people lacking the skill to handle more intensive group discussion. Perhaps those who have the skills can go further in their meetings.

The psychiatrist, far from attempting to enlighten staff on the rudiments of group treatment, conveys that psychological treatment was inappropriate in the unit and offers some very confusing comments which relate to the purpose of the unit. He states that as far as children's delinquent values were concerned, one can never be sure if attempting to undermine them would be a realistic expectation. One wonders then why the children were placed in the unit, since officially that was precisely the reason for their committal - to undermine delinquent values by treatment.

The psychiatrist's attack on treatment is thorough. He asserts that children were not to be upset and that there was to be no delving into personal matters. Group meetings were to deal with mundane public matters.

The resultant confusion of staff over the psychiatrist's comments is understandable; the fundamental approach of Reality Therapy is confrontational and person-centred. Although as a treatment method Reality Therapy may never have become established in the unit, staff seemed to feel that the probing, demanding style of group meetings held some of the elusive essence of a treatment approach - i.e. they felt that they were actually doing something to change children's behaviour. The psychiatrist, though, completely discredited the treatment notion. Nor did he imply that treatment should be left to those who have the appropriate professional skills since, as staff point out, psychologists and psychiatrists did not contribute to individual treatment of children in the unit; they were involved only in the committal of children as members of the RG and as occasional visitors to unit staff meetings such as that described above.

In the light of official rhetoric on the purpose of secure units, the psychiatrist's attitude is illustrative of the disassociation from official theory

and rhetoric which arises in the practical context. His overt uncertainty over whether it is even realistic to attempt to change children's delinquent values is particularly revealing. His attitude supports the idea that treatment exists in rhetoric alone, that there is no real intention to treat.

To return again to the unit's treatment history, Reality Therapy itself was never a well-known treatment approach accepted in institutions for delinquents. It is a form of behaviour therapy with a highly moralistic content. Unit literature relating to Reality Therapy<sup>13</sup> takes the form of one brief publication dated 1965; the subject matter is described in the foreword to the book as "courageous and unconventional", and the "antithesis to Freudian theory". The author notes of psychiatry and clinical psychology in general: "Under the sway of Freudian psychoanalysis these disciplines have not validated themselves either diagnostically or therapeutically. The impact of their philosophy of life and conception of man in society as a whole has been subtly subversive." Dr. Glasser contends that the mentally ill and the juvenile delinquent are unable to satisfy their needs realistically, and behave irresponsibly because they deny the reality of the world around them. As a therapeutic method, Reality Therapy emphasises "moral values". The therapist "...must teach his patients to acquire the ability to fulfil their needs and to do so in a way that does not deprive others of the ability to fulfil their needs."

The Headmaster made the point that Reality Therapy was in itself a thinly disguised form of control. Certainly in the context of a secure unit it can be seen to have immediate "control value - utilising as it does the effect of public assessment of the child's negative attributes and the reaction of peers (via the technique of "peer group pressure") to behaviour and characteristics thought undesirable.

As the description in the manual implies, Reality Therapy is about extinguishing the negative or undesirable aspects of an individual's behaviour

and reinforcing the positive or desirable aspects. Nothing can be said about its effectiveness. The complex reduction of a multitude of behaviours to represent a basic concept such as "self-worth" or "separation", where the child is seen as having difficulty, was the original, if ambitious, goal of the Ogilvie Wing care workers. The psychological mechanism whereby change would take place in the individual was through the use of "personal involvement", i.e. the formation of a relationship between the care worker and the child. It is hardly surprising that this particular treatment approach, despite the control it may have offered, could not be sustained by untrained staff; the glib representation of the "unconventional" therapeutic approach in the unit manual cannot mask the difficulties which staff would be bound to encounter in attempting its application.

Interviewed staff were asked to outline the main features of any treatment programme functioning in the unit. The majority, twenty out of twenty-six, said they knew of no formal programme operating in the unit at all:

I don't think you could have such a thing as a treatment programme. Generally things here are designed to deal with the practical issues - we do not treat maladjustment. After all, the staff have no training whatsoever. There are many influences working here but there's no ideologically based treatment approach. (*Care worker*)

What programme? There's no programme. There's a six-week assessment period of subjective impressionism. No "programme" in any other sense than the purely practical results from this. However, some members of staff will contribute a lot to a particular child. That's not policy - that's individual initiative. (*Unit social worker*)

At the moment it's only a case of get them in, get them out. A lot of it is about modifying behaviour. It's supposed to be based on Reality Therapy but nobody knows what that is here. It's a different experience for every child but I suppose it's all very woolly. I thought there would be a group therapy basis here. a lot of us could do with training in that. None of us are skilled. We don't really get into what the problem is. It's all geared to what their behaviour is in here; and if they are good, they get out. (*Care worker*)

There is no treatment programme as such. We don't achieve any good: bad management, bad direction, poor staff relations combine to make the place ineffective. (*Instructor*)

It used to be clear basic discipline. The Kardex system was used to assess aspects of behaviour. There was no initial assessment - that has disappeared with the staff who gave it impetus. The system is vague, less systematic. Staff fail more frequently. I can't remember Reality Therapy ever being mentioned. (*Third-in-Charge of Wing*)

Treatment does depend on the calibre of people in the unit, of course. The methods are: staff example; group pressure from peers and staff to conform; training in attitudes from appointed key workers. (*Deputy in Charge of Wing*)

Kids pass through here and nothing is done. Nobody lays down a defined treatment programme. There's no set structure. (*Care worker*)

We are wasting time here. I'm not sure what you are supposed to do here. I don't know if relationships are important. Nobody has said. (*Care worker*)

What programme do you mean? There's nothing. It's chaos. There's nothing tangible here to call "aims". It's about containment: superficially, and in name only, this is a therapeutic environment. The staff lack the necessary skills to conduct intensive treatment programmes. (*Care worker*)

Everything is done here by individuals as they see fit. Everyone does as they please. There's no concern for programmes - only for the problem of the minute. (*Care worker*)

No-one tells you what to do. I understood there was a programme but there's nothing, really nothing. (*Care worker*)

General observation in the unit revealed quite clearly the ideological conflict which a locked welfare provision implies. Staff felt disillusioned with the unit when experience failed to match treatment notions couched in literature on the theory and practice in social work and in the local talk of the unit which retained a sparse but clearly powerful euphemistic vocabulary to describe the practice and penal aspects of the unit itself. Inmates were referred to as "kids", and cells as "bedrooms", new staff being quickly taught to

use the "correct" terminology. then there was "time-out" - being locked in isolation cell; and the "quiet room" - another separation room where children were placed for bad behaviour in the group units and generally pulled up by staff within earshot of the other children. The quiet room was intended to be used as a treatment room for private chats between children and staff. The observer never saw it used for this purpose and it was generally seen by both children and staff as a means of control and discipline. The "multi-purpose room" was a high security isolation cell where children could be held for long periods outwith sight or sound of the rest of the unit. Other terms occurred frequently in staff vocabulary when they discussed the mechanisms of treatment, but these will be discussed later in this chapter.

A forced choice question format was used to introduce some discussion of the unit's purpose, initially asking each staff member to select statements from a list of six provided by the interviewer. Staff were asked to characterise the purpose of the institution through the eyes of key individuals and then to provide a personal assessment both in real and idealistic terms of the purpose of the unit. The questions were presented as follows:

*Different institutions have different ideas about what their purposes are. Here's a list of six statements; read them and tell me which two would best characterise the purpose as seen by [the Headmaster, the Deputy, the Acting Deputy] and which statements would best characterise (1) the way things actually are here and (2) the way things should be here.*

The statements given were:

- (1) The purpose is to punish delinquent behaviour.  
(Custodial)*
- (2) The purpose is to teach children better social habits and behaviour. (Traditional)*
- (3) The purpose is to train and educate children.  
(Traditional)*
- (4) The purpose is to change a child's social attitudes and values. (Treatment)*

- (5) *The purpose is to help each child gain an understanding of the reasons he got into trouble and help him to avoid future pressures. (Treatment)*
- (6) *The purpose is to protect the community for a period of time. (Custodial)*

Table 13, Appendix II, shows the distribution of staff's characterisation of management's purposes of the unit. Twenty-six staff were interviewed and all staff groups were well represented. According to staff characterisation, management did lack a shared definition of purpose. The data display quite dramatically the staff belief that the three key management figures - the Headmaster, Acting Deputy and Deputy - gave most credence to custodial, traditional and treatment concepts respectively; the Headmaster was seen as holding largely custodial concepts but was not entirely lacking in treatment objectives. The absent Deputy was lowest on custodial concepts but, like the Acting Deputy, was seen to hold in almost equal parts treatment and traditional motives.

Looking at the staff group's selection of statements to describe "*the way things are here*" and "*the way things should be here*" (Table 14, Appendix II), an overwhelming *idealistic* commitment to treatment concepts emerges and an almost complete rejection of custodial concepts, with the traditional concepts, however, surviving remarkably well as secondary goals to the treatment concept. But in the real world almost equal weight is apparently given to all three concepts at once!

In Table 15, Real and Idealistic Goal Choices of Different Staff Groups (Appendix II), considerable disagreement emerges over the existence of custodial objectives. Management and teaching staff all but deny these aspects, whereas care staff and instructors attribute considerable influence to them. The acceptance of traditional objectives is evenly spread across the four staff groups. Management are keenest to characterise the unit as a treatment unit,

with instructors, at the opposite extreme, most anxious to emphasise its traditional aspects.

Idealistic responses again show the rejection of custodial concepts; only management gave the concept any credence. Instructors were distinguished from other groups by laying considerably more emphasis on traditional concepts than any other group. Management showed less general commitment to treatment objectives than teachers and care staff. The latter groups showed high levels of agreement in idealistic terms but parted company on their perception of the real goals of the unit; teachers saw far less custodialism and more traditional and treatment goals. In these respects they were more or less in line with management.

It is possible to speculate that the roles played by different staff groups actually create different interpretations of wider institutional objectives - implying for instance that teachers, in dealing with children, lay more emphasis on treatment than do instructors. Care staff and instructors may feel their role to be more custodial than that of teachers and management. Whatever the reason, there was a wide range of commitment to various discrepant, and one might say, opposed, objectives amongst staff. Staff answers clearly indicated that the unit had indeed no universal shared objectives which could be adequately characterised by any one of the concepts offered. Generally though, idealistic answers indicated that staff would, with the exception of instructors, prefer to give more weight to treatment objectives and none at all to custodial aspects. To promote more discussion around the topic of purpose, staff were asked an additional "open" question: *Tell me in your own words what you think the purpose of the secure unit is?*

They were asked to be realistic in their answer and to relate their ideas to the situation in the unit, rather than to give more idealistic views. (See Table 16, Staff's Own Ideas on the Current Purpose of the Unit, Appendix II.)

It's containment. I thought originally the purpose was to show them a different way. It's not. (*Teacher*)

I think it was just set up to hold them and I suppose you've got to work with them. (*Team leader*)

Containment, that's all. (*Care worker*)

It is to let kids recognise what they've done and what is acceptable to the community. (*Care worker*)

Responses fell into four broad categories; however, (a), "protecting society and containing children" - ideas which reflect the custodial goals of the previous questions - was quite clearly thought to be the most truly representative of the purpose which the unit was seen to fulfil. The credibility given to the other concepts of treatment oriented and traditional approaches involved in categories (b) and (c) and the more idiosyncratic category (d) is remarkably low: only a minority felt the unit was serving a purpose in any way related to the individual treatment of the child's problems, be they attitudinal, behavioural or emotional. It was clearly felt that no matter what treatment ideals might exist, containment of the child and protection or "relief" for society were the unit's actual primary objectives. Yet staff felt generally dissatisfied with the function of the unit for containment and protection of society.

Kids should have a last chance here to find themselves, but it is only society's answer to keeping disruptive kids off the streets. If it were functioning properly, it would provide stability and help raise these kids' self-esteem. That's the only way it should be used - not to change them but to get them to realise the implication of their delinquency. (*Care worker*)

It's containment, a mini prison for children, really. Its existence poses a threat to kids and the List Ds obviously find it useful for certain children to be considered a grave danger to self and others. (*Care worker*)

Those who believed the unit's purpose was clearly treatment oriented (notably two staff in senior positions), made the following points:

The main reasons for having this place is to make kids face themselves and other people. There's time and



resources here for them to do that. There are staff here - and other children - who can help them. There's an ambience of understanding and trust. (*Third-in-charge, Education*)

The place is here to try and help children that nowhere else can help. (*Acting Deputy*)

It is significant that staff's idealistic commitment was generally treatment oriented and that staff did have a keen awareness of the ideological conflict provoked where a custodial setting frames welfare goals. A question was given to staff which juxtaposed the notions of containment and treatment and asked them to choose between the two:

*Which, in your opinion, should be given prior consideration in secure units: treatment plans<sup>14</sup> or security precautions, if it were considered that the existence of one would reduce the effectiveness of the other?*

The majority of staff (twenty out of twenty-six) felt that treatment should have an overriding importance and that security - either in reality or hypothetically - was there to allow the effective application of treatment. The majority did not see containment as an end in itself, and were in fact unsympathetic to the idea of containment in the context of a criminal justice model (i.e. for the protection of society or punishment of the child) as a viable objective. They felt that something "more" was to be expected, especially since the predominant staff view of children was, as we shall see, that they were *not* a particularly high risk, posing neither a grave threat to society nor to their own well-being.

For the security comes first. That's more my job. (*Instructor*)

Treatment should come first. If we had a lot of kids who were dangerous to the public the main thing would be keeping them. But we don't. (*Care worker*)

Treatment, because kids aren't going to live in security for ever. But it's the opposite in practice. If there have been a number of abscondings there will be no chance

for others. They get locked up again. (*Care worker*)

If they had the proper treatment they wouldn't need security. (*Care worker*)

Treatment, of course, but that's naive. It depends on what children we have to take: "they" have never said whether we are for treatment or purely for security. Anyway - that's an external political question (i.e. related to rhetoric). (*Care worker*)

I really don't know what the function of a secure block is. If containment is its function then it's a waste of money - because that does no good at all. I would go for treatment and risk security. (*Team leader, care staff*)

### (iii) DISCUSSION AND CONCLUSION

From a number of basic questions which were directed at discovering general staff views on the purposes and practices in the unit - what constituted a programme, treatment or otherwise, and the relative importance of security and treatment goals - no evidence of any particular treatment model, such as might be expected from literature and theory (i.e. behavioural or psychodynamic - the main recognised forms of residential treatment) was to be found in operation in the unit at the time of the research.<sup>15</sup> Staff felt generally that there had been lack of sustained support, either external or internal, for the development of treatment objectives. This had apparently resulted in confusion and disillusionment, particularly, it would seem, for care staff. Two basic attitudes to the notion of treatment emerged and affected the functioning of the unit: the predominant group felt that a lack of coherent goals was a rectifiable problem and one which a coherent treatment programme would overcome. They felt this to be the responsibility of management. Others doubted the validity of formal "treatment" models at all: they saw their own role as individualistic and dealt on a highly individual, personal basis with children. Their goals might be described as self-initiated and were not, clearly could not be, integrated within an overall treatment policy.

What survived of the attempt to carry out what was essentially a form of behaviour modification (i.e. Reality Therapy) was a number of key concepts which were used by staff for their *descriptive* value, rather than for their explanatory value in terms of treatment practice. These were, "*relationships*" with children, "*trust*", and not surprisingly "*control*". Staff who preferred to identify with some treatment objectives were acutely aware of their limitations as therapists and described themselves as mentors or befrienders. Accounts of the actual "counselling" processes were vague:

It's different for every child, but I suppose it's all very woolly really. A lot of us could do with training in group therapy. None of us are skilled at all. It's all individual counselling now - they must be getting something out of that. But we don't really get to what the problem is. It's all geared to what their behaviour is in here and if it's good then they get out. (*Care worker*)

We try to gain a clear idea of what the child is like, his social and educational capabilities. Then we work on the characteristics we see to change or strengthen them via unit meetings and via relationships with him or her. (*Care worker*)

We try to make these kids see where they have gone wrong. We give them strict discipline. (*Instructor*)

We make them aware of where they have done wrong. I feel we should have much stronger discipline, though. I feel we lack control. (*Care worker*)

The basic aim is to make a relationship, friendly or otherwise - the aim is to influence the child through the relationship. (*Care worker*)

In observation of the daily life of the unit, the notion that "relationships of trust and counselling" were central themes in the unit's practice seemed difficult to sustain. "Counselling" often took place when a child was confined for lengthy periods in a locked cell/"bedroom", the room stripped of all personal paraphernalia and only a mattress left on the floor. Staff counselling often seemed to constitute repeated demands for apologies, open threats, and physical aggression when a child required to be "restrained". The object of many counselling exercises seemed to be not only the immediate control of the child

but the formation of a "contract" by which the child might ensure his release from the immediate confinement of the cell or multipurpose unit. Contracts were drawn up by staff and involved the child's agreement not to repeat the undesirable behaviour in question. Failure to conform to the terms of the contract could result in loss of leave: the only incentive the unit seemed to provide for conforming behaviour. Again it is difficult to see how a "trusting relationship" might develop from this basis of coercion. For an observer the mismatch between staff's limited local therapeutic language and the actual process which they named was acute. From the euphemistic terminology surrounding penal aspects of the environment in the unit and from the "key concepts" of the trusting relationship and even of "discipline" and "control", an uninitiated observer is unprepared for stark cells, solitary confinement and the physical restraint of children by staff which the unit imposes. As Edelman<sup>16</sup> points out, to describe therapeutic treatment in everyday language evokes shock in those who lack the conditioning of a professional perspective. Professionals have been socialised to see their actions as rehabilitative procedures, not as constraints. Edelman describes a professional account of institutional practice to highlight the power of language to convert and reconstruct "naive" images of coercion and cruelty.

...the availability of seclusion, restraints and closed wards to grant a patient a respite from interaction with others and from making decisions, and to prevent harm to himself and others; enabling him to think about his behaviour, to cope with his temptations to "elope" or succumb to depression and to develop a sense of security; immobilising the patient to calm him, satisfy his dependency needs, enable him to benefit from peer confrontation, placing limits on his acting out; and teaching him that staff cares.<sup>17</sup>

Although staff found it impossible to identify and articulate a shared treatment goal as part of the ethos of the unit, it was nevertheless accurate to describe Ogilvie Wing as having been conceived of rhetorically as a treatment

centre; moreover, most staff clearly resented the dominant custodial ideas they saw behind the current regime and would have preferred to provide more individual "treatment" even at the cost of "security" - despite their inability to provide it.

Street *et al.*<sup>18</sup> described and characterised a typical treatment oriented institution as follows:

The treatment institution focusses on the psychological reconstitution of the individual. It seeks thoroughgoing personality change, and to this end it emphasises gratifications and varied activity, with punishments relatively few and seldom severe. Considerable stress is placed on self-insight and counselling practices. In the "milieu treatment variant" attention is paid to individual and social controls - the aim being not only to help the inmate resolve his personal problems but also to prepare him for community living.

As has been pointed out, the history of the secure unit enabled a process of fairly open selection to take place in the management's initial definition of unit goals. In adopting the original residential treatment model, the secure unit was clearly committed to distinctive notions about the causes, nature and cures of delinquent behaviour. There was also a commitment to a set of associated beliefs about the character of the delinquent and the nature of delinquents in general, to images of particular behavioural or character changes that are both desirable and feasible and to models of staff activity that are likely to bring about change. However, as the interview material indicates, staff were unsure of their task in the unit, given that it was possible to characterise its purpose simultaneously in several non-complementary terms. It seemed that what went on within the institution was left a great deal to the personal judgement and style of the workers on duty - hence the great divergence in views.

In fact very little is known about the creation of an environment designed to alleviate the problems of delinquency or maladjustment. A number of treatment techniques have been applied in institutions for delinquents. These

have been based on behavioural approaches, counselling and psychotherapy. The basic assumption underlying behavioural approaches to the modification of delinquent behaviour is that behaviour is responsive to environmental factors and may be modified by its consequences.<sup>19</sup> Operant approaches have been amongst the most common in institutional settings; they are dependent upon the assumption that behaviour which is followed by pleasant consequences is likely to increase, whereas behaviour followed by unpleasant consequences will tend to decrease. The most usual institutional application of this technique has been via "token economy" systems.<sup>20</sup> A "token economy" means that an individual has to "earn" all privileges through "good" behaviour. Research on the token economy system suggests that the system may aid institutional management<sup>21</sup> but such limited evidence as is available shows no long term benefits with respect to reduced recidivism rates.<sup>22</sup> Individual and, more commonly, group counselling and psychotherapy have constituted the other most common therapeutic technique in treating delinquency within institutions, and a number of studies have attempted to measure the effects of this technique on delinquency. The vast majority of studies have had negative findings<sup>23,24,25</sup> and suggest that counselling and psychotherapy are not effective methods of intervention for delinquents.

Several studies have compared the various forms of therapeutic regimes with more traditional corrective approaches. The overall pattern in terms of outcome has been of a striking *lack* of difference.<sup>26</sup> Focussing on British studies, Cornish and Clarke (1975) found no differences in reconviction between "a modified therapeutic community" and a traditional regime. Bottoms and McClintock (1973)<sup>27</sup> studied the effects of introducing a more individualised therapeutic approach to a Borstal. No differences were found. A study by McMichael (1974)<sup>28</sup> gave similar results. The general picture is one of similar reconviction rates in the years immediately following discharge.

But perhaps the most striking finding of all in relation to the role of treatment in institutions for juveniles is that often treatment processes have been non-existent or of extremely poor quality. For example, a study by Kassebaum, Ward and Wilner (1971)<sup>29</sup> is frequently cited as a piece of research with an exemplary design, with random allocation and a 36-month follow-up.<sup>30</sup> Quay<sup>31</sup> in an evaluation of the study, points out that the therapy given was of generally very poor quality. The counselling was not adequately conceptualised or operationalised, training meetings for the counsellors were poorly attended, most of the therapists did not believe in the value of the counselling that they were undertaking, and observations of the group sessions showed a tendency for superficiality, a lack of emotional involvement and evidence of insincerity. Involvement in the groups was compulsory and their composition was heterogeneous and haphazard.<sup>32</sup>

Clearly, very little attention has been paid to the *nature* of treatment applied in residential institutions and doubt must therefore be cast on the outcome of most studies where the aim is evaluation. Too many studies have merely described treatment as psychotherapy, counselling or supervision and gone on to evaluate its effects.<sup>33</sup> This study is not concerned with evaluating the effects of treatment, but with describing the reality of the treatment process itself and its relation to official rhetoric and local talk describing it. But in fact, much of the criticism directed at the *nature* of treatment as a form of intervention for delinquency can be seen to apply in this instance. The lack of a coherent treatment process in the secure unit reflects part of the confusion over the true remit of these and other institutions for young offenders and maladjusted youngsters. Not only was the idea of treatment difficult to conceptualise and operationalise in the secure setting, but a strong feeling existed amongst some staff that it might be at best inappropriate and at worst a further form of control, albeit an ineffective one. Those who recognised treatment as the appropriate means of dealing with delinquency found that the

mechanisms whereby treatment methods are applied are never explained, staff are not trained to apply treatment but nevertheless treatment terminology and idealised objectives for an absent treatment process exist and are part of daily routine in the lives of staff working in the secure unit.

Hoghugi,<sup>34</sup> as a professional within the system, states that many institutions, though designed mostly to serve as treatment models, nevertheless, he believes, due to the lack of staff expertise, show no awareness of the complex requirements of the task in hand. The secure unit certainly practised none of the complex monitoring usually associated with measuring change in the behaviour of institutionalised individuals which might be clearly associated with a systematic "treatment practice". Hoghugi points to what might be described as the *mystification* of a treatment effect - especially under the type of ad hoc treatment conditions found in the unit when he finds that many treatment agents seem to regard their work as beyond systematic objective evaluation.

Indeed many treatment agents, particularly those using "dynamic" methods, regard their work in a mystical fashion and beyond systematic, objective evaluation.

Though this may be true of more elite professionals, unit staff did not seem to regard their work in a mystical fashion nor did they present it in a mystificatory way. They were, it seemed, simply confused, uncertain about the role of the unit, which in its remit to treat digressed dramatically from official rhetoric, and did no more, according to many, than provide containment.

But despite the apparent lack of clear-cut treatment practices, the kind of experiences any institution imposes on inmates is still of interest in terms of its compatibility with the ideals of the welfare principle. If notions of treatment constitute a fiction, what actually happens in the unit? The next chapter looks at the management of children in the unit.



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## **Chapter Eight**

### **The Management of Children**

#### **(i) INTRODUCTION: INSTITUTIONAL REGIMES**

Sociological studies on institutions such as the unit in question have indicated that the types of regimes established by staff are closely related to and representative of "real" staff goals, i.e. those which are encapsulated in the daily life of the institution rather than stated, for example, in the staff manual. Sociological studies of the systems of authority - systems of staff organisation in relation to inmates - are particularly well represented in literature on mental hospitals.

The work of Goffman<sup>1</sup> contributed greatly to the delineation of residential institutions as an "organisational form" and established them as a field for sociological investigation. He referred to them as "total institutions". Two basic features distinguished them from other social establishments - "their encompassing or total character" and the fact that the staff "do" their work "on" people; the objects and products of their work are people. The "totality" of the institutions was represented by the absence of barriers, social or otherwise, separating three key spheres in life - sleep, leisure and work; all aspects of institutional life are conducted in the same place; each "phase" of daily life is carried out with "batches" of others, who are all treated alike and do the same things together; all phases of the day's activities are tightly scheduled; and the various "enforced" activities are identified by staff as part of a rational plan designed to fulfil the objectives of the institution. The rigid unitary concept of the total institution is clearly of some relevance to the present study, and Goffman's work has without doubt inspired much of the subsequent qualitative (and quantitative) studies of aspects of institutional life. For example, the "unofficial" relationship between staff and patients in a psychiatric hospital

was investigated by Rapoport.<sup>2</sup> He indicated that the patient's relationship with the psychiatrist is only one factor amongst many likely to influence the therapeutic situation and in particular showed that many features of the social organisation may have an adverse effect on treatment. On the same theme, Belknap (1956)<sup>3</sup> Greenblatt, York and Brown (1955)<sup>4</sup> and Durnham and Weinburg (1960)<sup>5</sup> suggested that, because of the *lack* of psychiatrists and their social distance from the wards, power resides in the caring staff who hold the least favourable stereotype of the patients. These writers suggest that the caregivers may use their power, for example, to order ECT (shock) treatment as a disciplinary measure and that in general they may quite actively replace the treatment values of the institution with custodial ones. We learn from Cumming and Cumming<sup>6</sup> that the business side of the hospital has more real power in terms of patient care than the medical side; the attitudes of the lowest level employees in the business hierarchy can, for example, through maladministration, lead to shortages in food, clothing, bedding and soap at ward level.

The implications of these, for the most part, early case studies of institutions were that life for the inmate or patient could be humiliating and impoverished, both physically and in a social sense, despite rhetorical claims of welfare and treatment as institutional goals. The more recent comparative studies on institutional life show a development in methodology away from the impressionistic case study towards the development of quantitative scales with which the nature and extent of the social poverty might be measured and compared across institutions. By this method, characterisations of regimes, which have been construed as either conducive to the well-being of inmates or destructive of their personal and social identity and inhibiting of their development, have emerged. In an investigation into institutionalism and schizophrenia, Wing and Brown<sup>7</sup> were able to show that in each of the hospitals

they studied, there was a close association between the patients' *clinical condition* and the *social conditions* of the different wards in which they lived; their original hypothesis - that patients' symptoms would be directly affected by the type of social environment within the hospital - was confirmed. King, Raynes and Tizard<sup>8)</sup> developed the "Child Management Scale" for a comparative study of regimes in institutions dealing with different types of children. They describe differing regimes on a continuum ranging from "child centred" to "institutionally oriented". The differences they found in regimes could *not* plausibly be attributed to differences in children but arose from organisational factors in staffing, and staff's attitudes towards the job of caring for children. The authors acknowledged a value judgement on their part in stating that child oriented regimes were desirable in comparison to institutionally oriented ones. They state by way of explanation:

But the very terms in the literature and which we have taken over - rigidity, depersonalisation, block treatment and social distance,(27) have an inescapable, emotional tone and no doubt we have not been entirely successful in eliminating a value element from our measures. The reader may judge for himself. (p.199)

Although the present study must remain descriptive and impressionistic when detailing aspects of routine and contains no attempt to quantify key aspects of it on a scale, King and Raynes and Tizard's<sup>9)</sup> notions of "child-centred" practices and "institutionalisation" are useful as a guideline to rhetorical constructions of successful child treatment and help in evaluating daily practice in the present institution. As these studies suggest, what actually happens is more of an indication of the real objectives of an institution than what is said to happen. The following characterisation of the type of staff/inmate relations which might be expected in a treatment oriented institution was developed by Street *et al.* and based on extensive observation and interviewing in therapeutic and correctional institutions. It indicates the

extent to which the regime may be seen to reflect beliefs about the nature of the inmate population and the processes put into action to bring about change.<sup>10</sup>

Treatment Institutions. The technology of change is reconstitution. The inmate is to give evidence that somehow he is changing himself into a different being, and staff members are to manipulate rather than dominate, giving the inmate enough freedom to develop his own controls. By definition, the treatment institution seeks a high degree of change with considerable optimism, and the staff apply relatively complex and sophisticated notions of human behaviour. Treatment of inmates is to be highly individualized. The atmosphere is to be permissive: employees are observers rather than surveillants. Staff members are to develop close relationships with inmates and offer them a very wide range of rewards - first, to convince them that the legitimate order is better than the one they previously had accepted, and second, to encourage behaviour that appears to indicate reconstitution. Staff members are to manipulate inmate social relations, incentives, the confirmation of affection and respect, and minor penalties, but are to refrain from using strong, overt sanctions because these are defined as self-defeating. The major rewards, and these include release, are to be given when the inmate appears to have developed internal controls and to have learned to reward himself for proper behaviour.

This can be seen as representing the expert view of "treatment" for troublesome youth. In the present context it can be seen as an official rhetorical statement of the treatment process. From this basis, we can consider the reality of daily life in the secure unit.

## (ii) THE UNIT'S REGIME

### (a) *Admissions procedure*

One aspect crucially associated with the concepts of control and treatment is admissions procedure. Goffman<sup>11</sup> and others including, significantly, child care experts, have indicated that this is often where humiliation and de-personalisation are brought to bear most directly on the new inmate, emphasising the loss of personal identity and freedom. In many ways, the processes directly preceding admission to the unit are as informative as the

admission procedure itself about the nature of the experience conveyed by the unit. To summarise the pre-admission situation for a child: the social workers' contribution to the preparation of the child for admission was fraught with tension and difficulty. The child was not likely to be amenable to the idea and in numerous instances might not be informed at all, lest he abscond or become even more problematic as a result of learning his fate. The placement might be the result of abortive attempts to control the child, using the placement itself as a threat. One child who was euphemistically and misleadingly described to the RG as a "self referral" made the following comment about this particular tactic.

In List D they threatened me all the time with this place, so eventually I just said, OK send me there. It was worse there than it is here. I just wanted to do my time and get it over with once and for all. When I came to visit, the look of the place put me off. I thought it looked like a mental hospital from the shape of it and the bars and everything. I said I'd behave, but I didn't, so I ended up here.

For children who come from a remand situation, information from social workers was even less likely to be forthcoming. ...Generally, the compulsory element coupled with the removal of the child's liberty made pre-admission and admission an unusually hasty process.

In the unit, involvement with the child by residential care staff begins at the point of reception and will very rarely have begun at an earlier stage. A full discussion of the child's needs before admission, which would provide unit staff with the reasons for admission and the beginning of treatment plans, has never been routinely done. Care staff complained consistently about their lack of knowledge regarding children newly admitted, particularly in relation to their ignorance about the reasons for placement. This is, it seems, particularly true for children admitted directly from the main school. The unit's original practice manual describes an "Admissions Policy":



### ***Admissions Policy***

- (a) To reduce the boy's anxiety by organising an introduction to the unit by a member of his staff group.
  - (b) To cover all the necessary background information with the social worker while he is in the unit.
  - (c) To familiarise the new boy with the unit and to explain the routine to him.
- (1) Admission period - 11.00 to 11.30 a.m. or by previous arrangement.
  - (2) Welcome to the School - by Head or Deputy.
  - (3) Check boy's clothing with social worker and obtain further pertinent information. Also check boy's personal effects.
  - (4) Health and hygiene:
    - (a) Head inspection
    - (b) Shower or bath
    - (c) Clean underwear - clothing
  - (5) Physical description and medical inspection. Height, weight and description for file.
  - (6) Tour of school and introduction. Explain alarm system and consequences of improper use.
  - (7) Description of daily routine.

The observer's field notes indicate that there was now no set policy for admission, though aspects of the original process still occurred, if inconsistently.

There is no set admission time and reception may be at all hours of the day or night. Children may be collected from other residential institutions, from remand prison or from court by Ogilvie Wing staff or they may arrive accompanied by police, social workers or residential staff from other institutions. They may be fortunate in that they will have heard of the unit before and even have some friends amongst the inmates already there. At the other extreme they may be unsure of where they are going. The immediate locale of the unit may be familiar or at least not far from familiar areas. For others, reception will provide not only first sight of the unit but first experiences well away from a familiar area, family and friends.

Most, though not all, children on arrival are accompanied upstairs and told to take a shower. They are then given underwear and clothing which belongs to the institution, if there should be any available - there is always a severe shortage of girls' clothes. The child is then taken to join other children in his or her unit or wherever they may be. Points (a) to (c) in "Admissions Policy" are not standard procedure. Information about rules and expectations regarding behaviour are not always formally transmitted to new inmates: often they are learned as a child commits violations of the "informal" code or they may be transmitted informally and rapidly by other children depending on the stability and cohesion of the established unit group. One teacher describes the impact of admission from the child's viewpoint.

"When they first come in, it's a bogey. The gates clang, the doors are locked, there's no-one about, ceilings are low, windows are a long way away. I think after an hour you could release them. But they are so adaptable."

Inconsistencies in practice combined with deliberate innovation or discretion on the part of the worker carrying out the admission means that not all children are subjected to rituals of "body processing". Staff who are sensitive to "good social work practice" are unlikely to carry out all aspects of the original admissions policy, and if they do, their manner is likely to offset any profoundly negative effect on the child's self-image.

It seemed that despite the rhetorical commitment to treatment notions, the admissions policy of the unit lacked the many aspects thought to be typical of treatment institutions and in fact seemed more typical of a custodial institution

(b) *General aspects of the regime .*

Given staff members' generally negative attitude to custodial goals and their idealism and enthusiasm for treatment, one would be justified in expecting in reality a liberal regime where security aspects were not overemphasised. But Chapter 4 showed that the building itself incorporated a philosophy of control and surveillance and counteracted intimacy or the pursuit of private, individual activities by children. Correspondingly, staff who held liberal views or valued individual counselling would have been hard pressed to find available physical space to carry this out; the building emphasised public, group activity, easily supervised and controlled.

The rigidity of spatial design need not of course dictate rigidity in the organisation of time, but in the present case it seemed that the timetable allowed no or very little diversification: children were consistently dealt with as a group. The following extracts from field notes indicate that within a fairly rigid structure some leeway was given to children, and staff allowed and encouraged an informality in relations with children which might partially counteract the rigidity of the building and of the timetabling. The secure unit timetable is laid out below.

### Ogilvie Wing Daily Routine: Observer's Notes

8.00 a.m. Staff come on duty. They read communication notes<sup>12</sup> from the night staff.

8.15 a.m. Staff go upstairs to the rooms occupied by the children in their unit. Two female staff attend to the girls. Staff open each door and say, "Good morning, time to get up."

Staff have what can be described as a "friendly", "familiar" attitude to children. Children are surly but co-operative. Children get up and tidy their rooms. They also mop the floor and brush the carpet. They are responsible for cleaning one corridor and a toilet each.

Girls dress upstairs, boys dress downstairs. When the jobs upstairs are done, children wait in a group upstairs in the open area till they're told to go downstairs to their units. In the unit one child is responsible for making breakfast for the others. Everyone sits at the table until breakfast is over.

Behaviour across all units might be described as informal; children are relaxed and talkative - the amount of fooling around and cheeking staff varies from unit to unit and from staff group to staff group.

After breakfast, unit chores are carried out: washing dishes, mopping floors, brushing carpets, cleaning toilets. Each child has one daily job per week. The chores are done after each meal. After the chores are complete, those who have work (learning trade skills)

leave to join instructors. The others remain in the unit.

- 9.45 a.m. School children line up outside the units in the T.T. area and teachers decide where each child will go. If their behaviour (or behaviour of one child) has been unacceptable, all children may remain in the unit for an *impromptu*. When children have gone, staff fill in notes for the communication book, do reports and search the children's rooms upstairs; harmful objects are removed, cigarettes or matches confiscated, other objects which aren't permitted removed.
- 11.15 a.m. Children come down from school for a break till 11.45 a.m. They stay within their units or in the T.T. area.
- 11.45 a.m. Children go back to school or to a department with an instructor.
- 11.45 a.m. Care staff lunch break; staff usually leave the unit and go for coffee in the village.
- 1.00 p.m. Care staff take over the children coming down from school and they go to their individual units for lunch. Some children work in the kitchen and go there to help prepare food. Staff usually eat with the children. There should be two staff on duty, but more often than not there is only one per unit.
- 1.45 p.m. Children repeat the tasks they did after breakfast.
- 2.00 p.m. Care staff shift changes. There may be a unit meeting between staff and children. Children go back to class between 3.00 and 4.30 p.m. or go to the gymnasium.
- 4.30 p.m. Children come back from class. The day care staff look after children till 5.00 p.m. The late shift staff, who have had a break, come back at 5.00 p.m. Day shift leave. Late shift stays on till 10.00 p.m. - 11.00 p.m.
- 5.00 p.m. Children have tea. They will spend their evening on activities which may have been planned or may not. Others may read or do hobbies and staff are there to help or join in.
- 8.00 p.m. Children start going for showers "when they want". One child will make the supper for the unit; staff help with this.

9.00 p.m. Children all do the tasks they have been assigned once again.

10.15 p.m. Each unit goes upstairs separately. According to management, two staff should accompany them but usually one staff member goes. Children are locked in their rooms. Lights stay on till 10.15 p.m. During the night only one child is allowed to the toilet at a time and uses the buzzer in his/her room to alert night staff.

Late shift fill in the communication book for the night staff. Night staff, one man and woman, come on at 10.00 p.m. and remain till 8.00 a.m.

The unit exerted a very high level of control over the children's movements, activities, possessions, privacy and time. Indeed it succeeded in controlling the movement of all inmates all of the time. Children, when not in class or supervised elsewhere were confined to their units. They could not, regardless of length of stay or home leave programmes, leave the unit unsupervised at unspecified times though there were some small concessions in this area to youngsters working from the unit. These were never automatic.

All activities were prescribed though there was some leeway within the units themselves. The range of activities within the building was limited to pool, table tennis, watching TV, listening to records, board games, and team games in the gym. Outside activities were very strictly supervised - jogging, swimming, football, walks round the local town centre. At any one time there were a number of children confined to the building: those who were newcomers were not generally considered for outings or leave until an initial six week assessment period was over; children considered likely to abscond or those who had recently failed to return from leave voluntarily and had been brought back to the unit; those who were on remand awaiting trial or who had been convicted of very serious offences. In the case of the latter group, special permission had to be sought from the Secretary of State before leave or outings were granted.

There was no available "space" for privacy for the inmates other than when they were confined to their cells - either at night or as a result of some misdemeanour. Children sought what staff described as "time out" by various means: they either requested to be locked in their cells rather than join in some group activity or deliberately behaved in a provocative way which was guaranteed to ensure their confinement.

Children retained a few of their own possessions but within tightly prescribed limits. Articles thought to be potentially dangerous such as a glass bottle or aerosols were not allowed. Clothes were generally provided by the unit and were very limited indeed. Some children did wear clothes provided by parents but this was generally discouraged by staff. (According to staff and children clothes were frequently lost or stolen when sent to the laundry in the main school.)

Surprisingly perhaps, children's visits, which were usually confined to parents or close relatives, were always supervised by members of staff, regardless of the child's status in the unit. Likewise all ingoing and outgoing mail was read by staff and all phone calls monitored. Staff explained their reasons for such restrictive and invasive practices using the treatment rationale: staff felt they might gain insight into the child's background and personality if they monitored the child's private world - thereby of course depriving him or her of all semblance of privacy. A visiting psychologist pointed out to unit staff that the level of personal invasiveness of the regime was far in excess of that experienced by top security adult prisoners. Response to the point during a staff meeting revealed that staff, far from utilising such measures for treatment purposes, in fact relied partly upon them to maintain psychological control of the children concerned and to prevent their association with each other, particularly in the form of "anti-authority cliques".

The unit's time then was totally controlled by the institution's timetabling

and regime; individuality was actively discouraged and free time and privacy were not allowed. Getting up, eating, schooling activities, going to bed and lights out were controlled by staff. Very occasional exceptions were made over bedtime for children working from the unit and on rare occasions (though not during the research period) children's doors were left unlocked during the night in order to acknowledge their special position in gaining staff trust and confidence.

### (iii) THE RELATIONS BETWEEN STAFF AND CHILDREN

#### (a) *Control or treatment?*

Generally, it can be said that the unit's daily organisation was more typical of a custodial and traditional approach described in sociological literature dealing with the sociology of institutions than of child centred, welfare oriented attitudes. Staff did not display the expected permissiveness towards children. In fact, surveillance was constant; far from allowing children to "develop their own controls" (as was suggested in *Organisation for Treatment* would be the case in a treatment oriented institution<sup>13</sup>) children were subject to purely external controls, prior to and even after leave from the unit had begun. The most severe of these controls involved confining children to cells. The practice of locking children up in the bedrooms/cells was very common when fieldwork began; commonly two or three inmates a day were confined for periods of two and three hours. Staff were asked if they thought that locking up in this way was really necessary. All but three felt it was.

Yes - the majority have learned the system. It's necessary to contain a child so that you can get at what makes him tick, to gain control. Let them know who the boss is initially at least. (*Care worker*)

It's a closed block - all the counselling in the world isn't going to stop them behaving badly. Some of them need time away - go away and have a meeting with your head, I say. (*Care worker*)

Some staff felt that, although locking up was essential, staff abused it.

Yes, but it should be a last resort. Some staff use it to get peace. (*Teacher*)

There is the occasion for it - but not to lock a door and run away, which happens. Often it's the only way to get a child out of a situation. But there must be good reason and something else must be tried first. (*Acting Deputy*)

Those who felt that confinement was not essential felt it reflected the inadequacy in staff:

No...laziness, inadequacy, lack of confidence in staff leads to locking up. It is not really essential here. (*Care worker*)

Some staff did, however, describe what appeared to be clearly a control/punishment device in treatment terms:

For some it can take the place of running away and can relieve their tension. (*Care worker*)

It removes them from other children. Calms them down - eventually. They can let their emotions go a bit and might give you a chance to get to know them better. (*Teacher*)

It can control a complete unit. By locking a kid up - and the threat of doing the same to everybody can have a calming effect. It's very simplistic to describe it as a punishment. (*Care worker*)

A few acknowledged its counter-productive effects:

With no aim in view, locking up can leave you with a dead end - no way out for you or the kid. Should be used constructively - but it isn't. Most staff now find themselves locking kids up but having to let them out again with nothing being resolved. (*Instructor*)

It makes them worse - frustrated - sometimes you can use it as a threat. Eventually they get so used to it, it doesn't have any effect...sometimes they even want upstairs to get away from the group. (*Care worker*)

Authority relations varied somewhat amongst staff and children; standards across units were different. Some staff, particularly the younger



staff, seemed to take recalcitrance and lack of compliance for granted, using a complicated process of persuasion, manipulation *and* domination to maintain control over the group. Most staff dressed informally and adopted a manner with children clearly not designed to foster social distance. There was no ritualistic observance of staff authority and children addressed staff by first names. In this situation though, staff behaviour became unpredictable. A sudden general stress on control and a sudden rise in expectations of obedience were not uncommon, particularly after the no-smoking rule<sup>14</sup> had been violated or a dangerous object had gone missing. Group sanctions involving the confinement of all children, or all of the children in one unit, to their cells was occasionally used. Field notes indicate the circumstances:

So far there have been two incidents involving the locking up of all children in the unit for a period between 36-48 hours. The first incident occurred because of the disappearance of a pool ball. All children were withdrawn until the ball was found. The ball was, in fact, lodged in the pool table, though staff claimed it had been planted there. By whom? Table was searched when children were locked up and then searched in the interim. No child was in a position to plant the ball.

The second incident involved Yellow Unit barricading themselves in their day room and the disappearance of a knitting needle. All children were locked up for the entire weekend.

In discussing the pool ball incident with the Acting Deputy, he said that the pool ball itself was merely a red herring and that he had used the incident to establish himself as a "controller". He felt the place was too slack, using the barricading in the Yellow Unit as an example of the sort of thing children felt inclined to do and which he intended to stamp out.

Conflict and ambivalence, inherent in issues of control and treatment, were highlighted repeatedly during the fieldwork period. The following extract from field notes indicates quite clearly the "control" or "domination" motives in an aspect of unit routine which management staff labelled as treatment. The subject is the unit meeting - a meeting of all staff to discuss the fact that

*the Wing had become disorganised and that children were generally not under adequate control (memo, Acting Deputy)*

The following discussion centres on the use of daily unit meetings between care staff and children. These meetings had virtually disappeared, apparently due to lack of senior staff impetus in maintaining them. As we saw earlier, their original purpose had been to confront individual children with aspects of their behaviour or personality which were unacceptable and to guide other members of the group (i.e. the other children) towards putting pressure on recalcitrant members. The staff describe the process as "peer pressure" and appeared to be unaware that they are using the principles of Guided Group Interaction - a technique which has had some popularity in similar residential settings in the US. In the unit, "peer pressure" was unsophisticated and basically involved the imposition of group penalties as the result of unacceptable behaviour of one or more group members. In theory, the group will function to control internally the behaviour of all members to avoid the loss of group privileges.

#### Extract from fieldnotes

Staff discussion highlighted the difficulty in maintaining the quality of group meetings; they found it difficult to get talk started, difficulty in guiding topics and difficulty in encouraging children to focus on others' behavioural patterns. The children tended to associate meetings with bad feelings and described them as "head-nipping" sessions where staff got at them.

The basis for these meetings was questioned since staff have no training in the therapeutic use of group dynamics. One team leader pointed out the similarity between interrogation techniques employed by the police and the style of unit meetings. He felt that the meetings were used purely to manipulate and control children and that treatment issues were neglected and forgotten due to staff's more pressing need to gain control over children.

Staff discussed whether group meetings were to be used in "crisis situations". They felt that some children would be further disturbed by a group approach to an emotional or

behavioural crisis and that such children ought to be dealt with individually. Individual treatment for unacceptable behaviour involves taking a child into the "quiet room" for discussion with a staff member or sending the child to be locked in his room upstairs. Apparently, taking a child to the quiet room has been a subject of some ridicule by certain care staff who tend to lock a child up in the first instance. That the use of interpersonal techniques to bring a child back under control is an object of ridicule amongst certain staff is revealing.

Senior staff reaction to the various points raised by staff members attempted to promote a more unified staff purpose. The Acting Deputy has the final say in matters of policy, and he was quite obviously aware of the various meanings staff attach to aspects of practice. His intentions were to routinise as many aspects of daily life in the unit as possible in an attempt to standardise practice and, apparently, to gain control over the staff. He recognised the need for staff training in the use of unit meetings and promised to have someone in to teach techniques. Apparently this has been done before without much success. He stated that locking children upstairs was a "cop-out" and that initial attempts to deal with "crises" should be made in the quiet room. All incidents resulting in children being locked up were to be justified to a senior staff member - beforehand if possible but definitely afterwards.

The Acting Deputy stated that behaviour in the unit was the major aim of meetings, that long term effective treatment was an ambition of the unit but, for the meantime, establishing control over the children and over the unit as a whole was the major concern. He demanded the presence of all unit staff, including teachers and instructors, at each of the unit meetings. One instructor made the point that the meetings were a bore, tended to dry up and only offered an opportunity for the verbally skilled to become more so, leaving non-contributors to continue contributing nothing.

This meeting was one of a series instigated by the Acting Deputy during the fieldwork period. Field notes on the general impact of these meetings (which were basically related to management's belief that staff did not try to implement policy outlined by management) appear below. They describe the symptoms of the gap between rhetoric and reality as they occur at a very basic level in the daily life of the unit.

### *Unit Policy and Decision Making*

A series of staff meetings was arranged by the Acting Deputy for the purpose of tightening controls on children (and staff), raising staff morale, defining and clarifying practice in the unit and generally establishing his leadership in the unit. Many staff members have mentioned the former Deputy both in conversation with me and at staff meetings. The general view is that his practices were divisive, causing trouble between different groups of staff and between children and staff. The question of care staff's responsibility and decision making power has been a central point of departure for many of these meetings.

The meetings are open, hostility emerges frequently, there is no shortage of honesty, and individuals (who are present) frequently come under fire. They are chiefly characterised by "circular debates". No issue can apparently be discussed in isolation and all so far have returned to the problem of staff shortage and staff skills and the perennial problem of personality differences amongst staff. It is highly relevant that so far policy decisions made at those group meetings have generally failed to be put into action. The staff seem to lack the cohesion or motivation to carry out their own decisions. McKinstrey's frustration is beginning to emerge:

"Do I have to kick your arses to get you to do these things? Why aren't you doing them?"

"Yes, that's exactly what you have to do." (*Unit social worker*)

I frequently have the impression that staff view these meetings as "a rest", "fun", "boring", whereas initially they generated a lot of excitement - staff were generally in favour of change and keen to discuss everything.

The action aspect is a very different matter.

The failure of management to define treatment in operable terms resulted in variations in attitudes to treatment, its nature, validity and purpose, and this in turn led to clear-cut practice differences in handling children. Locking children up at the first sign of unsettling behaviour both denies the validity of the interpersonal approach and creates much simpler circumstances for staff unit meetings and elsewhere. One team leader commented, "peer group pressure is the only weapon we have". Interpersonal aspects of these unit

meetings involved questioning, pressurising and demanding, i.e. gaining and utilising, control for staff purposes, and did not require any belief in or expectation of a therapeutic outcome from the child's point of view. The staff purposes may therefore be quite divergent; but in practice, for those whose primary object is a smooth-running unit or the more treatment oriented goal of the child's absorption and understanding of "pro-social" behaviour and attitudes, the "unit meeting" may serve both ideologies adequately.

(b) *Staff attitudes to relationships amongst children*

Although the unit was deliberately designed to allow the division of the child and staff populations into smaller more intimate groups with individual treatment goals in mind, staff nevertheless appeared to find the potential independent associations of children threatening. Amongst staff there was a clear assumption that there was a natural impulse amongst children to polarise against staff authority. Staff adopted a covert policy of attempting to "co-opt" natural leaders amongst child groups, generally by the tactic of conferring status; this was a subtle process and as much a part of inmate initiative as it was of staff manipulation. Some children chose to adopt a highly conforming, pro-staff attitude; they did so clearly for their own ends - leave, release, staff praise and respect - and if they held high status amongst their peers, they realised their own value to members of staff in helping to control the group. There was *no* official "prefect" system where such boys and girls are given staff-like responsibilities and privileges. Cliques of children were also seen as threatening by staff who found they tended to weaken staff authority and influence.

The peer group is basically far more important to children than the staff group. Kids know they've got to run with the pack. They are afraid of leaders and so, in reality, the leaders set the tune, not the staff. You can have a boy as a leader or as an anti-leader; you can only use them if they want to be used. Anti-leaders do

effectively undermine staff authority, and very cleverly.  
(*Care worker*)

The natural thing here is for a clique to form and to work against other children and the staff group. If you don't break them up somehow they undermine staff and confirm delinquent beliefs. (*Care worker*)

Cliques are always looking to cause problems, be disruptive. They maybe have a down on other kids. Girls tend to pair off and attack other girls. Cliques undermine our work. If there's a powerful clique, it's up to staff to defuse their power. Staff usually succeed in controlling what happens. (*Teacher*)

There are two cultures: their culture with us and their own culture. Staff are aware of kids' tactics. We collude in so far as we can accept their manoeuvres. But you'd better not allow them to defy you to your face or in front of other kids. (*Care worker*)

Staff can identify with leaders and use them to control the units. Female staff can use flirting with leaders to manipulate them. They'll defend her to the hilt. There are different types of leaders. They achieve leadership through battering and bantering. (*Care worker*)

I would try to abolish cliques. They encourage an anti-authority atmosphere. That makes life difficult.  
(*Teacher*)

The "unit meeting" described earlier was derived from the unit's original treatment practices; although it ceased to be part of the unit's routine at the beginning of the fieldwork period, it nevertheless made a reappearance under the Acting Deputy. Below is an extract from a unit meeting showing the staff-like role of the unit's conforming leader or "top dog". The meeting took place in the living area of one of the units. Two members of staff were present.

This meeting was not timetabled but called to review Jenny's aggressive, uncontrolled behaviour that morning: in response to another child's comment that she was causing her mother undue worry, Jenny had thrown the breakfast table over. John is a very obvious leader of the children. He assumes a comical, staff-like role during these meetings.

**John:** Shut your silly mouth.

**Jenny:** (*Aggressive, battling off staff questions and comments with ease and rejecting their standards very effectively*) Oh, shut up. Care about us? That'll be right.

*(An argument begins between Gary and Jenny again; Gary is smug and has staff support. He claims this morning's comment about Jenny's behaviour was valid and that she ought not to have lost the head. Staff agree.)*

**Staff:** *Standing up - shouts* Stop it. It's always the same in here. It builds up till somebody lashes out. You did that because your social worker didn't phone, didn't you?

**Jenny:** What's my social worker got to do with it?

**Gary:** This is like that film *One Flew Over the Cuckoo's Nest*.

**Jenny** *(to Staff)* We were getting on all right before you came in. We were just talking about things.

**John:** Oh, screw the nut, Jenny.

**Staff:** It's mainly Jenny's fault, she's not prepared to give a commitment.

**John:** You are doing this because you know you're going away in a couple of weeks and it doesn't matter.

**Staff:** We care about you, Jenny.

**John:** Ha! I don't care about her.

**Staff:** Well, there's an honest opinion at least.

**Gary:** When I come back from court, I'll be different. I'm just going to work to get out of here.

Again, control of the group was the main issue and children's natural associations were seen as having the power to disrupt the smooth running of the institution. They were discounted as a possible area of potential development of individuals, since the child was seen as anti-authority. This attitude clearly implies a lack of confidence in the unit to change this basic attitude.

(c) *The role of incentives and privileges*

Incentives and rewards for good behaviour are the traditional mainstay in

the control of inmates in the prison system. However, in the secure unit setting with its ideological bias towards a treatment ideology, a conflict emerged between the control of children's immediate behaviour, largely with the objective of the smooth running of the institution in mind, and the longer term "treatment" of individual children, with their welfare as the unit's primary objective. Throughout the fieldwork period the role of leave was debated in this context by staff and management. Some staff felt the idea of leave should be presented to the child as a "reward" earned by showing good behaviour; management and the remainder of staff felt that the direct reward of leave for conforming behaviour would sabotage any treatment plans, enabling the child to "con" his way home. The latter group felt that leave should be an aspect of treatment, not of control. Generally, however, staff felt at a loss to deal with behaviour problems if they were not to use leave as an incentive to good behaviour or the loss of it as a deterrent.

It became clear to the observer that staff presented leave routinely as "earned" and did use it to control internal behaviour.

At one point the Acting Deputy stated that only internal constraints, i.e. being taken aside and talked to, then being locked upstairs, should be used to control behaviour; leave was to be seen as a separate treatment issue. The staff found this difficult to accept: they pointed out that leave could be withdrawn if the child proved to be a security risk by absconding or failing to return, and this was seen by some as evidence that leave must be earned, i.e. that the child must establish that he is not a security risk before he is entitled to leave.

In fact the unit used no incentives *other* than leave and release. Since there were no earned privileges, leave or release naturally became the major incentive to the child. Particularly during the first six weeks after admission, life in the unit was very unrewarding for children experiencing unbroken confinement. Much staff attention was focussed on the review meeting held at the end of the six-week period where leave, or at least outings, were granted,



usually as a matter of course. Staff encouraged children to think that if their behaviour was "satisfactory", they would be granted outings or leave. However, constant attempts were made by management to reinforce the notion of individual treatment programmes. They attempted to guard against any standardisation of the assessment period and to prevent the idea developing amongst staff or children that leave was either automatically granted after six weeks or that it was a result of purely conforming behaviour. Management characterised leave as part of the treatment programme which might or might not be related to the child's behaviour in the unit or to his length of stay. In fact, it did prove to be the case that for the majority of children their individual treatment programmes were standardised products which began as brief supervised outings and developed eventually into long weekends at home. Absconding or failing to return from leave usually resulted in a revision and reduction of a leave programme. Likewise a release date might be pushed forward if a child's behaviour suggested that he or she was not yet "ready" or had failed to conform to expectations. Under these circumstances it was certainly difficult to persuade children and staff that leave and release were not in some way a reward and their loss therefore the loss of a privilege.

#### (iv) CONCLUSION

It seems that despite official construction of the unit as a treatment centre, and staff's idealistic commitment to treatment notions, the daily organisation of the unit had few of the many aspects thought to be typical of treatment institutions and displayed largely custodial features. Staff relations with children were control oriented and allowed little freedom of expression on the part of children. Far from emphasising gratifications and varied activity (as Street *et al.*'s description of a treatment institution suggests it might) the unit offered few gratifications and very little diversion. Punishment likewise was

commonplace but not overtly described as such. Locking up children was construed as being for their own good and to teach them self-control. But this as well as other staff actions which were described in euphemistic treatment terms, seemed just as easily described as issues of control as of treatment. Far from attempting to solve individuals' personal problems, staff seemed mainly concerned to see that the institution ran smoothly. In fact the "one to one" counselling advised by management as the appropriate initial response to a child's bad behaviour was openly ridiculed by some staff, thereby indicating that any treatment perspective which might have existed at the outset was now greatly devalued.

We turn now to look at those aspects of the unit's organisation which focus on and involve decision making about the individual child: the processes of evaluation and assessment - processes which might be less ambivalently associated with the staff's idealistic notions of treatment/practice.

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11. Goffman, *op. cit.*
12. Each unit has a communication book which stays in the staff office. Each shift provides the next with a brief account of events.
13. Street *et al.*, *op. cit.*
14. These rules are ever-changing and, as we have seen, depend to a large extent on individual staff members. No smoking, however, appears to be the one enduring rule.

## **Chapter Nine**

### **Assessing the Children**

#### **(i) THE PROCESS OF INDIVIDUAL ASSESSMENT**

Processes of assessment were dealt with briefly in the Introduction in the context of assessment centres. Before a child is referred to secure provision, processes of assessment will have been carried out by social workers and other residential establishments. But children in "need" of secure provision have been assigned to a category of children for whom custody has become a priority in the opinion of those dealing with him/her in the open situation. The role of the secure unit in terms of assessment of the child is confined largely to the immediate social context of the institution: its ultimate purpose is to monitor the child's ongoing requirement for a secure placement. As staff indicated, treatment in the secure unit was difficult, if not impossible, to identify and describe. Psychological input was limited, and staff themselves were not trained in the application of behavioural or psychodynamic therapy. But the aim of the unit was clearly to bring about some sort of change in the child's behaviour. The given reasons for confinement in the unit were ostensibly related to factors presented in the characteristics and behaviour of each child; in other words the child himself was seen to require treatment. This reflects the medical model of delinquency (outlined in the Introduction) which forms the basis of the welfare principle. The analysis of the referrals process, however, suggested that "need" for treatment did not reflect the reality of the processes whereby children were confined in the unit. Criteria for committal could not be identified, with the result that children confined for treatment represented a broad cross-section of youngsters from open residential situations - offenders and non-offenders alike. It seemed that even if treatment processes were to exist, they would require to be as varied as the children placed in the unit.

Criticism of observation and assessment centres can be applied to the observation and assessment processes carried out in the secure setting: Taylor *et al.*<sup>1</sup> succinctly report the debate about the nature of assessment in residential settings and its relation to treatment. They describe an argument developing in 1979 in the columns of *Community Care*: one writer defended assessment procedures; another declared that: "My experience over the last ten years leaves me convinced that one primary function of assessment centres is not to "observe and assess" but to contain children".<sup>2</sup> Taylor *et al.* point out that the latter opinion may be the more valid. They quote the Expenditure Committee Report on the 1969 Children and Young Persons Act:

The assessment procedure is intended to provide a sophisticated analysis of a child's needs. For it to function adequately there must be sufficient skilled staff of all the necessary disciplines and in an adequate number of assessment places.<sup>3</sup>

Taylor *et al.* point out that large numbers of children are committed to residential institutions without assessment and that those who are assessed are not distinguished by the complexity of their needs but more by the extent to which they pose an administrative problem - namely the fact that no other institution is prepared to take them. The assessment centre can be seen primarily as a place which holds children who cannot easily be absorbed by the other resources within the system.

The idea that assessment centres - the basis of the treatment system, since without assessment, i.e. "diagnosis", one cannot apply treatment - are no more than holding centres, is given further weight by the example of a report prepared for the DHSS by a group of Heads and matrons of such centres. Taylor *et al.* point out that the paper makes no reference whatsoever to the institution's primary assessment task, but describes its task as "containing persistent offenders and disruptors".<sup>4</sup>

As we have seen, treatment processes themselves have proved difficult to

identify in the course of research projects directed at evaluating the effectiveness of treatment. The same, not surprisingly, can be said of the assessment processes underpinning treatment - either independently or in conjunction with treatment. First there is the problem of the information available on children. As was pointed out in the chapters on referrals processes, information was highly uneven in quality and quantity; many children placed in the secure unit directly from the main school had no written reasons for their placement to accompany them. Staff were frequently at a loss to establish reasons for secure placements, so poor was the flow of information from the RG to the unit. Findings from the present study are supported by results from the "Records Project" carried out by the DHSS in 1975. The study examined the intake forms used by 26 local authorities:

The twenty-six forms had only four items in common: the client's surname, address, source of referral and date; but altogether there were 110 different items of information represented ... One observation and assessment centre could easily find itself being supplied with information on a dozen different forms from a dozen different authorities. This makes any kind of comparison and monitoring virtually impossible.<sup>5</sup>

Observation and assessment processes themselves seem to offer little in the way of validity. As was suggested in the introductory chapter, attacks on the validity of these processes have increased, especially in the US. The absurdity of trying to measure an individual's normal functioning in an abnormal environment has been repeatedly emphasised.

The processes of assessment culminate in the "case conference", or in the secure unit context, in the "review". But once again such meetings have been confounded by evidence of their inadequacy; in 1976 Rein *et al.* showed that information for these meetings was skimpy and displayed omissions and discrepancies.<sup>6</sup> Again this echoes the information gathered from RG meetings in the present study: in 17% of cases there were outright discrepancies across reports on the same child.

The arguments against assessment generally should not distract attention from the fundamental issue which is that treatment is based on assessment; and that treatment is *not* a valid means of preventing or eradicating delinquency. The following section looks at processes of assessing individuals' responses to secure provision in the secure unit.

## (ii) ASSESSMENT IN THE UNIT

Aspects of the unit's organisation were aimed at evaluation and decision making about individual children; evaluation was carried out by staff who cared for the child on a daily basis; each unit staff team arrived at an agreed evaluation at weekly "Kardex" meetings, and case reviews involved the staff's presentation of that evaluation to a senior staff member, the child's family, social worker and usually the child himself or herself. Each child was appointed a "one-to-one" - a key worker in his unit staff team. Officially, this staff member's role was to become close to the child, gain his/her trust and gain insight into and understanding of the child's personality and behaviour.<sup>7</sup>

The "one-to-one" system appeared to be a more immediately identifiable treatment aspect of unit organisation and might logically form the basis for decision making which concerns a child's progress, length of stay and future placements, if any. As will be seen, however, the use of the key worker relationship as a basis for treatment and assessment was limited within the general failure to convert rhetoric to practice. This is reflected to a large extent in the content of review meetings; the review meeting constitutes the unit's forum of contact with other professionals involved with the child. Information presented on the child at a review is a summary of unit staff assessment and a recommendation on the child's future, based on that assessment. It is here that key issues impinging on the decision to hold or release the child might be expected to emerge, incorporating a statement, albeit

an implicit one, of the unit's goals. A large number of review meetings (41 in all) were observed in the course of the study in an attempt to identify the key issues described above. Review meetings were held six weeks after the child's admission and at roughly six/eight week intervals after that. Occasionally the consultant psychologist and psychiatrist might be present. Case papers were provided by unit staff for discussion at the reviews. Selected extracts from cases presented at initial reviews illustrate two basic points; the information presented is usually of a descriptive and often superficial nature and generally contains no clear discussion of the staff assessment and proposed "treatment" of the child. Initial reviews are generally concerned with three main aspects of the child's behaviour:

- (a) whether or not the child presents a management problem within the unit;
- (b) his/her willingness to communicate in a friendly, open manner with staff and behave co-operatively within the child group; and
- (c) whether or not he/she is likely to abscond if allowed out of the building.

Extracts from case papers illustrate the points made above - that information, which was often repetitive and taken directly from case notes provided by other institutions, was purely descriptive and often superficial. The following contained no complex discussion of the staff's "treatment" of the child and were confined largely to an assessment of whether or not the child was "conforming" in the unit.

Since the last review Steven's behaviour continues along the same lines. He does try to curb his "play acting" but all too often does not quite manage. He does stop when told but usually begins again sooner rather than later. When Steven is involved with small groups or on a one-to-one basis he performs very well; he needs only a small amount of personal attention and motivation in these situations. He appears as time goes by to be holding his own much more with the other children. Despite his childishness Steven is well liked, and responds easily to all staff.

Steven has been visited by both his mother and his brothers. Due to unfortunate circumstances they have



not been as frequent as everyone would have liked.

Steven is now fifteen and a half years old; he has been in security for four months. The proposal would be, therefore, to start Steven on a leave programme as soon as possible and to seek a placement for him in an open school - the school to be considered at the review. It would be hoped that a transfer would take place before Christmas at the latest.

.....

James was admitted via the panel from St. Philip's to St. Mary's open school on June 15, 1981. He frequently absconded and was placed in the secure unit of the school on 23rd June 1982. Jim was very lethargic when first admitted and spent some time sleeping. It appeared to take him some time to realise his situation. It also took him some time to settle in, although during this period Jim posed no management problems. Jim has proved to be a good and conscientious worker, very often being the person to volunteer should there be an extra job. In his relationship with the other boys, Jim appears to get along with them reasonably well, but as yet no special friendship has developed. He can be awkward at times but normally his tendency is to go along with whatever is happening at the time rather than be non-conformist.

Jim's relationships with staff are for the most part superficial, although recently he appears to be opening up more and will engage in conversation with staff. He is reluctant to discuss his family and home or his outside activities. Given time, it is hoped that Jim will gain confidence and be able to develop more secure and stable relationships in which freer communication will be forthcoming.

Subsequent reviews likewise were directed at, for example, whether or not the child should have leave, at the problem of absconding or failing to return from a leave situation, and at practical issues surrounding the child's release. Children, and apparently some parents, considered the review system to be extremely important; at the end of each review the child was invited to join the staff group to discuss the outcome of the review. Parents were always encouraged to attend and were kept informed of the child's "progress". Both child and parents read reports on the child. Typically children were reticent and answered questions monosyllabically. Below is an extract from the field notes on an initial review meeting. The child had come from the main school.

Those present were: Mother, her cohabitee, Main School Teacher, the Green Unit Team Leader, one member of Unit Care Staff, Third-in-Charge (Chairing), Social Worker for the unit, Unit Teacher and the Consultant Psychologist. The child's social worker was not able to attend.

Before the meeting began, the child's parents requested a change of social worker. They were told to take the subject up with the Social Work Department and given little encouragement in their belief that the social worker was disinterested or inadequate.

Initial questions were directed at parents by Chairman:

*How much did you know about security?*

Nothing - only that he'd be here for a few months.  
(*Mother*)

*How about St. X? (Child's last school)*

He ran away 22 times.

*Do you feel happy that he's here?*

Yes.

*Are you sure this is the best place for him?*

Yes.

*What about glue?*

Doctor says he was a chronic case. His offences are all related to getting high on glue.

Questions directed to Unit Staff and Teachers:

*Does he talk about glue?*

Only in a descriptive way.

*He's clever?*

He's very clever and likeable. But we always feel he's just conforming. He lacks basic trust in staff.

Questions to mother again:

*In the past what were the problems with the child?*

No problem at home, just glue.

The child was described by teacher as "straight", "calm" and having "high peer group status". It was decided that the child must be given the idea of a bargain, i.e. given the opportunity to realise that good behaviour is worthwhile from his point of view. Social Worker's explanation to the parents was blunt and succinct. "We've got to prevent him from being jailed when he's 16."

The question of leave was raised by mother:

**Social Worker:** Don't get the idea we won't let him out. He will get out if he plays along.

The child was brought in at the end of the meeting.

Chairman to child:

*How have you done since you came here?*

Not bad.

*Have you read your report?*

I've read it already.

*You seem to be doing very well but you have a long way to go. Why are you here?*

For running away.

*You've not been out so far because we haven't been in a position to trust you - you don't trust us?*

I don't want to trust anybody.

*Well maybe that's a bit complicated. We don't want you locked up. You're very bright. Do you see this place as a prison?*

No, it's just like a List D.

*Do you get on well in the unit?*

Quite good.

*Don't think you're in here to be punished - you're not. There are certain things you've got to work on. You don't seem to know glue is dangerous. You've got to see the next three months as important and you've got to show us you know what we're talking about.*

The idea of "bargaining" with the boy and hoping he "plays along" seems to indicate a commitment to conformity rather than "treatment" and in fact, as we see later, staff interviewed confirm a definite cynicism concerning the

interpretation of conformity as progress.

The weekly Kardex meetings involved all staff associated with each unit, teachers and instructors as well as care staff. Each child was discussed in much the same way as he or she might be during a review meeting. Staff made a recommendation to management based on their Kardex discussion - usually an opinion on the child's progress and on his/her suitability for outings or leave. The staff recommendation was endorsed or rejected by the Deputy who considered every case at a general weekly staff meeting which all unit staff attended. Recommendations for release were made by staff in the same way, except of course in the case of children whose release date was part of a court sentence; under these circumstances release might be prior to that date on the basis of unit recommendation to SWSG who had responsibility for the placement.

From the observations outlined above, it was clear that any underlying treatment notions were not explicit in the tasks of individual assessment procedures or daily routine. Staff comment pointed out that the immediate needs of the institution tended to be met through the imposition of tight controls on children and that treatment ideals and former treatment practices had ceased to be important. The debate over leave, however, indicated that some staff still believed their assessment of children was or should be done on some treatment basis and not purely on the basis of an obedience/conformity model. This seemed to imply that children might be assessed in treatment terms whilst receiving no actual related treatment.

### (iii) STAFF VIEWS ON ASSESSMENT

Despite the lack of coherent processes related to assessment, release recommendations clearly implied some form of evaluation of the processes initiated in the secure unit. Several questions were included in the interview schedule to discover the nature of the staff's criteria for evaluating children

and the skills involved in doing so.

Staff were asked:

*Are you confident that you can tell whether or not a child has improved, deteriorated or stayed the same?*

About a third were confident in their assessment of individual progress; two thirds were uncertain or definitely not confident.

No, I'm not confident. Conning is a large part of our problem in trying to assess a child's progress. But you can never be sure to what extent they are manipulating the situation. (*Instructor*)

It's totally personal; there's constant conflict amongst staff over assessing a child's progress. It's very hard - you may lose confidence when you hear people disagree with your assessment. (*Care worker*)

No, I depend on infrequent contact or staff judgement which I may not trust. (*Acting Deputy*)

Yes, it's mainly intuition and learning to read situations. I'm confident about whether they will make it or not. (*Care worker*)

Quite confident. I think it's common sense, it's nothing extraordinary. (*Care worker*)

I couldn't be. All the real problems are outside. We can't assess them really, I've been repeatedly wrong about this. You can only hope you've done something for them. (*Care worker*)

So common sense and intuition apparently played a large part in assessment of children and in fact the majority of staff doubted their ability to detect progress in children. Progress was quite clearly related to perceived conformity.

Staff were asked to describe the best ways for a child to get along - i.e. to be seen by staff as progressing in the unit. Fourteen out of twenty-six felt a high degree of obedience and conformity would be the most appropriate response for a child who wished to be seen as "progressing" and to gain early release. Seven felt an open, honest attitude and easy communication with staff as opposed to manipulative or withdrawn behaviour would be successful. Six felt a "middle of the road" approach would be more acceptable to most staff who were suspicious

of children who over-comply; a few incidents of disobedience or an occasional outburst against staff or other children would indicate that the child was not totally in control of his behaviour and therefore more open to staff influence.

The experienced child obeys the rules. I don't know how to get a hook into them. (*Care worker*)

Some float quite easily and quickly through the place untouched. They are experienced and able to cope. Ideally, they should accept staff authority and help. The conformers aren't necessarily out of the door first. It's probably better if they make a bit of a fuss. They'll get more attention and understanding. (*Team leader and social worker*)

Staff were asked if they felt there were clear criteria for evaluating a child's suitability for release. In their statements they highlighted the problems of the unit's confusing dual remit. The majority felt there were no coherent treatment based criteria - or more fundamentally, no coherent criteria based on the child's response to his or her stay in the institution - which were consistently used as a genuine measure of treatment effects and suitability for release.

No. If a disruptive child has an easy out there are no genuine criteria, are there? And if there's no treatment, how can there be criteria ...? (*Care worker*)

Whether a child is going to abscond or not is the basic thing, but it's senseless - you don't get released if you're going to run away. Plus there's only so much we can do here and kids see through it - there's a con here. (*Care worker*)

No, there aren't really. It doesn't depend on how they behave here anyway. It's all stereotyped; they all have a programme of leave beginning after they've been here six weeks. (*Care worker*)

No, unless you include qualifying for parole as a criterion. The decision is made by whim. Often there is really no connection between reason for being here and length of stay here. (*Unit social worker*)

Assessment is basically a feeling you get about a kid that you won't gain more - or anything - by holding on to him any longer. (*Teacher*)

There aren't any criteria for release. At first you are led to believe that if they behave they will get out, but kids who cause trouble can be got out quick by management. A lot of things like reviews are frauds to make the place look good. (*Care worker*)

Of the group who felt there were criteria for release:

Yes, there are criteria in the form of certain tasks they have to be able to do - don't run away and don't get charges. But their internal performance is largely irrelevant to release. (*Care worker*)

Generally the secure unit was characterised as a holding place where little was achieved in terms of deliberately "changing" children's behaviour. A further question probed the idea of "success". When asked: "*How many children can you realistically expect to change for the better?*", fifteen staff felt a small minority would be affected, nine felt more than a quarter would change and two felt none at all would. No-one thought the placement would have an adverse effect on children. Children were expected to change, though not in ways necessarily concerned with future recidivism. Staff produced a number of factors active in preventing or enhancing the unit's effects on the child's social development away from delinquency and generally troublesome behaviour, such as a lack of staff commitment to children on an individual basis, the lack of active aftercare, and the detrimental effect of the child's local environment on his/her return home. For those children who were "changed for the better", many staff believed it might be that they simply became more mature, and grew away from troublesome peer groups during their placement or were simply more confident. Generally, unit effects, such as gains in educational standards and social learning, were thought to be short-lived and unlikely to prevent a child entering the penal system.

It's an artificial situation here - it has a limited effect on outside behaviour. I cannot really claim we've done much - our job is to make them aware - but their local environment has more effect in the end than anything we are likely to do or say. (*Care worker*)

Earlier, frank comments made by the Headmaster suggested that the actual notion of treating delinquency was a somewhat naive proposition. He believed that the therapy first introduced to the secure unit was in itself a "thinly disguised control mechanism". Investigation of the practices and staff beliefs revealed a regime which was very traditional in its approach but which was seen as limited, inadequate and ineffective by the staff. Staff nevertheless still talked of treatment and management used the term freely to describe practice in the unit. Overall, the institution made a valiant effort to deny its penal, custodial and traditional components. It can be surmised that denial is as far as it may be possible to go in attempting to meet the demands of a welfare principle whilst maintaining the coercive penal aspects of the traditional criminal justice approach.

For some staff it was undoubtedly true that control had actually *become* treatment; as Edelman<sup>8</sup> points out, a complex process of redefinition, new rationalisations and the imposition of humanitarian values on punitive actions can be adequate devices - at least for some - in changing the face of the system in their understanding of what they were doing and why they were doing it:

Locking up can come across as "tough", "respectable". I spend a lot of time with kids over locking them up - nagging them - so it can help you get their respect and get to know them. It didn't make me feel like a screw because I didn't do it to punish them. (*Instructor*)

Locking them up gives them time out, an excuse for going crazy. It protects the situation but you have to get something out of them before you let them out. It makes them vent their feelings. (*Care worker*)

It gives them time to think; it depends how they react. If they are high they need someone there but if they aren't high - they can use the time to their advantage. (*Care worker*)

But generally the dissatisfaction felt by staff was profound: the situation did not so much represent an ongoing conflict between treatment and welfare principles on the one hand and traditional and custodial principles on the other



but was rather that the former principle, which appeared to staff to have most validity, was absent in all but rhetoric and staff idealisations.

It might be, of course, that the untrained staff were overwhelmed by the children sent to them: highly disruptive, violent children would require strict measures of control. Perhaps any other approach was impossible? The following section looks at staff's beliefs about the children themselves.

#### (iv) STAFF BELIEFS ABOUT CHILDREN IN THE UNIT

What staff believed about the children in the unit was obviously relevant to understanding their characterisation of the unit's purpose, philosophy and practice. As was shown earlier, explanations about the characteristics and behaviour of children assigned to secure units may be found in the various documents dealing with secure provision. In 1951 the Franklin Report<sup>9</sup> noted strong representation from Heads of boys' and girls' approved schools that a closed school on a closed block attached to an open school should be established for the "difficult child" or "persistent absconder". Interest in closed provision seems to have been particularly associated with the sharp increase in absconding in the 1950s. Later, however, the Home Office, commenting on a Report of the Inspectors Working Party (1959) on Closed and Other Special Facilities for Approved Schools, placed an emphasis on "the intractable and anti-social type of boy" and suggested that the secure provision might be suitable for this kind of boy as well as for the persistent absconder. As we saw earlier, this same report provided indication of groups of children thought to be creating the need for closed provision for the approved school system, describing them as the "exceptionally disturbed" followed by "exceptionally unruly and unco-operative"; absconders came third in the list. Despite the evidence provided by case background and RG discussion material that extreme behaviour was not the hallmark of children referred to the unit, it was still

possible to believe that some critical factors had been missed. Staff were asked to give their impressions of the children's *potential for violence, emotional disturbance and IQ level*.

Physical violence towards staff within the unit was extremely unusual; most staff had never been attacked or assaulted and did not expect to be. The majority of staff felt that violent or even generally hostile attitudes from children depended largely on staff attitudes; certain children could be easily provoked to a violent attack by poor staff handling or by the goading of other children.

Emotional disturbance was thought fairly common, whilst "dullness" or "backwardness" were said to be very common; "assaultive tendencies" and an enduringly hostile reaction to staff were, however, rare.

Two things were striking about impressions held by staff about the children: first, there was a wide variation in staff descriptions of the children's attributes, and second, *most* staff failed to indicate that children's behaviour did lie in the expected direction (i.e. very difficult and unruly). It is certainly difficult to see how there can be such variation of professional opinion as to the attributes of children, especially in an environment supposedly given to constant surveillance and frequent evaluation and assessment.

Staff were asked about the factors which lead to a child's being placed in a secure unit and about whether or not they felt children who came into the unit were very different from, for example, those who remained in the open List D system. [See Table 17: Staff Beliefs About Factors Leading to a Child Being Placed in Security (Appendix II).] The table divides staff responses into two categories: "child-centred" factors - representative of behaviour for which staff felt the child was largely responsible, and "external" factors - those not felt to be associated, or only indirectly, with the characteristics and behaviour of the child.

Staff attributed about half as much weight to external factors as to factors inherent in the child's behaviour; some believed that the List D school responsible for a child might take the option of a secure unit placement where another school would be more accepting or more able to deal with the problems the child presented. Likewise others believed that one social worker might refer a child where another would not consider referring in the same circumstances. A few found court sentences influential as opposed to any offence committed by the child. (These factors emerged independently in examination of the process of committal discussed more fully in the context of referral and referring agents.)

For factors arising from the child's behaviour, it seemed to most staff that absconding was the most likely to result in a secure unit placement. Serious crime and presenting a danger to others figured much less prominently. Emotional maladjustment was rarely a reason for placement. Interestingly, five staff members had no clear formulation of which factors might lead to a placement - so heterogeneous a group did the children appear to be.

There's no particular set of factors: we've got the lot.  
(*Care worker*)

Well, there's a prototype image of the violent offender but it's just usually petty offending and absconding. It's just a matter of who gets caught or who is seen as the biggest pest. (*Care worker*)

They were asked if they felt children in the secure unit were different from children in open List Ds. The overwhelming majority (21) felt the children were basically no different from those in the open List Ds. This question generated more explanations as to why particular children end up in secure units. Some staff were committed to the theory that the children are scapegoats:<sup>10</sup>

These kids are less able to look after themselves, and they are less intelligent. They don't know how to "get away with it". Some are just scapegoats of the system - the

unlikeable ones. Personality is important. (*Unit social worker*)

There's a lot of randomness in how they end up here. (*Care worker*)

Their way here has been mapped out for them. Even an antagonised member of staff can create the situation. (*Care worker*)

Those who thought the children were different mentioned the serious offenders - a minority in any case - or stated, somewhat tautologically, that the secure unit children were different since they could not remain in open institutions. For some staff the question raised the issue of behaviour *induced* by the secure setting which they felt might create the impression that these children are intrinsically different:

I feel ours are a more demanding lot but the situation definitely makes them demanding: especially girls. There's nothing for them to do really. (*Care worker*)

They seem different because they are in here. The secure unit contributes to special behaviour - makes them different and difficult. (*Care worker*)

The idea that control issues are paramount in the secure unit because of the nature and behaviour of the children referred is, according to staff comments, not a viable explanation for the unit's extreme measures of surveillance and control. The children are unlikely to be violent or to assault staff; absconding is the most likely reason for their placement, and furthermore, they are quite likely to have been subjected to the opinion of social workers and others involved in the referral - in that under different circumstances involving different individuals, the request for the placement might never have been made. The dangerous, disruptive, unruly child or the child referred because of behavioural symptoms of maladjustment represents, according to staff, a minority of children in the unit. If this *is* the case then one is forced to consider the appropriateness of conditions imposed on children who are confined.

**(v) CONCLUSION**

The three foregoing chapters dealt with the relationship between official rhetoric and reality in the functioning of the secure unit. First, the official rhetoric of treatment and its relation to staff beliefs about the unit's ideology was examined, and second, the observed and accounted practice of the unit was considered in relation to official rhetoric. Staff accounts of ideology and observation and accounts of practice indicated that at best official rhetoric was construed as idealistic; notions of treatment were unrelated to any tangible treatment programme and expert psychological or therapeutic input to the unit was described as negligible. When it did occur it seemed to serve only to underline the irrelevance or impossibility of imposing psychological techniques in the light of staff naivety in this field. Although generally staff acknowledged treatment as the desirable aim for the unit, the majority felt in fact it provided no more than containment and was unsuccessful in mobilising rhetorical aims, and working in the unit engendered a high degree of uncertainty.

Practices within the unit were such that control and punishment were paramount. Staff awareness of conflict between rhetoric and reality emerged freely at staff meetings where management repeatedly demanded first, the construction of what was done to be in treatment terms, and second, that serious attempts be made to match practice to these particular constructions. Local talk could be seen to support the ideological construction of the unit in treatment terms to some extent but even here psychotherapeutic terminology was sparse. Euphemism served to soften and convert the penal nature of the environment and to convert punitive action to treatment. But the linguistic reflection in local language of official treatment rhetoric was itself weakly structured. Only a minority of staff seemed to be able to accept locking up, for example, as a form of treatment.

The image of the unit's reality has its parallels in Rothman's<sup>11</sup> vision of similar institutions in the US which, although they drew their ideology from visions of the therapeutic influences of well-ordered family life, laid an extraordinary emphasis on regulation, obedience and authority - "a military tone seems to have pervaded these institutions." In reality, institutions for juvenile deviants have tended generally to become custodial and controlling rather than therapeutic and welfare oriented. Although the limitations of juvenile justice and "therapeutic" institutions are all too apparent, a demand for more and more psychological input has tended to promote the expansion and diversification of the system:

Many cases proved to be beyond the skills and resources of probation officers; a substantial volume of juvenile recidivism persisted despite all efforts at treatment and control. The psychological sciences were drawn upon to provide resources to deal with violators.<sup>12</sup>

The rhetoric of juvenile justice has reiterated its emphasis on therapeutic intervention for the individual child framed within a wider rhetoric based on medical and psychosocial analogies of the aetiology and treatment of delinquency.. Increasingly, the biomedical<sup>13</sup> understanding of crime has defined criminal deviation more and more in terms of illness. With the absence of moral guilt, the definition of criminality has shifted from bad to sick behaviour. And because the system is supposedly benign - i.e. acting for the good of the individual - we have witnessed the rise of what Kittrie terms the "therapeutic state".<sup>14</sup> Crime, rather than being primarily an issue of morality or politics, becomes a problem to be solved by applying the allegedly neutral technology of medical practice.

The medical model is extremely powerful as a means of justifying social control. For Edelman it has replaced religion as the most powerful extra-legal institution of social control. There is a strong desire to believe in psychiatry and medicine in general since it can be seen to ward off fears and reduce public anxiety:

The lay public by and large adopts the professional perspective; for its major concern is to believe that others can be trusted to handle these problems, which are potentially threatening to them but not part of their everyday lives. This public reaction is the politically crucial one, for it confers power on professionals and spreads their norms to others.<sup>15</sup>

The power of institutions to do what may be opposed to what they say they do cannot obviously be understood in linguistic terms alone, but is critically bound up with the conceptualisation of deviance, particularly its identification with illness and treatability. It is by this process, the rhetorical alignment of institutions such as the unit in question to that of psychiatry and psychology, that they are able to conduct incarceration, confinement and punishment of individuals without an impressive array of either technical treatment methods or technical treatment jargon. But it would not be difficult for a psychologist trained in behaviour modification techniques to dispel the uncertainty of unit staff about the treatment viability of their methods; i.e. confinement and more confinement. Punishment is a lay term which may be correctly applied to aspects of behaviour modification, a treatment system widespread in institutions for criminals and deviants; specifically it may accurately refer to "negative reinforcement" and "aversive conditioning". Shock therapy, for instance, is used to treat sex offenders.<sup>16</sup> The offender is shown sexually stimulating pictures followed by an administered electric shock. This is "aversive conditioning treatment". The most notorious form of aversive conditioning has been that which uses drugs. Succinylcholine chloride, for example, induces paralysis of the diaphragm and cardiovascular system, creating a feeling of drowning or suffocation. While in this state the "patient" is told that the "treatment" is a consequence of the undesirable behaviour. Aversive conditioning techniques, though they are of limited value,<sup>17</sup> have been used overtly to punish rather than to treat.<sup>18</sup>

Mind control is a developing science which is becoming more and more

overtly a potential political tool. Delgado,<sup>19</sup> for example, has outlined a programme for mind control - a system based on the remote control of individuals (via electrode brain implants) by computer. Control of primates' emotional responses and behaviour is already possible by this method. Afflicted youngsters may yet be subjected to therapeutic mind control.

The foregoing points serve to emphasise the issues raised most clearly by Edelman,<sup>20</sup> that language may convert a coercive and oppressive procedure into one which may be interpreted as benevolent. It would be simple for the secure unit staff to characterise their treatment methods more forcefully as aversion therapy; "time out" and the removal of personal possessions from bedrooms could very easily be justified in acceptable professional psychological jargon. The fact that this does not occur to its fullest extent in the local system which the unit represents - i.e. that a fully developed linguistic code does not exist which might function to anaesthetise staff awareness of conflict - seems to have its roots in the weaker relationship between social work and psychiatry both at a conceptual level and at the level of professional status discussed at the outset of this chapter.

To return to a more general level, the premise in official rhetoric was of a system for juveniles which would be less coercive and punitive, more humane, just and fair. But it seems that the secure unit offers a glaring contemporary example of the historical tales told by Rothman<sup>21</sup> of benevolent institutions characterising coercion and punishment despite their rhetorical descriptions. Certainly, elusive treatment and the general pervasiveness of pseudo-medical, social welfare rhetoric have ensured a lack of rights and liberties for juveniles. In a system of low visibility and (most especially in a closed institution) of low accountability, the autonomous discretionary powers given to low level professionals have ensured that the matter of legal rights is easily overlooked. Certainly, as we have seen, custody and coercion may be the larger part of the



so-called treatment oriented system. Lerman's<sup>22</sup> research, for example, in Californian community treatment projects showed that offenders in experimental community groups in fact spent much more time in traditional custody than was generally believed and could be locked up for reasons quite unrelated to their legal offence: violating treatment expectations, administrative convenience, missing a group meeting, or diagnostic purposes. Cohen<sup>23</sup> quotes Messinger on "community" as a development of "treatment":

When subjects failed to comply with the norms of the intensive treatment regime, or even when a program agent believes subjects might fail to comply, then, as they say in intensive treatment circles, detention may be indicated. Both these features, and the extensive use of home placements as well, suggest that the term "community", like the term "intensive treatment" may come to have a very special meaning in programs designed to deliver intensive treatment in the community.<sup>24</sup>

Community treatment is the most recent "net-widening" development of the treatment rationale rhetorically designed to close the institution and return to more natural community-based help for offenders and, critically, in the context of the systems expansion, to prevent offending. But these community programmes have been described as recreating institutional domains, developing operations which recall the very custodial features they set out to replace.<sup>25</sup> About the processes of community treatment Cohen makes the following comment:

This is the real, awful secret of community control. Not the old closely guarded secrets of the penitentiary...(the brutality, the chain gangs, solitary confinement). These things cannot occur in the community - and this is by any measure, progress. The secret is a much less melodramatic one: that the same old experts have moved office to the community and are doing the same old things they have always done. Once again we do not know what they are doing, not because they are hidden behind walls but because they are camouflaged as being just ordinary members of the community.<sup>26</sup>

In the case of the secure unit, the main point is not so much that activities are hidden or camouflaged but that they are very clearly not what they are said to be. In the unit it is undoubtedly the case that lack of visibility and interaction with more visible agencies has eroded the surface of the system - its treatment jargon and activities which are clearly identified as treatment are particularly weak. However, in comparison with other open treatment provision, it seems to operate in much the same way. But how is it experienced by those who are "placed" there for treatment? The "clients" of the system listen to its rhetoric as they pass from one welfare oriented agency to another: for the Children's Hearings system to List D schools and from List D schools to the secure unit. The therapeutic message is full of ambivalence: there are threats of being locked up but assurances of help from caring staff. For two children in remand prison, the Acting Deputy (whom the observer accompanied there to visit them) presented the unit as a final "opportunity" for "help" and "care" and seemed to convey his enthusiasm for the unit to these youngsters. For others, notably those coming from the main school, committal to the unit was a terrifying ordeal fuelled by staff warnings and boys' tales of the horrors of solitary confinement. The next chapter examines the client's view of custodial treatment.

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4. Quoted in Taylor *et al.*, *ibid.*, p.47.
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10. The notion that children placed in secure provision are scapegoats of the system is not new; both Cawson and Martell *op. cit.*, and Milham *et al.*, *op. cit.*, felt that scapegoating was a reality.
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## Chapter Ten

### The Inmates' Views

#### (i) INTRODUCTION

The previous chapter indicated that what had been defined as the "reality" of the unit was vastly different from official rhetorical descriptions; staff felt it provided only containment and was largely unsuccessful in converting rhetorical aims to practice. Control and punishment were central, if disguised, themes in the "regime" subject to euphemism in the local talk of the unit context. The existence of rhetoric which emphasises help and welfare whilst committing a child to a locked institution, and occasionally framing that action (conversely) as the fulfilment of a threat, can be expected to have consequences in terms of inmates' construction of the "reality" of his or her situation once in the institution.

The experience of being incarcerated is clearly anxiety-provoking, but is generally presented to children by authorities and by staff in the unit as helpful and rehabilitative. The presence of a threat adds to the creation of profound ambivalence in the presentation and, one might expect, in the experience of incarceration. Edelman<sup>1</sup> suggests, however, that these elements of anxiety and ambivalence are not merely symptoms of the greater conflict engendered by attempting to administer therapy in a locked institution but are the key elements in the functioning of the institution. Edelman sees the real purpose of institutions for the "treatment" of juvenile deviance as "intense politicization", where the norms of politically dominant groups are most actively fed to deviants, but within the context of a therapeutic framework.

Mortification rituals reinforce subordination and individual isolation, deprivation of ordinary civil rights and the requirement of confession of abnormality in mental patients... The basic fact is that the power relationship is blurred and this in turn wins general

public support for the authorities while minimising the incentive of the "helped" clientele to assert their rights or to behave like adversaries.<sup>2</sup>

Chiefly it is by blurring the recognition of adversary interests and by presenting authority as helping and rehabilitative that inmates become confused and generally compliant.

Differences clearly exist among institutions regarding the degree to which staff-inmate relations are defined as adversary. Generally in prison contexts, the relation is clear - subordination via coercion is the unambiguous basis for staff-inmate interaction. But where treatment in the form of "befriending" or "counselling" becomes part of the power relationship between the two, the active political blurring of the relationship can be seen to incorporate the implicit aim of encouraging inmates to internalise the norms of authority figures. The unit can be seen to represent both these principles: of high levels of coercion and subordination and therapeutic counselling.

Children represent a relatively powerless social group; the power relationship in a locked institution such as the secure unit is acutely obvious. But punishment, coercion and constraint, although they may be the greater part of the inmates' experience of the unit, play no part in staff's (local) talk about their own function or the function and aims of the unit. Staff-inmate relations could be seen to swing between casual informality and extreme displays of subordination and control. Especially with the child's "one-to-one", the ideal relationship is close and confidential - but the confidence is often seen by inmates to be betrayed. The incongruity of real and rhetorical worlds may be seen to promote anxiety in inmates and - chiefly since the ambivalence of the situation renders it unpredictable - uncontrollable; access to real information is prevented by the creation of a smokescreen of individual and mystificatory treatment rationales. Inmates are confused as to how they came to be locked up, why they are so, and when, if ever, they will be released.

Moreover, the unit in question attempts to prevent informal alliances amongst children which generally help to emphasise adversary relationships. Staff set out to prevent the full implications of the unit's internal power relations becoming more obvious and concrete in the form of two clear and separate staff and inmate cultures. Thus adversary aspects are less likely to be articulated and reinforced in a them versus us system. Polsky's conclusion to *Cottage Six* (which analysed staff-inmate relations in a juvenile treatment institution) concluded that inmates' social organisation sustained the anti-social attitudes and disordered emotional reactions of deviant youths, thereby sabotaging the therapeutic effects of the institution.

Emotionally disturbed delinquents have little conviction about the meaning of their lives in the larger scheme of relationships of which they are a part. Their lack of identification with positive institutional and cottage ideals leads to a stultifying nihilistic approach to life. Often peer group loyalty and solidarity are based on anti-social exploits and a negative orientation to the staff and its ideals.<sup>3</sup>

The unit also co-opts child leaders and attempts to manipulate them so that they come to accept staff authority and to use their influence over the inmate group to inspire conformity. The leaders' motivation is generally self-interest - the hope of early leave and release.

The factors outlined above are likely to be the critical ones in children's construction of the unit. The reaction of individuals to ambivalence has been explored most extensively in psychosocial and psychological contexts. Festinger's theory of cognitive dissonance referred to earlier is essentially a theory of the intolerance of and need to resolve ambiguity and ambivalence.<sup>4</sup> Related to this is the noted tendency for individuals to subject themselves to dominant authority and to renounce autonomy.<sup>5</sup> Psychology has construed this tendency to be a feature of certain "rigid" and "authoritarian" personality types. Edelman, however, suggests that compliance is more likely a feature of

the immediate power structure of a given situation, particularly those aspects which heighten anxiety about the existence of uncontrollable contingencies. Submission to authority can be a means of reducing ambivalence in such a situation.

Aspects of institutional treatment methods can be seen to have a political as opposed to a therapeutic role. For example, treatment methods described as "inmate self-management" and peer pressure (which have their parallels in the unit) have prompted academic discussion of the "real" role of "pseudodemocracy" in therapeutic institutions; for example, in "inmate self-management", inmates are supposed to have some autonomy but invariably it can be interpreted as a means whereby staff values are absorbed and transmitted to the group.<sup>6</sup> In the unit this alternative function of unit meetings was clear and undisputed, although the unit psychiatrist recommended allowing inmates to make their own agendas and to talk of concrete, mundane issues which were interesting to them. Staff, however, never relinquished control over unit meetings and the notion of inmate management remained idealistic. Edelman's comments on self-management apply very aptly to the unit meetings held in the unit.

Staff provide the values for inmate meetings... Inmate participation amounts to help in enforcing staff rules and...almost all of the participation consists in legitimising deprivations for those whose status is low.

Both Goffman<sup>7</sup> and Cicourel<sup>8</sup> noted of asylums and schools respectively that individuals are never free of surveillance and pressure particularly where fellow inmates are co-opted for staff purposes of extending surveillance. In yet another example of rhetorical evocation where reality offers an opposing construction, the idea of self-management in total institutions can be seen as a highly effective means of denying all opportunity for autonomous influence to inmates.

The following analysis of inmates' views of the unit serves to highlight



the gap between rhetoric and reality as it is experienced by the "client". Initial reactions to the unit relate primarily to its penal characteristics and to the experience of confinement in the institution and in a cell. Ambivalence, although it is clearly present in inmates' naive expectations of the unit prior to committal, seems to emerge as a result of contact with staff. Moreover it seems to be gradually resolved by most inmates as a result of separating the motives of immediate staff from the motives of the "institution" or "management": children first experience and identify the adversary aspects of their situation as a reaction to its undeniable penal features. But the definition of the institution as "caring", the informal and distinctly non-penal behaviour, attitude and dress of staff and the euphemistic nature of their talk - especially about extreme forms of constraint - create ambivalence. As a result, the adversary penal and punitive aspects of the experience fragment under the influence of staff's construction of the child's situation. In the end, the institution is seen as penal but immediate staff are not. They are largely (if only after some time) accepted as a group who "really want to help us", and who offer friendship and trust. This attitude towards staff - one of approval, acceptance, dependence, submission - develops and largely survives in competition with the quite contradictory notions also held by the majority of inmates that help is not required at all, that change and staying out of trouble are independent processes over which only the individual concerned can have real control; that the institution is ineffective in preventing youngsters getting into trouble and that being locked up is not only largely unnecessary but is also a frightening, frustrating and enraging experience. Quite clearly, the very real experience of adversary power relations is fragmented - broken down and transformed by contact with staff and staff talk.

The questions and responses given can be seen to relate on the whole to aspects of institutional functioning which blur adversary relations and

heighten anxiety and ambivalence. They deal with inmates' perception of the unit and staff; information on "placements"; characterisations of ideology and aims, and ideas on appropriateness and effectiveness of a stay in the unit.

Comments are based on the replies of 22 children: six girls and sixteen boys. Two girls were under Section 413 court sentences and the remainder were under 441(B) supervision orders. Of the boys, one was under Section 206 (1), another under Section (2), six under Section 413 and the remainder were under 441 (B) supervision orders. Children interviewed had an average length of stay of approximately four months at the time of the interview. Selection was random but associated for obvious reasons with the willingness of the child to co-operate.

The questions put to children were partly based on two previous studies of inmate response to institutional placements: the studies in question were (i) Street *et al.* (1966)<sup>9</sup> which incorporated an analysis of the perspectives of inmates in institutions with differing philosophies; (ii) "Becoming an Inmate" (1966)<sup>10</sup> which again examined juvenile perspectives on a custodial placement. The remainder of the interview questions were constructed on the basis of observation in the unit and informal chat with children. The secure unit offered an opportunity not often exploited to talk to children in an institution where the penal setting and practices existed alongside and often in conflict with a welfare and treatment based official philosophy.

#### (ii) IMPRESSIONS OF THE UNIT

The initial reactions of offenders and others to loss of liberty is likely to be associated with impressions gained beforehand concerning the nature of the institution involved. The image of the unit is of interest in the context of the debate over the welfare and penal roles of the institution.

Children were asked how they discovered they were to be placed in the

secure unit.<sup>11</sup> Sources of information were varied. Three were informed at a Children's Hearing, two by their social workers and five by the List D school staff in their current placements. In four instances, unit staff had visited the remand prison holding candidates for the unit, and informed them of their future placement. Prison staff had directly informed two of the remainder, one was informed by a solicitor, one by the police and three had no knowledge of the placement until they arrived. In this context several children described how the unit had been used as a threat to control their behaviour, usually absconding. List D staff in particular were accused of using a future placement in this way:

In B List D they threatened me all the time with this place and so I said "OK, send me there."

One St. Mary's child who attended his own referral meetings mentioned the use of the unit by main school staff as an inducement to good behaviour; and observation of referrals meetings would tend to confirm that in the main school, the secure unit is frequently used as a threat to control the boys.

Impressions of the unit created by staff in the main school, and by List D staff generally, are clearly unfavourable from the child's viewpoint. Detailed knowledge of the institution and visits prior to placement were rare in children placed for the first time, and social work involvement was low (as was indicated by data on social workers' views on referral). The majority of children had a negative impresssion of the secure unit before they were actually placed there.

I didn't know anything. I thought it would be terrible because it's locked.

I felt bad. they told me it would be crap. I thought the staff would be like police. I thought I'd get locked up all day.

My uncle said it was a den. I thought it would be bad. I walked out of the panel and cracked up.

A bad place; crap, staff giving you a doing; strict, rubbish, rotten, locked up.

I was frightened. I thought it would be all screws and that.

I thought it was like a jail.

I thought it would be really bad. I thought I'd be locked in a cell all day.

When I came to visit, the look of the place put me off. I thought it looked like a mental hospital from the shape of it and the bars and everything.

The overwhelming impression of the unit was penal; children focussed on the fact that the building was locked, which encouraged the conclusion that the regime was prison-like. For those main school children who had spent brief periods in the unit as a "disciplinary" measure, the reality of their restricted experience often confirmed their very worst impressions:

I was in for four days before, but I was locked up in a room all the time. I got my meals in there too. The main school staff came and let me out into the yard.

I thought it would be bad because I was locked up for a weekend before, and there were bars on the window.

Those children who held less fearsome ideas were children who had experience of remand prison or who had heard from friends that the secure unit was not a bad place to be.

I had a couple of mates who'd been in here. They told me it would be OK.

I was happy about it. It was a good change from Longriggend and it was nearer my home.

From what I heard, it sounded all right.

The first impact of the unit, however, did not tend to survive for the majority; children's initial bad impressions and fears seemed to be partly allayed by experience. Those who had expected that the placement would be bad were relieved: fifteen confirmed that the experience was better than their expectations.

It's better, but I got to go out quicker than most. I thought it was a gaol but it isn't because you get out.

It's better. I thought I'd be locked in a cell all day. But you don't. That's only if you do something.

Those who felt the place was worse than expected generally found themselves more restricted and more closely supervised than they had anticipated.

It's worse. I didn't think it had bars on the windows and I didn't think I'd get locked up so much as I am.

I didn't like it. I was in with seven boys and they slagged me and I cracked up. I got hit for spitting at somebody.

It's worse. I've only been out once to the Children's Panel. There's nobody my own age. I get into arguments easily because I see the same folk all the time and the food is terrible.

One girl whose friends had given her a favourable impression felt the unit was much worse than she had expected:

I look on this place as a prison. You can see the bars and the strict supervision. It's a lot worse than I thought it would be. I don't see why I have to be locked up here and not get home.

Generally the more negative prior impressions were, the more positive the actual placement seemed.

### (iii) THE PURPOSE OF THE UNIT

The contrasting ideas of help and punishment in the secure unit context were tackled generally indirectly at first:

Some people think that youngsters who get into trouble need help. Do you think you need help to stay out of trouble?

The majority (fifteen) felt help was inappropriate. Some said that they had needed help when they were younger but not now.

No. I think maybe when I was younger I did, but you grow up when you're fifteen. I hated school, that was all. I think I needed help then.

I don't know if that works. I think it's up to a person to stay out of bother.

I can handle myself. It's only when I got put in homes that the trouble started.

I think it's up to the person to stay out of bother themselves. I don't think this stops you.

Those who elaborated on a simple yes or no emphasised that the kind of help given was ineffective or that it came far too late.

We needed somewhere to go - a youth centre or something to keep us off the streets when we were younger. You don't get kept out of bother if you've been in here.

Children who felt they did need help mentioned particular things that they believe caused them to get into trouble.

I used to smash things up. I needed help for that.

I'm always getting involved in the wrong things. I need help or I'll end up in prison.

Asked why they thought they had been sent to the secure unit, a third of the interview group thought the placement was a direct result of the type of offences they had committed; another third attributed their position to absconding; three said no other school would accept them and a further three blamed their abuse of solvents. Only one child said she was sent to the secure unit to be helped and two had no idea why they had been sent. Three children emphasised their surprise and confusion that their offences seemed to be of little consequence and that glue sniffing and absconding were viewed by secure unit staff as more serious.

Each child was presented with a forced choice question about the purpose of the unit:

*What do you think the secure unit is for? Is it:*

*(a) a place to send boys and girls away who get into trouble?*

*(b) a place to punish boys and girls who get into trouble?*

*(c) a place to help boys and girls who get into trouble?*

Only four children felt punishment was the unit's purpose:

I thought it was there to provide help.

Eleven agreed with statement (a), that it was somewhere just to "send boys and girls away" and the remainder with (c).

Another forced choice question was presented about the motives of staff:

*Which of these two statements do you think is the nearest the truth?*

*(a) the adults here really want to help us stay out of trouble.*

*(b) the adults here really want to punish us and give us a bad time*

Penal impressions of the unit did not generally extend to children's view of staff; sixteen chose the statement (a) and one chose statement (b). Two were unable to answer since they felt there were staff who fitted both categories suggested above:

The majority of staff do want to help us but there's always the odd one or two who don't.

I suppose (a) is nearest the truth. But what kind of help is this that they want to give you? Locking you up is not help.

Children were invited to assess the effectiveness of the secure unit in terms of a hypothetical situation:

*Suppose you had a friend at home who got caught for stealing cars or something and was sent here. Do you think being here would stop them getting into trouble again?*

Only five children thought the hypothetical friend would be deterred from getting into further trouble. Those who were less optimistic placed an unexpected emphasis on the responsibility of the individual to stay out of trouble through his or her own decisions and motivation.

I don't think this place would really stop anybody. It's only if you really want to yourself. But here the staff make you face the consequences - more so than if you always run away. It's a big thing to do that here. Not like in open schools where they really don't care.

This place itself can stop you because it keeps you off the streets. But it's how you react to it that counts in the end - for whether you'll get into bother again.

No, it really is up to the person. The staff can only give you advice. If you choose to take it, being here in the place doesn't have any effect.

The actual deterrent effect of loss of freedom was mentioned by only one child.

A further question asked children to give a prognosis on their futures:

*Some boys and girls don't get into trouble again when they get released and some do. What do you think the chances are of you getting into trouble again?*

Thirteen were sure they would not get into trouble again. Five had no idea but the remaining four were more pessimistic, even fatalistic in their attitude, pointing to circumstances which would, they felt, guarantee further trouble.

I really don't know - it's trouble all the way down my street,

No - unless of course I happen to be there at the wrong time.

I think I will get into bother. They'll just put me in another List D and the same things will happen again.

#### (iv) IMPRESSIONS OF STAFF

Unit practice emphasised the importance of staff-child relationships; the staff intention was to encourage a feeling of trust and dependability in children towards staff members, and to that end a "one-to-one" was appointed who performed a "befriending" role, attempting to create an exclusive relationship between each child and a particular staff member. Using this relationship as a basis, staff attempted to influence the child's attitudes and behaviour. Clearly for such an approach to have any validity, children would have to hold positive views about staff in order to transcend the usual barriers of distrust for



authority figures which one might expect these children to harbour.

They were asked, again hypothetically:

*What would you say if someone here said "The adults here are just doing a job and they don't really care about us?" Would you agree or not?*

Staff seemed by and large to have credibility amongst interviewees: fourteen disagreed with the statement, six agreed and two were unsure. But when asked, *How friendly are you with the staff around here?*, only three felt they were really friendly with staff. The majority of responses (fourteen) fell into a category which can be described as fairly cool, but only five indicated an unambiguous, unfriendly attitude towards staff.

I wasn't all that friendly. But if I wanted something I knew who to ask.

I get on all right with them. If they pick on me for nothing then I won't get on with them. I don't laugh with them or anything.

Each child was asked if there were any members of staff who appeared to take a special interest in them. Fourteen felt there were, and only four that there were not. Four were unsure. Of the fourteen who gave positive answers, most did mention the name of their "one-to-one" as the person who took a special interest. The child's perception of the availability of staff for answering questions or giving exclusive attention seemed important in the scheme of staff/child relations which the unit attempted to develop. When children were asked whether they generally would find it easy or hard to get staff to listen to them, eighteen out of twenty-two said it would be easy. It may be, though, that the informal atmosphere and the use of first names merely encouraged a superficially relaxed approach in children towards staff, and that there was little genuine feeling of involvement on the child's part. They were asked: *If you really wanted to talk to someone about something that was bothering you, who would you tend to choose in here?*<sup>12</sup> Again, staff seemed to have credibility: only four children said they would never discuss anything

of importance with staff in the unit. The majority (fifteen) chose staff members for such discussion and the remainder, three, chose another child.

The perceptions of the staff's attitudes to the children themselves was probed in a question: *What do you think the staff here think about you? Do you think they like you or not?* In retrospect, the question was badly worded and caused embarrassment: children seemed reluctant to say that they felt they were generally liked by staff. However, none of the interviewees said they felt disliked by all staff; seven felt all staff liked them; eleven that some did, and four were unsure.

#### (v) APPROVED BEHAVIOUR

Children were asked about staff expectations of their behaviour: *What sort of thing do you think the staff are looking for in a boy or girl before they say he or she can leave the unit?* The majority, eighteen, emphasised good behaviour in the unit; three felt that returning voluntarily from leave and good behaviour outside were more important to staff; one child had no idea what staff expected. A further hypothetical question probed the same idea of staff's expectations: *Say you had a friend coming in here who wanted to get out really quickly: what advice would you give him or her about getting on in here?* The majority emphasised conformity:

Well, I'd say "behave yourself, don't swear and don't get dubbed up."<sup>13</sup>

I'd say "screw the nut"<sup>14</sup> and don't mess about. They've got the better of you in here. The staff are on top, aren't they?

Play it cool: don't crack up, don't get locked up.

Behave yourself - do everything they say.

I'd tell him not to shoot (run away).

I'd tell them to get on with staff.

A few thought being friendly towards staff might help, and not absconding had priority for two.

Children displayed a general consensus in responses over the issue of expected or approved behaviour and their notions of the type of behaviour most likely to lead to release. Using responses in *Organisation for Treatment* as a baseline for comparison, it was found that the emphasis the secure unit inmates placed on conformity, both in terms of staff expectation and the means to release, was more in line with the responses of children in a purely custodial institution. It is probable that children link ideas of expected or approved behaviour to their ideas of the expectations of the staff who are most influential in providing or withholding release. This was certainly the case in the study previously mentioned. In the present study, leave and release were presented by staff as largely the concern of management. Staff seemed to depict themselves as go-betweens with little real influence over management decisions. This may have been a critical factor in enabling the breakdown of adversarial attitudes in children towards immediate staff. It may also have been true that the general belief amongst staff that treatment concerns are of far less importance to management than control issues was transmitted to children in the unit, thereby defusing much of the children's potential antagonism.

#### (vi) PEER RELATIONS

A number of questions were directed at the attitude of children to other children in the unit. Staff direct considerable effort at preventing liaisons between children - especially friendships which they believe allow an anti-authority attitude to flourish and which appear to exclude staff influence. A question was asked: *How friendly are you with other boys and girls in the unit?* The majority again gave an unenthusiastic response to the question, saying other children were "all right". Four found the others in general

friendly and easy to get along with; three mentioned particular children as being friendly but only one child found the others generally unfriendly and difficult. Few had friends they felt especially close to and half said they wouldn't like to see anyone from the unit after they had left.

Group relations within units seemed less strained than might be anticipated; all but two children found other members of their unit easy to get on with. Echoing the question in the staff questionnaire, it was asked if unit groups had "leaders" amongst children; almost half (fourteen) felt there were no leaders at all amongst children and all but the few (three) who declared themselves to be leaders resented children who assumed that role:

It's a very bad thing if someone thinks they are the leader. They can turn against you and get at you or else they can get the others to gang up against you and make you feel bad.

Another boy who considered himself to be a leader pointed out a disadvantage of such a position:

Folk respect you, but most people look after themselves here. You don't really want to get into helping other folk. You really have to look after yourself.

Some kind of informal group structure usually arises out of relations amongst inmates in any institution. Such relations in both the adult and juvenile contexts have been blamed for their power to render completely ineffective any attempt to encourage inmates to accept institutional values.<sup>15</sup> The close supervision in the secure unit did inhibit the development of what staff termed "gang culture". Unsupervised contact amongst children was scarcely possible, and friendships or cliques which did exist seemed to arise if children knew each other from prior placements. Staff were not averse to leaders amongst inmates emerging, as long as they had pro-staff attitudes. But children, on the other hand, appeared to resent leaders whether or not their views were pro-staff. It would seem that the principal cause of this resentment

lay in bullying. However, leaders emerged more rarely than one would have expected from, for instance, the *Cottage Six* analysis. Bullying too seemed limited, and at least within the institution itself, rarely got beyond verbal threat. Cigarettes were occasionally confiscated and it was clear that more than one child was responsible for their acquisition and distribution. Visitors, children not searched on return from leave, or children from the main school were usually thought responsible. In general, peer group pursuits and identity seemed bland. There was little evidence of a complex peer culture with shared values and organisation such as that described by Street *et al.* 16

The system would begin when two boys agreed to go halfers with each other over cigarettes, food or other things in short supply. Sometimes the agreement was extended among three, four or five boys who shared equally. In this halfer system, boys were cross-linked by friendship relations in different halfer groups. Mostly away from staff members' eyes, cigarettes, sex literature, money and other items were distributed through friendship trains, or through gambling, fighting and general norms of camaraderie.

Thus, as might be expected in the unit, displays of inmate solidarity were rare, as was overt antagonism to staff. Only one incident occurred during the fieldwork period which hinted at the existence of a system of values held by children running counter to the expectations of staff: the Green Unit boys barricaded themselves and one staff member into their living area. There appeared to be no particular motive except perhaps the relief of boredom. A distinct lack of solidarity is far easier to detect in the unit. The following extract is from a report written by the night supervisor. He draws attention to the action of two boys in preventing the escape of a third who was in possession of a knife.

While A [staff] was on the phone, T [child] buzzed. I opened his door and he came out of his room with a knife in his hand and said "Hand over the keys, Mac." A arrived in the corridor and he moved towards her. She ran back to the staff room to phone for help and he ran after her where he ripped the phone wires from the wall.

He ordered me to open G's [child] door, which I did. I said, "Here's someone with a knife, G." G got up out of bed and slammed the door shut and said "F... off." I heard J [child] at my back say, "What's wrong, Jim?" I said again, "There's a guy here with a knife." I opened J's door and he came out and spoke a few choice words to T. I also opened C's [child] door at his request to help and he stood and watched while J asked T to hand over the knife. T quietly handed over the knife to J. I told T to go to his room which he did without any further fuss or trouble. After locking him in I returned to C and locked him in. J gave me the knife and after locking him in I placed the knife in the staff room. A meanwhile had gone downstairs for help. She returned later with other staff members. I would like to thank J for his help.

Generally the study noted the lack of a consistent overt solidarity which might assert anti-staff values, the apparent lack of strong cohesion (either within units or across them), and the existence of pro-staff leaders among children with good staff credibility among the child groups. These findings tend to underscore the importance of treatment rhetoric and the discouragement of inmate culture in creating a pro-staff, non-adversary and compliant attitude in inmates.

#### (vii) SOME GENERAL ISSUES

Several questions on more general issues were asked. The following question was asked in order to gain an impression of how children saw themselves in relation to other children in open List D placements:

*Do you think the kids who come to locked units like this one are different from the ones who go to List D schools?*

Only four felt that they were "different", mentioning their greater tendency to abscond, and the likelihood that they had committed more serious offences:

I suppose they are different here. If they've come from prison, they are a lot more experienced. But there aren't many other differences.

No, I don't think we are any different. Folk in open

schools are a lot worse sometimes. I don't know - I think maybe it goes by your family - if they've got a record or not. I think that counts in getting locked up.

*How did they find the experience of being locked up?*

I felt really cramped at first. When I went up to the room at night and got locked in I used to hit the roof but everybody gets used to that. It's just really because we are a security risk. In a way, I think it makes you worse because you start to want to run away. It makes me angry and makes me want to behave even worse.

It felt bad. Then I got told I'd get assessed for outings. That makes it OK. I know I've got things to look forward to. It's the only place I've heard of where they supervise visits and outings. Anyway, that's what helps you get through the time.

You get bored. You think about your friends. You get locked up and it's horrible. You crack up because you are locked up. Staff don't understand that.

You crack up when you go upstairs [to the cells/bedrooms]. They shouldn't put bars on the windows. It makes you feel bad.

It's rotten. My mates are out there and I'm in here.

It's rotten and boring. You can't get out. You sit and think about what everyone is doing out there.

I didn't like it at all. I'm used to it now but I used to cry in my room.

A strong feeling of anger at being severely restricted was a recurrent theme in descriptions of the experience. Resentment and frustration were most intense at the beginning of the placement when children were confined to the building all day. Most, however, said they quickly got used to the experience, especially if they had some time outside the unit.

*Did they feel that the locks were really needed, both for themselves and others?* Nine felt some of the others did need to be locked up; serious offending and solvent abuse were seen as adequate justifications for doing so and five children felt they themselves required to be locked up. The majority, however, felt locks were generally unnecessary.

Some of them do need to be locked up for their own good

and stopped before they go too far. I was definitely pleasing myself and needed to be stopped.

I don't think most people here should be locked up at all. Some are just here because they ran away. I don't think I should be either, even although I did things.

Most children (twenty-one) said they felt that only newer arrivals, the most confined group, would run away if they got the chance. The majority would be held by the possibility of losing leave should they be caught.

The ones that aren't getting out would run if they got the chance. But the ones that have the most to lose wouldn't run because that would be daft.

All but one of the interview group had absconded at one time or another from open List D schools or assessment centres. When asked why they thought children absconded, a number of factors were the most common: some found that the need for solvents led them to abscond and others simply disliked the school and the staff. A loss of freedom and resentment of authority were the causes in a few instances or simply an inability to tolerate the circumstances imposed by List D life.

Some folk just can't cope with that kind of life - the bullying, the slagging or going along with others making out you're a hard man. I ran because I wanted to be home. I don't like the idea of people telling me what to do all the time. It's as though these places grab hold of you and that's it - they've got you.

They were asked what were the best things and worst things about the unit. Children named a host of things, from videos to the cat, as the best. Some, however, said release was its most attractive feature. Worst aspects: the food, the no-smoking rule, being locked in, bars, boredom and broken promises were all cited.

Street *et al.*<sup>17</sup> found that the self-image of children in treatment centres was considerably better than in custodial institutions. A question relating to this was presented as follows:



*Youngsters who come here think different things about themselves. I'll read out some things and you tell me which ones come closest to how you see yourself. (The categories and responses are presented in Table 18, Appendix II.)*

In the Street *et al.* study, statements 5 and 6 characterise inmate acceptance of responsibility and positive attitude towards change. The majority of children saw themselves as representing these categories but they offer an alternative interpretation in that they may be as indicative of the acceptance of external definitions of their behaviour and expectations of change, as much as evidence of a good self-image. Statements 3 and 4 were designed to measure self-confidence; the majority agreed these statements were representative of their feelings. Only a small number felt that they were people with personal problems or that they had "got a rotten deal" - indicative in the original study of low self-esteem. It could be said, though, that the definition of oneself as having personal problems was again more indicative of an absorption of institutional values than of low self-esteem, and that the notion that one has had a rotten deal may well not reflect more than an accurate appraisal of the situation - i.e. the child's counterparts in open situations may well have been seen to have avoided detection.

Interviewees were asked if they felt that the unit had helped them in any way other than in merely preventing trouble through containment. The majority felt they had had some help both emotionally and practically:

*I've got better health and it's helped my Mum and Dad out too.*

*It made me think rather than run away and get more problems.*

*It made me think about why I was being locked up.*

*It helped me to realise how much my Mum and Dad mean to me and to face up to things that I wanted to run away from before.*

The responses given to the question on how the child thought he or she would

do after release confirm the development of generally positive attitudes amongst children both in their favourable opinion of staff and their generally optimistic outlook. A more positive pattern is usually the hallmark of a treatment institution rather than a custodial one, and hypothetically, a function of the reduced perception of adversary relations afforded by treatment rhetoric.

Although it was not part of the original design of the present study to discover the relationship between length of stay of the inmate and his or her positive or negative attitudes, other studies do indicate that there are such relationships. Also, staff in the unit found that children became more positive as time went on, peaking in the last weeks of their placement. Staff found that if children were not released around this time, they began to develop a generally more negative attitude. Most children interviewed had been in the unit for two months or more at the time of the interview and some for as long as a year or more.<sup>18</sup> Street *et al.*<sup>19</sup> found in the treatment institutions:

... a rapid positive movement in perspectives followed by a drop off in the middle months and then a positive movement again in the later phase.

In contrast to this pattern, in the obedience conformity institutions they found that the overall trend was for the proportion of inmates with negative perspectives to increase with longer stay. The generally positive response of the present group apparently increasing over time complies with Wheeler's study.<sup>20</sup> He found evidence of a similar effect. The data do seem to suggest a relationship between longer experience of the unit and positive attitudes. This may again be related to the process of ambivalence and compliance described earlier, i.e. an outcome of the need to reduce anxiety by identifying with staff goals.

#### (viii) CONCLUSION

Echoing Edelman's thesis that treatment notions give rise to ambivalence

and thus to anxiety and the tendency to comply. Bramham's<sup>21</sup> research indicated that emphasis on individualised treatment helps to fragment solidarity in boys' groups in a residential setting because "treatment runs counter to the rules of consistency which would heighten the boys' common inmate status." Certainly, the tailoring of leave programmes "to individual needs and circumstances" - the local talk staff adopt to describe the process of assessing each child for leave - is interpreted by children almost as a grade system in the old approved schools might have been - but, as Bramham says, without the assurance of perfect predictability. Management persistently warned staff against any standardisation of leave or release times for children in an attempt to counteract the idea that it is conformity and not "progress", defined in treatment terms, which gains release. Mathieson also found that individualised treatment philosophy diluted oppositional inmate culture.<sup>22</sup> Boys and girls in the secure unit were playing for fairly high stakes - for home and for release and freedom. They pressurised staff for dates when they would be permitted to leave the building in the first stage, and in the second stage, to stay away at home on extended leave. Even for children with fixed sentences, earlier release was always a possibility. Clearly the bargaining position of the child group is somewhat reduced in the unpredictable "treatment" environment compared to a more straightforward penal environment where conformity is the crucial variable. It is irrelevant whether or not treatment occurred in practice; children were led to believe that something more than conformity was expected. The mystery of the treatment process heightened tension and individuals tended to look to their own ends. It was not uncommon to hear one child warn others not to be unco-operative with staff since they themselves had no desire to be implicated in any situation which might jeopardise their chance for leave. In incidents where an individual was likely to jeopardise staff/child relations, the individual concerned might feel the coercion, usually in the form

of verbal abuse and whispered threats, exerted by those who wanted no interference with their "programme" or the unit's current stable state.

The ambivalence of the welfare principle and the mystery and unpredictability of assessment and its results in treatment terms have explanatory value when applied to the all too frequent commentary regarding the monotony and absence of "underlife" in treatment institutions and in secure units in particular.<sup>23</sup> But in the "therapeutic" setting of the unit and elsewhere, both staff and children translated aspects of the treatment ethos into a simple functioning reward/punishment system. Outings, leave and release were not theoretically open to negotiation between staff and child, but were the result of staff's perception of the child's progress. But children and staff alike knew that leave had a privilege function and might be removed for bad behaviour despite the management's treatment rhetoric..

Some children undoubtedly came to define their situation in the closed unit as advantageous. They might deliberately manipulate staff by failing to achieve the objective of sustaining leave and returning to the unit on an agreed date. This might happen just prior to the child's transfer to an open school, clearly an undesirable transfer from the child's viewpoint. Children rarely elaborated on their reasons for wishing to remain in the secure unit, but when they had regular leave and outings, some children seemed to find the unit's pastoral care to be of a better standard than elsewhere in their experience of the child care system. Despite their extensive experience in open placements, over a third of the interview group said that, given the choice between staying in the secure unit and going elsewhere, they would opt to remain. Unit placements are in fact often consciously extended by staff in order to protect a child from repeated failure in the open system.

Dependence on the institution is one of the effects of secure provision. Not much is known about its other effects. Certainly, it is unlikely that the stress experienced by staff in the child care system in general has no

counterpart in the children themselves; many unit staff felt much of the children's disruptive behaviour was a result of the secure environment. Evidence suggests that for youngsters the "positive" response to the caring efforts of staff soon gives way to the deleterious effects of security over extended time periods.<sup>24</sup> Certainly, children who had remained in the unit for very long periods, one for over three years, did show clear evidence of overdependence on particular adults and a profound reluctance to return to the outside world on a permanent basis. The consequences of a period of security for the majority of youngsters seemed impossible to estimate in the psychological sense, but clearly the experience was of emotional and practical value to some children, however, short-term the effects may prove to be.

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1. Edelman, *op. cit.*
2. *Ibid.* p.73.
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4. Festinger, *op. cit.*
5. Orwell, G. (1944) *Escape From Freedom*, New York: Farrar, Strauss and Giroux.
6. Greenley, J. R. (1973) "Types of authority and two problems of psychiatric wards", *Psychiatric Quarterly*, 47: 191-202, quoted in Edelman, *op. cit.*
7. Goffman, *op. cit.*
8. Cicourel, V. and Kitsuse, J. (1963) *The Educational Decision-Makers*, Indianapolis: Bobbs-Merrill.
9. Street *et al.*, *op. cit.*
10. Baum and Wheeler, *op. cit.*
11. Where the questions are not presented in full in the text, see Appendix I: Boys' and Girls' Interview.
12. The options of staff and other inmates or anyone else who was regularly around were made clear to the child being interviewed.
13. "Dubbed up": locked in one's bedroom.
14. "Screw the nut": conform, obey the rule.
15. Polsky, *op. cit.*
16. Street *et al.*, *op. cit.*, p.79.
17. *Ibid.*
18. During the research period the average length of placement was nine months.
19. Street *et al.*, *op. cit.*

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## Chapter Eleven

### Summary and Conclusion

If anyone is inclined to believe that any aspect of the nature of things is changed by such formulations, he is being extremely credulous about words. The real facts do not change whatever names we give them. Only we ourselves are affected.<sup>1</sup>

In Chapter One the framework of this study was outlined; it focused on one institution which is part of the provision for juveniles within a justice system which ideologically is welfare oriented. The institution in question is distinguished from the majority of others in the system in that its remit is to hold children securely and to that end it has a prison-like physical design. But within the official rhetoric which describes and rationalises the juvenile justice system, the prison aspects of this particular institution are denied; the deprivation of liberty is seen as part of an overall caring process and is justified in terms of a child's need for treatment. In the present study the use of incarceration and its rationalisation in treatment terms provided a particularly stark example of what was seen as a central conflict within the juvenile justice system. The institution became a case study which served to demonstrate the existence of this conflict and its emergence at an empirical level as a gap between rhetorical descriptions of the purpose of juvenile incarceration and what was termed the reality of the system in practice.

The ideological conflict which the juvenile justice system was seen to express was described in the course of the study as inherent and irresolvable. The ideology of the system is expressed in the rhetoric of experts and legislators. Both appear to determine the aims and practice of the system. In the course of the study, however, this rhetoric emerges as essentially evocative and persuasive and as actively transforming the image of a system which can be



shown to be anarchic, coercive and unpredictable in many respects. By the use of empirical analysis which combined ethnographic with positivist techniques, the study aimed to uncover alternative interpretations both of the purpose of the institution involved and of wider social control mechanisms. In the light of this analysis, official rhetoric emerged as a quite separate system of belief and assertion. The study offered an alternative interpretation and construction of how things were. It was acknowledged that there could be no meaningful attempt to discover "the truth". But in interpreting empirical data and comparing this to the system's rhetorical construction, it became clear that a gap did exist between the two.

The analysis of the meaning and effects of this gap was located first within a broader historical interpretation. It was seen as having its roots in the historical and conceptual development of wider systems of social control. The existence of a prison-like resource itself was seen to represent the culmination of two conflicting sides of the current social control of juveniles, that of containment and altruism..

Historically, the system's official rhetoric tells a story of change; the general development of the system is described as progressively more humane and welfare oriented. But the system's rhetoric begged too many questions. Chapter Two showed how historically the welfare rhetoric has intermittently aroused both scepticism and disillusionment. The 1960s in particular saw a radical questioning of the purposes of institutions which defined themselves as welfare oriented. For example, Goffman,<sup>2</sup> Foucault,<sup>3</sup> and Szaz<sup>4</sup> presented interpretations of various aspects of social control mechanisms characterising them as disguised means of applying coercion and punishment.

Though this type of radical criticism seemed damning, it could be seen to have been co-opted and incorporated into the official rhetoric of the system.<sup>5</sup> In the light of radical criticism, the system underwent massive destructuring

and reorganisation. Its rhetoric offered new claims to reflect a move away from institutionalisation and towards diversification, specialisation and a move into the 'community'. However, despite these moves, the welfare oriented systems have never succeeded, even in their own terms. The system's own goals, to treat and rehabilitate and more recently to prevent, have produced no tangible results in terms of transforming the population of 'deviants' towards whom efforts are relentlessly directed. Moreover, even although self-evaluation has become a major feature of social control systems, as Cohen<sup>6</sup> points out, negative or meaningless results have had a paradoxical effect; far from limiting the system, they have become the reason and justification for its continual expansion and diversification.

It seemed that the rhetoric and the reality of the system were two separate realms. Foucault<sup>7</sup> proposed that control itself was the critical factor in the system and not, as might be expected, the outcome of that process. Rhetoric had no importance or relevance to the system in practice other than enabling both the characterisation and expansion of a purely coercive system as fair and humane. Other writers had related the need for social control to the politics of wider social structures.<sup>8,9</sup> Foucault, however, offered a unique interpretation of social control in transcending the immediate implications of its purpose and evoking a compelling role for power itself in human social motivation. In the context of this study, Foucault's descriptions of the relationship between power and knowledge seemed to offer a unique theoretical interpretation of the role played by professional rhetoric in contributing to the growth of a system which required no tangible success as a means for justification. The claim to knowledge could be seen to confer power and to create more and more fields of influence since essentially it created both the problem and the solution. This study did not attempt to demonstrate the validity of Foucault's theory or of any other meta-theories of social control, but in introducing the notion of a central power/knowledge relationship, Foucault's argument provided an organising

principle for the seemingly arbitrary sway of professional discretion in a system where professional knowledge could be seen to be spurious to the practical outcomes of the system in action.

Elaborating on the role of the professional and the official rhetoric they generated, it was proposed that rhetoric itself could be seen as a political tool and the major source of legitimation in the juvenile justice context.

At the soft end it is the rhetoric of "doing good" which functions now as it did historically to insulate the system from criticism, to explain away failure and to justify more of the same under the guise of novelty. This was how diversion and community control could expand: each rung of the ladder was benign, each of the new control and helping technologies promised salvation from the next. In the therapeutic empire as well as the crime control empire, the theory which so plausibly justifies this incremental growth is the notion of an anticipatory syndrome which if not dealt with properly will lead to something worse. Those feedback loops in the organisational model depend that is on a particular theoretical loop. Such theories constitute the language, the culture capital of the helping professions. Words such as "treatable", "amenable", "dangerous", "predelinquent", "at risk", "deserving" or "pathological" become authoritative, scientific definitions. They call for intervention, expansion, separate agencies and services.<sup>10</sup>

Evaluation of the system revealed the gap between rhetoric and practice. But little information existed about how these two realms affected the daily organisation of individual institutions. Were they therapeutic or coercive in practice? How did local professionals talk about and define their role and that of the institution in question? There is, as Cohen points out, an inadequate understanding of the function of 'control talk' in particular contexts. The study set out to look at talk and practice in one such context. What emerged was not a simple incongruence between rhetoric and reality but a series of contradictions, paradoxes and confusions which could be related to the deeper conflict in the structure of the system.

Chapter Three laid out the methodology of the study, describing problems

associated with techniques, design and the role of the researcher in the field.

Chapter Four looked at the history of the secure unit and at its physical and conceptual design. It was designed primarily with incarceration as its main objective. At the time of its conception, it reflected a demand from Heads of open institutions for stricter measures of control for youngsters who were deemed beyond the scope of open settings. These units emerged with scarcely a reference to the welfare rhetoric of the wider system, but were later caught up in a general redefining of their role in welfare and treatment terms. But, nevertheless, the unit's purpose and its treatment methods were vaguely conceived. The wider conflict of therapeutic and coercive goals in the system at large filtered down to produce a discrete local system which experienced a number of difficulties: there was never any true discussion of the purpose of the unit and it was defined vaguely as a List D resource; it lacked autonomy and became in part a casual punitive resource for the List D school which shared its campus and whose Head had ultimate control over both institutions; and in part it was also a prison system as well as a social work resource. It failed to develop any coherent policy regarding the selection and treatment of children. Staff reported that the unit fell victim to intra-staff conflict based on a lack of shared goals regarding the purpose of the unit and its practice. Lower level staff saw management as divisive, offering little assistance or direction in formulating common unit policy.

Chapters Five and Six presented an empirical study of processes of referral and committal to the unit. A number of professionals were seen to collaborate in an overall strategy of selection, classification and management of young people who were characterised by various agencies as "in need of secure provision". In terms of the theoretical position outlined in Chapters One and Two, processes generated and governed by professionals - referral selection, diagnosis assessment and treatment - would be expected to be of little substance,

consistency and relevance to the workings of the system. Cohen<sup>11</sup> used the term "classification" to cover professional activity in assigning individuals to treatment resources. Rhetorically the vast amounts of information gathered and apparently analysed are supposed to aid the process of decision-making about the most appropriate course of action to eliminate the problem. This is not in fact what happens, since the information turns out to be largely spurious to decision-making. The purpose of this part of the study was to substantiate or refute this theoretical description of professional discretion.

The analysis of referrals and committals to the unit involved an attempt to discover and interpret processes which did prove to run counter to official rhetorical versions of the system. The explanation of these processes involved using the same sorts of positivistic classification as those constructed by the professionals who created the system's official rhetoric. The study did in fact demonstrate the illusory nature of diagnostic and classification processes in this context. The analysis revealed nothing about the children concerned which corresponded to official versions of reality. This reality could then be expected to be located within the actual processes whereby the professionals constructed their classification and applied and justified them. Observation of these processes and particularly what was termed "local talk" accompanying them revealed a view of the system which clearly countered the official version. The decision-making processes of the professionals seemed arbitrary and somewhat whimsical. Related to this, the unit served several informal purposes which were unrelated to its official treatment role. In fact, observation of local processes highlighted paradoxical effects when the unit was construed in official terms as a treatment resource by outside agents. Generally, the unit was often used merely as a holding place and local talk described it as such. but this was only explicitly the case where local staff and the Head were the only professionals involved in a particular case. This overt characterisation was avoided when external agencies were involved. In negotiation with the penal

system, for instance, the Head intermittently countered a penal construction of the unit by evoking its official construction as a caring institution designed to provide treatment for children in trouble. Where official rhetoric arose most consistently, it was in relation to cases where the court had no direct involvement and the case did not arise as a casual commitment from the main school. These were cases where social workers were the primary agents in referring the case for committal. But paradoxically, given official rhetoric on the role of the unit, cases presented as requiring treatment were much more likely to meet with rejection. Basically, local talk confirmed that the unit did not provide treatment. Its locked status was its most salient feature. But if social workers were more likely to construct the need for secure measures in official treatment terms and to face rejection of the case for that very reason, how did they see the function of the unit? Response to a questionnaire revealed that they had a general lack of faith in the efficacy of the secure unit other than as a resource for control and containment which they felt conferred no lasting positive effects on the young people in question.

Social work talk in the context of the referrals situation, whether in written or verbal statements, generally reflected the use of official rhetoric as a basis for requesting that a child be locked up. In many cases this ran counter to an apparently fully conscious rejection of the efficacy of both welfare principles and of treatment. For the majority, no lasting positive effects could be expected, and in any case no real treatment could be expected from the secure unit. The confusion generated by listening to the presentation of a case at an RG meeting by a social worker and attempting to match the rhetoric of this presentation to the beliefs held by social workers about the real nature and purpose of the secure provision emphasised very clearly the existence of two worlds, one of rhetoric and one of real practice. The local professionals of the RG could be described as simplifying the system of committal in rejecting

treatment as a real aspect of the system and in acting to impose control and punishment. But this simplification was not really overt; the secure unit was never characterised as a purely penal resource at any really explicit level. The alternative reality of the system seemed to be both acknowledged and denied in the same process.

The reasons why this is, first, possible and, second, desirable in a social control context were explored. Although the analysis of local processes seemed to suggest a conscious awareness in professionals of a gap between official rhetoric and reality, impressionistically this did not seem to be the case. So what is the function of official rhetoric and of local talk if neither described reality? The act of decision-making itself was examined as a source of distortion of the official rhetoric of the system; literature was reviewed which demonstrated the tendency towards arbitrariness which emerges when decisions involve attention to large numbers of variables. Silberman,<sup>12</sup> for example, indicated that despite a vast amount of welfare and treatment-related information pertaining to individuals about to be sentenced, all but 8% of decisions were explained in terms of the crudest variables of offence seriousness, past record and social class. Generally, idiosyncratic judgement<sup>13</sup> and wide variations in sentencing practice in all justice systems are the norm, even where investigations compare identical types of offences.<sup>14</sup> In short, irrationality and arbitrariness are crucial aspects in understanding the system where professional discretion and expert knowledge underpin decision-making.

The system of selection and committal to the secure unit served as an example of Cohen's<sup>15</sup> classification system; it could be seen to be demonstrably inefficient and fragmentary, but this, far from undermining the system, helped to elaborate its field of influence by encouraging greater refinement and diversification of ever-failing processes. But what is the function of rhetoric which does not describe reality? Cohen<sup>16</sup> touched on the problem of trying to

reconcile the relationship between talk and practice; he pointed out that research may be confounded by a faulty conceptualisation of the role of rhetoric. He proposed that rather than being seen as something which fails to match reality, it can be more usefully characterised as an active political tool which seeks to create reality. Language itself can be seen to encourage systems of belief which actively conceal ambivalence in user and listener. There is a powerful tendency for individuals to seek to resolve the experience of ambivalence and conflict and to reject the profoundly disorienting effects of competing definitions.<sup>16</sup> In a political context Orwell<sup>17</sup> saw language as anaesthetising users and listeners from fully experiencing what they were saying and doing. In a social control context language can be seen to split words and objects; welfare and treatment terminology acts to create a symbolic system of ideas which neither represents nor is reflected by reality. According to Edelman,<sup>18</sup> language alone frees the experts to carry out a politically repressive role, since it characterises their role as benevolent. In the present study, it was clear that official rhetoric was not mirrored in the practice of the local system. Local talk, however, could be characterised as appearing to acknowledge much of the reality without a corresponding loss of faith in the overriding official version. Crucially though, regardless of actions which clearly contradicted official rhetoric, the local system still purported to act in the best interests of the child.

Chapters Seven and Eight looked at the secure unit itself, where the gap between rhetoric and reality became more acute. There was little evidence of "treatment" practice; staff characterised official rhetoric as unrealistic or unattainable. Much of the management of children, which was described in treatment terms, emerged as measures of control and surveillance. But euphemistic terminology surrounded penal aspects of the environment and an uninitiated observer would have been unprepared for stark cells, solitary



confinement and the physical restraint of children imposed by staff within the unit.

The situation reflected Edelman's<sup>19</sup> description of the power of professional treatment talk to transform images of coercion and cruelty. A number of studies were reviewed which found rhetorical descriptions of treatment to be non-existent in other practical contexts. In the present study, staff who worked directly with children found the idea of treatment difficult or impossible to conceptualise and operationalise in a secure setting. Notions of treatment were unrelated to any tangible treatment programme. Staff were untrained in treatment methods. Moreover, when expert professional advice was given it seemed to serve only to underline the irrelevance or impossibility of imposing psychological techniques in the light of staff naivety in this field. The majority of local staff interviewed felt the unit provided no more than containment and was unsuccessful in mobilising official rhetorical aims. Working in the unit engendered a high degree of ambiguity, conflict and professional uncertainty.

Chapter Ten looked at the inmates' view of the unit. Looking at the official rhetoric and local talk which surrounded processes of committal, the existence of rhetoric which emphasised help and welfare whilst committing a child to a locked institution and occasionally (conversely) overtly framing that action as a fulfilment of a threat, suggested that inmates' constructions of the reality of the unit would be ambivalent. Theoretically, Edelman<sup>20</sup> suggested that this experience of ambivalence and the anxiety state which it provokes are not merely a symptomatic by-product of the ideological conflict of imposing treatment but essential key elements in the functioning of the system. By being rhetorically defined as in need of help, inmates could be expected to lose sight of the adversarial aspects of the situation, to become compliant and to focus on and accept the rehabilitative rather than coercive elements of the institutional experience. For children this may be particularly so, given their

powerlessness as a social group, their immaturity and their need for dependency relationships. This process seemed clear in the secure unit. The experience of incarceration aroused extreme anxiety and the abstract aims of the institution were generally conceived of as attempts to produce conformity. The institution itself was perceived in a generally negative way. But the caring aspects of relationships with staff were experienced as positive. Staff were generally seen as attempting to help. Their function seemed split off from the overriding negative conception of the "institution". Extrapolating from Edelman's<sup>21</sup> thesis, it seemed the language and attitude of staff blurred the recognition of adversary interests by presenting staff as helping and rehabilitative. The result was confusion and a greater probability of compliance on the part of inmates.

In all studies of social control the most ubiquitous comment must be that at a statistical level little if any lasting impact is achieved.<sup>22</sup> Certainly, secure units generally fail to treat or modify behaviour. In Milham *et al's* sample,<sup>23</sup> 76% of those released from the units re-offended. Moreover, the experience of a secure unit appeared to increase the chance of re-offending for younger children and for those who had been committed as non-offenders.

In the present study the rhetorical imagery of welfare and benevolence and of professional expertise in achieving rhetorical aims was profoundly contradicted by the penal nature of the unit's architecture and the level of constraint, coercion and surveillance it imposed. Professionals could be seen to do one thing whilst calling it another. Their knowledge base and discretion seemed arbitrary and irrelevant. But as Cohen<sup>24</sup> points out, the system is not destroyed by its inherent irrationality, since its rationale is quite clearly other than the stories it may tell about itself. The secure unit itself is one point in the overall juvenile justice system where, because of the existence of very clear, stark contrasts between rhetoric and reality, the central ideological conflict of

welfare and coercion emerge in a most obvious way. But it seems that, no matter the degree of conflict experienced by professionals - low level professionals in particular - and despite repeated acknowledgement of the blatant failure of the system at all levels of professional input, this still has no influence on the growth of a system which remains inherently resistant to improvement, i.e. defined in its own terms. Moreover, the more there is talk of expanding welfare provision, the more custodial features the system adopts. Secure provisions for juveniles are increasing along with greater penetration and surveillance at a community level.

The authors of two contemporary critiques of social control, Cohen<sup>25</sup> and Harris and Webb,<sup>26</sup> admit to difficulty in producing firm conclusions from their respective macro and micro analyses of the system. In looking to the future neither conveys optimism. In writing on one aspect of juvenile control, Harris and Webb declare their intention to have been no more than

to alert the reader to certain dangers, paradoxes and arrogances which repeatedly surface in the study of juvenile justice and which if nothing else certainly ensure that the system fails to surprise us ... There are no simple solutions to these matters, sometimes indeed there are no solutions at all, though such a consideration only infrequently dissuades us from seeking one with ever-increasing intensity.<sup>27</sup>

Cohen<sup>28</sup> makes a more sustained attempt to destroy the fatalism which studies such as the present one seem bound to engender. He favours Christie's<sup>29</sup> vision of a system which calls a spade a spade; that is, one in which punishment must be understood without euphemism to mean the infliction of pain. Christie's essential moral position is to reduce the infliction of pain needed to achieve social control. This seems, however, Utopian in the light of the empirically verifiable position that the overt aims of punishment or treatment are currently and historically irrelevant. As Cohen himself points out

... the control system is not designed to work because it fulfils other more important social functions.<sup>30</sup>

He adds a telling footnote to this comment

This is of course the familiar Durkheimian argument about the functional necessity of social control. It is mentioned in every criminological textbook and then its implications are totally ignored.<sup>31</sup>

The implications are impossible to ignore. But even Cohen seems overwhelmed by the threat to his academic integrity of an insolvable problem. He continues to search for some morally acceptable pay-off arising even unintentionally from the system.

Alongside an analytical view of current social control systems can be placed a more pragmatic sense about possibilities for realising preferred values. There is some point in drawing attention to exceptions, unintended benefits and strategic loopholes. Individual gains may be registered despite an overall system which must be judged with the deepest misgivings. As Brecht said, "even bribed judges sometimes give correct verdicts."

This is close to the argument of the least cynical of the professionals within the institution studied here. No doubt it seems to make their work possible. It reflects, however, the power and the meaninglessness of the system in which they are caught up where individual gain is as much a matter of whim and irrelevance as individual loss.

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**APPENDIX I****ALL STAFF QUESTIONNAIRE**

**(Where appropriate, the question must include  
a special reference to girls in the unit.)**

**DATE OF INTERVIEW**

.....



G) Basically, punishment is necessary here if children are going to learn correct behaviour.

H) Sympathetic understanding is a large part of helping children here.

2) Would you expect a child coming here to show average educational skill?

Would you expect a child coming here to dress tidily and wash regularly?

Would you expect a child coming here to be polite and friendly?

Would you expect a child coming here to display some competence or skill - perhaps in sports or board games etc.?

3) What would be your estimate of the proportion of children here who are below normal intelligence?

4) What proportion of children are assaultive and hostile?

5) What proportion of children have emotional problems, feelings of inadequacy or are withdrawn?

6) What do you believe are the main factors associated with delinquent behaviour in children?

What factors do you believe lead a child to a period in security?

7) Do you feel children in security are different from children in open List 'D' schools?

- 8) Can you tell me about children's attitudes to the Wing when they first arrive?
- 9) Do these attitudes change over time?
- 10) Sometimes cliques or informal group relationships develop amongst children in institutions. How do/would these cliques affect your job?
- 11) What influence do they have on children?
- 12) Would you say that leaders amongst children here are generally a good or bad influence on children?
- 13) What effect would you say leaders amongst the children have on your job?
- 14) In the Wing, which basic approach do you tend to adopt should children behave badly - a reasoning approach or a discipline approach?
- 15) What are the best ways for a boy or girl to get along here? [probe: show an understanding of himself, show he's sorry, keep away from adults, don't break any rules].
- 16) How many children would run away if they got the chance?
- 17) How many children can you realistically expect to change for the better?

- 1) **The purpose is to punish delinquent behaviour.**
- 2) **The purpose is to teach children better social habits.**
- 3) **The purpose is to train and educate children.**
- 4) **The purpose is to change a child's attitudes and values.**
- 5) **The purpose is to help each child gain an understanding of the reasons he got into trouble and help him to avoid future pressures.**
- 6) **The purpose is to protect the community for a period of time.**



- 18) How many children will become worse?
- 19) Are you confident that you can tell whether a child has improved, deteriorated or stayed the same?
- 20) Tell me, in your own words, what you think the purpose of the secure block is.
- 21) Different institutions have different ideas about what their purposes are. Here's a list of six statements: read them and then tell me which two would best approximate the purpose of:
- A) The Headmaster
  - B) The Deputy
  - C) The way things actually are here
  - D) The way things should be here
- 22) Staff have different tasks in any institution. What do you feel about the following areas?
- A) Do you feel it's easier or harder to get children interested in learning here than in an ordinary school?
  - B) How much disciplinary power do staff need to do their job properly?
  - C) How important are care staff to the Wing?
- 23) How much influence do each of the following have in deciding how a particular child is to be handled?
- A) Headmaster
  - B) Care Staff
  - C) Senior Staff

- D) Teachers
- E) Instructors
- F) Psychologist
- G) Psychiatrist
- H) Social Workers
- I) Children

24) How much help are psychologists, psychiatrists and social workers in advising how to work with children?

25) How much influence do each of these have in the way the Wing actually runs on a daily basis?

- A) Headmaster
- B) Senior Staff
- C) Care Staff
- D) Teachers
- E) Instructors
- F) Psychologists
- G) Psychiatrists
- H) Social Workers
- I) Children

26) Do you think new staff tend to be over or under controlling in dealing with children?

27) Do you think this statement rings true: "The institution ought to pay more attention to working conditions of staff and less to children."

- 28) What about this: "Children here are in no position to make decisions about what should happen here."
- 29) Do you feel the programme you have here now is as good as it could be?
- 30) Outline the main features of the programme in the wing as you see it.
- 31) How would you describe your own function in relation to children?
- 32) The unit is undergoing changes because of new leadership. Do you think these changes will lead to a better way of doing things?
- 33) Would it be fair to say, that regardless of rules, each staff person would tend to use their personal judgement in handling the children?
- 34) Which in your opinion should be given prior consideration in closed blocks: treatment plans or security precautions, if it were considered that the existence of one would reduce the effectiveness of the other?
- 35) Would you say there are "tensions" between different groups of workers in the unit?
- Which groups?
- Why?
- 36) Some people are deeply involved in their jobs, others may view them merely as a way of earning a living. How would you describe your own involvement here?

- 37) Do you feel you have an accurate picture of what is going on in Ogilvie Wing?
- 38) Regarding parents of children in the Wing, how many do you see while a child is here?
- 39) How many children do you hear about after they leave here?
- 40) How would you receive information about the children?
- 41) How successful does the Wing seem to you?
- 42) Is release a major concern to children in the unit?
- 43) Would you say there are clear criteria for release?
- 44) Do you use "locking up" regularly?
- 45) What sort of behaviour would lead to you locking someone up?
- 46) Is locking up necessary here?
- 47) What effect does it have on children?

- 48) Does it affect children's view of staff?
- 49) Are you aware of clear differences between your own handling methods and beliefs about children and those of other staff?
- 50) How do you think the Main School staff view the secure unit?
- 51) How do you think the children in the Main School view Ogilvie Wing - that is, those who have never been in here?
- 52) Do you find the work you do here interesting and satisfying?
- 53) Will you stay here for the foreseeable future or have you plans to move?
- 54) What do you think are the personal qualities required to do your kind of job well here?

CASE HISTORYSECTION ONE

- 1) CHILD'S NAME
- 2) DATE OF REFERRAL MEETING
- 3) THOSE PRESENT AT REFERRAL MEETING
  
- 4) ORDER IN OPERATION AT TIME OF REFERRAL
  
- 5) AT TIME OF REFERRAL CHILD IS IN:  
 LIST 'D' SCHOOL \_\_\_\_\_  
 PRISON \_\_\_\_\_  
 ASSESSMENT CENTRE \_\_\_\_\_  
 OTHER \_\_\_\_\_
  
- 6) IS THERE AN OFFICIAL REQUEST FOR A PLACE? YES/NO  
 If 'NO' state source of referral  
 If 'YES' give source  
 To whom was the request directed?
  
- 7) REFERRAL ACCEPTED IMMEDIATELY \_\_\_\_\_  
REFERRAL ACCEPTED AFTER BREAKDOWN  
(PRIOR CONSIDERATION) \_\_\_\_\_  
DELAYED CONSIDERATION \_\_\_\_\_  
DENIED, BUT BACK-UP PROVIDED \_\_\_\_\_  
DENIED OUTRIGHT \_\_\_\_\_

NOTES ON ABOVE:

(Reason for decision, other notable factors affecting decision. Use referral letters, documents, transcripts, only write relevant phrases.)

- 8) HAVE THERE BEEN PREVIOUS REQUEST(S) FOR A SECURE PLACE?
- 9) WHAT WAS THE OUTCOME OF THE REQUEST?
- 10) HAS THE CHILD BEEN IN OGILVIE WING BEFORE?
- 11) IF 'YES' WHEN? LENGTH OF STAY? \_\_\_\_\_

### SECTION 2

- 1) CHILD'S NAME:
- 2) AGE:
- 3) SEX:
- 4) SOCIAL WORKER RESPONSIBLE FOR CASE
- 5) SUMMARY OF SOURCE AND REASON FOR CONSIDERATION OF SECURITY:  
 (Use referral letters, referral documents, transcripts only, e.g. to protect self, others etc. Use relevant phrases.)

### SECTION 3

- 1) CHILD'S DELINQUENT HISTORY
- a) CHILDREN'S HEARINGS  
NUMBER AND NATURE OF RECORDED OFFENCES
- b) COURT APPEARANCES  
NUMBER AND NATURE OF CONVICTIONS

c) STATEMENTS OF CHILD'S INVOLVEMENT WITH DRUGS AND ALCOHOLSOURCE OF STATEMENTSUBSTANCE OF STATEMENTSECTION 41) CHILD'S CONTACT WITH OTHER AGENCIESa) CHILD GUIDANCEREASONASSESSMENTRECOMMENDATIONb) SPECIAL EDUCATIONREASONASSESSMENTRECOMMENDATIONc) PSYCHIATRIC TREATMENT/  
ASSESSMENTREASONASSESSMENTRECOMMENDATIONd) OTHER REASONASSESSMENTRECOMMENDATIONSECTION 5HAS THE CHILD A HISTORY OF:-a) ABNORMAL SEXUAL BEHAVIOUR/PROMISCUITY/SEXUALLY AT RISK/A RISK  
TO OTHERS?SOURCE OF INFORMATIONNATURE



b) SELF-MUTILATION/SUICIDE ATTEMPTSSOURCE OF INFORMATION

NATURE (Use relevant phrases, state whether self damage is considered a serious threat to child's safety.)

c) VIOLENCE AGAINST PERSONS (Include only statements not referring to offences.)SOURCE OF INFORMATIONNATUREd) DESTRUCTIVE BEHAVIOUR AGAINST PROPERTYSOURCE OF INFORMATIONNATURESECTION 61) ACADEMIC ASSESSMENT OF THE CHILD

a) FULL SCALE IQ

b) READING AGE

c) ARITHMETIC AGE

2) SCHOOL REPORTS

a) WAS CHILD DESCRIBED AS A REGULAR TRUANT IN NORMAL SCHOOL?

b) WAS CHILD DESCRIBED AS DISRUPTIVE IN CLASS?

c) WAS THE CHILD EVER SUSPENDED FROM SCHOOL?



**SECTION 9**

- 1) **FAMILY BACKGROUND**
  - a) NUMBER OF SIBLINGS
  - b) NUMBER OF SIBLINGS WHO HAVE BEEN IN RESIDENTIAL CARE
  - c) PERENTAL ATTITUDE TO CHILD BEING TAKEN INTO CARE/SECURITY (IF STATED)
- 2) **THE PARENTS OF THE CHILD:**
  - a) LIVING TOGETHER
  - b) SEPARATED OR DIVORCED
  - c) DEAD OR UNKNOWN
  - d) ONE PARENT PLUS COHABITEE

**NOTES ON ABOVE IF NECESSARY:**

**SECTION 10****INFORMATION ON PARENTS**

- 1) **EMPLOYMENT HISTORY**
- 2) **FINANCIAL PROBLEMS REQUIRING SOCIAL WORK INTERVENTION (rent arrears etc.)**
- 3) **ALCOHOLISM/DRUNKENNESS**
- 4) **PHYSICAL ABUSE OR PUNISHMENT OF THE CHILD**

- 5) VIOLENCE IN THE HOME
- 6) CRIMINALITY, ALLEGATIONS, REPUTATION WITH POLICE
- 7) PSYCHIATRIC ILLNESS

**SUMMARISE IMPRESSIONS OF THE CHILD FROM REPORTS**

**DISCREPANCIES BETWEEN REPORTS**  
(YES OR NO)

**GENERAL BEHAVIOUR IN RESIDENTIAL ESTABLISHMENTS** (e.g. troublesome management problem, uncooperative)

**BEHAVIOUR AT HOME**  
(beyond control, disobedient)

**RELATIONSHIPS WITH PEERS IN RESIDENTIAL ESTABLISHMENTS**  
(e.g. makes friends easily, etc.)

**RELATIONSHIPS WITH STAFF**  
(e.g. abusive, distant)

**RESIDENTIAL ESTABLISHMENT'S ASSESSMENT OF PERSONALITY/CHARACTER**  
(e.g. a troublemaker, spoiled, easily led)

**PARENTS' PERSONALITY/CHARACTER ALL REPORTS**  
(e.g. criminal, caring disinterested, over-anxious)

**OGILVIE WING RESEARCH PROJECT****Boys' and Girls' Interview****Introduction:**

Glasgow University is writing a book about Ogilvie Wing. We would like to know your opinions on some things to help us to write the book. Your answers to our questions will be seen only by me and the research people at the University.

Nobody from Ogilvie Wing or the Main School will see your answers.

**Child's Code Number**

**Age** \_\_\_\_\_

**Sex** \_\_\_\_\_

**D.O. Admission** \_\_\_\_\_

**Unit** \_\_\_\_\_

**D.O. Release** \_\_\_\_\_

**November 1982**

## QUESTIONS

- 1) How did you find out you were coming to Ogilvie Wing?
- 2) When you first found out you were going to be sent here, what did you think about this place? Did you think it would be a good place or a bad place?
- 3) What do you think about this place now? Is it better than you expected or worse than you expected?
- 4) How long do you think most people stay here before they get out?
- 5) How about you? How long do you think you'll be here?
- 6) Some people think that youngsters who get into trouble need help. Do you think you need help to stay out of trouble?
- 7) Which of these two statements do you think is nearest the truth:
  - (a) The adults here really want to help us stay out of trouble.
  - (b) The adults here really want to punish us and give us a bad time.
- 8) Suppose you had a friend at home who got caught for stealing cars or something and was sent here, do you think being here would stop them getting into trouble again?
- 9) Youngsters who come here think different things about themselves. I'll read out some things and you tell me which ones come closest to how you see yourself:
  - (a) Someone who got a rotten deal.
  - (b) Someone with personal problems.
  - (c) Someone who can handle the system and keep cool.
  - (d) Someone who won't let anyone push him around

- (e) **Someone who is trying to straighten out and stay out of trouble.**
  - (f) **Someone who has done something wrong and deserves to be punished.**
- 10) **Why do you think you got sent to Ogilvie Wing?**
- 11) **What do you think your family think of this place?**  
Is it:
- (a) **A place to send boys and girls away who get into trouble?**
  - (b) **A place to punish boys and girls who get into trouble?**
  - (c) **A place to help boys and girls who get into trouble?**
- 12) **Think about yourself now. What do you think this place is for?**
- (a) **A place to send boys and girls away who get into trouble.**
  - (b) **A place to punish boys and girls who get into trouble.**
  - (c) **A place to help boys and girls who get into trouble.**
- 13) **What would you say if someone here said, "The adults here are just doing a job and they don't really care about us"? Would you agree or not?**
- 14) **Some boys and girls don't get into trouble again when they get released and some do. What do you think the chances are of you getting into trouble again?**
- 15) **How friendly are you with the adults around here?**
- 16) **Is there any adult you really do feel is a friend to you?**
- 17) **Are there adults here who are really interested in you?**

- 18) Say you decided you wanted to talk to an adult about something. Would it be easy or hard to get them to listen?
- 19) If you wanted to talk to someone about something that was bothering you, who would you choose? [Probe staff or child]
- 20) How friendly are you with the other boys/girls here?
- 21) Do you have a friend you feel especially close to?
- 22) How do you think most boys and girls feel about being here?  
Do they like it or not?
- 23) How many of the boys and girls you've met here would you like to see again after you get out?
- 24) What do you think the adults here think about you? Do you think they like you or not?
- 25) Which one of the adults do you think has the most say about when you get out of here?
- 26) What sort of things do you think the adults are looking for in a boy before they say he can go?
- 27) Say you had a friend coming in here and he wanted to get out really quickly. What advice would you give him or her about getting on in here?
- 28) Do you think the review meetings held about boys and girls in the Wing are important?  
  
In what way?



- 29) **Would you say the kids in your unit are easy to get on with or hard to get on with?**
- 30) **Sometimes in groups of kids you get a boy or girl who is the leader. Would you say there was a leader in your Unit?**
- 31) **Do you think that it's a good thing or a bad thing for there to be a leader?**  
**What makes you think that?**
- 32) **If you were given a choice between coming here and going to another place, say a place you've heard of or know already, what would you choose?**
- 33) **Do you think the kids who come to locked units like this one are different from the ones who go to List 'D' schools?**
- 34) **How do you feel about being locked in? Can you describe what it's like?**
- 35) **Do you think the kids here need to be locked in?**  
**What about you?**
- 36) **Do you think the kids would run from here if the doors were unlocked?**
- 37) **What's the worst thing about Ogilvie Wing?**
- 38) **What's the best thing about Ogilvie Wing?**
- 39) **What would be the worst thing a boy or girl could do in Ogilvie Wing?**
- 40) **Do you think you've changed since you came to Ogilvie Wing?**

- 41) **Would you say Ogilvie Wing has helped you in any way?**  
**In what ways?**
- 42) **Have you ever run away from home or a List 'D' school or some other place?**
- 43) **Why do you think boys and girls run away?**  
**Why did you run away? (if applicable)**
- 44) **What would you like to do when you leave here?**

**INFORMATION FROM SOCIAL WORKERS**

SOCIAL WORKER \_\_\_\_\_ INTERVIEW DATE \_\_\_\_\_

HEAD OF LIST 'D' \_\_\_\_\_ TAPED/NOT TAPED \_\_\_\_\_

REPORTER \_\_\_\_\_

OTHER \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ DATE OF REFERRAL \_\_\_\_\_

REFERRAL ACCEPTED \_\_\_\_\_

REFERRAL NOT ACCEPTED \_\_\_\_\_

- 1) How familiar are you with this child's history?
- 2) Do you know the child well?
- 3) To what extent were you responsible for deciding on the child's referral to the Ogilvie Wing?
- 4) Briefly, what do you understand to be the reasons for referring the child to secure accommodation?
- 5) Did you have substantial doubts about the child's referral to secure accommodation?

- 6) What, if anything, do you feel might be gained from the child's placement in secure accommodation?
- 7) Did you expect the case to be accepted or rejected by Ogilvie Wing Referrals Group?
- 8) Are you familiar with the nature of Ogilvie Wing's provision?
- 9) How would you describe their particular child care orientation?
- 10) How long would you expect the child to remain in secure accommodation?
- 11) Will the child in your opinion re-offend/require further work or intervention after leaving Ogilvie Wing?  
  
(if applicable) Do you know if the child's previous open placement. List 'D' school or other institution has a high absconding rate?
- 13) (if applicable) Would you say that an open situation (particularly the child's last open placement) would be genuinely incapable of dealing with the child?
- 14) Do you believe there is an alternative at present to secure accommodation for this child?
- 15) If you do, why has this not been taken up?

- 16) In general, is secure accommodation necessary?
- 17) What is your opinion of the function of secure facilities?
- 18) Should secure accommodation be expanded or reduced?  
Why?

## APPENDIX II

Table 1a: The final status of the analysis (April 1984)

	<i>Total</i>	<i>%</i>
Accepted group	53	62.0
Rejected group	18	21.0
Delayed or lapsed*	7	8.0
Given back-up**	8	9.0
<b>TOTAL</b>	<u>86</u>	<u>100.0</u>

\*The seven cases described as "delayed" or "lapsed" were included in the rejected sample. Lapsed cases are those where the referring agent no longer requires a place for the child and informs the RG. Delayed cases were those where although no firm decision had been made, the case certainly lacked the urgency to demand a final decision. In many of these cases the RG performed a "monitoring" function in which they reviewed the child's progress on a regular basis.

\*\*Cases were occasionally "given back-up" after a rejection, i.e. the referring agents were assured of a place should the child's behaviour deteriorate further. These cases were assigned to the rejected category for the purpose of comparison with those children thought to need a place immediately.

Table 1b: Outcome of referrals discussions on sample of 86 children

<i>Children discussed once:</i>	
Accepted immediately	24
Rejected immediately	14
Rejected, but back-up given	8
Consideration of the case delayed,* no further discussion within the research period	5
<b>TOTAL</b>	<u>51</u>

Table 1c: Outcome of referrals discussions on sample of 86 children

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<i>Children discussed more than once:</i>	
Consideration delayed, then accepted	20
Rejected but subsequently accepted	3
Back-up given, then accepted	5
Rejected on more than one occasion	1
Consideration of the case delayed, subsequently rejected	3
Place denied, subsequently given delayed consideration	1
Accepted, subsequently given delayed consideration	1
TOTAL	<u>35</u>

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Table 3: Children's current placements at the time of the first referral

	<i>Number of children</i>	<i>% of total</i>
Prison	25	29.0
External List D Schools	19	22.0
Assessment Centres	17	20.0
St. Mary's	16	19.0
Home	6	7.0
Other	3	3.0
<b>TOTAL</b>	<u>86</u>	<u>100.0</u>

Table 4: Current placements of accepted and rejected groups at the time of first referral

	<i>Children accepted</i>	<i>% of total accepted</i>	<i>Children rejected</i>	<i>% of total rejected</i>
Prison	18	34.0	7	22.0
List D	13	24.0	6	18.0
St. Mary's	12	23.0	4	12.0
Assessment Centre	9	17.0	8	24.2
Other	1	2.0	2	6.0
At Home	0	0.0	6	18.0
<b>TOTAL</b>	<u>53</u>	<u>100.0</u>	<u>33</u>	<u>100.0</u>

$\chi^2 = 11.568$   
sig. .05 level

**Table 5:** Information on family background of children accepted (N = 53) and rejected (N = 33) by the RG\*

Factors	Both parents unemployed	Financial problems	Parent's alcoholism, drunkenness	Violence in the home	Parent's criminality allegations, reputation with police	Parent's physical punishment/abuse of child	Parent's psychiatric illness							
	% of group	% of group	% of group	% of group	% of group	% of group	% of group							
Accepted	21	39.0	17	32.0	18	34.0	14	26.0	14	26.0	10	19.0	2	4.0
Rejected	10	30.0	10	30.0	12	36.0	4	12.0	4	12.0	5	16.0	3	9.0
TOTAL	31		27		30		18		18		15		5	
% of total sample	35.0		31.0		35.0		21.0		21.0		17.0		6.0	

\*No information was available in these areas in 15 of the cases. Children in these instances were for the most part main school transfers where usually no case papers were provided for the RG discussion.

$\chi^2 = 4.28$  not significant  
 $TV .05 = 12.592$

Table 6: Children's reported relations with staff in institutions (N = 86)

	<i>Accepted (53)</i>		<i>Rejected (33)</i>	
		<i>%</i>		<i>%</i>
1. Relates well/fairly well Open and friendly as a rule	4	8.0	5	16.0
2. Distant, withdrawn, superficial in relations with staff	7	13.0	5	16.0
3. Appears unable to form relationships with staff	2	4.0	0	0
4. Negative in relation with staff; abusive	12	22.0	10	30.0
5. Generally over-demanding of staff time and attention	2	4.0	1	2.0
6. Sullen, truculent, resentful	3	6.0	2	6.0
7. Discrepant or contradictory reports about child's relations with staff	6	11.0	2	6.0
8. No information available	17	32.0	8	24.0
<b>TOTAL</b>	<u>53</u>	<u>100.0</u>	<u>33</u>	<u>100.0</u>

$\chi^2 = 5.4$  not significant  
TV - 14.067 (.05)

Table 7: Total previous residential experience of the children accepted and rejected (N = 86)

<i>Number of placements</i>	<i>Accepted</i> %		<i>Rejected</i> %	
1	6	11	5	15
2	6	15	5	15
3	10	19	9	27
4	8	15	6	18
5	9	17	3	9
6 or more	9	17	2	7
No information	3	6	3	9
<b>TOTAL</b>	<u>53</u>	<u>100</u>	<u>33</u>	<u>100</u>

$\chi^2 = 5.57$  not significant  
 TV = 12.592

Note: This includes all placements outside the List D as well as those within List Ds - assessment centres, children's homes, and also repeat placements in the same institution.

**Table 8: Children found suitable and unsuitable for placement by order in operation at the time of referral**

	<i>Accepted</i> %		<i>Rejected</i> %		<i>Total</i>
441A	0	0	4	12	4
441B	24	45	18	54	42
413	21	40	8	25	29
206(1)	1	2	-	0	1
206(2)	4	7	2	6	6
<i>Others:</i>					
Remand	1	2	-	0	1
Bail Order + 441B	1	2	-	0	1
Assessment Warrant	0	0	1	3	1
Section 16 only	1	2	-	0	1
<b>TOTAL</b>	<u>53</u>		<u>33</u>		<u>86</u>

$\chi^2 = 2.08$  significant at 5% level

Table 9: Offences reported for children under 441B orders

<i>Type of offence mentioned</i>	<i>Accepted group</i>	<i>Rejected group</i>
Illegal consumption of alcohol	-	-
Illegal abuse of drugs	-	-
Against public order: Local Acts and bye-laws (loitering etc.), drunkenness, breach of peace	3	3
Against property:		
Damage	-	-
Fire raising	1	1
Vehicle theft (TDA)	2	4
Related Road Traffic Act offences	2	6
Theft and Shoplifting	14	6
Housebreaking	10	5
Against the person:		
Assault	5	2
Serious assault	2	-
Rape	-	-
Murder/manslaughter	-	-
Robbery	-	1
Miscellaneous:		
No offences mentioned	2	6
No information	3	-
Total number of children represented*	24	18

\*Some children had more than one offence.

Note: The information on type of offence/crime and number of offences/crimes committed, court appearances, number of Children's Hearings attended etc. was rarely systematically presented to the RG. Offences were not always raised as a subject for discussion during RG meetings (see the Interim Report). It is therefore difficult, if not misleading and unhelpful (since the information is so discrepant) to attempt an apparently rigorous analysis of such data. The above table merely indicates whether or not such an offence was mentioned in the child's case history papers, reports accompanying the referral or during the actual RG discussion.

**Table 10: Offences reported for children under 413 sentences (with or without a concurrent 41B)**

<i>Type of offence</i>	<i>Accepted</i>	<i>Rejected</i>
Illegal consumption of alcohol	-	-
Illegal abuse of drugs	-	-
Against public order: Local Acts and bye-laws, loitering etc. drunkenness, breach of peace	7	-
Against property:		
Damage	4	1
Fire raising	-	-
Vehicle theft, related RTA	10	2
Theft and shoplifting	14	3
Housebreaking	12	4
Against the person:		
Assault	7	3
Serious assault	2	-
Rape	-	-
Murder/manslaughter	-	-
Robbery	2	1
Miscellaneous:		
No information	1	-
<b>Total number of children represented</b>	<b>21</b>	<b>8</b>

Table 11: Offences reported for children under 206(1) and 206(2) orders\*

<i>Type of offence</i>	<i>Accepted</i>	<i>Rejected</i>
Illegal consumption of alcohol	-	-
Illegal abuse of drugs	-	-
Against public order: Local Acts and bye-laws, loitering etc., drunkenness, breach of peace	2	2
Against property:		
Damage	1	-
Fire raising	-	-
Vehicle theft, related RTA	2	1
Theft and shoplifting	1	1
Housebreaking	4	-
Against person:		
Assault	1	1
Serious assault	-	1
Rape	-	-
Murder	-	-
Manslaughter	1	-
Robbery	1	-
Miscellaneous:		
No information	1	-
<b>Total number of children represented</b>	<b>5</b>	<b>2</b>

\*206(1) - one child

206(2) - four children



Table 12: Age at first referral

<i>Age group</i>	<i>Accepted</i>	<i>Rejected</i>
11 years	-	-
12 years	1	-
13 years	4	3
14 years	15	7
15 years	21	16
16 years	5	4
17 years	-	-
Not known	7	3
Average age 14.5	<u>53</u>	<u>33</u>

**Table 13: Characterisation of the management's purpose by all staff interviewed (N = 26)**

	Head	% of total statements of group	Acting	% of total statements of group	Deputy	% of total statements of group
Custodial concepts (1, 6)*	21	47.0	7	13.0	4	12.0
Traditional concepts (2, 3)	10	22.0	24	47.0	14	41.0
Treatment concepts (4, 5)	14	31.0	21	40.0	16	47.0
	<u>45</u>	<u>100.0</u>	<u>52</u>	<u>100.0</u>	<u>34</u>	<u>100.0</u>

\*Of statements listed above, staff failed to select the required number to represent each individual (i.e. 2). Total number of statements given = 131.

**Table 14: Characterisation of the purpose of the unit in terms of (a) "the way things actually are here", and (b) "the way things should be here" (staff interviewed: N = 26)**

	(a)	% of total statements of group	(b)	% of total statements of group
Custodial concepts (1, 6)	16	32.0	3	5.0
Traditional concepts (2, 3)	11	22.0	15	24.0
Treatment concepts (4, 5)	23	46.0	44	71.0
	<u>50*</u>	<u>100.0</u>	<u>62*</u>	<u>100.0</u>

\*Some staff failed to select the required numbers of statements to represent each concept (i.e. 2). The total number of statements given = 112.

**Table 15:** Real and idealistic goal choices of the different staff groups: Teachers/Instructors, Care Staff (including Team Leaders) and Management Staff (Acting Deputy, Thirds-In-Charge, Senior Assistants)

<u>TYPE OF STATEMENT*</u>	<u>CUSTODIAL (1, 6)</u>	<u>TRADITIONAL (2, 3)</u>	<u>TREATMENT (4, 5)</u>
(a) <u>'The way things actually are.'</u>	<u>Care Staff</u>	<u>Teaching Staff</u>	<u>Instructors</u>
% of each staff group response given to each concept	30.0	11.0	57.0
	<u>Management</u>	<u>Care Staff</u>	<u>Teaching Staff</u>
	0.0	25.0	33.0
	<u>Instructors</u>	<u>Management</u>	<u>Instructors</u>
	57.0	0.0	21.0
	<u>Management</u>	<u>Care Staff</u>	<u>Teaching Staff</u>
	0.0	25.0	44.0
	<u>Care Staff</u>	<u>Management</u>	<u>Instructors</u>
	20.0	25.0	14.0
	<u>Teaching Staff</u>	<u>Care Staff</u>	<u>Teaching Staff</u>
	26.0	44.0	44.0
	<u>Instructors</u>	<u>Management</u>	<u>Instructors</u>
	0.0	20.0	37.0
	<u>Management</u>	<u>Care Staff</u>	<u>Management</u>
	20.0	73.0	75.0
(b) <u>'The way things should be here.'</u>	0.0	0.0	0.0
	0.0	26.0	25.0
	0.0	25.0	62.0
	0.0	20.0	20.0
	0.0	73.0	75.0
	0.0	75.0	37.0
	0.0	60.0	60.0

\*Again, each interviewee was asked to select two statements to represent (a) and (b).

Table 16: Staff's own ideas on the current purpose of the unit (N = 26)

(a)	Protecting society; containing children	20	70.0%
(b)	Treating or "helping" children, re-educating them	2	8.0%
(c)	Re-educating/retraining them	2	8.0%
(d)	Protecting younger children from the penal system	2	8.0%
Total:		<u>26</u>	<u>100.0%</u>

Table 17: Staff beliefs about factors leading a child to be placed in security\*

<u>Child-Centred Factors</u>		<u>External Factors</u>	
<i>Category</i>	<i>Response Frequency</i>	<i>Category</i>	<i>Response Frequency</i>
Absconding	14	List D schools rejection	7
Delinquency	7	The SW's response to the child's behaviour	6
In some danger to self	5		
A danger to others	5	Police pressure	2
Serious crime	4	Court sentence	2
Failure to respond to List D experience	4	Option to penal system	2
Moral danger	2	Do not know	5
Maladjustment	1		
Total:	<u>49</u>		<u>24</u>

\*N = 66 factors given (some staff gave 2 or more factors).

Table 18: Children's interview: self-perception

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
1. Someone who got a rotten deal	12	10	-
2. Someone with personal problems	11	11	-
3. Someone who can handle the system and keep cool	12	8	2
4. Someone who won't let anyone push him around	16	6	-
5. Someone who is trying to straighten out and stay out of trouble	19	3	-
6. Someone who has done something wrong and deserves to be punished	15	7	-