

Young People Who Offend and Mental Health:
Co-Design 'Across the Line'

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For my girls, B and P

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Abstract

The mental health needs of young people who offend have become more widely recognised and a priority for the government and health agencies. Young people who offend experience a range of complex difficulties and have significantly worse health and social outcomes than their mainstream counterparts that persist and often increase in severity through childhood and later life. A wealth of research has been undertaken that focuses on young people's health and well-being in the secure estate (e.g. custody) however, there is less research exploring the mental health experiences of young people who offend in community forensic settings. There is growing acceptance of the potential value of co-designing services that recognise and address problems to improve the outcomes of this population group yet to date, this remains relatively unexplored.

The aim of this research was to explore, using qualitative research methodologies, (1) how young people presenting to youth justice services describe and understand their own mental health and needs, and (2) how a novel research approach (Experience-Based Co-Design (EBCD)) could be applied to facilitate recognition and service developments for young people with mental health difficulties presenting in community forensic settings.

A qualitative systematic review and meta-ethnography of the research literature on how young people in contact with the youth justice system (YJS) experience mental health problems was undertaken. Fourteen studies were included in the review which represented 278 study participants in total, aged between 13-39 years (to capture retrospective accounts of offending behaviour). Included studies were conducted across a range of countries with different legal jurisdictions (six in the USA, five in the UK, one in Sweden, one in the Netherlands and one in New Zealand). The review aimed to explore how young people who offend talk about and describe their experiences of mental health; their beliefs and perceptions about mental health and well-being; what it means to be susceptible to mental health problems; and the kinds of language they use to describe this. The key findings were that: (1) some young people lacked the ability to understand their own and others' mental health difficulties; (2) some young people were able to reflect on their experiences, and in some cases, they were able to develop ways of coping with their adverse circumstances, and (3) some young people indicated what does and does not work in their experiences of professional support. This review identified that better understanding is needed about the ways in which young people develop and show resilience to adverse circumstances and how they perceive their own situation, in order to develop services that are more appropriate to

their needs. The review also identified that developing innovative ways to include young people in research and practice must consider the communication difficulties that young people who offend often experience.

The evidence from this review contributed to the development of the primary qualitative study in this thesis. This qualitative study was designed and undertaken using a modified experience-based co-design (EBCD) approach. EBCD is an approach to healthcare improvement that enables staff and service users to jointly co-design services. Central to the approach is the idea that experiences held by service users and ‘touchpoints’ (e.g. critical points or moments) in their journey through a service are integral to service improvement. Qualitative methods used within this EBCD approach included: observational fieldwork in four police custody suites (n=30 hours); in-depth interviews with staff in community forensic services (n=13) and an interview sub-study of researcher perspectives (n=7). Significant challenges experienced in the recruitment of young people who offend into this primary qualitative study required revising the research plan. This revised plan included adopting a modified approach in the development of young peoples’ touchpoints and the inclusion of a qualitative interview sub-study of researcher perspectives to critically reflect on the EBCD research process itself.

The findings from this primary qualitative study have demonstrated: (1) some of the challenges of working in the police custody environment and pressures on the services to deal with mental health issues; (2) the difficulties of working in community forensic services with young people who offend and who often have complex and unmet needs (e.g. lack of staff training and support, lack of smooth pathways to mental health services and difficulties engaging with young people and families); (3) a modified approach to including the experiences (i.e. touchpoints) of young people who offend can be useful and is feasible in gathering their experiences of youth justice services; and (4) the shared experiences of challenges faced by research staff applying the EBCD approach in similar studies with similar population groups.

Findings presented in this thesis have contributed knowledge to an existing small body of evidence about how young people who offend experience and understand their mental health and towards the feasibility of applying the EBCD approach in community forensic services with this population group. Specifically, the findings suggest: allowing greater youth participation through re-framing assumptions about how young people experience their own mental health; developing capacity in community forensic services to facilitate joint working;

increasing flexibility in and between services to promote service developments; and further modifying EBCD for disadvantaged and/or vulnerable groups.

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CHAPTER ONE

1. Chapter One: Introduction

1.1. Background

Mental health, defined as a *'state of well-being that enables people to realise their potential, cope with the normal stresses of life, work productively, and contribute to their communities'* (World Health Organization, 2007), is a globally emerging public health concern (World Health Organization, 2013) with half of all lifetime cases of mental illness beginning by the age of 14 (Kessler *et al.*, 2005). A national survey of the mental health of young people in the UK estimates that 1 in 10 young people aged 5-16 in England and Wales has a mental disorder (Green, 2005). Certain groups of young people, in particular those who offend, experience significantly more mental health problems and are over represented in the justice system (Newman, 2012). Addressing the mental health of all young people is a public health priority for the UK government (Department of Health, 2015a) and specifically for young people in the youth justice system in relation to developing better ways to provide support and services to young people who offend (Taylor, 2016a). UK government policies are particularly focused on improving youth mental health services to better suit the needs of service users (e.g. young people), and highlight that this requires close collaboration across health and social care services and the inclusion of young people as 'experts' in their own right (Department of Health, 2015a). However, how young people experience mental health difficulties in youth justice and how best to utilise these experiences in order to improve services for them represents a gap in the research evidence. The challenge for health researchers is therefore to continue to develop improved and novel approaches (for example, Experience-Based Co-Design (EBCD)) that can better capture and embed young people's experiences in research to inform the improvement and design of relevant services.

In this chapter the overarching aim and research objectives and questions of the study are presented, followed by definitions of key terms relating to this study and a description of the process of researcher reflexivity and how it is used in this thesis. The chapter ends with an outline of the thesis structure.

1.2. Research aim

This is an action research thesis. Stringer describes action research as, *'a systematic approach to investigation that enables [all] people to find effective solutions to problems they confront*

in everyday lives' (Stringer, 2013, p.1). Guba stresses that in order to find solutions to problems in social contexts, we must move beyond the 'conventional rules' of research in the physical sciences such as centralisation (which Guba defines as focussing on generalisable truths rather than specific localised contexts) and regulation (with an emphasis on validity and objectivity of methods of data collection rather than adopting more flexible and practical procedures) (Guba cited in Stringer, 2013, p.x). Moving towards more 'co-operative' approaches Guba argues, enables people to engage in systematic enquiry through removing the formal distinction between the researcher and those being researched (Guba cited in Stringer, 2013, p.xi). Working to these unconventional rules, Stringer argues that action research, '*works from an assumption that all people are affected by or having an effect on an issue should be involved in the processes of inquiry*' (Stringer, 2013, p.xv).

The overarching aim of this qualitative research thesis was to develop an understanding of the mental health needs of young people (10-17 years) who offend and to explore how EBCD could be used to facilitate service developments that promote collaboration between young people in youth community forensic services and health services.

1.3. Research objectives

Objective 1: To undertake a qualitative systematic review and meta-ethnography to explore how young people presenting to youth justice services describe and understand their own mental health and needs.

This objective aimed to answer the following research questions:

- How do young people who offend talk about and describe their experiences of mental health and well-being?
- What are their beliefs and perceptions about mental health and well-being?
- What does it mean to be susceptible to mental health problems and what kinds of language do they use to describe this?

Objective 2: To explore how a novel research approach (Experience Based Co-Design (EBCD)) could be applied to community forensic services with young people who offend presenting with mental health difficulties.

This objective aimed to answer the following research questions:

- What are the experiences of justice staff working with young people who offend in community forensic services?
- What are the experiences of young people who offend who are in contact with community forensic services, with respect to their mental health?
- Can young people who offend and justice staff mutually agree what is important for supporting young peoples' needs and can these findings be integrated into community forensic services?
- Can young people who offend and staff contribute to the design of community forensic services?

1.4. Definitions of young people who offend and mental health

1.4.1. Young people in youth justice

Young people can (and have been) defined in various ways and in different contexts. For example, the United Nations defines 'youth' broadly as individuals between the ages of 15 and 24 years (United Nations, 2001) and in the UK health and medicine domains, children and young people are distinguished on the basis that 'children' (birth to 15 years 11 months of age) in general lack the maturity and understanding to make decisions affecting them whilst 'young people' (aged 16 until their eighteenth birthday) are considered to be more experienced and more likely to be able to make their own decisions (General Medical Council, 2018). However, given that the focus of this research thesis is to explore the experiences of young people in community forensic settings in England and Wales, young people in this context are defined by the age of criminal responsibility under relevant law. In England and Wales, the legal definition for the age of criminal responsibility for young people is between the ages of ten and seventeen years old and up until their eighteenth birthday (*The Crime and Disorder Act 1988*). This legislation applies to young people across the youth justice system, including community forensic services (e.g. youth offending teams (YOTs) and police custody) and the secure estate (e.g. youth offending institutes). In this thesis, young people refers to those between the ages of ten and seventeen years old in community-based forensic services (i.e. YOTs and police custody), with the exception of reference to research evidence outside of England and Wales (for example, in Chapter Three) whereby legal definitions vary and are highlighted accordingly. In addition, in the research literature and in a

range of UK policy documents, young people in youth justice are referred to using common terms such as ‘vulnerable’ or ‘hard-to-reach young people’. There are many different, inconsistent and opposing definitions of what it means to be a vulnerable and/or hard-to-reach young person. Further, the different definitions are applied across a range of contexts to describe particular groups (e.g. young people in detention, ‘looked after’ and young people with disabilities) (Bright, 2017). A criticism of use of such definitions is that they are not static terms and do not define individuals but rather a state at a particular time and in a particular context (Arora *et al.*, 2015). Young people in youth justice are also commonly referred to as ‘young offenders’ and ‘young criminals’, and in some documents as, ‘out-of-control children’ (Harrington and Bailey, 2006). For this thesis it was important to separate young people from their offending behaviour to mitigate any pre-conceived or negative perceptions about this group. In this thesis I chose to adopt the term ‘young people who offend’ used by the UK Ministry of Justice, a term that in my opinion helps to clarify the distinction between the young person and the actions or behaviours (e.g. offending) that are one characteristic of that young person.

1.4.2. Youth mental health

The World Health Organisation’s (WHO) definition of mental health presented at the beginning of this chapter provides an overarching and global means to describe mental health at a general population level and across regions (World Health Organization, 2007). However, defining mental health problems between population groups (e.g. young people and adults) is problematic due to ‘key differences’ that exist between these groups (Bradley, 2009). For instance, young people’s mental health needs can manifest differently such as challenging behaviour (Khan and Wilson, 2010). Further to this, and discussed in-depth later in this thesis (Chapters Two and Three), many young people in the youth justice system do not either have a diagnosable mental health disorder or meet the threshold criteria for a disorder (Haines *et al.*, 2012; Lennox *et al.*, 2013) and young people might not be aware of, or accept, that they have mental health problems. It is therefore important to use a working definition that acknowledges the dynamic and multifaceted nature of needs and difficulties, including how context is relevant to the behavioural presentation of youth mental health. Through evaluating the literature and limited evidence available, I decided to use the definition adopted by the UK youth mental health charity, YoungMinds (YoungMinds, 2016, p.10). The definition of youth mental health includes:

- *The capacity to enter into and sustain mutually satisfying personal relationships*
- *A continuing progression of psychological development*
- *An ability to play and to learn appropriately for their age and intellectual level*
- *A developing moral sense of right and wrong*
- *The capacity to cope with a degree of psychological distress*
- *A clear sense of identity and self-worth*
- *Ability to 'bounce back' in the face of adversity* (YoungMinds, 2016, p.10).

Developed specifically for young people in the UK context by the NHS Advisory Service through their thematic review of child and adolescent mental health services (NHS Health Advisory Service, 1995), this definition is used in this thesis to aid an understanding of and explore the complex mental health needs and difficulties experienced (and often formally unrecognised or undiagnosed) by young people who offend (aged 10 to 17 years).

1.5. Researcher reflexivity

It is important to explain 'how' and 'why' this thesis came about. It is helpful here to draw on Malinowski's notion of 'foreshadowed problems' which he refers to as, '*the main endowment of a scientific thinker, and that these [foreshadowed] problems are first revealed to the observer by his theoretical studies*' (Malinowsky, 1922, p.7). As a social scientist, ethnographer and qualitative researcher my research interests have focussed on working with vulnerable adults and youth who have experienced adverse life events and circumstances, specifically in the 'care system' and through substance misuse. Although Hammersley and Atkinson suggest that it is common for research to begin with developed or developing theories, they also recognise that other opportunities also provide space for the development of research ideas, such as the absence of knowledge about a particular phenomenon or through 'personal experience' (Hammersley and Atkinson, 2007). This research is a result of a combination of indirect personal experience (through extended family) of youth justice and mental health service involvement and my on-going professional research interest in the study of youth mental health and criminal justice more broadly. The focus of this research interest has been to gather evidence to inform the development of improved design of service provision across health and social care systems.

Throughout the development and progress of this thesis my ontological and epistemological standpoint (discussed in Chapter Four) has, in my opinion, enabled me to continuously reflect

on my role in the research. Attia and Edge argue that this reflexivity creates an on-going awareness about the research process and that this awareness can contribute to the research itself (Attia and Edge, 2017). Initially, my decision to undertake this research involved careful consideration of a number of issues. Firstly, I was aware that working within youth justice could be difficult, for example, gaining ‘access’ to services and recruiting young people to participate. Nonetheless, I felt that just because this work could prove to be challenging, this was not a good enough reason not to do it. Secondly, as a relative ‘outsider’ to the justice system in the sense that I had no direct personal involvement or experience of being in the ‘system’ (although I had undertaken research with individuals involved in criminal justice previously), I felt unsure about the best ways to investigate, understand and represent the experiences of staff and young people in youth justice. To redress this, throughout the research process I regularly reflected on my experiences of fieldwork through recording reflexive notes and discussed the research findings with my supervisory team. Taking this reflexive approach was a way to ensure that the data were analysed collaboratively with experts in the field and as far as possible, represented the voices of participants and the meaning they placed on their experiences. Thirdly, I wanted to ‘protect’ participants in the study (e.g. ensure anonymity and confidentiality and mitigate any potential reprisals through participating in the research). At the same time my goal was to identify potential problems and challenges within current youth justice practice in a sensitive, systematic and scientific way. Prior to the study, I sought information and guidance by reading about researching the ‘unknown field’ (Pattillo-McCoy, 1999). Pattillo-McCoy’s ‘Black picket fences’ is an ethnographic study of the relatively unexplored black middle-class in the US (Pattillo-McCoy, 1999). I also familiarised myself with seminal studies of ‘backstage’ areas in policing (Manning, 1977; Holdaway, 1983) and studies of police corruption undertaken by the influential socio-criminologist, Punch (Punch, 1983; Punch, 2003). During the fieldwork process itself, I met regularly with my supervisory team and sought advice from them and other senior colleagues to discuss problems as and when they arose and to determine any appropriate action to take.

Throughout the research I also continuously reflected on the process itself. I experienced a number of set-backs and challenges, particularly in year two, which adversely affected the likelihood of completing the qualitative study as originally designed (see Chapter Five). The early identification of these significant problems required in-depth consideration of a range of conceptual and methodological issues. To remain ‘true’ to the original aims of the research

and to achieve the research objectives for the thesis required careful decision-making that ultimately led to significant changes to the qualitative study design (presented in Chapters Five to Eight). What follows in this thesis is an in-depth exploration of how young people in the youth justice system understand and experience their mental health and how developments to services might be made using a novel experience-based co-design (EBCD) approach, along with a reflective account of the research process itself.

1.6. Structure of the thesis

This thesis is structured into nine chapters. In this chapter (**Chapter One**), the background to the research, the overarching research aim and research objectives are presented, alongside definitions of some key terms used and a description of the researcher reflexive process.

Chapter Two presents a review of the literature and evidence relevant to this research which includes: a brief history of youth justice; description of the policy context for this research; understanding the aetiology of youth offending; contemporary challenges of policing young people experiencing mental health difficulties; and consideration of the legal and ethical frameworks for including ‘young people who offend’ in research. **Chapter Three** provides a detailed qualitative systematic review using synthesis methods (i.e. meta-ethnography) of the lived experiences of mental health of young people in youth justice. The detailed findings from this review were used to inform the development of the qualitative study. **Chapter Four** provides a detailed review and critical appraisal of the methodological approach (i.e. experience-based co-design) adopted in this research and the key stages involved. In this chapter, the rationale for utilising this approach and the key practical and ethical considerations informing this decision are also described. **Chapter Five** describes the methods undertaken, including the ethical process and methodological challenges encountered. A detailed discussion of options identified to try to mitigate these challenges is presented alongside a revised research plan. The revised strategy and new procedures included identifying touchpoints for young people – a critical component of the EBCD approach as described in Chapter Five. In **Chapter Six**, analysis of qualitative data from interviews with justice staff about their experiences of working in community forensic settings with young people who offend are presented. **Chapter Seven** presents a modified approach adopted in the revised research plan to identify and explore touchpoints (key emotional and/or cognitive moments in the healthcare journey) relevant to young people in community forensic services. The approach includes data gathered in this thesis: qualitative

data from studies in Chapter Three; field notes recorded of observations in police custody (described in Chapter Five); relevant theoretical perspectives (presented in Chapter Two); and qualitative data from interviews with justice staff (Chapter Six). Synthesising these data sources and evidence are interwoven to highlight how touchpoints for young people might reveal themselves in the police custody setting that I had access to. In **Chapter Eight**, data from qualitative interviews with research staff participants about their experiences of applying participatory EBCD type approaches to studies involving young people in mental health and/or youth justice contexts are presented. These data are compared and contrasted to my own experiences of applying the EBCD approach in this study. Finally, **Chapter Nine** discusses the key findings emerging from a synthesis of the empirical data gathered and analysed in this thesis and in relation to the wider research literature. The strengths and limitations of this research are also discussed, along with future areas for research and the overall conclusions.

CHAPTER TWO

2. Chapter Two: Literature Review

'Childhood has transformed from children being seen but not heard to being heard but, in modern day criminal justice responses at least, not actually listened to'

(Aldridge and Cross, 2008, p.205)

2.1. Chapter Overview

This chapter provides a review of the literature relevant to the mental health needs of young people who offend and in particular those young people referred to community forensic services. The review includes: consideration of the re-conceptualisation of our understanding about young people who offend through key legislative reforms and changes to government policy, the factors relating to youth crime within the biopsychosocial model, and research evidence about the mental health difficulties experienced by this population. This is followed by a review of the ways in which the police and police staff deal with young people experiencing mental health difficulties within the current legal framework to identify gaps about how services can better meet the needs of this complex group. Finally, literature relating to some of the challenges such as what it means to participate in research and practice, current legal and ethical frameworks for doing research in the youth justice system, and how to involve young people who offend meaningfully in research is presented.

2.2. Introduction

Youth crime is not a new phenomenon. Social commentary on youth delinquency can be found in classic literature. For example in Shakespeare's 'The Winter's Tale', he writes,

'I would there were no age between ten and three and twenty, or that youth would sleep out the rest; for there is nothing in the between but the getting wenches with child, wronging the aged, stealing and fighting' ('The Winter's Tale', Act iii Scene 3 cited in Jones, 2008, p.133).

Two hundred years later, Charles Dickens depicts the criminal underworld of child pickpocketing in London in 1832 through his fictional characters, the 'young vagabond' Oliver Twist and 'Fagin's boys' (Dickens, 1998). Although the overall picture of youth crime is constructed somewhat differently now, fortunately, the fate of young people who offend is also remarkably different. From the nineteenth century to the present day, changes in UK legislation relating to how youth crime is defined and understood (as well as theoretical perspectives and research discussed later in this chapter) have led to a 're-conceptualisation'

of young offenders (Brown, 2013). The history of the youth justice system which is extensive and is beyond the scope of what can be described here, has been expertly documented elsewhere (see Bateman and Hazel, 2018). However, to facilitate a broad understanding of changes to the ways in which youth crime is conceptualised and understood, a number of these key legislative reforms are presented here. Relevant to this thesis are changes to the legal framework that move away from a system casting young people as ‘criminals’ to one that acknowledges the complex and multiple needs of young people in youth justice.

In 1847 the UK Juvenile Offenders Act was introduced to separate children from adult offenders and allowed children below the age of 14 (rising to 16) to be tried in a magistrate court (*Juvenile Offenders Act 1847*). At the turn of the twentieth century, further changes in the justice system led to the introduction of the Children Act 1908 which abolished custody for children below the age of 14 and introduced the new youth court that was tasked with dealing with children through a different set of procedures. The Act no longer allowed children to be executed for capital crimes or to be placed in adult prisons (*Children Act 1908*). Instead new legislation to detain children in juvenile detention centres was introduced. Writing in 1927, Kathryn Bridges – an English psychologist - described youth crime as:

‘Delinquency itself is socially inadequate adjustment on the part of the individual to different situations...the factors which operate to turn a child’s behaviour in one direction rather than another may be very obscure’ (Bridges, 1927, p.531).

Bridges described these ‘obscurities’ as situational (e.g. environment), and mental and physical factors and that juvenile crime is an ‘outcome of a complexity of causes’ (Bridges, 1927, p.531). She went on to recommend that a thorough investigation of a young person’s life (past and present) must be undertaken to identify the root causes of their delinquency (Bridges, 1927). In 1933 the Children and Young Persons Act raised the age of criminal responsibility from seven to eight years of age and abolished the death penalty for children under 18 years old. The Act also required that courts, *‘shall have regard to the welfare of the child or young person and shall in a proper case take steps for removing him from undesirable surroundings, and for securing that proper provision is made for his education and training’* (*Children and Young Person's Act 1933*).

In 1982 (and further following a 1988 amendment) the Criminal Justice Act made custody the last resort for young offenders under the age of 21. The Criminal Justice Act 1988 coincided with the publication of the UN Convention on the Rights of the Child– an international agreement setting out the rights of children – and led to the implementation of a more welfare

based approach to youth justice. The declaration states that, '*the best interests of children must be the primary concern in making decisions that may affect them*' (United Nations Convention on the Rights of the Child, 1989 Article 3) and that children who offend should not be treated 'cruelly' or imprisoned with adults (United Nations Convention on the Rights of the Child, 1989 Article 37). The Children's Act 1989 came into force in England and in Wales in 1991, to safeguard children and promote their welfare and established juvenile courts to deal specifically with young people who offend (*The Children's Act 1989*). The current Crime and Disorder Act 1998 introduced the principal aim of preventing youth offending through the establishment of the Youth Justice Board (YJB) and multi-agency youth offending teams (YOTs) discussed further in the following section (*Crime and Disorder Act 1998*). The Act also abolished the legal presumption (known as *doli incapax*) that children under the age of 14 years old were incapable of committing an offence as they did not know right from wrong (House of Commons, 2016). Criminal law in England and Wales now treats children aged 10-13 in the same way as 14 year olds and over. The current youth justice system has been the focus of a wide range of government policies and a recently commissioned review which are discussed later in this chapter.

2.3. Policy context

There is a body of evidence that suggests that as a group, young people who offend experience high rates of multiple types of deprivation and difficulties (McNally, 2007). Individual studies are presented and discussed later in this chapter. Young people who offend have been described as amongst the most vulnerable and often most difficult to engage population in the UK (British Medical Association, 2014). This is of particular concern as the UK has more young people under the age of 18 in secure settings (e.g. youth offending institutes) than other European countries (Khan, 2010). Tackling these high rates of 'incarcerated' youth and the complex needs of young people who offend or are at risk of offending, poses significant challenges for health and social care. Since the 1980s the UK Government has increasingly identified the health and well-being of young people who offend as a policy priority (HM Government, 2008; Department of Health, 2009a; Department of Health, 2009b; HM Government, 2011). Established under the Crime and Disorder Act 1998, YOTs were introduced nationally to work with and provide support to young people who commit offences or are at risk of offending (HM Inspectorate of Probation, 2017). Although funded and monitored by central government and overseen by the Youth Justice Board, YOTs were established to deliver youth justice services locally through multi-agency partnerships.

The YOT model aimed to find the most appropriate and effective ways to identify young people's needs in the community i.e. prior to entering the secure estate, with the aim that this would reduce the risk of young people developing further problems (Lennox *et al.*, 2013).

In the period between 2007 and 2014, the UK Government commissioned a range of research studies and reviews of current practices and introduced a number of schemes and strategies to improve services and outcomes for young people in the youth justice system. In 2007, the Centre for Mental Health reviewed the provision of health care in YOTs and mental health diversion work within the youth justice system. This research aimed to explore the extent to which current levels of provision for physical and mental health reflected the 'documented need' for services as well as young people's access to healthcare within the youth justice system (Khan, 2010). The report identified that the focus on providing therapeutic support for young people often occurred late in their journeys through youth justice and that due to the inflexibility of inclusion criteria and poorly designed services, young people often faced ongoing problems in accessing this type of support from mainstream specialist health services (Khan, 2010). However, the review included only a proportion of YOTs in England (20 involving face-to-face interviews with staff and a further 13 involving a postal survey) and it is unclear as to how study sites were selected or the levels of response to postal surveys. In 2008, the Department of Health funded and introduced Youth Justice Liaison and Diversion pilot schemes (YJLD) within YOTs to attempt to redress these problems. YJLD schemes aim to bridge the gap between mental health services and youth offenders through better identifying the health and social care needs of vulnerable children and young people coming into contact with the youth justice system. An evaluation of the pilot schemes reported relatively low levels of engagement with young people (Haines *et al.*, 2012). Of the 1027 young people referred to one of the schemes in the six pilot sites, 30% engaged with the service directly and in 27% of cases YJLD staff engaged indirectly with young people through professional staff involved in their care (Haines *et al.*, 2012). Further, 26% of all young people referred to a scheme did not engage with the service at all (Haines *et al.*, 2012). The evaluation identified that all six schemes successfully undertook screening and further in-depth assessments for a wide range of young people's needs (e.g. mental health, learning and communication difficulties). Some schemes were also reportedly successful in providing brief interventions to young people or referring them to appropriate services for further intervention and sites had been able to develop good professional links with Child and Adolescent Mental Health Services (CAMHS) (Haines *et al.*, 2012).

Despite government initiatives to improve mental health services for young people generally, criticisms remained about ‘systemic failures’ to address the specific complex needs of young offenders (Edmundson, 2012). The recent ‘Future in Mind’ Government strategy aimed at promoting and improving the mental health of all children and young people recognises the need for an integrated system to meet the needs of particularly vulnerable groups such as those involved in the youth justice system. To achieve this, the strategy describes a need for effective partnerships between mental health services and existing services in other agencies such as the youth justice system (Department of Health, 2015a). In part response to this, in 2015 the UK Government announced a comprehensive review of the youth justice system. The review was tasked with determining whether or not the current system is ‘fit for purpose’ and to assess the ways in which a more effective ‘joined-up’ system between children and young people’s services could potentially operate (Ministry of Justice, 2015). The review process led by Charlie Taylor, a former head teacher and child behavioural expert, urged key stakeholders including professionals across and outside of the youth justice system, young people and their families, victims of crime, and experts to be actively involved in shaping the future of the youth justice system through sharing their views. The review’s interim report posed a number of questions about ‘re-imagining’ the youth justice system to one that is focussed on addressing the problems faced by young people who offend rather than simply referring to the young person as ‘the problem’ whilst at the same time focussing on ‘protecting’ communities (Taylor, 2016b). The final report produced in December 2016 made a number of recommendations for the UK Government to consider (Taylor, 2016a). Taylor argues that the youth justice system no longer addresses the problems it was designed for and that ‘innovative models’ are required to deliver youth offending services. The model advocated by Taylor is the devolution of YOT services to local authorities (Taylor, 2016a). In relation to the mental health of children and young people, the report recommends that the ways in which mental health support for those at risk is provided should be reorganised in line with the increased funding for young people’s mental health services (Recommendation 1) and that when charging young people with an offence, health screening assessments undertaken in police custody and any other relevant information held by the local authority should be considered (Recommendation 16) (Taylor, 2016a). Taking into consideration all the recommendations Taylor argues that,

‘Almost all of the causes of childhood offending lie beyond the reach of the youth justice system. It is vital that health, education, social care and other services form

part of an integrated, multi-agency response to a child's offending' (Taylor, 2016a, p.3).

However, the review has been criticised for failing to acknowledge and include in its recommendations the need to listen to and act upon the views and experiences of young people in the youth justice system. A joint response to the review from voluntary sector organisations suggests that, *'this lack of voice and feeling of extreme disempowerment'* is evidenced throughout the youth justice system and is further reinforced by the lack of recommendations to address this issue (Clinks, 2017, p.8). In contrast, the Future in Mind report recommends that young people, as 'experts in their care', must be included in how mental health services are developed and delivered and can ultimately be improved (Department of Health, 2015a).

2.4. Understanding factors relating to youth crime: A Biopsychosocial Model

The legislative reforms and changes to policy described in the previous sections have been influenced by the development of a range of biological, sociological and psychological theoretical perspectives to attempt to uncover the root causes of delinquent behaviour (Brown, 2013). Collectively, these theoretical perspectives contribute to a body of evidence that supports the knowledge that young people who offend are a group with multiple needs including mental health needs. In particular, there is evidence that the biopsychosocial model (first proposed by Engels in the 1970s to assist the clinical conceptualisation and formulation of disease, highlighting risk and protective factors within a developmental framework (George and Engel, 1980), is a useful way to consider individual, family, social contextual and intergenerational factors that may be relevant for this group.

A number of research studies provide support for the biopsychosocial model to help understand aspects relevant for youth who offend – for instance, the UK Cambridge study in delinquent behaviours (Farrington and West, 1990). This prospective longitudinal study began in 1961 as a survey of crime and delinquency in 411 males aged 8-9 years. Participants were interviewed regularly between the ages of 9 to 48 years old. The study aimed to describe offending behaviour of inner-city males and to explore why these behaviours started and if they could be predicted (Farrington and West, 1990). This longitudinal study takes a multifactorial perspective on understanding the needs and vulnerabilities of young offenders through considering factors such as family history, early upbringing, experiences of inconsistent parenting, parents' own difficulties and other relevant family factors, social and

education history, and personal history including early development. The study also considers young people's profile of skills and needs such as early speech, cognitive function, intellectual ability, and other medical and mental health problems.

Findings from the Cambridge longitudinal study identified six categories of risk factors at ages 8-10 years that predicted future offending: disruptive child behaviour (e.g. dishonesty); criminality in the family (e.g. a convicted parent); low intelligence or low school attainment; poor childrearing (poor discipline and supervision, or separation of a child from a parent); impulsiveness (risk-taking, restlessness, or poor concentration), and economic deprivation (low income, poor housing, large family size) (Farrington *et al.*, 2013, p.6). To illustrate the predictive nature of these risk factors in later offending, findings published in 1988 suggest that over two thirds (73%) of 63 boys with a combination of three or more of the risk factors described above, had been convicted up to the age of 32 (Farrington *et al.*, 2013). It is important however, to consider whether or not these factors may be predictive, or a result of, other variables. However, this longitudinal study has a number of limitations, notably that the sample is all male, white working class and from one geographical location. These considerations potentially limit the generalisability of the findings.

Nonetheless, other longitudinal studies undertaken in different countries and within the UK have reported consistent findings in similar domains. For example, in the Dunedin Multidisciplinary Health and Development Study - a longitudinal study of 1037 New Zealand children born in 1972-73 - analysis of the characteristics of preschool children for later antisocial outcomes suggested that the best predictor of antisocial disorders at age 11 was the presence of pre-school behaviour problems (White *et al.*, 1990). Further, similar findings are reported in the Newcastle Thousand-Family Study - a longitudinal study in North East England of 1142 children born in 1947 in Newcastle. This study originally aimed to identify risk factors in infant infections and later included a range of other factors related to health, education and family life (Pearce *et al.*, 2009). Exploring social and parenting factors affecting rates of youth criminal offences, Kolvin *et al.* report a strong association between male delinquency and deprivation in the home e.g. poor cleanliness and poor guidance and supervision (Kolvin *et al.*, 1988). However, the study authors acknowledge that the study was neither designed to nor took into account other influences such as peer-groups and that other interacting factors may be important (Kolvin *et al.*, 1988).

Although the biopsychosocial model provides a useful and important approach to understanding how multiple factors may be relevant when considering youth crime and the complex needs of young people who offend, critics argue that the model can exclude other potential factors and explanations (Case *et al.*, 2017). These shortcomings will at least in part be addressed in this thesis - other factors including context-specific issues (e.g. contact between young people and justice staff and the direct experiences of the young people in youth justice) and contemporary offending behaviours (e.g. 'sexting') have been considered within the research. Examples of how individual relevant theoretical perspectives rather than a multi-level model (e.g. biopsychosocial) might be applied to young people's and staff experiences in the specific context of the police custody setting and how this contributes to our knowledge about the role of risk factors are discussed in Chapter Seven.

Contemporary offending behaviours such as sexting - the sending of sexualised insults or distributing sexual images without consent - (Wilkinson, 2016), is a recently categorised offence (January 2016) under the Criminal Justice Act 1988 (*Criminal Justice Act 1988*). The longitudinal studies described above have typically focussed on risk-factors associated with later offences such as violence, theft and criminal damage. However recent police figures report that young people are increasingly presenting to justice services arrested and/or charged with 'sexting' offences (17 per day for the period 2016/17) (Office for National Statistics, 2017). The legal categorisation and increasing numbers of young people reportedly engaging in these types of digital (e.g. on-line) offending behaviours creates challenges as to whether or not the risk factors for these types of offending behaviours are the same for other offending behaviours and recognising and dealing with these issues within the existing legal framework. Other youth crime such as those involving a bladed weapon need also to be considered. Although knife crime is not a contemporary offending behaviour, the Office for National Statistics data reported a 21% increase in knife crime in the past 12 months and by the start of April 2018, 62 people (mainly youth under the age of 25) were killed in England and Wales as a result of a stabbing (Office for National Statistics, 2017). Emerging research evidence suggests that the growth of the digital world may be fuelling young people's engagement in knife/bladed weapon related violent behaviour by, for example, inciting violence through the sharing of 'drill' music (music videos featuring rappers that often threaten and provoke people from rival areas) on social media platforms that are intended for youth audiences (Pinkney and Robinson-Edwards, 2018). The emergence of 'digital sociology' theories that focus on the growth of the digital world and the challenges it poses

(Daniels and Gregory, 2016) may prove useful in exploring whether, for example, technology has up-scaled the same kinds of recognised ‘past’ behaviours (e.g. bullying and violence) and/or has created modes for different types of offending. The impact of identifying and managing these behaviours on community forensic services is discussed further in Chapter Nine.

2.5. Youth crime and mental health

Within the mental health literature and criminal justice evidence, a picture of poor mental health and problems is widely reported. Research findings report increased rates of disorder although the rates vary across studies. One study suggests that young people who offend in England and Wales (aged 13-18 years) are three times more likely than non-offenders to experience mental health problems. Another highlights that young people (aged 10 to 19 years) are three to ten times more likely to experience psychosis than their general population adolescent counterparts (Fazel, 2008). In a study of psychiatric morbidity of 590 young people aged 16 to 20 years old in Young Offender Institutions (YOIs) in England and Wales as many as ninety-five percent of this group were found to experience one or more mental disorders (Lader, 2003). These baseline data were collected through clinical interviews and from medical records, with the majority of young offenders serving less than one year for their current offence at the time of the assessment (Lader, 2003). However, one possible limitation of this study is that it is unclear whether or not the assessments took into account reactions to incarceration. This lack of information calls into question whether or not these findings can be readily extended to non-incarcerated young offender populations.

In addition, studies suggest that between 25-50% of young offenders have some form of learning disability (Kroll, 2002; Hughes, 2012) and/or speech, language or communication need (Bryan *et al.*, 2007; Department of Health, 2009a). In one UK study 58 young offenders aged 15 to 17 years in a young offenders institute were screened for language and communication difficulties using three subtests of the validated Test of Adolescent and Adult Language, 3rd Ed (TOAL-3) measure. Across the three subtests, language skills were found to be below average in between 66 and 90% of young people screened; in up to two thirds of this group language skills were classified as poor to very poor; and two thirds had not achieved level one in literacy (Bryan *et al.*, 2007). In another study, the prevalence of language impairment in a cross-sectional sample of 100 young offenders (aged 17 to 21 years) in a youth detention centre in Australia was explored. Findings show that nearly half (46%) of

young people included in the study assessed by standardised language measures were found to be language impaired (Snow and Powell, 2011). Difficulties in speech, language and communication domains can affect the ways in which young people who offend are able to talk about themselves and articulate their experiences in youth justice settings. Lount et al. argue that youth justice is heavily dependent on young people being able to communicate verbally (Lount *et al.*, 2017). Further, in a review of the literature on the processes involved in youth restorative justice, Snow and Sanger report that young people who offend are expected to be able to understand and respond to a range of questions in ‘real-time’ and display appropriate non-verbal communications skills such as body language and eye contact (Snow and Sanger, 2011). It is also becoming increasingly recognised that difficulties with, or a lack of, language and communication skills can also exacerbate problems for young people in contact with authority figures such as the police. In a recent UK study of the experiences of and perceptions about literacy and communication skills of thirty-one young people aged 13-16 years subject to a court order were explored. Using qualitative interviews and focus groups Hopkins et al. report that, young people were often unhappy with their communication skills and were often involved in verbal confrontations with authority figures such as the police (Hopkins *et al.*, 2016).

Mental health needs also vary according to gender. Studies of young females in custody report more overall mental health needs than young males (Timmons-Mitchell *et al.*, 1997; Chitsabesan *et al.*, 2006). Research findings from a UK study of male and females (n=301) aged between 13 and 18 years in community youth offending teams and in secure custody suggest that females experience higher rates of depression, post-traumatic stress disorder and self-harm than their male counterparts (Chitsabesan *et al.*, 2006). Comparable gender differences are also reported in a US study of 518 male and 350 female young offenders in youth detention centres and youth non-offenders in the community (Cauffman *et al.*, 2007). Overall, young females reported higher levels of mental health symptoms than comparable young males in the study, and these differences were magnified for young females in detention. However, as the authors note due to the nature of the study (i.e. cross-sectional), it is unclear whether mental health problems were present before, or a consequence of, their involvement in youth justice (Cauffman *et al.*, 2007) and are likely to be a complex interaction between these and other factors.

Most of the research literature reports data on young offenders in secure custody. Much less research has been undertaken with the much larger group of young offenders who are

identified and managed in a variety of community forensic settings. Despite the limited number of research studies, the available statistical data collected on young offenders serving community orders are concerning. For example, a joint review by the Healthcare Commission and Her Majesty's Inspectorate of Probation of fifty inspections of youth offending teams in England and Wales between 2007 and 2008, found evidence to suggest that nearly half of all young people serving community orders experienced emotional and mental health needs (Commission for Healthcare Audit and Inspection and HM Inspectorate of Probation, 2009). Further, a study of twelve community youth offending services in North East and South London reported that up to half of the young people attending these services had been exposed to traumatic experiences with more than two thirds (40%) of this group experiencing mental health difficulties as a result (Porteous, 2015).

Researchers also suggest that the prevalence of health problems (both physical and mental health problems) experienced by young people who offend is likely to be higher than reported, predominantly due to '*a lack of appropriate and timely assessment*' which is likely to result in missed opportunities for their needs to be recognised (Chitsabesan *et al.*, 2014, p.2). For example, many young people in custody in England and Wales experience symptoms that do not reach threshold for a diagnosable disorder (Haines *et al.*, 2012; Lennox *et al.*, 2013). An evaluation of the Youth Justice Liaison and Diversion Pilot Scheme (YJLD) in England which included interviews with young service users, found that although young people reported mental health problems such as anxiety and depression and had been referred to their local Child and Adolescent Mental Health Service (CAMHS), many did not have a mental health diagnosis as the majority of difficulties fell below the threshold for a formal diagnosis (Haines *et al.*, 2012). Recognising mental health problems in young people who offend is perhaps even more difficult outside of specialist services, possibly due to young people not being able to articulate problems (e.g. through unrecognised communication difficulties or other developmental needs) and/or failures in the assessment process to capture such problems. For example, in one UK study of a sample of 115 adolescent boys aged 15-17 years detained in secure custody, self-reported mental health problems, particularly depression, were missed in almost half of the sample at initial screening due to young people not expressing their problems and inadequate screening processes to identify these problems (Mitchell and Shaw, 2011). Researchers argue that improving and promoting the use of screening tools and needs assessments can provide opportunities to better assess health needs and engage with young people (Chitsabesan *et al.*, 2014).

Another key challenge in recognising the mental health needs of young people who offend, is the training and support available for practitioners to use and implement assessment tools. One study involving YOTs in North East and South London reported that, the scarcity of mental health training often left some youth offending team staff feeling that they lacked the appropriate skills to recognise or identify mental health difficulties in the young people they were working with (Harrington and Bailey, 2006). Similarly, a survey of staff in just under half of YOTs in England and Wales found that over ten percent said they did not use screening and assessment tools when assessing young offenders for mental health issues. Those who did use the tools that were available to them, felt the measures were problematic in accurately identifying and measuring physical and mental health problems (Talbot, 2010). Identifying solutions to training and support needs for practitioners in the use and delivery of assessment tools could potentially be derived from co-design activities such as the experience-based co-design approach utilised in this research study (described in Chapter Four).

In addition to attention given to the scale and breadth of mental health problems experienced by young people who offend, research has also studied and documented the range and complexity of multiple risks and vulnerabilities within and across the trajectories of this group. For example, national survey data of 4023 adolescents aged 12-17 years selected from a probability sample of households in the US, found that young people who engaged in delinquent behaviours had also frequently self-reported experiencing some form of child abuse and maltreatment (Kilpatrick and Saunders, 2000). Further, a UK study exploring the link between recurrent maltreatment and offending behaviour in a sample of 70 young people aged 11-18 years within a secure institution, found that over half self-reported experiencing repeated maltreatment and re-victimisation (Hamilton *et al.*, 2002). Other studies in the UK and Australia utilising self-report data to explore psychosocial problems experienced by young offenders report significant problematic substance abuse (Carswell *et al.*, 2004; Chitsabesan *et al.*, 2006; Lennings *et al.*, 2006) and high rates of exclusion from school (Bereelowitz and Hibbert, 2011) in this group.

In 2004, the Youth Justice Board and Prison Service surveyed 2,600 young people under the age of 18 in secure custody (e.g. youth offender institutes) about their experiences prior to incarceration. Twenty-five percent of boys and 40% girls self-reported experiencing violence in the home (Stuart and Baines, 2004). Further, in 2010, Jacobson and colleagues reported the findings from a sample of two-hundred young people (under 17 years) in secure

establishments in the UK. Twenty-eight percent of these young people self-reported witnessing some form of domestic violence in the home (Jacobson *et al.*, 2010). More recently, in 2016 a review of the international research evidence concerning young people who offend and specifically, their experience of trauma, was undertaken in the UK (Liddle, 2016). The authors conclude that there is evidence to suggest that young people who offend are more likely to have suffered a range of different early life traumatic experiences than non-offenders, and that the impact for some may be linked to offending behaviour (Liddle, 2016). Experiences of trauma and the ways in which young people who offend describe and manage these types of events are discussed further in Chapters Three and Nine.

2.6. Policing, youth crime and mental health

The increasing recognition and awareness about the physical and mental health needs of young people at risk of offending (described above) has informed current policing. In England and Wales, police forces are subject to a number of legal frameworks in relation to contact with children and young people. Previously, under the Mental Health Act 1983 Section 136, when the police suspected that an individual (adult or child) may be experiencing mental health difficulties and posed a risk to themselves and/or others they had the power to take the individual from a 'public place' to a 'place of safety' for up to 72 hours (Bather *et al.*, 2008). In many reported cases, a place of safety has routinely been a police custody cell. However, in a recent amendment to the Mental Health Act 1983 in 2017, it is no longer lawful for police to place and detain children in police stations as a 'place of safety'. The amendment states that,

'A child may not, in the exercise of a power to which this section applies, be removed to, kept at or taken to a place of safety that is a police station' (Department of Health, 2017).

Police forces in England and Wales are also subject to the Police and Criminal Evidence (PACE) Act 1984. The Act was introduced into policing in England and Wales 1984 as a result of the Royal Commission on Criminal Procedure into the treatment of all individuals arrested and detained in police custody (Bottomley *et al.*, 1991). The Act is the legal framework for police officers in England and Wales and sets out a code of practice that covers police powers to stop and search, arrest, detain, investigate, and arrange treatment for suspects once they are in custody (*Police and Criminal Evidence Act 1984*). These powers also include procedures for interviewing suspects across all ages (Bottomley *et al.*, 1991). The introduction of the Act aimed to '*strike the right balance between the powers of the police and the rights and freedoms of the public*' (Home Office, 2018b). PACE Code C sets out the

requirements for the detention, treatment and questioning of suspects in police custody by police officers (the process of being detained in police custody is described in Chapter Seven). Within Code C, ‘juveniles’ were defined as under the age of 17 years. However, in 2017 an amendment to PACE made by the Criminal Justice and Courts Act 2015 and the Mental Health Act 1983, now considers juveniles as under the age of 18 (i.e. 10-17 years). The code also sets out the duty of the custody sergeant to ensure that an ‘appropriate adult’ (e.g. a parent/guardian or YOT/social worker) is available to juveniles detained in police custody (Home Office, 2018a). Appropriate adults were introduced into PACE as a result of the Royal Commission on Criminal Procedure to ensure that vulnerable people are treated fairly and respectfully and are able to participate in the investigative process related to their detention (Royal Commission on Criminal Procedure, 1993).

In 1991, the UK Government introduced into UK law the UN Convention on the Rights of the Child agreement which states that custody for juveniles should be used, ‘*only as a measure of last resort and for the shortest appropriate period of time*’ (United Nations Convention on the Rights of the Child, 1989). This means that under the new codes of the Police and Criminal Evidence Act 1984, current law in England and Wales requires that when young people are detained in police custody and denied bail they must be transferred to Local Authority accommodation (Home Office, 2018a). In 2017, the Home Office reviewed how young people were being detained in police custody (e.g. length of time, availability and transfer to local authority accommodation) and recognised that in many cases children were not receiving the care and support they are legally entitled to. As a result, the Home Office published the Concordat of Children in Custody in 2017 to assist police forces in England when detaining children and young people in police custody to ensure that their needs are met. Twenty-four of 43 police forces and 87 of 375 local authorities in England and Wales signed the Concordat and pledged a commitment to reduce the number of children held overnight in police custody (Home Office, 2017). The introduction of this Concordat and the independent review of the Mental Health Act (Department of Health and Social Care, 2018) both contributed to the removal of police powers to place children in police cells as a place of safety described above.

Legislation and guidelines (e.g. PACE and Custody Concordat) set out a framework for good practice for the treatment of young people in police custody. However, in his review of the challenges and potential complexities of police contacts with young people, Thomas suggests

that one of the biggest challenges for the police relates to dealing with young people (Thomas, 2014). As discussed earlier in this chapter, there is an increasing awareness that many young people in contact with youth justice services are likely to have a history of, or are currently experiencing, some form of mental health difficulty. Knowing how to respond and manage these problems appropriately poses significant challenges to policing. These challenges, for both young people who offend and the police (and youth justice staff) who are in contact with them, are particularly relevant to this thesis. For example, Thomas suggests that a recent shift in the focus on ‘problem-orientated policing’ (e.g. adopting a ‘helping’ role) has had the *‘knock-on effect of changing the very nature of the police role to embrace a more social welfare element’* (Thomas, 2014, p.127). Historically there has been little or no formal training in mental health awareness for frontline police officers and police staff. This means that frontline staff may be insufficiently supported in relation to dealing with individuals (adults and young people) who experience mental health problems (Bather *et al.*, 2008; Noga *et al.*, 2015). Bather suggests that the capacity of the police to deal with mental health challenges has been further compounded by the traditionally difficult relationships between the police and health and social care services (Bather *et al.*, 2008). This is at least in part a consequence of the different operational boundaries between the police and health and local authority organisations and the apparent scarcity of mental health services (Bather *et al.*, 2008).

Health and risk assessment screening in police custody suites - designed to gather information about detainees’ physical and mental health and substance use - has proven beneficial for some custody staff. Staff have become enabled to identify some individuals where problems such as head injuries, physical and mental health problems and withdrawal from substance use need to be considered (McKinnon and Grubin, 2010). However, findings from an evaluation of health screening in police custody suggest that improvements are needed to capture the amount of health morbidity in the custody population (McKinnon and Grubin, 2013). To redress this, McKinnon and Grubin recently developed a health risk assessment screening tool for police custody. Findings from a qualitative evaluation of the use of the tool in one custody suite reveal that detention officers expressed some resistance to health screening due to perceived time pressures in the custody suite. In addition, both staff and detainees felt that a lack of privacy in the custody environment could act as a barrier to sharing important health information (McKinnon and Finch, 2018). Researchers have also developed a 14-item screening questionnaire (PolQuest) for adult detainees which aims to

detect current mental illness, depression, risk of suicide, risk of self-harm and psychosis (Noga *et al.*, 2015). Pilot data from the use of PolQuest in police custody is as yet unpublished and as with the assessment screening tool developed by McKinnon and Grubin, whether or not it will be appropriate for young people will need further consideration.

Other initiatives, such as street triage schemes introduced and funded by the Department of Health, are being piloted in the UK. These schemes involve mental health professionals working alongside police officers to assist them in identifying individuals with mental health and other needs in the community to ensure that they are not inappropriately arrested and/or detained and to reduce the use of Section 136 of the Mental Health Act (Dyer *et al.*, 2015). In 2016, an evaluation of nine pilot street triage schemes reported an overall reduction in the use of Section 136 of the Mental Health Act and that fewer people were being placed in police custody as a result (Reveruzzi and Pilling, 2016). However, further evaluation is required to determine the efficacy of such schemes and to inform plans to roll out the schemes more widely.

Another development over the last ten years is that police custody facilities have undergone significant changes in terms of the spaces they occupy, how they are monitored and who they are staffed by (Skinns *et al.*, 2015). This transformation has evolved into a model dominated by purpose built, centralised custody suites staffed and owned by a combination of the police and private sector (Skinns *et al.*, 2015). There were a number of key drivers for these changes including legislative changes through the introduction of the Police and Criminal Evidence Act 1984 (PACE); the need for flexible spaces that could accommodate different scenarios particularly in relation to dealing with mental health, high risk and juvenile detainees; and the need to increase efficiency through greater involvement of civilian staff and the private sector (Loveday, 2006; Skinns *et al.*, 2015). However, research undertaken by Skinns and colleagues about police discretion and governance in the custody context suggests that this new configuration of services are akin to ‘miniature prisons’ (Skinns *et al.*, 2015) and present a new set of challenges. For example, services largely operated and staffed by civilian staff (i.e. detention officers) who receive little formal mental health training raise important concerns about the capacity of detention officers to adequately assess and manage detainees experiencing mental health difficulties. A report by the Parliamentary Joint Committee and Human Rights suggests that this lack of basic training, ‘*places detainees at most risk, and may lead to breaches of the police force’s positive obligations to protect detainees*’ (House of

Commons, 2004). In his work exploring mental health in police custody, Cummins argues that custody suites are pressured and stressful environments and under such conditions, it is difficult for police staff to recognise mental health difficulties generally (for both youth and adults) and that mental health is often under-reported due to a lack of staff training (Cummins, 2012). In contrast, recent research undertaken by Skinns and colleagues involving 532 hours of observations in four selected police custody suites and ninety-seven interviews (47 with staff and 50 with detainees) suggests that despite the custody environment being ‘fraught and uncertain’, when custody staff exerted ‘soft’ power over adult detainees (e.g. humour, light conversation and showing detainees respect), these interactions demonstrated staff empathy towards detainees who were then more likely to comply with procedures making it easier for staff to complete risk assessments (Skinns *et al.*, 2017). However, possible limitations to this study include the absence of information about whether or not staff behaviours may have been influenced by the presence of observers and it is unclear whether staff interactions with young people were observed.

Another relevant consideration is the research evidence reporting that although negative or cynical attitudes towards detainees are common in police studies (Fielding, 1994; Waddington, 1999; Reiner, 2010), the custody environment in particular can ‘breed’ cynical attitudes over a period of time (Phillips and Brown, 1997). Similar attitudes have been reported in prison studies. For example, in the Independent Review into Self-Inflicted Deaths (SIDS) of 18-24 year olds in custody in 2014, qualitative interviews with staff revealed that prisoners who were identified as at risk of self-inflicted death were judged by staff to be ‘attention seeking’ or ‘manipulative’ rather than vulnerable (Ludlow *et al.*, 2015). McDaniel suggests that an ‘unethical cultural attitude’ towards mental health in policing and ill-informed decisions being made at the discretion of the police contribute to the poor treatment of people experiencing mental health problems (McDaniel, 2018).

2.7. Including young people in research

Evidence from a recent Department of Health report suggests that in order to better understand the mental health and well-being needs of young people and improve the provision and delivery of services for them, young people must be asked directly about their experiences (Department of Health, 2015a). Larkin and colleagues also stress that the lack of information about young people’s poor experiences of services is a missed opportunity to

improve care (Larkin *et al.*, 2015). At the same time, there has been an increased focus on the rights of children and young people in accordance with the United Nations Convention on the Rights of the Child (UNCRC), Article 12 states that:

‘When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account’ (United Nations Convention on the Rights of the Child, 1989 p.4).

Bird *et al.* note that to increase the chances of finding practical answers to ‘real health problems’, researchers should involve children and young people to encourage discussion and to share information and that the reporting of such collaborations must be improved (Bird *et al.*, 2013).

Although policies have made a tangible difference to the ways in which young people’s views and experiences should be legitimately acknowledged, little if any research has been undertaken to investigate how best to ascertain the experiences of young people who offend and what impact this information might have on service provision or on the outcomes for young people. This is in part due to questions about what constitutes ‘participation’, how to include young people in research within existing legal and ethical frameworks and what are the best approaches to effectively enable young people to participate in research. These issues will be explored in the follow sections.

2.8. Youth participation

There is considerable debate about what it means for young people to participate in research or practice. Currently there are multiple and opposing definitions in use (Farthing, 2012) and differences between how participation is understood (Križ and Skivenes, 2017). For instance, Farthing reviewed and analysed fourteen definitions of youth participation developed and/or used by a range of academics/researchers and government agencies. Farthing suggests that, *‘the abundance of definitions are laden with value claims’* (Farthing, 2012, p.73). In the absence of a clear universal definition, it is not surprising that there is a varied understanding of what ‘participatory’ work is across agencies involved with young people who have complex needs such as in youth justice and the implications this has for research. For example, Križ and Skivenes explored child welfare workers’ perceptions of children’s participation in the UK, Norway and the US (Križ and Skivenes, 2017). In-depth qualitative interviews with ninety-one child welfare workers (e.g. front-line child protection staff) across the three countries were analysed using Hart’s ‘ladder of participation’ model. This model categorises participation on eight levels (rungs): non-participation (manipulation, decoration

and tokenism) and degrees of participation (assigned but not informed; consulted and informed; adult-initiated, shared decisions with youth; youth-initiated and directed, and youth-initiated, shared decisions with adults) (Hart, 1992 cited in Križ and Skivenes, 2017, p.14). Križ and Skivenes report that one in four workers '*embraced views of children's participation that can be considered token or non-participation*', for example manipulation, decoration or tokensism (Križ and Skivenes, 2017, p.11). In a US study, Havlicek and colleagues used qualitative interviews to explore the perceptions of forty-seven foster youth advisory board (FYAB) facilitators about how youth participation is understood and implemented in their services (Havlicek *et al.*, 2018). Through a thematic analysis of qualitative telephone interviews with staff, Havlicek et al. report that nearly one third (n=14) of staff considered approaches to youth participation as 'adult-driven youth input' and just over a third (n=16) of staff perceived participation as a '50–50 youth-adult partnership' (Havlicek *et al.*, 2018).

Within youth welfare systems and specifically youth justice, there has also been a reported lack of consensus about whether or not the views of young people who offend should be considered. For instance, in 2009 the National Children's Bureau undertook a study to explore how young people are enabled (or constrained) to express their views within the youth justice system (Hart and Thompson, 2009). The study included interviews with a range of staff working in YOTs, the secure youth estate and the Youth Justice Board to determine their views on young people's participation in a range of issues such as their own assessments and plans made by the courts. Although it is unclear from the study how many perspectives are represented, the authors report that there is some 'political ambivalence' amongst staff about whether young people who offend 'deserve a say' (Hart and Thompson, 2009, p.4). Further, factors such as staff culture and commitment and appropriate knowledge and skills to effectively obtain such views may influence the participation of young people in services (Hart and Thompson, 2009). The authors conclude that whilst some services (notably in the secure estate) are developing ways to actively involve young people in decision-making (e.g. through creating youth representative and advocacy roles in residential settings), youth justice services are insufficiently accountable in these practices and in monitoring the effectiveness of approaches (Hart and Thompson, 2009). Particularly relevant to this research, the authors also stress that there are no equivalent opportunities for young people on community orders to have their say (Hart and Thompson, 2009). Furthermore, a review of the evidence involving children and young people in UK criminal justice research by Clark and Laing conclude that despite a 'genuine progression' in young people's involvement, studies tend to justify the

inclusion of children and young people based on Article 12 of the United Nations Convention of the Rights of the Child (described above) rather than presenting their own reasons for, and commitment to, participatory research (Clark and Laing, 2013). However, this review is limited in so far that the details of individual studies are not reported and similar to studies reported above, it is unclear how young people's involvement is defined and measured.

2.9. Legal and ethical frameworks governing research with young people

As described earlier in this chapter, the UN Convention on Rights of the Child (UNCRC) states that children and young people have the right to express their views and opinions on decisions made by adults that affect them (United Nations Convention on the Rights of the Child, 1989). Within UK healthcare, under section 3a of the NHS Constitution it is stated that, '*the NHS commits to inform [patients] of research studies in which [they] may be eligible to participate*' (Department of Health, 2015b, Section 3a). However, in comparison, recognising the need to actively involve young people's views in all aspects of youth justice service design and delivery (including research) in the secure estate and community, is relatively new. The Youth Justice Board launched their youth participation strategy in 2016 and outlines their plans to engage with youth in community justice through, for example, feedback from youth justice services, surveys, and inspection results (Youth Justice Board, 2016). Although the strategy sets out their plan to request that studies undertaken in youth justice should include interviews and consultation with young people (Youth Justice Board, 2016), unlike health services there is no mandatory requirement to inform young people about research. The youth justice board falls short of this commitment, stating that they 'welcome and encourage' research and collaborations between the sector and researchers to develop evidenced-based policy and practice (Youth Justice Board, 2016). This non-mandatory commitment to research poses a number of challenges for researchers.

Firstly, being granted access to inform young people who offend about research that they have an opportunity to be involved in is governed by English law. Under the Children and Young Persons Act 1933, reporting the identity of young people in criminal justice is restricted (*Children and Young Person's Act 1933*). Within this legal framework, knowing which young people offend (with the exception of those who self-identify as offenders) is therefore dependent on working with appropriate forensic services (e.g. YOTs) who can legally identify and grant access to this group. However, negotiating and gaining access to forensic services and their service users in criminological research is challenging, due in part to the sensitivity

of such research and access to areas that may be ‘closed’ to public scrutiny (Wincup, 2017). In her research focussing on aspects of criminal justice, Wincup stresses that access to services and participants is dependent on approvals from, and negotiation with, key individuals who act as ‘gatekeepers’ within the youth justice system (Wincup, 2017). ‘Gatekeepers’ are defined as people,

‘Who stand between the data collector and a potential respondent. Gatekeepers, by virtue of their personal or work relationship with a respondent, are deemed able to control who has access, and when, to the respondent’ (Lavrakas, 2008).

Research suggests that gatekeepers play a significant role in helping or hindering the research process in criminological research for a number of different reasons. Although there are few reported examples in youth justice specifically, in one such study Hampson reported ‘unanticipated difficulties’ through relying on colleagues as gatekeepers in a YOT for her own study despite being a member of staff. She describes how senior managers often needed to challenge staff as to why, for example, they had not asked young people to participate, and how this in turn contributed to overall low recruitment to the study (Hampson, 2017). In a study exploring education provision in an adult New Zealand prison, Amundsen and colleagues note that despite making an appointment and travelling 200km to meet with a senior gatekeeper in the prison, one of the researchers was notified on arrival that they were not available to meet and was directed to a less senior member of staff who was unable to deal with his request (Amundsen *et al.*, 2017). In another research study with adult sex offenders, Reeves describes her experience of negotiating access to the research site (i.e. probation hostel for sex offenders) through gatekeepers (e.g. hostel workers) as a ‘complex activity’. She noted for example, that the helpfulness of staff was often dependent on their personal views about the research, but also that some staff made unilateral decisions out of concern for the welfare of their clients (Reeves, 2010).

All research studies are governed by ethical frameworks that require favourable opinion, often from multiple bodies such as university ethics committees and in health research specifically, NHS approvals and sponsorship. Research involving children and young people, particularly those deemed ‘vulnerable’ (including looked after children and young people who offend), is subject to additional codes of practice to ensure that young people are sufficiently informed, have access to age appropriate information and have the capacity and competence to make decisions about participating in research (Wolbransky *et al.*, 2013). For example, the British Psychological Society Ethical Principles for Conducting Research with Human Participants (British Psychological Society, 1993) and the British Sociological Association (BSA)

Statement of Ethical Practice (British Sociological Association, 2017) provide general guidance on the possible risks of including young people in research. The British Psychological Association Code of Human Ethics suggests that for children under 16 years of age participating in research consent should be sought from parents or those with legal responsibility for the individual (British Psychological Association, 2014). Guidelines developed by the National Children's Bureau further suggest that in the case of involving young people who offend in research, due to their perceived increased vulnerability, parental consent should also be sought for young people aged 16-18 years old (Shaw, 2011). In addition, under the Mental Capacity Act (2005) specific provision must be applied when obtaining informed consent from young people aged 16 to 18 years old when it is deemed that their ability to make a valid decision is diminished (*Mental Capacity Act 2005*).

For this research thesis I was aware from the outset that the ways in which ethical frameworks are applied to young people taking part in research can create tensions, particularly for certain groups such as young people who offend. For example, university ethics committees and ethical guidelines such as those developed by the National Children's Bureau commonly stipulate that gatekeepers, as professionals involved in young people's care, should be involved to determine their (young people's) competence and mental capacity to participate (Shaw, 2011). However, as described above, relying on gatekeepers to access young people as well as to perform these further functions can hinder this process. Further, in her review of ethical frameworks applied to children and young people more broadly, Skelton argues that such guidelines and regulations can compromise participation in research through for instance, an '*ethical committee's insistence on written consent from parents or guardians*' (Skelton, 2008, p.32). Specific to this research thesis, it was acknowledged that obtaining this type of consent can be problematic. Young people who offend are often disengaged from their parents (e.g. placed in local authority care) or parents do not engage with youth justice services due to experiencing their own chaotic lives or because they may have had previous contact with forensic services or may be in prison themselves. The ways in which ethical guidelines and the legal framework are applied to young people who offend, and some of the challenges this presented in the context of this research are discussed further in Chapters Five and Eight.

2.10. Approaches to involving young people in research

Understanding which techniques and approaches are most effective in involving young people in research is also challenging. A systematic review of thirteen studies from the US and UK explored best practice methods in obtaining children's and young people's views of Child and Adolescent Mental Health Services (CAMHS) (Worrall-Davies and Marino-Francis, 2008). The authors report that many of the studies did not use more than one method and the most commonly used method was traditional face-to-face interviews despite a range of other techniques being available. Further, the authors report that no changes to services were identified as a result of including the view of young people. However, the authors also note that most studies were poorly reported which raises an important question about whether or not failing to detect any changes to services was a result of poor reporting rather than an absence of any changes (Worrall-Davies and Marino-Francis, 2008).

One particular finding from this review relates to the commonly used method of face-to-face interviews. This finding could suggest a lack of innovation and learning from the existing research evidence described earlier in this chapter that for example, some young people who offend experience difficulties in speech, language and communication, and could also imply that authors were not aware of findings from other areas of research expertise. Indeed, in other research fields such as education, studies have reported some success in using alternative techniques to collect data about children and young people's views. For instance, in a primary school setting in Northern Ireland, Turtle and colleagues developed a research study concerned with how children could be involved in the design and development of data collection methods to develop an education programme aimed at preventing child abuse. The study involved nineteen children (from school years five to ten) providing critique on questionnaires, developing safety guidelines for the collection of visual data through the use of disposable cameras and developing ways to match data collected through child and parent questionnaires. The authors report that as a result of the young children's involvement, significant changes were made to the questionnaires which resulted in the development of an 'entirely different' questionnaire that generated higher content validity than the one originally developed by the research team (Turtle *et al.*, 2010).

Worrall-Davies and Mariono-Francis note that whilst there is limited evidence about which methods are most effective in collecting 'true' data, techniques such video booths and photography can be 'driven' by young people with facilitation from researchers (Worrall-

Davies and Marino-Francis, 2008). To move the participation of young people forward, there is increasing interest in utilising novel approaches that go beyond seeking service user views and perceptions and that actively attempt to involve service users in improving services. One such example is through experience-based co-design (EBCD) discussed in Chapter Four. This shift may denote a move away from ‘tokenistic’ involvement and toward a more effective co-design of services through, for example, participatory research which might begin to rebalance the notion of who the experts are and who holds power (Mulvale *et al.*, 2016).

2.11. Chapter Summary

The literature presented and reviewed in this chapter provides a summary of the complex difficulties that young people who offend experience and highlights some of the challenges this presents for staff working in justice services, policy makers and researchers. In particular, this review has identified that forensic and health services often do not meet the complex needs of young people who offend. To understand better how to meet the needs of those young people accessing community forensic services, young people who offend probably need to be included in research to propose and evaluate future design of services. However, findings presented in this chapter suggest that particularly in the UK context, the focus on involving young people who offend in developing and improving service provision is relatively new and understanding how best to achieve this involvement requires further consideration. Specifically, there is a need to develop alternative ways to involve young people that go beyond the scope of face to face interviews and considers, for example, the communication difficulties this group experiences. This review also highlights that there is often a mismatch between legal and ethical frameworks causing tension between the commitment to ensure the rights of young people to be involved in decision-making through practice and research and to afford young people appropriate legal and ethical protections.

In conclusion, the research evidence described in this chapter is integral to understanding changes to, and current challenges in, youth justice services and has informed my research plan in this thesis. Specifically, there is a need to better identify how young people who offend understand their own mental health and needs within youth forensic services as well as a need to explore innovative ways to facilitate collaboration between young people who offend and health and forensic services. The following chapters outline the research objectives along with a description of the methods I used and the findings from this research.

CHAPTER THREE

3. Chapter Three: Systematic review and meta-ethnography

'We must not see any person as an abstraction. Instead, we must see in every person a universe with its own secrets, with its own treasures, with its own sources of anguish, and with some measure of triumph'

(Wiesel, 1946 cited in Skloot, 2017, p.2)

3.1. Chapter Overview

In developing this qualitative review, an initial scope of the research literature and evidence suggested that whilst there has been considerable focus on developing an understanding of the prevalence of mental health and emotional well-being needs of young people who offend, much less is known about the lived experiences of these young people and few systematic analyses of these experiences. This chapter describes a systematic literature review of qualitative studies and the methods used to synthesise the data within and across studies. The results are discussed in relation to how the lived mental health experiences of young people involved in the youth justice system (YJS) can inform the ways in which professionals can better understand and meet the needs of these young people.

3.2. Background

Over the past two decades, the prevalence of the multiple and complex health needs of young people involved in the criminal justice system have been widely documented and the extent to which general understanding of their influence on, and contribution to, inequalities has evolved (discussed in Chapter Two). However, to date less is known about how young people themselves experience their own mental health problems in the youth justice system. This is particularly important at a time when government services are focused on re-imagining services to better suit the health needs of young people who offend (Taylor, 2016a) with an emphasis on collaboration across services and the involvement of young people as 'experts' in their own right (Department of Health, 2015a). As discussed in the previous chapter, one of the key visions of the Future in Mind report is to give young people the opportunity to be involved in the development and delivery of mental health care (across services) through listening to their experiences (Department of Health, 2015a). However there is to date little research evidence in this area to inform how this aspiration should or could be achieved. To begin to redress this

information gap, there is a need to gather evidence about the direct experiences of young people who offend.

An initial scoping review identified a small number of studies exploring young people's journeys through the criminal justice system. One Australian study investigated the impact of being in a maximum security detention facility on the adolescent behaviours of sixteen young males aged 16-19 years. Through semi-structured interviews, Ashkar and Kenny found that despite describing the overall experience as negative, the young men also described positively how they felt protected from the 'instability' of their lives in the community within a structured prison environment. The young people reported that they had developed ways to deal with negative feelings such as doing exercise or keeping themselves isolated from others (Ashkar and Kenny, 2008). One limitation of this study is that it is unclear who undertook the interviews with the young offenders (e.g. institution staff or trained researchers). A second study conducted in the UK explored the ways in which a sample of 15 males aged 18-21 years experienced and managed their own mental health in a young offenders institute (YOI). Woodall reports that young men in focus groups described not being able to share their feelings or difficult experiences with peers, fearing that they would be perceived as weak or vulnerable in a 'masculine based environment' (Woodall, 2007). However, the use of focus groups in this study may have been a potential limitation to the data collected. Indeed the author reported that a non-uniformed member of staff was present in the focus groups and that three young men in the study did not want to participate in focus groups, preferring individual interviews as they felt uncomfortable (Woodall, 2007).

Other research studies have also used qualitatively informed methodologies including in-depth interviews and focus groups to explore young people's help-seeking behaviours for mental health problems upon leaving custody or in the community (Howerton *et al.*, 2007; Walsh *et al.*, 2011). One UK study used in-depth qualitative interviews with a sample of 35 male offenders aged 18-52 years before and after their release from a Category B prison (i.e. prisoners deemed to pose a significant risk to the community). The interviews explored the offenders' motives and beliefs about seeking help for mental health problems (Howerton *et al.*, 2007). Findings show that most men reported being unwilling to seek help for their emotional difficulties due to their feelings of mistrust towards individuals in positions of authority and the criminal justice system more broadly (Howerton *et al.*, 2007). In another UK study involving young people attending a youth offending team, a trained researcher interviewed six young people who agreed to take part in a follow-up interview from a larger

questionnaire sample of 46 young people about their perception of their own mental health needs and their experiences of accessing help for mental health or emotional difficulties. Walsh et al. report that the young people in this study stated that they were reluctant to access services due to perceptions about the lack of continuity of care from service workers (e.g. short rather than long term); concerns about confidentiality; uncertainty about what mental health problems were in relation to their own experiences and fears about the perceived stigma attached to mental health 'labels' (Walsh *et al.*, 2011).

These two studies provide some insights on specific aspects and factors such as individualised ways of coping with adverse circumstances and differences in perceptions about accessing services (Howerton *et al.*, 2007), but as stand-alone studies involving relatively small numbers of young people it is difficult to draw conclusions about the broader context of young peoples' overall experiences. To date, few published qualitative studies have specifically aimed to explore with young people how their general life experiences and perceptions of mental health and well-being might relate to their offending trajectories. Comprehensive literature searching failed to identify any papers that have done this. A clearer understanding of the meaning for young people of how and whether their experiences may be relevant to their offending behaviour may provide meaningful insights that go beyond diagnostically describing the offending behaviour(s) (Dyer and Gregory, 2014) to gain a more nuanced and broader perspective about the developmental needs and trajectories of these high risk young people.

This systematic review and meta-ethnography of qualitative research aims to identify and synthesise findings from the literature that consider how mental health and well-being are experienced by young people who offend. Several recent, mainly quantitative studies published in the last 20 years have investigated rates of mental health disorders in young offenders using diagnostic (e.g. based on ICD) and needs assessment tools (Kroll, 2002; Lader, 2003; Chitsabesan *et al.*, 2006; Fazel, 2008; Hughes, 2012). However, as reported, in earlier studies (Haines *et al.*, 2012; Porteous, 2015) and discussed in Chapter Two (Section 2.5), many young people in the youth justice system do not have a formal diagnosis or meet the internationally agreed criteria for mental health conditions. Within the scope of this review, mental health is not therefore considered only in a diagnostic sense, rather as a way to describe a range of experiences and life events (Paton *et al.*, 2009) that relate to young people's emotional health and well-being (described in Chapter One, Section 1.4.2).

3.3. Review methods: Synthesising qualitative data

Since the late 1990s new methodologies that qualitatively synthesise information within a systematic review framework have been developed (Sandelowski *et al.*, 1997; Popay *et al.*, 1998). There is also a growing recognition that evidence derived from this process of qualitative synthesis as a method for the systematic review of qualitative studies can address *'a recurring concern that qualitative researchers are engaged in a cottage industry: working in isolation from each other...and therefore eternally reinventing the wheel'* (Sandelowski *et al.*, 1997, p.366), and provides an important contribution to the evaluation of healthcare research (Dixon-Woods, 2001). Qualitative research synthesis has also been identified as an important source of evidence to inform wider healthcare management and policy questions that can benefit from particular kinds of information. For instance, broader contextual and organisational factors are likely to be important in determining health outcomes (Lomas, 2005). There are a number of approaches used for the qualitative synthesis of research findings. These range from summative or aggregative methods to more interpretative methods. Summative and aggregative methods involve converting qualitative findings across studies into quantitative data (Sandelowski *et al.*, 1997) and are typically applied to questions about 'what works' (Lomas, 2005). Interpretative methods, in contrast, involve devising a narrative account to describe and summarise the themes and concepts across the identified qualitative research studies (Britten *et al.*, 2002). More recently, methods for qualitative synthesis (such as meta-ethnography) have evolved to consider the interpretation of data from one or more contexts (e.g. health and social) which, *'involve some form of creative process where new constructs are fashioned'* (Dixon-Woods cited in Lomas, 2005, p.61) to enable the development of greater conceptual understanding through interpreting research data collectively across individual studies (Campbell *et al.*, 2011).

Meta-ethnography was first developed by Noblit and Hare for 'putting together' the ethnographic findings of educational research studies (Noblit and Hare, 1988). Meta-ethnography is an interpretive approach which aims to qualitatively synthesise evidence from an identified group of similar qualitative studies through, *'a rigorous procedure for deriving substantive interpretations about any set of ethnographic or interpretative studies'* (Noblit and Hare, 1988, p.9). In its original form, Noblit and Hare describe the process of meta-ethnography in seven stages: (1) identifying an initial interest that qualitative research might inform; (2) deciding what is relevant to the initial interest through developing a list of studies for inclusion; (3) repeatedly reading the qualitative accounts in the studies and making note of

any interpretative metaphors; (4) determining the relationship between studies through creating a list of metaphors, phrases, ideas and concepts and juxtaposing them between studies; (5) translating studies in to one another through maintaining central metaphors or concepts in individual accounts and comparing them with other accounts; (6) synthesising the translation and, (7) effectively communicating expressing the synthesis appropriately through intelligible concepts (Noblit and Hare, 1988, p.27).

A central component of Noblit & Hare's approach is that 'metaphors' in individual original studies can be translated across studies to produce a synthesis and allow systematic comparison between studies (Noblit and Hare, 1988). The synthesis process can be reciprocal (using themes that are considered to be directly comparable across studies); refutational (themes that are in opposition to each other) or follow 'a line of argument' (taking studies together to represent a common line of argument) (Britten *et al.*, 2002). This inductive method allows in-depth exploration of emergent themes from individual studies and enables the researcher(s) to relate them to each other. Emerging themes, or 'metaphors' are typically extracted from studies and organised into first order constructs (direct quotes from participants); second order constructs (interpretation of participants' experience as stated by the original study authors) and a higher level of analysis (the reviewers' own interpretation of first and second order constructs) (Noblit and Hare, 1988).

Meta-ethnography, when applied to carefully formulated research questions that set out a clear focus for the synthesis can be useful for exploring and synthesising the range and depth of individual accounts of the experiences of a particular group (Atkins *et al.*, 2008). The method is perceived by qualitative researchers to have a number of strengths, in particular its potential to increase conceptual understanding of phenomena through analysing and interpreting primary data within multiple studies (Britten *et al.*, 2002; Campbell *et al.*, 2003; Dixon-Woods *et al.*, 2004; Atkins *et al.*, 2008). Although there is to date no 'gold standard' way of undertaking meta-ethnography, there are broadly defined methodological guidelines on how to conduct this type of qualitative synthesis (Noblit and Hare, 1988) and some researchers argue that if applied rigorously, the method can successfully combine and synthesise qualitative research (Campbell *et al.*, 2011). However, meta-ethnography as a method for synthesising qualitative research also faces a number of criticisms. Critiquing the method, Atkins *et al.* argue that the use of primary data presented in studies that has been pre-determined by the authors may lend itself to not being fully representative of the participants' whole experience or that additional interpretation of the data can be influenced by the

particular theoretical position of the author (Atkins *et al.*, 2008). In addition, by searching for similar experiences across participants, Lamb and colleagues argue that the complexities of issues may be ignored within different groups with different issues (Lamb *et al.*, 2012), or lose important contextual information through combining the individual findings from a range and number of studies (Atkins *et al.*, 2008). Another key challenge of the method relates to whether or not to include studies that may be theoretically diverse and if so, how best to achieve this (Campbell *et al.*, 2003; Atkins *et al.*, 2008). Nonetheless, Campbell and colleagues suggest that meta-ethnography is ‘perhaps the best developed’ method (Campbell *et al.*, 2003) and that the evidence based reporting guidelines that are being developed by France and colleagues have the potential to,

‘maximise the likelihood that high-quality meta-ethnographies will contribute robust evidence to improve health care and patient outcomes’ (France *et al.*, 2015, p.103).

Contextually, this method for synthesising data has been previously applied in reviews of studies concerning young people’s experience of vulnerability (Attree, 2004), access to mental health care for ‘hard-to-reach’ groups (Lamb *et al.*, 2012), and informal social support for offenders (Martinez and Abrams, 2013). Reflecting on the use of meta-ethnography in these contexts, the authors of these studies concluded that applying the method to the synthesis of studies generated a higher conceptual overview through the systematic inclusion of wide range of accounts to inform for example, policy agenda and the practical development of interventions (Attree, 2004 ; Lamb *et al.*, 2012). Within the context of this research and taking into account its strengths and limitations, I selected meta-ethnography as the most appropriate method to use as a systematic and interpretive approach.

3.4. Review aims and research questions

This review aimed to systematically review and synthesise qualitative research studies that explore how young people presenting to youth justice services describe and understand their own mental health and needs.

The review aimed to explore the following three research questions:

- (1) How do young people who offend talk about and describe their experiences of mental health and well-being?
- (2) What are their beliefs and perceptions about mental health and well-being?

(3) What does it mean to be susceptible to mental health problems and what kinds of language do they use to describe this?

3.5. Synthesis Methods

The processes involved in analysing data and synthesising studies in this review broadly followed Noblit and Hare's approach to meta-ethnography and are described in the following section. The review included three stages: (1) a systematic search; (2) determining how the studies are related; and (3) translating the studies and synthesising findings.

3.6. Systematic Search

3.6.1. Search strategy

The initial search strategy was designed in PsycINFO as the primary database using a combination of thesaurus headings and title and abstract keywords, in consultation with an experienced information specialist with prior experience in developing similar search strategies. The search strategy was then tailored for a range of other databases that work in different ways. Through searching original related studies, a list of search terms and related terms to describe young people, mental health and well-being and offending, and those describing qualitative literature were collated and combined to form the final search strategy (Appendix 1: Search strategy). A check was undertaken for key papers from the scoping review within the search strategy using PsycINFO as the primary database for searching literature in this field before moving on to all other searches. Studies were identified through searching MEDLINE; PsycINFO; CINAHL; International Bibliography of the Social Sciences (IBSS); Applied Social Sciences Index and Abstracts (ASSIA); Web of Science; Sociological Abstracts and Social Service Abstracts. Bibliographic database searches were also supplemented by searching the grey literature including Open Grey (<http://www.opengrey.eu/>); websites of government agencies and peer support/charity agencies; reference lists of included studies and relevant reviews and by contacting first authors and key researchers in the field. The search was restricted by date to include studies identified from 1970 onwards to capture studies undertaken during youth justice reform in the late 1970s, and to reflect changes to legislation relating to the age of criminality and the introduction of youth offending teams (YOTs) in the late 1990s (discussed in Chapter Two). The search was not restricted by country or language and included published and unpublished

work. The database search was initially undertaken in February 2016 with additional searches (e.g. grey literature) undertaken between February and April 2016.

3.6.2. Eligibility criteria

Studies were considered eligible if they: qualitatively (including mixed methods studies) explored young people's experiences, perceptions or beliefs about mental health and well-being and offending behaviour (offending behaviour includes current episode of offending, attending a YOT or equivalent, and any history of offending whether convicted or not); specifically included within their research design the inclusion of verbatim accounts of young people's experiences, perceptions or beliefs in their own words, and focussed on young people and adults to allow for retrospective accounts of experiences up to around 18 years old. Studies were considered ineligible if they had a sole quantitative focus, did not report raw data, or included accounts of young people aged 18 years and above which were *not* retrospective accounts of experiences in youth justice.

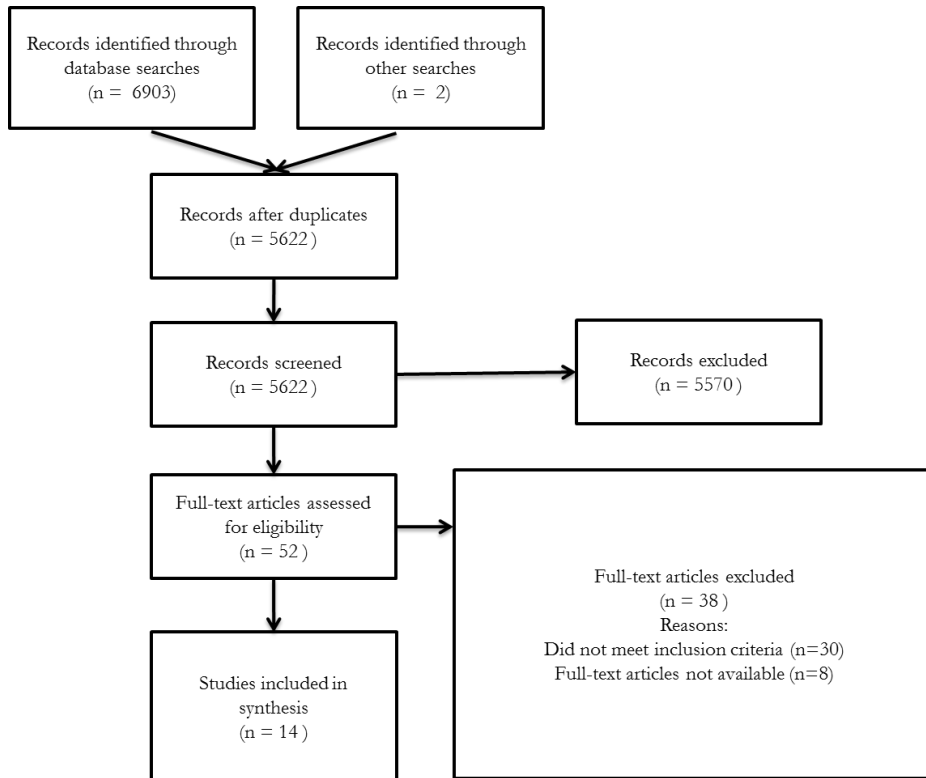
3.6.3. Selection of studies

All retrieved search results were exported to and managed in Endnote. All titles and abstracts were screened against the inclusion criteria by myself (MG) and a stratified random check (twenty percent) of the searches was undertaken by a second reviewer (TF) (Figure 1: PRISMA diagram). Any disagreements were recorded and resolved through team discussion. Initially, 52 studies were retrieved that were potentially eligible. Thirty-eight were then excluded due to not meeting the inclusion criteria (n=30) or lack of availability of full-text unpublished theses (n=8) despite numerous attempts to contact authors, alternative searching, and being unavailable at the British Library. A total of 14 studies are included in the synthesis (Table 1: Characteristics of included studies). The PRISMA process took seven months to complete.

A data extraction tool was developed through referring to published systematic reviews about which relevant content to extract and in discussion with the supervisory team. The tool was then tested on a sub-sample of three studies to ensure appropriateness of the extraction questions and consistency in the data extracted (Appendix 2: Data extraction tool). Data extracted included methodological characteristics of the study and key findings (including direct quotes, identified themes and author interpretations). I extracted the data from all

studies and a selected proportion of data (20%) was extracted by a second reviewer (TF) and subsequently compared.

Figure 1: PRISMA Diagram



3.6.4. Critical appraisal of the included studies

Although a number of checklists and quality criteria are available there is currently no agreed consensus on how best to assess the quality of qualitative studies (Mays and Pope, 2000; Atkins *et al.*, 2008). For this systematic review the Critical Appraisal Skills Programme (CASP) tool was used. CASP is a 10-item checklist that appraises qualitative research on the basis of rigour, relevance and reliability and has been applied to previous similar meta-synthesis reviews (Attree, 2004 ; Atkins *et al.*, 2008; Campbell *et al.*, 2011). The purpose of the CASP in this review was not to contribute to decisions about whether or not to include studies, rather as a tool to be used for consideration in the synthesis (e.g. categorisation by quality) (Sandelowski *et al.*, 1997). Two reviewers (MG and TF) independently applied the criteria to included studies and rated them using the checklist

scale ('yes', 'no' or 'unclear'). Any disagreements were recorded and resolved through discussion (Appendix 3: CASP quality appraisal of included studies). The CASP tool does not report levels of quality (e.g. poor or good) however, only a few items in some studies were rated as 'unclear' and overall the studies were rated positively against the 10-item checklist.

3.6.5. Characteristics of included studies

The 14 included studies represent 278 study participants in total, with samples of children and young people, ranging from 4 to 108 participants aged between 13-39 years (to include participants' retrospective accounts of youth offending) from a variety of ethnicities including White, Hispanic, African American, Pacific Islander; Asian, European, Latino and Cambodian. Eight studies were undertaken in secure settings (e.g. residential treatment services and secure detention facilities/units); five in community settings (e.g. non-secure, YOTs); and one study included participants across community and secure services. Six studies were conducted in the USA, five were from the UK, one in Sweden, one in the Netherlands and one in New Zealand. This means that the studies were undertaken across a range of different legal jurisdictions and procedures: US based studies operate within a justice model; studies from the UK, Netherlands, and Sweden operate within a welfare model and the New Zealand study operates within a restorative justice-welfare model. Within these models, the age of criminal responsibility varies considerably, ranging from six years old in the USA, age 10 in England and Wales, and New Zealand, age 12 in the Netherlands and age 15 in Sweden. (Table 1: Characteristics of included studies). Six of the studies focussed solely on young male offenders compared with two studies of females only. Five studies reported a range of offences participants had been, or allegedly been, involved in from low level to serious (e.g. drunk and disorderly; preventing the course of justice; theft; criminal damage; drug charges; robbery and kidnapping; assault; domestic battery; possession of a weapon; violent assault; sexual offence; attempted murder and murder); two studies described participant offences as 'serious' or 'violent' (Horstkotter *et al.*, 2012; Holligan and Deuchar, 2015) and one study explicitly described offences as sexual offending against peers (Tidefors and Skillback, 2014). In six studies the nature of the offence was not stated (Shelton, 2004; Bonham, 2006; Douglas and Plugge, 2008; Hartwell *et al.*, 2010; Bright *et al.*, 2011;

Munford, 2015). All studies included a retrospective account of offending behaviour, although time periods were largely unspecified.

Table 1: Characteristics of included studies

Study	Country	Study aim	Methods	Setting	Participants	Type of offence	Focus of experience / timeframe
Bonham (2006)	USA	To examine the psychosocial processes that contributed to juvenile detention as perceived by the adolescent.	Semi-structured interviews	Secure County Juvenile Detention Centre part County Juvenile Court Centre & “one stop shop” for services for youth and families in need	N= 12 [5 male, 7 female] Age: 13-16 years Ethnicity: White (3), Hispanic (4), Native American (2), Pacific Islander (2), and African American (1)	Not stated	Retrospective, “leading up to the activity that was judged delinquent”
Bright et al. (2011)	USA	To explore meaning that young adult women ascribe to their juvenile court experiences and facilitators and barriers to progressing into young adulthood	Semi-structured interviews	Community Community-dwelling women who self-identified as having been court clients as children or adolescents & received service through juvenile justice system	N = 9 [0 male; 9 female] Age: 22-39 years Ethnicity: African American (6); White (3)	Not stated	Retrospective/ offences committed up to 18 years old
Douglas & Plugge (2008)	UK	To identify health needs from the perspective of imprisoned young women and key professionals working with them to inform healthcare provision.	Semi-structured interviews & focus groups	Secure Four Youth Offender Institutions (YOIs)	N = 27 [0 male; 27 female] Age: Up to 18 years Ethnicity: Not stated	Not stated	Retrospective, not specified
Hartwell et al. (2010)	USA	To examine factors related to the community re-entry experiences and post discharge recidivism among youth who have been placed in residential juvenile justice treatment programs	Semi-structured interviews	Secure Department of Youth Services (DYS) residential treatment programs and community re-entry programs	N = 35 [35male; 0 female] Age: 14-20 years Ethnicity: Hispanic; Asian; Haitian; African American; other	Not stated	Retrospective, not specified

Table 1: Characteristics of included studies (continued)

Study	Country	Study aim	Methods	Setting	Participants	Type of offence	Focus of experience / timeframe
Heath & Priest (2015)	UK	To explore issues of transition, instability and coping behaviours for young offenders within a specialist forensic child and adolescent mental health service (CAMHS)	Semi-structured interviews	Forensic CAMHS providing clinical assessment and focused therapeutic interventions to young offenders (aged between 10 and 18 years) who have received a court order and are under the supervision of a local youth offending team (YOT).	N = 4 [2 male; 2 female] Age: 14-17 years Ethnicity: Not stated	Assault, possession of a weapon; drunk and disorderly; theft, and perverting the course of justice	Retrospective, not specified
Holligan & Deuchar (2014)	UK	To explore the social strains experienced by young male offenders and links between hegemonic forms of masculinity in Scotland, psychosocial dynamics and the propensity towards violence.	Individual life history interviews	Secure Scotland's largest young offenders' institution	N = 40 [40 male; 0 female] Age: 16-18 years Ethnicity: UK born males	Violent crimes including murder	Retrospective, not specified
Horstkotter et al. (2012)	Netherlands	To explore views and attitudes of juvenile delinquents regarding the possible implications of genomics and neurobiology for the prevention and treatment of antisocial behaviour	Semi-structured interviews	Secure Dutch male only juvenile justice institution	N = 13 [13 male; 0 female] Age: 16-24 years Ethnicity: not stated	Most participants convicted for a serious crime	Retrospective, aged 14-17 at time of offences
Munford (2015)	NZ	To gain an in-depth understanding of the factors that influence the developmental pathways of youth with complex needs and to identify those factors that influence their capacity to achieve good outcomes in young adulthood	Semi-structured interviews	Community Youth involved in one or more of the major service systems (child welfare, youth justice, mental health or attending an alternative education programme), or living independently or homeless.	N = 108 [64 male; 44 female] Age: 17-20 years Ethnicity: Not stated	Not stated	Retrospective, not specified

Table 1: Characteristics of included studies (continued)

Study	Country	Study aim	Methods	Setting	Participants	Type of offence	Focus of experience / timeframe
Ochoa (2009)	USA	To explore the frameworks, content and behavioural consequences of the narrative conflict between delinquent youth and staff members in a single re-entry program	Semi-structured interviews	Secure Private male residential programme to provide services for juvenile justice system	N = 30 [30 male; 0 female] Age: 18 -28 years Ethnicity: European (6); Cambodian (4); African American (11); Latino (9)	Most frequent crimes were possession of a controlled substance and some form of assault	Retrospective, not specified
Paton et al. (2009)	UK	To look at how a group of young offenders attending an inner-city youth offending team experienced adverse and traumatic life events in the UK	Semi-structured interviews	Community Large inner-city YOT which works with young people aged between 10 and 17 years in the UK	N = 8 [6 male; 2 female] Age: 15-17 years Ethnicity: White British (5); Asian (1); South American (1); Mixed race (1)	Actual bodily harm; Robbery; kidnapping & violent assault; violent assault; sexual offence; theft; possession of a weapon	Retrospective, not specified
Shelton (2004)	USA	To explore the experiences of young people detained in the juvenile justice system and in need of mental health services.	Focus groups	Community Juvenile detention center	N = 30 [20 male; 10 female] Age: 13-17 years Ethnicity: African American (30)	Not stated	Retrospective, not specified
Tidefors & Skillback (2014)	Sweden	To investigate how teenage boys who had offended against peers in a rape-like way talked about their childhood experiences and about themselves as teenagers	Semi-structured interviews	Secure Institutions belonging to the National Board of Institutional Care	N = 13 [13 male; 0 female] Age: 14-19 years Ethnicity: had parents who were both born in Sweden (4); had one parent born in Sweden (2); parent born in another European country; had parents who were both born in non-European countries (7)	Sexual offences against peers	Retrospective, childhood to present

Table 1: Characteristics of included studies (continued)

Study	Country	Study aim	Methods	Setting	Participants	Type of offence	Focus of experience / timeframe
Watson et al. (2009)	USA	To gain insight into the use of mental health services among youth in the juvenile justice system who experience mental health problems	Semi-structured interviews with youth and parents	Community & secure Illinois Department of Human Services, Linkage services as part of the Mental Health Juvenile Justice Initiative (MHJJ) for juveniles in or at risk for detention who are identified as having a mental illness.	N = 9 [7 male; 1 female; 1 'both genders'] Age: 14-18 years Ethnicity: non-Hispanic White (4); Hispanic White (1); African American (4)	Domestic battery, criminal damage to property, residential burglary, vehicle theft, attempted murder, and drug charges	Retrospective, not specified
Young (2009)	UK	To explore what developmental experience is important among young offenders with ADHD.	Semi-structured interviews	Secure Young offenders secure unit	N = 5 [5 male; 0 female] Age: 14-16 years Ethnicity: Not stated	Sexual offences; causing criminal damage, theft and common assault; un-convicted	Retrospective, not specified

3.7. Determining how the studies are related

To build familiarity with, and an in-depth understanding of, the original metaphors, phrases and concepts (collectively referred to as ‘concepts’ from here on in) presented in each study, I read and re-read each study (Stage One). Original concepts within individual studies identified in this stage (Stage Two) were presented in tabular form (Appendix 4: Original concepts of included studies). This process allowed me to explore the diversity and foci of the studies and to begin to look across the studies for initial common and reoccurring concepts. In order to begin to determine how the studies were related, a second researcher (TF) read and re-read two of the studies and made their own notes for each paper. We then met to discuss and compare initial understandings of, and assumptions about, the concepts and how they related within and across studies.

3.8. Translating the studies and synthesising the findings

Within the literature on meta-ethnography procedures there is some debate about the starting point of the synthesis, i.e. which study to select first and the order of studies thereafter (France *et al.*, 2014). Two main strategies are described: selecting an ‘index paper’ which is considered conceptually-rich (Campbell *et al.*, 2011) or selecting studies in chronological order (Atkins *et al.*, 2008). In this review, a chronological strategy was adopted for two reasons: the richness of data and study quality may not be ‘mutually exclusive’ i.e. the quality of a study may be weak but theoretically strong and vice-versa (Toye *et al.*, 2013) and studies that range over a period of time can highlight ‘significant shifts’ that occur in the way in which particular phenomenon within a field are viewed (Atkins *et al.*, 2008). Over the last twenty years changes to legal frameworks in youth justice systems for young people who offend have taken place both nationally and globally. These changes have implications for this synthesis. For example, the introduction of youth diversion and liaison services have reportedly led to a significant reduction in the number of under 18 year olds in custody in England and Wales and have provided alternative opportunities and contexts for the delivery of interventions (Lennox, 2014).

Translating the studies involved a two-step process. Firstly, building on discussions between myself and my principal supervisor (TF) about the emerging relationship

between the identified concepts, a word table was used to record original and newly identified key concepts within studies in individual columns. Each study was assigned an individual row (Appendix 5: Translating study concepts). The first two chronological studies were considered separately using the concepts within each. I undertook this process for the remaining twelve studies in chronological order and new concepts were added when identified. A proportion of the translational analysis was undertaken separately and then jointly discussed. The identification of new concepts through the process of analysis was continually refined until all the studies had been considered. Appendix 5 shows the concepts as they appeared in the original articles (presented horizontally) and the more detailed key concepts they were translated into (presented in columns under the original concepts). Not all of the concepts that were translated in this process were identified across all studies.

Once the main key detailed concepts were derived, direct participant quotations ('first order constructs') to illustrate newly emergent and original overarching concepts were placed into the first column of individual tables, alongside the original study authors' interpretations ('second order constructs') in the second column. A third column was added to enable myself to record additional notes about comparisons and relationships between studies and newly formed interpretations ('third order constructs'). The final step in the synthesis (stage three) involved a process of creating thematic maps in order to develop relationships between related concepts (Braun and Clarke, 2006). Similar to an approach used by Campbell and colleagues (although they applied this method earlier in their analysis as a way to search for recurring concepts across studies), using large sheets of paper, concepts were written by hand and lines were drawn between them where they related to each other. Related concepts were then grouped into overarching core themes and sub-themes which were condensed, re-arranged or redefined as the analysis continued and through discussions within supervisory team meetings. The identified themes and related concepts within and across studies are reported in the findings section. Table 2 shows the core and sub-themes in the studies in which they were found.

Table 2: Core themes and sub-themes emerging across the included studies

Key themes	Sub-themes and concepts
Early life & experiences	<p>Absent and unstable families (Bonham, 2006; Paton <i>et al.</i>, 2009; Young <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Bright <i>et al.</i>, 2011; Holligan and Deuchar, 2015; Heath and Priest, 2016)</p> <p>Unstable and inconsistent relationships and conflict (Bonham, 2006; Paton <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Bright <i>et al.</i>, 2011; Tidefors and Skillback, 2014; Heath and Priest, 2016)</p> <p>Quality of parenting and role-models (Bonham, 2006; Ochoa, 2010; Holligan and Deuchar, 2015; Heath and Priest, 2016)</p> <p>Abuse (Bonham, 2006; Young <i>et al.</i>, 2009; Bright <i>et al.</i>, 2011; Horstkotter <i>et al.</i>, 2012)</p> <p>Exposure to environmental risks (Bonham, 2006; Paton <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Bright <i>et al.</i>, 2011; Horstkotter <i>et al.</i>, 2012; Heath and Priest, 2016)</p> <p>Being the parent (Bonham, 2006; Paton <i>et al.</i>, 2009; Ochoa, 2010)</p> <p>Finding alternative belonging (Bonham, 2006; Paton <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Ochoa, 2010)</p>
Acting up and acting out	<p>Anger and violence (Shelton, 2004; Bonham, 2006; Young <i>et al.</i>, 2009; Holligan and Deuchar, 2015; Heath and Priest, 2016)</p> <p>Negative attitudes towards and defiance against authority (Shelton, 2004; Bonham, 2006; Paton <i>et al.</i>, 2009; Ochoa, 2010; Heath and Priest, 2016)</p> <p>Rule-breaking (Shelton, 2004; Paton <i>et al.</i>, 2009; Ochoa, 2010; Heath and Priest, 2016)</p> <p>Using substances (Bonham, 2006; Douglas and Plugge, 2008; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Horstkotter <i>et al.</i>, 2012; Holligan and Deuchar, 2015)</p> <p>Self-harm (Douglas and Plugge, 2008; Paton <i>et al.</i>, 2009; Heath and Priest, 2016)</p>
Making sense of mental health	<p>Limited understanding of mental health (Bonham, 2006; Young <i>et al.</i>, 2009; Horstkotter <i>et al.</i>, 2012; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p> <p>Describing mental health problems (Horstkotter <i>et al.</i>, 2012; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p> <p>Rejecting mental health (Shelton, 2004; Horstkotter <i>et al.</i>, 2012; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p> <p>Stigma and labelling (Shelton, 2004; Horstkotter <i>et al.</i>, 2012; Watson <i>et al.</i>, 2015)</p>
Reconciling experiences	<p>Rationalising and dealing with experiences (Paton <i>et al.</i>, 2009; Young <i>et al.</i>, 2009; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p> <p>Psychological therapies (Shelton, 2004; Bonham, 2006; Douglas and Plugge, 2008; Paton <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Horstkotter <i>et al.</i>, 2012; Tidefors and Skillback, 2014; Munford, 2015; Watson <i>et al.</i>, 2015)</p> <p>Formal systems (Young <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Bright <i>et al.</i>, 2011; Munford, 2015; Heath and Priest, 2016)</p> <p>Informal support (Bonham, 2006; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Bright <i>et al.</i>, 2011; Munford, 2015; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p>
Turning lives around	<p>Knowing and learning (Bonham, 2006; Douglas and Plugge, 2008; Young <i>et al.</i>, 2009; Hartwell <i>et al.</i>, 2010; Ochoa, 2010; Bright <i>et al.</i>, 2011; Holligan and Deuchar, 2015; Munford, 2015; Heath and Priest, 2016)</p> <p>Empathy and remorse (Bonham, 2006; Young <i>et al.</i>, 2009; Tidefors and Skillback, 2014)</p> <p>Being better for others (Bonham, 2006; Young <i>et al.</i>, 2009; Bright <i>et al.</i>, 2011; Heath and Priest, 2016)</p> <p>Being better for themselves (Shelton, 2004; Ochoa, 2010; Bright <i>et al.</i>, 2011; Tidefors and Skillback, 2014; Watson <i>et al.</i>, 2015; Heath and Priest, 2016)</p>

3.9. Findings

The synthesis for this review represents a reciprocal translation of concepts across studies (although not all concepts were identified across all studies) and a ‘line of argument’ is formulated which is linked to chronological aspects of the data. In line with Noblit and Hare’s notion of a ‘line of argument’, from the synthesis across the 14 studies in this meta-ethnography a progressive ‘storyline’ is presented through the development of five core themes: (1) early life and experiences; (2) acting up and acting out; (3) making sense of mental health; (4) dealing with the issues, and (5) turning lives around. Within each core theme, a number of sub-themes and specific concepts are described in-depth. Direct quotation/wording from young people are presented in italics.

3.10. Theme One: Early life and experiences

The most common theme to emerge from the reviewed studies related to the significance of traumatic events and situations young people encountered in their early lives. This included sub-themes relating to relationships and experiences with family members and within family units; the environments that shaped their physical and emotional world; their identity and sense of belonging and the wider circles they would form and become part of.

3.10.1. *Absent and unstable families*

Most young people spoke explicitly about absent parents, which ranged from temporary and episodic periods of separation to childhoods in which parents were ‘*non-existent*’ (Bonham, 2006; Paton *et al.*, 2009; Young *et al.*, 2009; Hartwell *et al.*, 2010; Ochoa, 2010; Bright *et al.*, 2011; Holligan and Deuchar, 2015; Heath and Priest, 2016). Some young people expressed anger and frustration at not having a father figure present, particularly young males, and described feelings of ‘*hurt*’, betrayal and being abandoned (Bonham, 2006; Paton *et al.*, 2009). For others, this created uncertainty about who would be there to ‘*guide*’ them (Bonham, 2006) or who would ‘*play the role*’ of the absent parent and the ‘*burden*’ that often fell on them to grow up fast and to look after the family (Ochoa, 2010).

For many, the absence of significant family members was intertwined with periods of instability and frequent change. Being placed in multiple foster care placements ‘*all over*

the place’ often characterised by unhappy times was a common theme for some young people (Horstkotter *et al.*, 2012; Holligan and Deuchar, 2015). Similarly, young people described chaotic periods of being cared for by different family members who were often abusive (Ochoa, 2010; Bright *et al.*, 2011) or being returned to the care of a parent who was *‘always gone’* (Ochoa, 2010). Nonetheless, despite the difficult situations some young people had been exposed to, some were matter-of-fact in describing their experiences such as, *‘all my life I’ve always had shit dads’* (Heath and Priest, 2016) or describing a parent who *‘never came back’* (Bonham, 2006).

Questions about ‘why’ their parents were absent were commonly raised, for instance, *‘why did he leave’* and *‘why she couldn’t take care of me’* (Bonham, 2006; Tidefors and Skillback, 2014). Perceptions about why parents left were often somewhat vague and broadly speculative such as, *‘she found a boyfriend’* or *‘he’s got stuff happen’in’* (Shelton, 2004; Bonham, 2006). For others, where parents remained physically or geographically present, young people spoke about them as being emotionally absent, describing instances of parents *‘wanting to be there’* or not getting along (Shelton, 2004; Holligan and Deuchar, 2015). Having little knowledge or understanding about why parents had left filled some young people with feelings of curiosity (Bonham, 2006) or a deep sense of longing to find parents and answers (Bonham, 2006; Young *et al.*, 2009). For others who had experienced the death of a parent (Bonham, 2006; Hartwell *et al.*, 2010; Ochoa, 2010; Tidefors and Skillback, 2014; Holligan and Deuchar, 2015) there were fewer questions about how and why they were absent, despite their deaths occurring through traumatic and potentially avoidable instances such as murder, suicide or substance abuse (Ochoa, 2010; Tidefors and Skillback, 2014; Holligan and Deuchar, 2015). Perhaps for these young people, the death of a parent was accepted as a legitimate loss and enabled them to experience some form of definitive closure.

3.10.2. Unstable and inconsistent relationships

Instability of relationships and conflict within families featured explicitly in young people’s accounts of growing up (Bonham, 2006; Paton *et al.*, 2009; Hartwell *et al.*, 2010; Bright *et al.*, 2011; Tidefors and Skillback, 2014; Heath and Priest, 2016).

Substance misuse was a feature in some families, creating conflict through parents being intoxicated and even in instances where young people thought it was *‘cool’* to hang out with parents who were *‘into drink and drugs’*. Young people acknowledged the difficulty

of having and maintaining relationships with family members experiencing such problems (Paton *et al.*, 2009; Hartwell *et al.*, 2010). Other young people described family lives that were chaotic and filled with neglect (Bright *et al.*, 2011; Holligan and Deuchar, 2015) and with little love or '*bond*' (Ochoa, 2010; Bright *et al.*, 2011).

3.10.3. Quality of parenting and role-models

Poor parenting quality and role-modelling were concepts that were commonly referred to by young people and associated with the early shaping of behaviours (Bonham, 2006; Ochoa, 2010; Holligan and Deuchar, 2015; Heath and Priest, 2016). Some young people spoke of parents being unaware, for instance, of their drug taking at a young age (Holligan and Deuchar, 2015), whilst others described how parents appeared unconcerned if they were getting into trouble or '*getting smashed*' or how they were '*too lazy*' to come to the police station to bail them out (Heath and Priest, 2016). Some felt let down and consequently described how they were less likely to then care about committing further offences or continuing to use drugs, '*cos no-one gave a crap*' (Heath and Priest, 2016). Young people recognised their behaviours as repetition of their parents' behaviours when they were young and histories of criminal acts committed by family members, particularly in relation to violence were often '*normalised*' by young people (Bonham, 2006; Heath and Priest, 2016). Acts of violence between siblings were particularly considered normal and justified because of their belief that it's what '*families do*' (Heath and Priest, 2016).

3.10.4. Abuse

Different forms of abuse were prominent in the accounts of some young people (Bonham, 2006; Young *et al.*, 2009; Bright *et al.*, 2011; Tidefors and Skillback, 2014). Sexual abuse was common particularly among young males, often perpetrated by significant older males such as fathers, step-fathers and uncles (Bonham, 2006; Young *et al.*, 2009; Tidefors and Skillback, 2014). Most young people spoke frankly and without detail about being sexually abused or '*molested*' (Bonham, 2006; Young *et al.*, 2009; Bright *et al.*, 2011). Physical and emotional acts of abuse became '*normalised*' for some for breaking minor typical childhood rules (Bonham, 2006; Tidefors and Skillback, 2014) or as a result of defending themselves and siblings against mistreatment from the abuser (Bonham, 2006; Young *et al.*, 2009). The '*normalisation*' of abuse often extended to the justification

or to the defence of the abuser, for example, as a result of their '*anger issues*' (Bonham, 2006) or the belief that men should use more violence than women (Tidefors and Skillback, 2014), and not fully recognising themselves as victims. Some females expressed feelings of anger and betrayal towards people, particularly mothers, whom they had thought would be there to protect them against the perpetrators of abuse (Bonham, 2006; Bright *et al.*, 2011).

3.10.5. Exposure to environmental risks

Many young people spoke about experiencing vulnerability through the people and places they were exposed to in their childhoods and young adult lives. Predominantly, the neighbourhoods they grew up in were often described as dangerous where they witnessed acts of violence, including stabbings, murder and theft and instances of drug dealing and taking were common place (Bonham, 2006; Paton *et al.*, 2009; Hartwell *et al.*, 2010; Ochoa, 2010; Bright *et al.*, 2011; Horstkotter *et al.*, 2012; Heath and Priest, 2016). Some young people consciously made the link between their own descent into problem behaviours, for instance drug taking and dealing, and the influence of, or exposure to, such communities and the people they knew (Bonham, 2006; Ochoa, 2010). Some felt that they were not able to control their involvement in situations, particularly those that involved violence, due to the influence and threat of gangs that controlled communities (Bonham, 2006; Paton *et al.*, 2009; Ochoa, 2010). Young people spoke about grappling with the need to be a '*rough kid*' in order to survive (Bright *et al.*, 2011). Using and threatening to use violence enabled young people to develop some degree of protection from and within their environments through developing resiliency skills such as achieving and exerting social identity and status (Horstkotter *et al.*, 2012; Tidefors and Skillback, 2014; Heath and Priest, 2016).

Exposure to risk was also experienced through different and multiple living environments. For example, living in refuges; multiple foster care homes and staying with other family members left some young people feeling uncertain and fearful and that they had little '*choice*' over where or with whom they lived (Ochoa, 2010; Heath and Priest, 2016). This unpredictability and instability of living situations compounded young people's feelings of vulnerability, lack of safety and sense of belonging (Bonham, 2006).

3.10.6. 'Being the parent'

Fending for oneself and stepping in to raise siblings in the absence of parents or in chaotic families was common for some young people. 'Being the parent' involved young people following and applying rules that they perceived applied in an adult world and protecting families (Bonham, 2006; Ochoa, 2010). At the same time, young people spoke about the need to be resourceful and make money, mostly illegally, to support themselves and families in economically deprived communities, particularly for young men when there was a traditional pressure for men to provide (Bonham, 2006; Paton *et al.*, 2009; Ochoa, 2010).

3.10.7. Finding alternative belonging

Young people spoke about finding alternative belonging away from chaotic and unstable families (Bonham, 2006; Paton *et al.*, 2009; Hartwell *et al.*, 2010; Ochoa, 2010). For some, joining organised or would-be gangs enabled them to escape their own chaotic and abusive families and to fulfil unmet emotional needs such as respect, sense of identity and belonging (Paton *et al.*, 2009; Ochoa, 2010). Being part of an alternative 'family' also offered protection and enabled young people to exert power over others, becoming the perpetrator rather than the victim (Bonham, 2006; Ochoa, 2010). Alternative belonging and protection was also sought in social networks outside of the immediate family, such as extended family members and neighbours. Aunts, uncles, grandparents and neighbours acted as 'protective allies' who provided shelter and support when relationships with parents or circumstances deteriorated (Bonham, 2006; Hartwell *et al.*, 2010).

3.11. Theme Two: Acting up and acting out

The second theme related to dealing with the feelings and distress of traumatic events and experiences in early life. This included: how feelings were expressed which often led to unintended negative consequences and gradual descent into breaking the rules, internalising and externalising behaviours and through developing different coping strategies.

3.11.1. Anger and violence

Demonstrating anger and aggression regularly featured in young people's accounts (Shelton, 2004; Bonham, 2006; Young *et al.*, 2009; Holligan and Deuchar, 2015; Heath and Priest, 2016). Making sense of and understanding why they expressed anger, particularly violence, was somewhat limited for most young people. Although young people spoke about being able to recognise their feelings of anger '*building up*', some felt that they didn't know the cause of the anger or were not able to control their feelings (Shelton, 2004; Bonham, 2006). Other young people spoke about having a '*short fuse*' (Shelton, 2004) or being an '*angry person*' (Heath and Priest, 2016), describing their reactions to situations as 'personal troubles' rather than being able to recognise that expressions of anger and aggression might be symptomatic of experiencing and dealing with internal distress. Further, young people were often not able to describe any particular triggers for their aggression other than, for instance, what they considered to be normal reactions or behaviour (Shelton, 2004; Bonham, 2006). Nonetheless, acts of anger and aggression often resulted in significant harm to themselves or serious violence against others that sometimes included the use of weapons (Bonham, 2006; Holligan and Deuchar, 2015; Heath and Priest, 2016).

3.11.2. Negative attitudes towards and defiance against authority

A recurrent aspect of young people's accounts related to difficulties with authority (Shelton, 2004; Bonham, 2006; Paton *et al.*, 2009; Ochoa, 2010; Heath and Priest, 2016). Experiences involving authoritative figures, for instance teachers and probation officers, who were involved in making decisions about, and choices for them, were more often than not, confrontational and resulted in breaking the rules (Shelton, 2004; Bonham, 2006; Paton *et al.*, 2009; Ochoa, 2010; Heath and Priest, 2016). For some young people experiencing continual oppressive authority early in their lives at home (e.g. by parents) led them to act out their frustration at school particularly with teachers (Paton *et al.*, 2009; Heath and Priest, 2016)

3.11.3. Rule breaking

Most young people who reported refusing to comply with adult requests or rules spoke clearly and knowledgably about the impact of the transition to secondary high school had

on their behaviour (Shelton, 2004; Paton *et al.*, 2009; Ochoa, 2010; Heath and Priest, 2016). Young people spoke about *'mixing with the wrong crowd'* and how *'life started to get a little harder'* (Paton *et al.*, 2009), particularly for those who had attended multiple schools (Ochoa, 2010; Heath and Priest, 2016). Passive aggressive strategies such as *'doing silly things'* (Paton *et al.*, 2009) and *'not listenin' in class'* (Ochoa, 2010) were often described as ways of getting *'attention'*. Truancing from school (Bonham, 2006; Ochoa, 2010) became a more formalised way of breaking or disobeying rules, resulting in young people experiencing multiple suspensions or permanent exclusions (Shelton, 2004; Bonham, 2006; Paton *et al.*, 2009; Heath and Priest, 2016). Missing periods of education through being suspended or excluded from school resulted in mixed attitudes towards, and participation in, education. Some downplayed the importance and significance of being in education (Ochoa, 2010) and for others, there was a deep sense of disappointment that through exclusion they were *'missin' my life'* (Shelton, 2004).

Disregard for rules and defiance against authority in educational settings for some young people, represented a gradual descent into delinquent behaviours. Particularly for young people who had been excluded from school, the lack of structure to *'keep them off the streets'* (Shelton, 2004) left them with little to do other than *'hang out'* and get into trouble (Ochoa, 2010). Eventually, a pattern of getting into trouble led to young people becoming increasingly and more formally involved with the police (Bonham, 2006; Paton *et al.*, 2009; Ochoa, 2010).

3.11.4. Using substances

Young people described using drugs and alcohol as strategies to emotionally disengage with experiences and situations (Bonham, 2006; Douglas and Plugge, 2008; Hartwell *et al.*, 2010; Ochoa, 2010; Horstkotter *et al.*, 2012; Holligan and Deuchar, 2015). Using substances enabled young people to temporarily and emotionally escape their problems, generating feelings of *'calm'* and *'happiness'* (Bonham, 2006) and for others, using drugs enabled them to feel *'normal'* (Holligan and Deuchar, 2015) or at times *'invincible'* (Hartwell *et al.*, 2010). For these young people, using substances allowed them to take control of their situation, if only for short periods of time. Whilst young people spoke about how using substances could be protective to their well-being, they also acknowledged the maladaptive nature of this coping strategy (Hartwell *et al.*, 2010; Horstkotter *et al.*, 2012; Holligan and Deuchar, 2015). Reflecting on their lives before

using substances, some young people recognised that their use of drugs and alcohol was a contributing factor in their motivation to commit crimes, particularly when intoxicated (Hartwell *et al.*, 2010; Horstkotter *et al.*, 2012; Holligan and Deuchar, 2015; Heath and Priest, 2016). Young people spoke about being '*drunk every time*' when they were arrested (Hartwell *et al.*, 2010), '*too drunk to know*' (Bonham, 2006) or how their escalation into substance abuse '*changed the way*' they behaved (Holligan and Deuchar, 2015).

Several young people expressed taking ownership for the choices they made, for instance, not taking the '*right path*' (Holligan and Deuchar, 2015), how they '*knew the game, but still did what I did*' (Ochoa, 2010). Simultaneously, some young people spoke about wanting to reclaim their identity previous to using substances, remembering themselves as '*good kids*' who stayed out of trouble and did well at school (Bonham, 2006), and who '*just went bad*' (Ochoa, 2010). For some, involvement in juvenile justice offered some young people a sense of hope and the chance of a '*fresh start*' (Bonham, 2006) or a chance to develop an identity devoid of addiction (Douglas and Plugge, 2008).

3.11.5. Self-harm

For some young women in particular, self-harm as a behavioural coping strategy was evident in their accounts of dealing with distress (Douglas and Plugge, 2008; Paton *et al.*, 2009; Heath and Priest, 2016). Young women spoke about harming themselves in response to stressful experiences and as a mechanism to '*forget about everything*' (Paton *et al.*, 2009). Despite the damaging nature of self-harm, some young women described the temporary respite and relief they had experienced from episodic periods of self-harming '*when it was all done*' and '*gone*' (Paton *et al.*, 2009; Heath and Priest, 2016). For some, self-harm practices appeared to have become normalised. For instance, describing how they '*didn't hide it*' and weren't ashamed of it (Heath and Priest, 2016). For others, the urge to self-harm existed with them '*most of the time*' and would be the coping mechanism that they would default to in times of stress (Douglas and Plugge, 2008).

3.12. Theme Three: Making sense of mental health

A third key theme represented in young people's accounts related to the ways in which they understood and made sense of what mental health and well-being means to them and for others. This included either recognising or rejecting mental health issues, the kinds of

language they used to describe their experiences, and how they believed others perceived them.

3.12.1. Limited understanding of mental health

Young people's understanding of their own mental health was limited and they appeared to lack knowledge about the nature and complexity of the difficulties they experienced (Bonham, 2006; Horstkotter *et al.*, 2012; Watson *et al.*, 2015). Some struggled to distinguish their experiences in relation to their broader mental health, focussing on the specific instances or circumstances of their distress. For example, '*when I'm trying to kill myself*' (Watson *et al.*, 2015) or when being detained and receiving mental health care, '*crying all the time cause I don't want to be here*' (Bonham, 2006). By situating their experiences within specific contexts or periods of time, young people demonstrated limited understanding or knowledge about the underlying reasons that may have contributed to their distress and difficulties. Others spoke about receiving a mental health diagnosis, '*but what I had I do not exactly know*' and recalled only that they could not '*feel emotions or express them or something like that*' (Horstkotter *et al.*, 2012).

For some young people, mental health was articulated through feelings of, or beliefs about, early experiences of 'being different' (Bonham, 2006; Young *et al.*, 2009; Heath and Priest, 2016). Being the '*odd one out*' and always knowing that '*I've been a really depressed person*' were some of the accounts young people gave to describe their current mental health difficulties, appearing to justify their difficulties as personal troubles rather than as a consequence of the challenges they had faced. Many used self-descriptions and/or descriptions and diagnostic terminology they had heard or been given, as the explanation for the mental health difficulties they experienced, for example, because they had always been an '*angry person*' (Heath and Priest, 2016), that their '*emotions are really big*' (Bonham, 2006) or being diagnosed with attachment disorder '*since I was a baby*' (Heath and Priest, 2016).

3.12.2. Describing Mental Health problems

The ways in which young people understood mental health problems was also reflected in the language they used to describe them (Horstkotter *et al.*, 2012; Watson *et al.*, 2015; Heath and Priest, 2016). Young people used words such as '*crazy*', '*retarded*' and '*psycho*' to describe what they understood mental health problems to be (Watson *et al.*,

2015) and expressed negative attitudes towards people experiencing such problems. For instance, *'there is something wrong with them'* or *'they are dumb'* (Watson *et al.*, 2015). Others described mental health difficulties as *'something which is less good'* (Horstkotter *et al.*, 2012) and that people experiencing mental health difficulties *'are not the people they want to hang around with'* (Watson *et al.*, 2015). Young people's negative language around mental health may, in part, be limited by the ways in which the media portrays people with mental health problems (Watson *et al.*, 2015) or the language others used to describe them (Heath and Priest, 2016).

3.12.3. Rejecting mental illness

Within young people's accounts of their understanding of mental health issues, the idea of rejecting mental health featured strongly (Shelton, 2004; Horstkotter *et al.*, 2012; Watson *et al.*, 2015; Heath and Priest, 2016). Young people appeared to distance themselves from the phenomenon either through re-interpreting mental health problems to exclude themselves or by moderating their experiences. For example, re-interpreting mental health as an 'older' problem that adults experience (Shelton, 2004) or downgrading the importance or significance of their difficulties (Watson *et al.*, 2015) (Heath and Priest, 2016). Other young people denied they were experiencing any difficulties, expressing disbelief that they had been diagnosed with, for instance, depression or that they had a *'mental problem'* and claimed that the help they had been receiving was not in relation to experiencing mental health problems but *'to help our family I guess'* (Watson *et al.*, 2015).

3.12.4. Stigma and labelling

For some young people, the reactions and perceptions of other people towards them were important and their accounts suggest they may have been afraid to disclose their difficulties through fear of being misjudged or stigmatised by those close to them (Shelton, 2004; Horstkotter *et al.*, 2012; Watson *et al.*, 2015). Feeling exposed and vulnerable and learning to manage and conceal their experiences to protect themselves were evident in young peoples' accounts. For instance, rejecting mental health on the basis that they did not want their family to know they were a *'screw-up'* (Watson *et al.*, 2015) or rejecting the help of medication because they feared how they would be perceived by their friends (Shelton, 2004) or strangers (Horstkotter *et al.*, 2012).

3.13. Theme Four: Reconciling experiences

A fourth key theme to emerge from young peoples' accounts related to the ways in which they were able to make sense of, and attempt to reconcile, their experiences. This included different ways in which they acknowledged their experiences; their feelings about and the value they placed on help they had received, and the types of support they felt were beneficial to them.

3.13.1. Rationalising and dealing with experiences

Dealing with or accepting experiences (including traumatic ones) was difficult for some young people and involved different ways of framing and expressing their feelings. Some young people appeared to instinctively 'normalise' their experiences through their beliefs that such challenges were an inevitable part of life over which they had little control (Paton *et al.*, 2009; Heath and Priest, 2016), for instance, describing feelings such as '*it's just the way it is*' or it's how the '*cookie crumbles*' (Heath and Priest, 2016). Similarly, traumatic experiences often became normalised in the context of the environments young people were exposed to, describing how they '*wouldn't care*' about witnessing potentially distressing experiences (Paton *et al.*, 2009). Others spoke about their apparent indifference to the challenges they had faced (Young *et al.*, 2009; Heath and Priest, 2016). Some described their experiences as something that didn't '*bother*' them and was something they could '*get over*' (Heath and Priest, 2016), whilst others felt that the impact of experiences was an individualised response that might affect some people but not others (Young *et al.*, 2009).

Whether or not young people's accounts were attempts to rationalise their experiences and outwardly cope with traumatic experiences, is somewhat unclear. However, other young people appeared more cognisant about the impact of traumatic experiences and the ways in which they emotionally perceived them (Paton *et al.*, 2009; Watson *et al.*, 2015). For example, some spoke about how specific triggers would evoke emotional distress through '*flashbacks*' of a particularly violent experience (Paton *et al.*, 2009). Others described not being able to remember unpleasant memories as they had been '*wiped-out*' (Paton *et al.*, 2009) or by '*keeping it inside*' and '*just ignoring the facts*' (Watson *et al.*, 2015).

3.13.2. Psychological therapies

Young people reported mixed feelings about their experiences, and the value of, psychological support and intervention (Shelton, 2004; Bonham, 2006; Douglas and Plugge, 2008; Paton *et al.*, 2009; Hartwell *et al.*, 2010; Ochoa, 2010; Horstkotter *et al.*, 2012; Tidefors and Skillback, 2014; Munford, 2015; Watson *et al.*, 2015). Some young people welcomed the opportunity to receive help from mental health professionals as they felt it was something that they '*needed*' to help them deal with their experiences (Bonham, 2006; Douglas and Plugge, 2008; Horstkotter *et al.*, 2012) and could talk about their '*deepest secrets*' (Bonham, 2006). Despite feeling that it was challenging to talk about their feelings and experiences, some young people found the opportunity to talk through their problems a positive experience (Bonham, 2006; Douglas and Plugge, 2008; Hartwell *et al.*, 2010). '*Feeling better*' and being able to '*let out feelings*' and '*get it off your chest*' were among some of the positive emotional benefits young people described (Bonham, 2006; Douglas and Plugge, 2008; Hartwell *et al.*, 2010). Other young people described how attending group therapy also provided a different outlet for their aggression and anger (Bonham, 2006; Hartwell *et al.*, 2010), and a space to '*feel like not hurting anything or hitting anything*' (Bonham, 2006).

However, some young people were much more ambivalent in their views about receiving help, describing how they felt that they needed it and that it was helpful, but at the same time it interfered practically with their lives (Shelton, 2004; Watson *et al.*, 2015). Feelings of ambivalence and reluctance to engage in professional help were much stronger for others. Some young people viewed professionals with suspicion and distrust, using terms such as '*them*' or '*those people*' (Hartwell *et al.*, 2010; Munford, 2015), and were fearful that there would be consequences of sharing their '*personal life*' (Douglas and Plugge, 2008; Hartwell *et al.*, 2010; Munford, 2015). Some young people were selective in the information they shared (Douglas and Plugge, 2008) in order to minimise these perceived consequences and protect themselves and others, or to respect their friends, '*you don't talk about them*' (Bonham, 2006). Some reported using deliberate strategies such as behaving in socially desirable ways with mental health professionals to influence the situation or their personal circumstances, for example, to safeguard social benefits, such as being able to return home earlier, or to see their friends (Ochoa, 2010;

Horstkotter *et al.*, 2012) (Shelton, 2004) or to shorten their treatment (Horstkotter *et al.*, 2012).

Another recurrent theme in some young peoples' accounts was the majority view of a negative attitude towards the prescription and taking of medications (Shelton, 2004; Horstkotter *et al.*, 2012; Watson *et al.*, 2015). Several young people described feeling how they were not consulted about taking medication or given information about the effects, rather *'they think they can just do stuff to ya. It's like you're stupid or something'* (Shelton, 2004). Others actively sought to avoid taking medications as they believed they were *'bad'* or *'junk'* (Shelton, 2004; Horstkotter *et al.*, 2012) and would turn them into *'robots'* or *'junkies'* (Horstkotter *et al.*, 2012). Other young people were more positive in the views towards medication, describing how they would *'dare to give it a try'* and felt by taking it, was *'helping me out'* (Watson *et al.*, 2015).

3.13.3. Formal systems

Young people considered and reflected upon their experiences of secure youth justice services (Young *et al.*, 2009; Hartwell *et al.*, 2010; Bright *et al.*, 2011; Munford, 2015; Heath and Priest, 2016). Recalling their initial placement in secure units, young people spoke about being fearful and scared about being exposed to *'a totally different way of living'* (Bright *et al.*, 2011). The structure within secure environments was perceived by some to be challenging and restrictive in the sense that it was difficult to *'skive'* or *'run about everywhere'* (Young *et al.*, 2009). For others, structure was viewed as beneficial in terms of receiving individualised help and attention (Young *et al.*, 2009; Bright *et al.*, 2011). Being placed in secure facilities also provided an opportunity for some young people to reflect on their past and evaluate their future (Young *et al.*, 2009; Munford, 2015). Other young people reflected on their time in detention as protective spaces that enabled them a *'chance to, like, grow up a little bit more'* (Bright *et al.*, 2011) and to prevent them from getting into *'some bigger trouble'* (Young *et al.*, 2009).

For young people involved with youth justice and related services, interaction and relationships with service staff were key to whether or not young people felt they benefited from systems of care (Hartwell *et al.*, 2010; Bright *et al.*, 2011; Munford, 2015; Heath and Priest, 2016). In order to develop good relationships, young people held a number of expectations about staff including, not being *'too nice'*, being able to *'relate'* to different people and having the ability to communicate with *'less yelling'* (Hartwell *et*

al., 2010). Young people also felt that staff needed to provide ‘*guidance*’ and ‘*take time*’ to develop bonds and trust (Bright *et al.*, 2011). Within young people’s accounts, a number of these expectations appeared to be met. Some young people spoke positively about the way in which staff had provided support and cared for them, describing them ‘*like she was a mother*’ or someone who they could relate to as they ‘*went through the same thing*’ (Bright *et al.*, 2011). Others felt that staff had shown them ‘*respect*’ (Munford, 2015) and had not ‘*judged*’ them (Heath and Priest, 2016), or had made them feel comfortable (Munford, 2015).

However, young people also described negative relationships with staff whom they considered ‘*patronising*’ or insincere (Heath and Priest, 2016). One young man felt angry that staff thought they knew him because ‘*they’ve met you and cos they’ve got a brief description on a piece of paper*’ (Heath and Priest, 2016). Commonly, some young people held the belief that they had not been ‘*listened to*’ (Bright *et al.*, 2011; Munford, 2015; Heath and Priest, 2016) particularly in relation to decisions that were made about or for them and felt anger and frustration that their views and feelings had not been heard. Young people spoke about not being given ‘*options*’, for instance, about where they lived, despite repeated attempts to voice their opinions (Bright *et al.*, 2011; Munford, 2015; Heath and Priest, 2016). In order for their voices to be heard, some young people described behaving negatively or ‘*acting up*’ as a way to get attention (Munford, 2015).

3.13.4. Informal supports

Young people also sought support from more informal sources (Bonham, 2006; Hartwell *et al.*, 2010; Ochoa, 2010; Bright *et al.*, 2011; Munford, 2015; Watson *et al.*, 2015; Heath and Priest, 2016). Typically, family and friends provided guidance and encouragement outside of care systems (Hartwell *et al.*, 2010; Munford, 2015; Watson *et al.*, 2015). Even when young people perceived that family members were ‘*on their back*’, they understood that it was because ‘*they care*’ (Watson *et al.*, 2015). Having ‘*mates*’ they could trust or who would look out for them (Hartwell *et al.*, 2010; Ochoa, 2010; Heath and Priest, 2016) or the ‘*unbreakable bonds*’ they made with friends in prison (Bright *et al.*, 2011) were also important sources of support. In contrast, some young people also spoke about the fragility of their relationships with family and friends and how they felt unsupported (Bonham, 2006; Heath and Priest, 2016). Some spoke about how family members distanced themselves from young people through limiting communication (Bonham,

2006; Heath and Priest, 2016) or choosing not to visit and spend time with them (Bonham, 2006). For others, support and encouragement were found in relationships with other significant adults such as employers and foster carers who had been '*inspiring*' and supportive in their journey or taught them things that '*nobody else did*' (Munford, 2015).

3.14. Theme five: Turning lives around

The fifth and final theme to emerge from young people's accounts relates to the ways in which they were able to reflect on their past experiences and re-evaluate their futures. This included what they had learned from their experiences; recognising the impact of their actions and their reasons for change.

3.14.1. Knowing and learning

Over time and with support, such as periods in secure facilities or professional intervention, some young people were able to thoughtfully reflect on their past actions and experiences (Bonham, 2006; Douglas and Plugge, 2008; Young *et al.*, 2009; Hartwell *et al.*, 2010; Ochoa, 2010; Bright *et al.*, 2011; Holligan and Deuchar, 2015; Munford, 2015; Heath and Priest, 2016). Young people's accounts were juxtaposed with beliefs that their actions and behaviours were due, in part, to circumstances that were beyond their control (Bonham, 2006; Douglas and Plugge, 2008; Hartwell *et al.*, 2010; Bright *et al.*, 2011; Holligan and Deuchar, 2015; Munford, 2015) and partly due to personal choice. For example, some young people described how substance use had been influential in their delinquent behaviours (Bonham, 2006; Douglas and Plugge, 2008; Young *et al.*, 2009; Bright *et al.*, 2011; Holligan and Deuchar, 2015) and others spoke about other external factors influencing their behaviours, such as friends and environments (Holligan and Deuchar, 2015) and feeling powerless to take control. Other young people reflected on their behaviours in terms of the personal choices they made (Bonham, 2006; Ochoa, 2010; Horstkotter *et al.*, 2012; Heath and Priest, 2016), describing knowing that their actions were wrong but choosing to do them anyway (Bonham, 2006).

Whether or not young people reflected on their experiences and actions in terms of external influences or individual choices, they acknowledged that they needed to do things differently. For some, learning and changing was part of a natural process of growing up and growing '*out of it*' (Ochoa, 2010; Heath and Priest, 2016), whilst for

others the possibility or threat of more serious consequences were the motivation for change (Bonham, 2006; Douglas and Plugge, 2008; Ochoa, 2010). Being able to implement change involved practical strategies, for instance, not using substances (Bonham, 2006; Hartwell *et al.*, 2010; Bright *et al.*, 2011); avoiding or not returning to the same neighbourhoods and friends (Bonham, 2006; Young *et al.*, 2009; Hartwell *et al.*, 2010) or gaining an education (Heath and Priest, 2016) or employment (Hartwell *et al.*, 2010). For others, the ability to solve problems differently involved developing emotional skills such as being able to talk about problems (Bonham, 2006) and dealing with aggression (Hartwell *et al.*, 2010; Heath and Priest, 2016). Particularly for some young women, changing the way in which they engaged in personal relationships with men was important to their development and self-esteem (Bright *et al.*, 2011).

3.14.2. Empathy and remorse

As part of the learning process, some people were able to express feelings of empathy and remorse (Bonham, 2006; Young *et al.*, 2009; Tidefors and Skillback, 2014), describing how they had been able to reflect on how their actions had affected others through '*putting myself in their shoes*' and understanding that their actions could be emotionally hurtful for people (Bonham, 2006). Although at times lacking accountability for their actions (Bonham, 2006; Young *et al.*, 2009; Tidefors and Skillback, 2014), some young people spoke about their regret and how they wished they could '*turn back time*' (Young *et al.*, 2009) and make amends through being honest and to '*pay it back*' (Bonham, 2006).

3.14.3. Being better for others

Young people spoke about their reasons for '*change*' and wanting to be better for others (Bonham, 2006; Young *et al.*, 2009; Bright *et al.*, 2011; Heath and Priest, 2016). For some, being able to show their love for their families and make amends were important to their sense of belonging and being accepted by their families (Bonham, 2006) or wanting to '*thank*' their families for '*sticking by*' them (Young *et al.*, 2009). For some young people, being accepted also meant making changes to show their families '*what I'm capable of*' (Bonham, 2006) or to '*prove them wrong*' (Heath and Priest, 2016). For others, giving purpose to their experiences was important (Bonham, 2006; Young *et al.*, 2009; Bright *et al.*, 2011). Young people were aware that their negative experiences could be turned into positive life lessons for others. For example, being a '*better role model*' to

their siblings and making them '*proud*' (Bonham, 2006) or taking responsibility for '*breaking the chain*' and giving their own children a better life (Bright *et al.*, 2011).

3.14.4. *Being better for themselves*

Alongside wanting to be better for others, a key aspect within young people's accounts relates to how they see their own futures and being better for themselves (Shelton, 2004; Bright *et al.*, 2011; Tidefors and Skillback, 2014; Watson *et al.*, 2015; Heath and Priest, 2016). For young people, two different outlooks emerged. One was characterised by hope for different futures (Shelton, 2004; Bright *et al.*, 2011; Tidefors and Skillback, 2014; Heath and Priest, 2016) and the other, by feelings of hopelessness (Shelton, 2004; Ochoa, 2010; Watson *et al.*, 2015). Although not the prevailing outlook for most, some young people were candid in their thoughts about how they felt it would be difficult if not impossible to move on, and that their futures would be forever tainted and overshadowed by their past (Shelton, 2004; Ochoa, 2010; Watson *et al.*, 2015). For others, thoughts about their futures were more hopeful. Going back to school and gaining an education was a key factor in shaping positive futures (Shelton, 2004; Bright *et al.*, 2011; Heath and Priest, 2016). 'Doing better' for some meant being allowed to '*dream*' and raise their own expectations, (Shelton, 2004) (Tidefors and Skillback, 2014), or having their own children and being good mothers (Bright *et al.*, 2011; Tidefors and Skillback, 2014).

3.15. Discussion

The overarching aim of this review was to undertake a qualitative systematic review to explore how young people who offend describe and understand their own mental health and needs. Through a meta-ethnographic synthesis of fourteen studies, a 'line of argument' is developed through five core themes and additional sub-themes which are linked to young people's personal chronological experiences identified within and across the studies. Although not all the themes and related concepts are evident in all individual studies, through the process of translating studies across each other and exploring the relationships between metaphors, concepts and phrases, an overarching perspective on a possible set of relationships between a range of experiences, mental health and offending behaviour is formulated. This new layer of analysis potentially provides a progressive 'storyline' of young offenders' experiences of early life events, the ways in which they manage these events and make sense of their mental health, and the ways in which they

may be able to reconcile experiences and envisage their futures. The following discussion seeks to further consider aspects of this analysis in relation to the original aims of the review and the broader literature and how these findings inform my research plan for this thesis.

Exploring the ways in which young people talk about and describe their lived experiences may provide valuable insights to assist the understanding the meanings young people attach to, and the ways in which they manage, those experiences. In this set of studies young people talked about their upbringing in environments characterised by instability and inconsistency in families, parents' own histories of offending and difficulties and gaps in education. These findings are consistent with previous literature relating to youth offending discussed in Chapter Two (Section 2.4). Young people also spoke about early traumatic experiences, such as abuse and vulnerability in their environments. As described in Chapter Two (Section 2.5) young people who offend have been shown to experience a disproportionate amount of traumatic experiences compared to non-offenders. However, the recent report produced by Beyond Youth Custody suggests that the research literature relating to trauma and young people who offend has been slow to emerge in comparison to the wider field of mental health due in part to the difficulties in defining, recognising and diagnosing trauma (Liddle, 2016). In this review, young people's common response to experiencing difficult and often traumatic events was to try to 'normalise' or downgrade the significance of the experience, for instance, *'it's just the way the cookie crumbles'*. Literature on female survivors of childhood sexual abuse suggests that children and young people develop coping strategies such as denial or minimising abuse that then act as 'protective defences' to enable them to manage their experiences (van Loon *et al.*, 2004). One possible explanation for young people's responses is that minimising the effects of traumatic experiences may enable young people to overcome, or become more resilient to, their situations. Resilience is broadly defined as *'a capacity to do well despite adverse experience'* (Murray, 2010, p.117) and early theories of childhood resilience emphasise that resilient children are those who are able to respond to difficult situations in order to achieve positive outcomes through internal personal characteristics and external factors relating to families and their social environments (Rutter, 1987; Masten and Coatsworth, 1998). In studies included in this review, some young people appeared to show resilience in the absence of families or during periods of family instability through finding emotional protection and a sense of

identity from other sources such as other family members and neighbours. Nonetheless, young people also spoke about responding to events and experiences in less positive ways, for example, joining gangs or using violence to exert social identity and physically protect themselves. Another aspect of resilience is the capacity to draw on positive resources. Within the youth justice literature it is increasingly recognised that the resources available to young offenders ‘*may not be conventionally pro-social*’ and that for some young people using the ‘*best that is available to them may be the healthiest option*’ (Robinson, 2015, p.20). In his extensive work with vulnerable youth and re-thinking the notion of resilience for this group, Ungar describes this as ‘hidden resilience’ (Ungar, 2003). Robinson suggests that in instances when young people have access to ‘limited choices’, hidden resilience enables them to feel empowered through engaging in conventionally undesirable (e.g. criminal) behaviours (Robinson, 2015). Ungar (2003) observes that:

‘In studies that document the rich narratives of high-risk youth and their depictions of their capacity to survive and thrive, even violent teens argue that they should be seen as healthy both in spite of, and as a consequence of, the risks they face. Strangely, these youth talk about their problems as pathways to resilience embedded in unconventional, marginal and too frequently, destructive behaviour’ (Ungar, 2003, p.3).

Consistent with this view, some young people in this review described explicitly engaging in ‘destructive behaviours’, namely substance abuse and self-harm, as coping strategies that they felt enabled them to gain emotional control over their experiences, or a brief period of respite and/or an opportunity to ‘feel normal’. However, young people were also acutely aware of the detrimental effect of using substances, describing how they believed that the cause of their offending was largely attributable to their substance use.

A common finding across the studies was the apparent difficulty young people had understanding some of the multiple factors that might be relevant to, and affecting, their mental health and perhaps also their offending behaviours. There appeared to be a general lack of awareness that such behaviours could be symptomatic of their experience of distress rather than just how they are and /or even that these complex interacting factors might be of relevance when considering their offending behaviour.

One aspect that young people highlighted was the role substance misuse played in their offending behaviour. This is in keeping with recent findings from UK research exploring young male offenders’ use of alcohol and drugs. In a UK study of 293 young males and

females aged 14-18 years in contact with eleven YOTs, over half of the young people self-reported that alcohol or drugs (such as cannabis) had led to their offending (Hammersley *et al.*, 2003). In another study of young male offenders in a Scottish Young Offenders Institute, McKinlay and colleagues report that 43% of young males self-reported drinking alcohol before committing a crime (McKinlay, 2009).

To aid an understanding of how young people experience adverse events, it is important to understand and recognise young people's beliefs and perceptions about the impact of these experiences on their mental health and emotional well-being. Young people consistently spoke about and referred to the notion of mental (ill) health negatively and in disparaging ways. They considered experiencing mental health difficulties as a '*bad thing*'. These accounts are also consistent with previous research studies that have examined the way in which young people describe and view mental health and the ways in which mental health is portrayed to them (Wilson *et al.*, 2000; Rose *et al.*, 2007). In one UK study collecting data to inform the development of an intervention aimed at reducing mental health stigma amongst secondary school students, four hundred 14 year old school students in five secondary schools were asked why they might avoid seeking treatment for mental health difficulties. Researchers asked students to describe in their own words 'someone who experiences mental health problems'. Analysis of 250 words provided by students revealed that nearly half of the words (116/250 words) were categorised as 'popular derogatory terms' such as 'nuts', 'psycho' or 'crazy' (Rose *et al.*, 2007). The use of similar terms was also widely observed in a research study investigating references to mental health in popular children's television programmes (Wilson *et al.*, 2000). In a sample of 128 children's programme episodes shown on New Zealand television covering more than fifty hours in one week, almost half (46%) of the episodes analysed contained negative references such as 'twisted', 'wacko' or 'looney' to describe mental illness (Wilson *et al.*, 2000).

Although not the only source of information available to young people, forms of media are reportedly influential on young people's 'self-socialisation' (Arnett, 1995) and can play an important role in shaping stigma and contributing to negative attitudes towards mental health (Sieff, 2003; Klin and Lemish, 2008). Some young people in this review spoke about the stigmatising nature of mental health, both in terms of their own and others' perceptions, and the need to distance themselves from being viewed as a young person with a 'mental problem' or 'a screw-up'. Young males in particular spoke about

concealing their difficulties through fear of being misjudged or stigmatised. Fear of being stigmatised and misconceptions about what mental health is has important implications for young offenders seeking help. Consistent with previous research, young people who offend resist seeking help from, or engaging with, mental health services due to feelings of shame and fears of being labelled (Shelton, 2004; Naylor *et al.*, 2008). Particularly for young incarcerated males aged 18-21 years old, the perceived ‘masculine ethos’ amongst peers in secure environments (e.g. young offenders institutes) presented a barrier to young men sharing their experiences of mental health with others (Woodall, 2007). Theoretical perspectives of ‘labelling’ in relation to youth crime and the potential impacts of labelling on young people are discussed further in Chapter Seven (Section 7.3).

The restricted use of language seen in young people who offend and the limited number of ways in which they are able to communicate their experiences is demonstrated throughout this review. This is particularly relevant and important to developing a better understanding of the vulnerability of young people who offend. As discussed in Chapter Two (Section 2.5) there is now emerging evidence that a proportion of young people who offend have significant speech, language and communication difficulties alongside other learning and educational needs (Bryan *et al.*, 2007; Department of Health, 2009a). It is also becoming increasingly acknowledged that such problems may have a potential role in both problems of emotional understanding, emotional regulation and downstream behaviour problems (Ryan and Redding, 2004; Ripley and Yuill, 2005; Snow and Powell, 2011). Young people in this review spoke about having a ‘*short fuse*’ and reacting to situations through anger and aggression rather than being able to express their feelings. This synthesised data is consistent with the research literature on marginalised youth. In studies of high-risk young males and boys excluded from school who have poor language ability and skills, externalising behaviours such as aggression and disruption are commonly observed strategies used to express emotional symptoms such as depression and low self-esteem (Ryan and Redding, 2004; Ripley and Yuill, 2005; Hopkins *et al.*, 2016). Further, difficulties with language and communication can also aggravate interactions between young people and authority figures described in Chapter Two (Section 2.5). Young people spoke about challenging authority in consistently negative and defiant ways, and their frustration at being ‘*shouted at*’ or not being ‘*listened to*’. Yet despite this body of evidence, shifts in policy and approaches to managing young people in youth justice do not appear to have taken account of these findings. For example,

although the youth justice board (YJB) have provided guidance to YOTs on how staff should assess speech, learning and communication problems in young people who offend, Bryan et al. argue that training for youth justice staff who undertake these assessments is inadequate and that staff are not supported by relevant professionals such as speech and language therapists (Bryan *et al.*, 2015). The ways in which these deficits in language and communications skills often go undetected and remain hidden in justice settings are discussed further in Chapter Seven (Section 7.3).

3.16. Strengths and limitations

There are a number of strengths and limitations to this review. This is a comprehensive review that meets the criteria for a systematic review and a robust process was undertaken to identify studies eligible for inclusion. Although only 14 studies were available for analysis, considerable effort was made to obtain the unpublished studies identified in the search. This included contacting authors directly where contact information was available. Despite these efforts the full-text for eight articles was unavailable. The exclusion of these articles might have potentially introduced ‘publication bias’ whereby studies might not be published where they do not show clear or marked findings (Petticrew *et al.*, 2008). However, in this review qualitative findings from two unpublished theses were included. Although the inclusion of unpublished studies can itself introduce bias in terms of possible lower methodological quality, these studies have been evaluated using an expert peer review process and so were included as part of the systematic review process.

A potential limitation but also a strength of the synthesis, was the diverse range of included studies in terms of the foci of the studies, age and ethnicity of study participants, and different contexts and timeframes. For example, contextually, justice systems are inherently different in countries such as the USA, UK and New Zealand. This poses challenges in terms of the breadth of focus of included studies or the potential impact of contextual factors on individual experiences specifically relating to England and Wales in this thesis. However, the diversity of studies allowed me to explore a range of perspectives across a broad spectrum of young peoples’ experiences of complex issues and in a range of contexts. This adds strength within the synthesis since despite variations in settings and focus, common experiences emerged within and across the themes. For example, in a recently published review of the international literature relating to the

experiences of trauma in young people who offend, although overall higher rates of exposure to violence are reported in US studies compared to the UK, findings from UK studies presented in Chapter Two suggest that 25-40% of young people who offend self-report experiencing violence in the home (Stuart and Baines, 2004) and 28% self-report witnessing domestic violence (Jacobson *et al.*, 2010). Further, studies reporting language and communication difficulties in the UK and Australia also discussed in Chapter Two report similar high rates of language and communication difficulties in young people who offend (Bryan *et al.*, 2007; Snow and Powell, 2011).

Thirdly, a commonly observed limitation of meta-ethnography is the reliance on pre-selected quotes chosen by the original study authors to represent participants' experiences and the authors own interpretation of these (Atkins *et al.*, 2008). However, themes largely emerged from young peoples' accounts in each study and where possible, I presented the synthesis through direct examples of the participant's words.

Finally, although qualitative analysis is inherently data driven, it can also be informed by previous research and theory. When these two approaches are combined, they can add strength to the synthesis of findings. In this review, the synthesis of findings is both driven by young people's voices and informed by the authors' interpretations, to enable the development of novel interpretations that go beyond individual studies or which are 'more than the sum of all parts' (Thorne *et al.*, 2004).

3.17. Chapter Summary

The findings from this review contribute to the literature on the mental health and experiences of young people who offend in a number of ways. The 'progressive storyline' that is presented aligns existing concepts with new understanding of the lived experiences of young people who offend and the mental health difficulties they face. The synthesis of data across studies demonstrates young people's lack of ability to understand both their own mental health problems and those of other people. At the same time, the synthesis reveals that some young people have the ability to reflect on experiences and show an understanding of the consequences, and in some cases, their ability to develop ways of adapting to and coping with their adverse circumstances. The data also highlight some of the positive experiences of professional support, and what made it 'work' for the individuals (often down to how professionals spoke to them and or approached problems), whilst also indicating their knowledge of what does not work and how that

could be avoided. The review findings address the first research objective in this thesis (outlined in Chapter One, Section 1.3): to undertake a qualitative systematic review and meta-ethnography to explore how young people presenting to youth justice services describe and understand their own mental health and needs.

Further, these complex and at times apparently contradictory findings are useful and have informed the primary qualitative study in this thesis (Chapters Four to Eight) by integrating some of the key messages from the synthesis and taking into account the broader ‘storyline’ of the experiences of young people who offend. Specifically, the findings demonstrate the need to further explore: (1) the ways in which young people show resilience to difficult childhood experiences to develop services that better recognise and understand this; (2) the differences between how young people perceive their situation and how staff and others perceive the same situation from a different perspective (e.g. through using methodologies such as experience-based co-design (EBCD)) and, (3) the difficulties that impaired language and communication skills present for young people who offend and the need for professionals working in justice services to develop innovative ways to better involve young people in research and practice.

CHAPTER FOUR

4. Chapter Four: Methodological Approach

'If I had asked people what they wanted, they would have said faster horses'

Henry Ford (date and source unverified)

4.1. Chapter Overview

I begin this chapter with describing my epistemological and ontological standpoint and the rationale for this primary qualitative study. I then describe the theoretical origins of a relatively novel research approach that has been used in healthcare service re-design and improvement - experience-based co-design (EBCD) - and a critical appraisal of the approach. The way in which EBCD is applied to young people who offend and are in contact with community forensic services and the key ethical and practical challenges of adopting this approach are then described, alongside my aim and research questions of this primary qualitative study.

4.2. Ontological and epistemological standpoint

Ontological and epistemological positions are important influences on the chosen method(s) for any research study and enable the researcher to engage in 'scaffolded learning' (Crotty, 1998). Crotty suggests that the concept of 'scaffolded learning' – the development of an initial framework or process whereby interlinked elements of a research study are identified e.g. ontology, epistemology, methodology and methods – provides the foundations on which to build and structure the research process (Crotty, 1998).

Ontology is 'the study of being' (Crotty, 1998). Ontological assumptions are concerned with what constitutes reality and how we understand its existence (Crotty, 1998). There are two opposing ontological positions: realist and relativist. The realist position assumes *'the view that entities exist independently of being perceived, or independently of our theories about them'* (Phillips, 1987, p.205), i.e. to determine whether or not an 'object' exists does not require for it to be observed (Levers, 2013). In contrast, relativist ontology is the belief that reality is a finite subjective experience (Denzin and Lincoln, 2011) through which people construct their own and often multiple 'truths' of events and to be able to capture this complexity, multiple interpretations or 'truths' need be explored (Guba and Lincoln, 1989). Epistemology is concerned with the theory of 'knowing' or

how reality is captured or known (Guba and Lincoln, 1994). Guba and Lincoln explain that epistemology is concerned with the question, '*what is the nature of the relationship between the knower or would-be knower and what can be known?*' (Guba and Lincoln, 1994, p.108). Broadly speaking, there are two dominant epistemological traditions or ideologies: positivism and interpretivism. A positivist ideology assumes that there is a single objective reality to any research question (Hudson and Ozanne, 1988) which is separate from the researcher's perspective or belief (Guba and Lincoln, 1994). The goal of the positivist ideology is to seek objectivity through applying rational and logical research methods (e.g. statistical) that are free of value judgement (Guba and Lincoln, 1994). The interpretivist ideology assumes that there are multiple realities of what it is like to experience a particular phenomenon and that the aim is to construct a relevant version of reality rather than necessarily the absolute truth (Guba and Lincoln, 1989). Unlike the positivist ideology, interpretivism avoids rigid structural research frameworks in favour of research methods that capture meaning and subjective experiences and the likely multiple realities that are tied to context and time (Hudson and Ozanne, 1988). The goal of interpretivism is therefore to understand that knowledge is '*socially constructed rather than objectively determined*' (Carson *et al.*, 2001, p.5).

The epistemology of this study follows the interpretivist ideology as one of the research aims is to understand the experiences of young people who offend who are in contact with community forensic services, and their understanding of their mental health difficulties. At the same time, I recognise that experiences held by participants consist of 'multiple truths' and that my own (as the researcher) and others' reflections may influence the ways in which these experiences are re-told (Corbin and Strauss, 2008). The ontology of this study draws on a relativist position as its purpose is to understand these subjective and multiple experiences of reality and truths held by participants (Levers, 2013).

4.3. Rationale for this primary qualitative study

This research thesis is concerned with exploring how a novel research approach (Experience Based Co-Design (EBCD)) could be applied to community forensic services with young people who offend presenting with mental health difficulties. As discussed in Chapters One and Two, although in recent years the number of young people entering the youth justice system has decreased, a recently published review of the Youth Justice

System (YJS) has highlighted that young people who offend and who come into contact with the criminal justice system are likely to be serious offenders who have complex mental health needs (Taylor, 2016a). Chapter Two (Section 2.3) outlines how UK policy and research evidence have emphasised the need for youth justice and health services to work together to engage with, and provide health (including mental health) services, for young people who offend. In particular, the UK Government's recent five-year plan to improve youth mental health provision (which includes services for young people in the youth justice system) explicitly recommends that the views and experiences of young people should be considered and that young people should be involved in the future development and delivery of services as 'experts in their care' (Department of Health, 2015a). However, in Chapter Two (Section 2.7) I also discussed that this focus on involving young people in these processes in the UK specifically is still in its infancy and that little is known about what are the most effective techniques to access this knowledge and information from young people who offend (Worrall-Davies and Marino-Francis, 2008). In line with my ontological and epistemological stance as a researcher described above, this primary qualitative study and the remainder of this thesis will focus on Research Objective Two: To explore how a novel research approach (Experience Based Co-Design (EBCD)) could be applied to young people with mental health difficulties presenting in community forensic settings.

4.4. Experience-Based Co-Design (EBCD)

Experience-based co-design (EBCD) is an approach that is gaining momentum in the field of health service improvement. First developed by Bate and Robert in 2006 as an innovative approach for use in healthcare improvement research, the EBCD approach seeks to guide service improvement through staff and service users working together collaboratively to co-design better services (Bate and Robert, 2006). Central to this approach is the notion that experiences held by service users are unique and integral to the process (Bate and Robert, 2006). In developing the EBCD approach, Bate and Robert initially highlighted the UK Department of Health's vision and commitment in their ten-year NHS plan to invest in and reform healthcare services, and to re-design health services 'around the patient' (Bate and Robert, 2007a). Although recognising that the implementation of policy and practices, '*led to rapid growth of practical re-design initiatives in the NHS*' (Bate and Robert, 2007a, p.16), Bate and Robert acknowledged

that subsequent government reports commissioned to re-examine the state of healthcare and healthcare improvement respectively, found that service design practices remained largely focussed on collecting data about, and meeting the needs of, staff rather than patients (Bate and Robert, 2007a). Bate and Robert felt that an alternative approach, one that tapped into the previously unexplored experiences of patients or service users, had the potential to drive a movement in healthcare re-design that was with patients and for patients and informed by their own experiences (Bate and Robert, 2006).

The emergence of the EBCD approach, based centrally on this idea that ‘experience’ is important in understanding the impressions that patients form about the quality of healthcare they receive, is situated in the field of interpretive anthropology (Bate and Robert, 2007a). Interpretive anthropology is a specific approach to ethnography developed by Clifford Geertz to explore the meaning of experience through symbols and cultures. Central to Geertz’s philosophy is his metaphor of ‘culture as text’ and that any culture (such as a healthcare system) is,

‘A system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and attitudes toward life’ (Panourgiá and Marcus, 2008, p.89).

Geertz proposed that in order to interpret a culture, we must first understand how people within that culture interpret themselves and their own individual experiences through developing ‘ethnographic miniatures’ (e.g. smaller studies of the larger picture) (Panourgiá and Marcus, 2008). By contextualising specific ethnographic descriptions or miniatures, Geertz argues we can then explain cultures through ‘thick description’ - an explanation of behaviour and its context - of its conceptual structures and meaning (Panourgiá and Marcus, 2008, p.452). To begin to translate Geertz’s philosophical meaning and interpretation of experiences into a healthcare culture, specifically how they relate to and inform ‘improvement design’, the EBCD approach was developed from four theoretical strands or ‘intellectual roots’: participatory action research (PAR); learning theory; narrative-based approaches and user-centred design science (Robert, 2013).

Participatory action research is broadly defined as an approach that,

‘Seeks to understand and improve the world by changing it. At its heart is collective, self-reflective inquiry that researchers and participants undertake, so they can understand and improve upon the practices in which they participate and the situations in which they find themselves’ (Baum et al., 2006, p.854).

Since the 1990s participatory action research has gained acceptance and increased in popularity. This has been particularly evident in the field of mental health research in more recent years, in response to the ‘survivors’ movement’ and the need for their (service users) voice to be heard in planning and delivering services (Baum *et al.*, 2006). This increasing awareness and acceptance (by researchers and healthcare commissioners) of the importance of a ‘voice’ for service users (and staff) in all health care systems is reflected in the influence of two further strands in the development of the EBCD approach: learning theory and narrative-based approaches. Argyris and Schon’s learning theory, a conceptual framework that describes how we absorb, process and retain knowledge during the learning process, influenced the early development of EBCD approach (Robert, 2013). More recently, Robert describes how different perspectives such as those in the field of learning design have continued to inform the development of EBCD (Robert, 2013). One such example described is the work of Kerr and Lloyd which focusses on the role of arts-based learning approaches in management education. Kerr and Lloyd argue that developing creativity through an ‘artful process’ and providing an environment that supports and develops creativity is required to develop better managers (Kerr and Lloyd, 2008).

The central goal of EBCD is to capture and incorporate staff and service users’ lived experiences that can ‘underpin and propel’ quality improvements to healthcare services (Blackwell *et al.*, 2017). Alongside learning theory together with the use of participatory action methodology, the application of narrative-based approaches (e.g. through gathering stories and storytelling) forms a third essential component in EBCD. Bate and Robert argue that stories can provide rich information about how people subjectively experience a service (positively and negatively) and how services can be improved. The authors stress however, that storytelling does not always need to involve an ‘intense interaction’ (for example, a deeply emotional account or a dramatic ending) for it to be considered useful (Bate and Robert, 2007a). Indeed, researchers argue that gathering and interpreting the subjective experiences of patients generally in healthcare is necessary to highlight what works well in services and what does not, and how improvements can be made (Coulter *et al.*, 2014).

The final strand in the development of the EBCD approach is user-centred design science, a field which involves ‘tapping into’ collaborative participation between service providers and services users to co-design services (Robert, 2013). Framed within a user-centred

design lens, Bate and Robert argue that the characteristics of healthcare services are not dissimilar to companies and organisations whose core business is designing goods and services through understanding the perspectives of service users (Bate and Robert, 2007a). Describing the ‘simple logic’ that organisations apply to achieve this e.g. ‘*good customer service produces a good customer experience*’, Bate and Robert suggest that applying the same logic in healthcare systems can ultimately produce a better experience (Bate and Robert, 2007a, p.1). To illustrate this theoretically, Bate and Robert use the example of Berkun’s ‘three elements of good design’: (1) functionality (is the service fit for purpose); (2) safety (how safe and reliable is the service) and (3) usability (how the service feels or is experienced) (Berkun 2004 cited in Bate and Robert, 2007a, p.5). Bate and Robert argue that, whilst the functionality and safety components have been incorporated into NHS improvement initiatives, the usability component has been traditionally absent (Bate and Robert, 2007a). Emphasising ‘usability’ in the EBCD approach, Bate and Robert describe how the relevance of the design sciences has the potential to go beyond producing an understanding of quality improvement through, for example, the use of staff and patient questionnaires, by focussing on gathering actual user experience to identify in Berkun’s terms, ‘how the service feels’ and potential areas for improvement (Bate and Robert, 2007a).

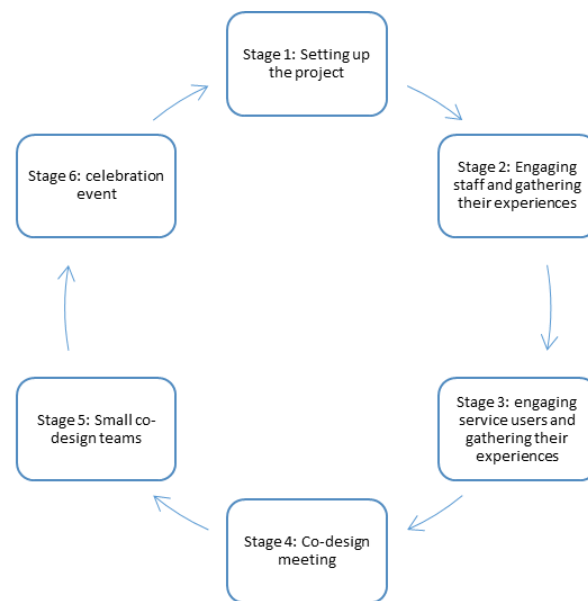
The EBCD approach has two phases: an exploratory phase and a co-design phase. As described above, the first exploratory or discovery phase is rooted in anthropology and ethnography and differs from traditional qualitative approaches to healthcare improvement research in that Bate and Robert describe it as a ‘joint venture’ between staff and patients. It places emphasis on the actual experiences of staff and service users rather than their views, attitudes or needs (Bate and Robert, 2007a). Through exploring the experiences of staff and service users, the EBCD approach aims to create services that are ‘cognitively and emotionally’ appealing to those who receive them (Bate and Robert, 2007a). The second co-design phase is focussed on service users actively and directly participating in specific parts of, or the whole design process itself (Bate and Robert, 2007a). However, Bate and Robert stress that,

‘Experience based design is not about turning patients into professional designers.... The role of users (and the value and justification for their being there) is to bring the knowledge of their experience to the table so that the designers can work with them to translate and build that knowledge into new and future designs’ (Bate and Robert, 2007a, p.31).

In its traditional form (modified versions are discussed in Section 4.5) the EBCD approach involves six-defined stages (Figure 2: Stages of the EBCD approach) and is typically undertaken over a period of 9-12 months (Bate and Robert, 2007a). A free on-line toolkit detailing the stages of the Experience Based Co-Design (EBCD) approach is available on the Point of Care Foundation (PoCF) website (The Point of Care Foundation). The six stages involve a process of:

- (1) Setting up the project and getting staff ‘buy in’ to the project
- (2) Gathering staff experiences through a combination of semi-structured interviews (n=12-15), periods of participant observation in services and presenting this information to staff participants
- (3) Gathering the experiences of service users (n=12-15) through open-ended narrative interviews which are typically filmed, and feeding back this information to service user participants
- (4) Bringing staff, patients and carers together in a first co-design event to share - prompted by an edited 20-30 minute ‘trigger’ film of patient narratives - their experiences of a service and identify priorities for change
- (5) Organising small groups in which staff and service user participants work together to co-design improvements to the priorities jointly identified in stage 5
- (6) Holding an end of project celebration event to reflect on what has been achieved and identify areas for further consideration (Donetto *et al.*, 2014).

Figure 2: Stages of Experienced-Based Co-Design (EBCD)



(Donetto *et al.*, 2014)

A fundamental element of the EBCD approach is identifying and capturing ‘touch points’ of how users experience a service (Bate and Robert, 2007a). Touchpoints highlight or represent ‘critical points’ or ‘moments’ in a journey through a service that Bate and Robert describe as,

‘Points of contact with the service that are intensely ‘personal’ points...where one recalls being touched emotionally (feelings) or cognitively (deep and lasting memories)’ (Bate and Robert, 2007a, p.137).

It is these touchpoints that form part of the overall journey or experience of staff (i.e.. delivering a service) and services users (i.e. receiving a service) in a particular organisation that can provide important insights into how these journeys might be experienced subjectively, revealing the relationship between the user and the service (Bate and Robert, 2007a). Touchpoints can emerge from, and relate to, a wide range of the users’ experience of a service (or product). For example, community EBCD projects have reported service user touchpoints relating to the physical environment (e.g. dementia patients feeling that corridors in their care home appeared daunting, unsafe and confusing to residents) (Caring Homes, 2017) and in published studies in relation to the delivery of care (e.g. family/carers feeling that there was a lack of communication by staff in end of life care) (Blackwell *et al.*, 2017). Other unpublished studies have reported staff touchpoints, for example, in the use of medical apparatus/equipment e.g. staff feeling that it was difficult to physically position women in mammogram machines (Bird, 2016). In

the traditional EBCD approach (described above) touchpoints such as those described here are identified from staff and service users through, for example, open-ended narrative interviews and interviews with service users which have often been captured on film. These filmed interviews are then edited by the researcher(s) to extract and group touchpoints from all participants. These are then interwoven to produce a final ‘trigger film’ (stage three in the EBCD cycle), which shows footage from one service user to another talking about these touchpoints. The ‘trigger film’ is then shown to staff and service users (stage four in the EBCD cycle) to ‘trigger’ a conversation around service improvements (The Point of Care Foundation).

Another aspect of the EBCD approach described by Bate and Robert is observation (Bate and Robert, 2007a). Situated in the ethnographic roots of the development of the EBCD approach, observation (specifically, participant observation) is a method used by researchers to,

‘take part in the daily activities, rituals, interactions and events of a group of people as a means of learning the explicit and tacit aspects of their life routines and culture’ (Musante and DeWalt, 2010, p.1).

Bate and Robert argue that undertaking periods of observation (or ‘organisational loitering’) can provide important understanding about the ways in which staff and service users interact with each other and their environment ‘in real time’ (Bate and Robert, 2007a). For example, observations can highlight discrepancies between the accounts of what people say and what they do (Mays and Pope, 1995) and can reveal previously unconsidered touchpoints (Bate and Robert, 2007a). Further, undertaking periods of observation can *‘also act as an important ‘hook’ for engaging staff in the EBCD process itself’* (Donetto *et al.*, 2014, p.6).

4.5. Modifying the EBCD Approach

Although the traditional EBCD approach outlines and describes data collection methods in a cycle of stages, there is no set or prescribed way as to how to undertake the stages or a requirement to complete all stages in the cycle. Since the initial pilot study undertaken in a head and neck cancer centre in the UK (Bate and Robert, 2007a; Bate and Robert, 2007b), the approach has been applied and modified in a range of clinical services and settings e.g. cancer, emergency department and intensive care services (Donetto *et al.*, 2014). Modifications have included ‘scaling up’ findings from smaller studies and

developing an ‘accelerated’ design. Larkin and colleagues modified the approach to explore hospitalisation for early psychosis in seven youth inpatient units in an NHS trust. In this UK study, the authors sought to combine the findings from three individual qualitative studies concerned with the experiences of twenty-one service users, their families and in-patient nursing staff. The authors reported that they were able to ‘convert’ the in-depth qualitative interview data across the three studies into touchpoints for the co-design phase. Researchers then presented these touchpoints to twenty separate feedback groups involving staff, service users and family members, who were asked to group touchpoints that they felt ‘belong together’. Participants in the feedback groups were then asked to develop a short list of priorities from the grouped touchpoints and the most common priorities were identified by the researchers through a thematic analysis across all groups (Larkin *et al.*, 2015). In a second study, Locock and colleagues aimed to test an accelerated form of EBCD (AEBCD). They wanted to explore whether secondary analysis of interview data that had already been collected in a national archive of video and audio clips (healthtalk.org formerly healthtalkonline) of relevant patient narratives (e.g. intensive care and lung cancer) to develop ‘trigger films’, could be applied and relevant to similar local EBCD studies without the need to undertake new interviews with local patients. Locock *et al.* report that staff and patients found the AEBCD approach ‘generally acceptable’ and that engaging in this accelerated process (e.g. using national rather than local films) may have been less intimidating (Locock *et al.*, 2014).

Although most studies have applied EBCD in the physical health field (Donetto *et al.*, 2014), researchers have modified the approach in studies in mental health settings (Larkin *et al.*, 2015; Springham and Robert, 2015; Cooper *et al.*, 2016). One of the first studies to utilise the approach in a mental health setting was undertaken in an acute mental health triage ward in the Oxleas NHS Foundation Trust which provides mental health services in London. The research was undertaken due to concerns about complaints from patients and family members accessing the ward (Springham and Robert, 2015). The primary aim of the study was to improve patients’ experience of the processes around admission and of the ward. One of the problems highlighted by the study related to the triage-system operating in the ward, a model that ‘grouped’ all patients together on admission which patients felt increased their feelings of anxiety and fear (Springham and Robert, 2015). Through applying EBCD, the researchers note that the existing triage system was abandoned and through *‘prioritising communication and relational aspects of care as*

defined by users’, no formal complaints were received in the following 23 months as a result (Springham and Robert, 2015, p.4). A further two UK published studies and a number of unpublished studies have applied the approach in mental health settings. The first study was undertaken in 2015 by Larkin and colleagues and also involved modifying the approach. The details of this study have been described above. In another UK study, researchers aimed to explore how six service-user voices could be used to inform service improvement within an NHS adult psychological therapies service. The study modified the approach, utilising staff focus groups rather than individual face-to-face interviews and did not include all the stages of the traditional approach; observations and the full co-design groups were omitted due to resource constraints. Nonetheless, the authors note that a number of goals and priorities were developed and feedback from staff and patients suggested that these would ‘genuinely improve’ the service (Cooper *et al.*, 2016).

Another study in Australia applied the EBCD approach to explore ways to improve the transition between tertiary and primary care services for adult patients with mental health difficulties and medical co-morbidity (Cranwell *et al.*, 2016). The study involved five stages (video recorded interviews; focus group discussions; developing a ‘trigger film’; combined focus group discussion, and evaluation survey) with thirteen service users and their care givers and tertiary medical and primary care clinicians. The study authors report that a number of co-design strategies (e.g. producing a service user brochure) were ‘worthwhile initiatives’ (Cranwell *et al.*, 2016). In addition to studies that have directly applied the EBCD (or modified) approach to the mental health context, evidence from the literature suggests that other studies have included some, but not all, of the methods described in the approach. Mulvale and colleagues undertook a systematic review of the literature to identify research studies seeking to improving child and youth mental health systems and the extent to which their methods aligned with EBCD. The authors identified 13 published studies but only one used a modified EBCD approach. The other 12 studies reported methods that the authors describe were ‘consistent with the core elements of the EBCD’ approach (Mulvale *et al.*, 2016, p.117). Few however focussed specifically on, and combined, participant experiences and perspectives throughout their studies (Mulvale *et al.*, 2016). One limitation of this review is that it is unclear if grey literature was searched. This is particularly relevant given that the review of the wider EBCD literature undertaken by Donetto and colleagues notes that only a minority of studies and their findings were published independently in peer reviewed publications, due to, for example,

being made available for internal reference only or the fact that projects were still ongoing (Donetto *et al.*, 2014).

Aside from being able to identify (and in some instances implement) changes as a result of applying a participatory action based approach, researchers suggest that *'making patient involvement a reality'* (Tambuyzer and Van Audenhove, 2015, p.524) can be emotionally beneficial and empowering to those participants involved. In their study exploring the extent to which patient involvement is associated with feeling satisfied and empowered, Tambuyzer and Van Audenhove surveyed over one hundred patients and found positive associations between patient involvement and satisfaction in service users with mental health problems (Tambuyzer and Van Audenhove, 2015). In the study of an NHS adult psychological therapies service using a modified EBCD approach described above, the authors similarly report that service users felt listened to and valued as a result of their participation in the study (Cooper *et al.*, 2016). In an evaluative EBCD study of patients accessing A&E departments in Australia, interviews with participants revealed that changes that resulted from the EBCD process were at *'levels that mattered to consumers'* (Piper *et al.*, 2012, p.167).

4.6. Critical appraisal of the EBCD approach

Donetto and colleagues undertook an online survey of researchers and practitioners who had been or were planning to be involved in EBCD studies. Fifty-seven participants completed the survey from a total of 107 potential participants. This published 'stocktake' report provides data on a range of questions relating to the use of the EBCD approach and details a number of the strengths and weaknesses. At the time of the survey, 59 EBCD studies had been completed or were being implemented and a further 27 were planned (Donetto *et al.*, 2014). Overall, 90% of participants reported that the application of EBCD in their studies *'really engaged patients'* and nearly half said they would use the approach again. Reported strengths of the EBCD approach included that the process enabled staff and patients to discuss *'difficult issues in a supportive environment'* (26/41 responses, 63%). Just over half reported that the study was able to identify clear priorities for improvement (21/41 responses, 51%) and, that *'it really made a difference to the way we do things around here'* (21/41 responses, 51%) (Donetto *et al.*, 2014). Weaknesses included that the process was resource intensive e.g. expensive (7/41 responses, 17%) and *'took too long'* (19/41 responses, 46%). Eleven responders indicated that *'staff did not*

engage with the project' (11/41 responses, 27%). The survey also found that the most 'underused' component of the EBCD approach was observation. The authors of the report suggest that these findings provide some emerging evidence of the effectiveness and flexibility of the approach in different contexts (Donetto *et al.*, 2014). Following the publication of this report, a number of further studies applying the EBCD approach have been reported. For example, the approach has been used to explore quality improvement in childhood nutrition and wellness in South Africa (van Deventer *et al.*, 2016); palliative care experiences in emergency care in the UK and US (Blackwell *et al.*, 2017), and improving care pathways for women who request a caesarean section in the UK (Kenyon *et al.*, 2016). In their study of childhood nutrition and wellness in South Africa, van Deventer and colleagues report common difficulties in recruiting and retaining participants and that undertaking the study in English was problematic for some participants when this was not their first language (van Deventer *et al.*, 2016). However, the authors note that in the absence of routine quality improvement practices to date, *'staff members were almost as much of an untapped source of ideas and perceptions as patients'* (van Deventer *et al.*, 2016, p.12). Blackwell *et al.* report that the use of the EBCD in their study with older patients in palliative care in emergency departments facilitated the collection of rich and in-depth data about the needs of all participants (e.g. staff, patients and families) rather than just the experiences of staff reported in other palliative care studies (Blackwell *et al.*, 2017). In the study applying the EBCD approach to improve the pathway for women requesting a caesarean in a UK hospital trust, Kenyon and colleagues report one of the key strengths of the approach is that it enabled the experiences of women and staff to be held central in the project against the backdrop of rivalry between the midwifery and the medical model of care (Kenyon *et al.*, 2016). In weighing-up the strengths and weaknesses, some of which are similar to those captured in the previous EBCD stocktake (Donetto *et al.*, 2014), there was common agreement across these three studies that the application of the approach in different contexts was described as useful in and valuable to quality improvement practices (Kenyon *et al.*, 2016; van Deventer *et al.*, 2016; Blackwell *et al.*, 2017).

In their further discussion of the strengths and weaknesses of the use of EBCD approach in public services, Donetto *et al.* stress that there is a need for,

'critically oriented cross-disciplinary research efforts to illuminate the potential of co-design practice reconfigurations of power relations, the appropriate role of

design expertise within such processes and their eventual impact on the quality of patient care (Donetto *et al.*, 2015, p.244).

‘Illuminating’ this potential, particularly within different contexts and with different populations, requires some consideration. Firstly, previous studies applying the EBCD approach in the mental health context (discussed in the previous section) stress the need to carefully modify and refine the approach to be more appropriate for the needs of mental health service users and to offer safety in mental health settings (Larkin *et al.*, 2015; Cooper *et al.*, 2016; Mulvale *et al.*, 2016). Specifically, it is important to consider relationships of power, informed consent, anonymity and confidentiality, and the vulnerability of service users (Larkin *et al.*, 2015; Cooper *et al.*, 2016). Researchers suggest that more evidence is needed to explore these issues and to determine the ‘promise’ of the approach in engaging with specific vulnerable populations (Mulvale *et al.*, 2016). Secondly, in their discussion about tackling some of the common challenges of using the EBCD approach (described above) in the Australian context, Dimopoulos-Bick and colleagues report two important points. The first is that the adoption of EBCD in Australia is in its infancy compared to the UK and whether or not Australian health systems are ‘ready’ for EBCD (Dimopoulos-Bick *et al.*, 2018). The second relates to the flexibility of the EBCD approach. Dimopoulos-Bick *et al.* argue that although the flexibility of the EBCD can be a strength, key components or stages may be ‘omitted’ and these omissions may be related to, for example, ‘readiness’ within particular contexts (Dimopoulos-Bick *et al.*, 2018). These issues are important to exploring the further potential of the EBCD approach in this thesis and are discussed in this and the remaining chapters (Chapters Five to Nine).

4.7. Experience-Based Co-Design (EBCD) in community forensic services

The decision to use the EBCD approach in this research study was made for a number of reasons. Firstly, due to the increasing attention being placed on meeting the mental health needs of young people who offend or who are at risk of offending and the need to involve them in developing services that better suit their needs (Department of Health, 2015a), this study provides an opportunity to apply an approach which offers a deeper epistemological understanding of the ways in which user experience is integral to this process. In addition it was hoped that the EBCD methodology would help to rebalance the ‘historical’ power imbalance between researchers and those being researched (Donetto *et al.*, 2015; Mulvale *et al.*, 2016). In this context, an in-depth study of the lived

experiences of young people who offend might shed some light on strategies or ways to potentially improve or redesign services for this group (Mulvale *et al.*, 2016). Key messages from the systematic review of the literature and synthesis of justice involved youth experiences (reported in Chapter Three) relate to how the young people felt that their voices are infrequently heard or included in decisions that are made about them. Findings from the review also highlighted some of the difficulties the young people encounter when accessing and engaging with services. In keeping with ethnographic enquiry in which the EBCD approach is rooted, the findings from the systematic review are incorporated into the methods and design of this qualitative study (described in Chapter Five). As the ethnographer Van Maanen notes,

'To write an ethnography requires a minimum understanding of the language, concepts, categories, practice, rules, beliefs, and so forth, used by members of the written-about group. These are the stuff of culture, and they are what the fieldworker pursues' (Van Maanen, 2011, p.13).

Secondly, the application of EBCD in this study allows further testing of the utility of this approach in a contextually different setting and population. The application of the EBCD approach in this thesis has the potential to add to the evidence base about the utility of the approach to engage with vulnerable populations (Mulvale *et al.*, 2016) through further refining the approach within mental health and other settings (Larkin *et al.*, 2015), and exploring the modified use of experiential data in developing touchpoints. It is hoped that the findings from this research will contribute evidence to the current policy debates relating to re-imagining and redesigning the way in which mental health and youth justice services co-exist and operate (Department of Health, 2015a; Taylor, 2016a).

4.8. Ethical and practical challenges

As discussed in Chapter One, the decision to undertake this research was carefully considered and the same degree of consideration was applied to the decision about which method to apply. As outlined in the previous sections, the EBCD approach has not (to my knowledge) been used in studies specifically relating to youth justice and mental health. It is hoped that applying the methodological approach in this study would, to a degree 'break new ground' and provide new insights into both the utility of the method in this context and with this particular population. The decision to use EBCD in this study included careful consideration of the particular ethical and practical issues relevant to research with young people who offend and who are engaged with community forensic

services. It is hoped that, as Quinn suggests, this process of recognising and planning for issues relating to undertaking sensitive research with particular population groups can not only facilitate the research process but also has the potential to enhance the success and legitimacy of the research study (Quinn, 2015).

In both the initial development stages and throughout the study, a number of ethical issues in applying the EBCD approach were considered: (1) whether or not the EBCD approach could be suitably adapted for young people who offend without causing harm and distress; (2) how to undertake non-participant observation in ‘closed’ criminal justice spaces e.g. custody suites; (3) issues of consent e.g. the need for additional layers of consent for already vulnerable young people and those subject to care orders; (3) how best to assess the ability and capacity (e.g. emotional maturity and ability to cope) of the young people who offend to participate in the EBCD process; (4) consideration of the additional issues of ‘power’/ ‘lack of power’ when openly discussing sensitive topics in a youth justice context where there is most likely to be existing mistrust and fear and, (5) issues of protecting anonymity through, for example, the use of film or audio recordings of interviews with young people in the justice system. In addition to these concerns, a number of practical issues were also identified and considered including: (1) the acceptability of the EBCD approach to youth justice organisations e.g. willingness and capacity of YOT staff to participate; (2) the role of ‘gatekeepers’ in accessing and recruiting young people in youth criminal justice settings e.g. the impact of rules governing anonymity and the legal framework; (3) logistical issues of where and when EBCD components could be undertaken e.g. staff shift-work patterns and potential restrictions on geographical locations for youth participation; (4) the inclusion of young people at different stages of involvement in youth justice e.g. new entrants versus more prolific offenders, and (5) extending the length of the EBCD study to allow for any particular challenges arising within the study e.g. 18 months rather than the ‘typical’ 12 months. These ethical and practical considerations of applying the EBCD approach to this study are highlighted and discussed in the following chapters (Chapters Five to Nine).

4.9. Research objective and questions

Objective 2: To explore how a novel research approach (Experience Based Co-Design (EBCD)) could be applied to community forensic settings with young people who offend presenting with mental health difficulties.

This objective aimed to answer the following research questions:

- What are the experiences of justice staff working with young people who offend in community forensic services?
- What are the experiences of young people who offend who are in contact with community forensic services, with respect to their mental health?
- Can young people who offend and justice staff mutually agree what is important for supporting young people's needs that can be integrated into community forensic services?
- Can young people who offend and staff contribute to the design of community forensic services?

4.10. Chapter Summary

This chapter has reviewed the theoretical foundations and the development of the EBCD approach and provided a rationale for the decision to use the EBCD methodology in the current research study. A review of the existing literature on the use, strengths and limitations of the approach across a range of studies as well as considerations for further developing the potential of EBCD has informed my understanding about some of the specific ethical and practical implications posed by the target population group (e.g. young people who offend) and the context (e.g. community forensic services) of this current study. The application of the EBCD approach is judged to be suitable to address the study aims and deliver on its objectives. This chapter leads into the methods undertaken in this study which are described in the following Chapter Five.

CHAPTER FIVE

5. Chapter Five: Methods

'The word 'participation' is kaleidoscopic; it changes colour and shape at the will of the hands in which it is held and, just like the momentary image in the kaleidoscope, it can be very fragile and illusive, changing from one moment to another'

(White, 1994 cited in White, 2003, p.8)

5.1. Chapter Overview

This chapter sets out and describes the original proposal to conduct a traditional EBCD study using the original components of the approach (described in Chapter Four, section 4.4) in a population of young people who offend and who are in contact with community forensic services in England. Due to significant challenges experienced during this study relating to particular components of the EBCD approach (e.g. gathering staff and service user experiences) a revised research plan was developed. This revised plan, together with a summary of the options considered, is described. Exploring the options for the revised plan included considering the relevant conceptual, methodological and practical factors for each alternative option. The revised plan describes the methods used and modifications to the touchpoint development component for service users (i.e. young people who offend) and the development and inclusion of additional components (i.e. researcher interviews).

5.2. Original research plan to conduct a 'traditional' EBCD study

In developing this primary qualitative study, it was originally proposed that the research plan would follow the traditional EBCD approach (as far as possible¹) described in Chapter Four. The central components of the EBCD approach include:

¹ Two possible modifications were identified in relation to gathering experiences from service users (e.g. young people who offend). Firstly, informed by the research evidence presented and discussed in Chapters Two and Three in relation to possible speech, language and communication difficulties in this group, alternative methods such as the use of storyboards or photos were considered. Secondly, due to the potential sensitivity surrounding some types of offending and preference for anonymity (discussed in Chapter Eight) other forms of presenting young peoples' experiences were considered such as audio recorded interviews (rather than filmed) or animation.

- Stage 1: Setting up the study – developing the research plan; building relationships with providers; obtaining ethical opinion; and establishing an advisory group
- Stage 2: Engaging staff and gathering their experiences – carrying out observations in services; recruiting and interviewing staff; a staff feedback event where findings from staff interviews and observations are presented to staff
- Stage 3: Engaging service users and gathering their experiences – recruiting and filming interviews with service users and producing a ‘trigger film’
- Stage 4: Co-design meeting – bringing service users and staff together to hear and discuss each other’s perspectives on the service and to identify the key priorities for improvement
- Stage 5: Small co-design teams - bringing together small groups of staff and service users to develop solutions to the priorities identified for service improvement in the co-design meeting
- Stage 6: A celebration event – communicating outcomes of the project (Donetto *et al.*, 2014).

In this primary qualitative study Stage One (setting up the project) and elements of Stage Two (observations in police custody and gathering justice staff experiences through semi-structured interviews) were completed. In Stage Three I was unable to recruit and interview service users (i.e. young people who offend) through designated gatekeepers (described in this chapter, Section 5.5.1). Consequently, a revised research plan was developed to mitigate these difficulties (presented in Section 5.6). In the following sections (5.3 to 5.4), the methods that were applied to Stages 1 and 2 in the original plan are presented. This is then followed by an in depth discussion of the difficulties in undertaking Stage 3 and subsequent stages of the original study research plan and presentation of the revised research plan (Sections 5.5 to 5.8).

5.3. Stage 1 (Original plan): Setting up the study

5.3.1. Developing the research plan and building relationships with services

During the initial development and planning phase of this study, collaborative relationships with a large British police force and three youth offending teams (YOTs) were established through a series of face-to-face meetings between myself and senior

service staff within each participating organisation. This development work enabled each organisation to contribute directly to the shaping of the funding application; the overall development of the study and early facilitation of the research planning. Although agreement in principle was obtained from these four study sites, over the course of the planning phase in year one of the PhD, two YOTs decided that they would no longer be able to participate in the study. The first highlighted reduction in staffing numbers and resources available for engaging in the research. For the second, communication ceased despite a number of attempts to engage with the service. Subsequently, another YOT was approached and agreement to participate was obtained. However, prior to commencement of the EBCD study at the beginning of year two, a chance meeting with a staff member within the YOT where communication had ceased, resulted in re-engaging with this service and re-inclusion in the study (taking this to a total of three YOTs to be included in the study). A further complication was that throughout the development and data collection phases of the study, there were several senior staff changes within some of the agreed study sites due to promotion, secondment and staff leaving services. These changes significantly impacted on my ability to maintain working relationships with these study sites which in turn negatively impacted on access to participants and data collection (discussed further in Chapter Eight). In summary for this study, one British police force and three YOTs took part in some components of the research. The participation of all sites is discussed in the following sections.

From the outset of the initial planning through to the completion of the research I have been fully aware of the sensitive nature of conducting research within the forensic estate. Police in England and Wales are subject to public scrutiny through, for example, the oversight requirements of Police and Criminal Evidence Act 1984 (PACE); routine and unannounced inspections from Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and the Independent Office for Police Conduct (IPOC). Youth justice organisations (e.g. youth offending teams) are supervised by the Youth Justice Board in England and Wales, a non-departmental public body responsible for overseeing the youth justice system. The PACE Act 1984 in particular (described in Chapter Two, Section 2.6) introduced new measures to observe 'low visibility' areas such as police custody through, for example, CCTV in stations, lay visitors and appropriate adults (Reiner, 2010). Whilst I appreciate the importance of this transparency, this study

was not intended to scrutinise specific services or highlight any potential individual shortcomings, rather to explore how services ‘work’.

With these sensitivities in mind, careful consideration was given to several aspects of anonymity and confidentiality. Firstly, organisations such as YOTs are relatively small and to identify these could result in ‘deductive disclosure’ which can occur when, *‘the traits of individuals or groups make them identifiable in research reports’* (Kaiser, 2009). Secondly, researcher access to ‘low visibility’ areas described above (e.g. custody suites), which Goffman refers to in sociological terms as the ‘backstage’, has only recently been granted in criminal justice settings in England and Wales (Skinns, 2015). The concepts of ‘frontstage’ and ‘backstage’ are derived from Goffman’s dramaturgical perspective within sociology and use the metaphor of the theatre to explain social interaction.

Goffman states that the backstage is where,

‘the performer can relax; he can drop his front, forgo speaking in his lines, and step out of character’ (Goffman, 1959, p.115).

With this in mind, I felt that it was important to preserve trust and confidentiality in order to enable the continuation of this study and to ensure that future researchers have access to these important spaces. Thirdly, to minimise the risk of breaching confidentiality the research plan (original and revised) made clear that the data collection would not include details about organisations and individuals (other than job-role). All organisations were made aware of this decision during the planning phase and throughout the study.

5.3.2. Obtaining ethical opinion (original research plan)

Using the original research plan the primary qualitative research study gained a positive ethical opinion from the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee (Ref: 1230/10204/2017). Agreement was obtained from the police force and two YOTs that a positive Newcastle University ethical opinion along with a current Enhanced Disclosure and Barring Service (DBS) check would be appropriate to undertake the research. One YOT required additional approval from their own Local Authority Research and Governance Group and a positive ethical opinion was granted (07/02/2017).

5.3.3. Establishing an advisory group

To develop working relationships with service users (e.g. young people who offend) and to enable young people to contribute collaboratively in this research study, I planned to establish a young person's advisory group (YPAG). The aim was that this group would play an important role in guiding and developing all aspects of the research including, for example, the study protocol, recruitment strategy and research information materials. I felt that adopting this approach would allow for continuous input and feedback from young people to ensure that the research remained collaborative, appropriate and accessible to young people in the youth justice system and more generally. Despite a number of attempts to establish this group (e.g. through advertising in community forensic settings, linking into other research projects and initiatives, and professional and personal links) this proved challenging. As an alternative approach, I consulted with a young people's advisory group established in a local health care trust with the view to engaging with this group (or a sub-set of young people in this group) for the purpose of this study. However, in early discussions it emerged that although members of this group had experience of health issues, they did not have direct experience of mental health problems or the youth justice system. Both of these factors were of particular relevance to this study. Nonetheless, feedback from the group suggested that the study was interesting, important and worthwhile.

5.4. Stage 2 (Original plan): Engaging with and gathering staff experiences

Stage 2 of the original research plan involved engaging with and gathering the experiences of staff through a three-phase process: carrying out observations, recruiting and interviewing staff and a feedback event to present findings from observations and interviews.

5.4.1. Carrying out observations

The first phase of Stage 2 involved undertaking periods of observation in open spaces (e.g. communal forensic service areas, such as waiting areas and booking-in areas in police custody) within each of the participating organisations. The purpose of this participant observation (as discussed in Chapter Four) is for the researcher to attempt to gain some insight of the perspective of the service user by observing the service as a

naïve visitor to that area (Bate and Robert, 2007a). Such observations focus on gaining an insight into the day-to-day working of services and the specific interactions between staff and the young people who offend attending these environments, rather than focussing on individual participant behaviours. However the ‘open spaces’ within YOTs include waiting rooms and reception areas that are often shared with other local authority services such as Housing Department and The Department for Work and Pensions (DWP). These factors may well contribute to the fact that very limited, if any, service work is undertaken in these spaces. I was consciously aware of the ethical constraints of observing lay members of the public and specifically young people (whether or not they were the young people who offend i.e. the focus of this primary research) in these areas that were not routinely monitored (e.g. through CCTV) and without their informed consent/assent. For these reasons, I made the decision that I would undertake no observations in these YOT spaces.

Permission to observe in police custody was obtained in a two stage process: overall permission was obtained from the Custody Chief Inspector and then the Duty Sergeant prior to individual observation visits. The impracticability of gaining individual consent from the staff and young people concerned because of the ‘fluid’ nature of policing and custody suites (Rowe, 2007) meant that the Duty Sergeant informed all staff on duty before each visit that observations would be undertaken and that they (staff on duty) could, if they wished, decline to be observed. Open space observations undertaken in police custody suites were organised by a senior police staff member who in turn contacted Duty Sergeants for the relevant day shift directly. In relation to observing youth in police custody settings, I followed the National Children’s Bureau (NCB) guidelines, which state that where the main aim of the observation is to get a global view of a setting rather than a focus on specific individuals or behaviours, consent from young people is not deemed a requirement (Shaw, 2011). Furthermore, observations were undertaken in custody suites where interactions between staff and young people are routinely monitored and recorded by CCTV. No observations were undertaken in ‘closed’ spaces, for example individual cells or interview rooms, other than when unoccupied by detainees.

Between February and March 2017 I carried out eleven police custody suite observation visits. Visits were specifically arranged at different times of the day and days of the week to capture different service user and staff experiences and the range of potential demands

and constraints on the services (e.g. weekends and school holidays). Each observation visit last between two and five hours (totalling 30 hours) in four different custody suites. Custody Suites One and Two (CS1 and CS2) are two small, older existing suites. In contrast Custody Suites Three and Four (CS3 and CS4) are two large, newly purpose built suites (a detailed description of the custody suites is presented in Chapter Seven, section 7.2). During the periods of observation, six young people were directly observed in police custody suites. Only partial aspects of their detention were observed (e.g. booking in and discharge). Observations and recording field notes followed the guidelines developed by cultural anthropologists Musante and DeWalt which include: ‘mapping the scene’ (e.g. descriptive information about physical settings); ‘attending to conversation’ (e.g. looking at how people interact with each other, listening carefully and recording conversations verbatim where possible), and keeping a running record of observations (e.g. times and dates and number of people present) (Musante and DeWalt, 2010, pp.81-86). No individual or identifiable information about staff or young people was recorded. Following each observation visit I reflected on the experience, added additional notes where appropriate and drew on the supervisory team where necessary to debrief. Throughout the study I also recorded reflexive notes on more general aspects of the study including later reflections on observational data collection where appropriate. The use of observational data is described later in this chapter.

5.4.2. Recruiting and interviewing staff

The second phase of Stage 2 (original research plan) involved recruiting and interviewing staff about their experiences of working in community forensic services and with young people who offend.

5.4.3. Sampling

Over a period of four months (February to May 2017) at each of the included sites, staff volunteers were recruited to participate in this primary qualitative study. Purposive sampling was used with the aim of ensuring that a range of different justice staff working with young people who offend in community forensic settings were interviewed. Within this sampling framework community police, custody detention and YOT staff in the four study sites were all eligible to participate. The sample (n=13) included seven youth offending team workers [YOTW]; two community police officers [CPO]; one custody

sergeant [CS]; one custody forensic nurse practitioner [CFNP]; and two custody detention officers [CDO].

5.4.4. Recruitment and consent

One senior custody sergeant and one manager within each YOT asked staff to volunteer to participate in an individual face-to-face interview and those that expressed an interest in taking part were provided with a written study information sheet (see Appendix 6: Justice Staff Participant Information Sheet). After a minimum 24 hour period, I contacted staff (via email for YOT staff or in person when staff were on duty in the custody suite) to discuss whether they would like to participate. If the staff agreed, arrangements were then made to undertake individual interviews. Due to the different planned stages of the study in the original research plan (described above, 5.2) the participant information sheet included the option to participate in an initial face-to-face interview as well as the option to consider participating in further components of the study (e.g. feedback event, co-design meetings) at a later date (Appendix 6). Prior to interviews, staff had the opportunity to ask any questions or to clarify anything they were unsure of before they were asked to carefully read and sign a consent form (Appendix 7: Justice Staff Participant Consent Form). Copies of the information sheet and signed consent form were given to participants to retain. Interview recruitment continued until 'data saturation' had been reached in so far that no new data or themes emerged from the interview questions.

5.4.5. Interview procedure

Face-to-face semi-structured interviews were undertaken with justice staff who had volunteered to take part in the study. The interviews were semi-structured and followed a pre-determined 'general script' or topic guide (Bernard, 2006). This method for gathering qualitative data allows the interviewer to 'delve deeply' into issues that are important to the individual (DiCicco - Bloom and Crabtree, 2006) and is useful in situations where there may be only one opportunity to interview someone (Bernard, 2006). This is particularly relevant as participants could choose to take part in the initial interview and decide separately whether or not to participate in further components of the study (described above, Section 5.4.4).

The interview schedule was developed to address findings identified from the systematic review of the literature (reported in Chapter Three) and during the observational work undertaken in the first phase of Stage 2 of the original research plan (Section 5.4.1). The design was guided by interview schedules initially developed by the Kings Fund (available on the Point of Care Foundation website (The Point of Care Foundation)) and focussed specifically on three key areas: (1) staff experiences of working in their respective services; (2) staff perceptions about how young people who offend experienced services, and (3) staff suggestions about how to improve services in relation to identifying and meeting the mental health needs of the young people who offend and attend the services (Appendix 8: Justice Staff Interview Guide). Interviews lasted between 23 and 77 minutes. All interviews were audio-recorded and subsequently transcribed verbatim.

5.5. Stage 3 (Original plan): Gathering service user's experiences

5.5.1. Recruitment challenges

Children and young people under the age of 18 are protected under Article 40 of the United Nations Convention on the Rights of the Child 1989 which states that,

'Children involved in the criminal justice system are entitled to be treated with dignity and in a way that promotes their rehabilitation, and to have their privacy fully respected at all stages of the proceedings' (United Nations Convention on the Rights of the Child, 1989).

In most (but not all) cases this means that details about young people who offend must not be disclosed or reported publicly. Taking this into account alongside the age and circumstances of young people involved in youth justice services, the original study plan stated that young people who offend would be recruited via responsible gatekeepers (discussed in Chapter Five, section 5.5.1). For this study 'gatekeepers' were the key contact staff (e.g. a specific delegated member of senior staff or individual case worker assigned by the service to take on this role) who had sufficient knowledge of the young person to ensure that the young people approached would be those with sufficient capacity to decide whether or not they wanted to participate. The term 'capacity' is used in this study to refer to the gatekeepers' judgement about the perceived level of maturity, ability and competence of young people to participate in this type of participatory

research rather than a legal definition of ‘mental capacity’ such as under the Mental Capacity Act (2005) in England and Wales.

However, despite the previously obtained agreement from three YOTs during the development and preliminary stages of this research project, recruitment of young people did not occur for a number of reasons. Several recruitment strategies were used over a six month period with the aim of overcoming the problems with negotiating access to young people who offend including face-to-face meetings with staff, attending team meetings, and regular phone calls and emails to the services (which are discussed further in Chapter Eight). However, none of the strategies were successful. Alongside these recruitment challenges, it also became clear from justice staff participants and the identified gatekeepers that future participation of staff in feedback and co-design activities was likely to be just as difficult because of unavoidable resource constraints and other factors such as, YOT timetables and shift patterns (discussed in Chapter Eight). The feasibility of the subsequent planned co-design phases of the research was therefore significantly reduced. Although disappointing and not wholly surprising, problems in relation to the ability to recruit and retain participants is a common feature in this type of criminological research. Observing and writing about negotiating and sustaining access to services and participants in criminological research and the uncertainty that surrounds this process, Wincup, an academic researcher in criminology and criminal justice has recently commented that,

‘Researchers need to be sufficiently adaptable to ensure the research continues wherever possible, even if it’s not in the form that they originally envisaged because access negotiations do not work out as intended’ (Wincup, 2017, p.75).

To address these issues in a timely manner, I sought expert advice from the supervisory team and my external UK mentor (who is an expert in EBCD). I also continued to contact the service providers who had previously expressed a willingness to take part in the research on a regular basis, to discuss these issues and explore any other potential opportunities for recruiting young people who offend. A number of options were identified through discussions with the supervisory team, service providers, and with colleagues with expert knowledge of EBCD in the UK and further afield. Careful in-depth consideration and exploration was given to a range of options (Table 3: Research options). The options broadly included continuing with the original plan, approaching different young people to participate (e.g. young people in residential youth offending institutions or ex-offenders), approaching different community mental health and/or youth

justice organisations (e.g. the third sector), and learning from the experiences of others researchers (national and international studies). The advantages and disadvantages of each option were carefully appraised and the main methodological, conceptual and practical challenges of these options are discussed here.

Options one to four involved continuing with the original plan to recruit young people who offend from the community, either through involvement with YOT's, schools or third sector organisations. Pursuing either or combined options would not however eliminate the challenge of restricted and/or lack of access to participants through existing gatekeepers and the further limitation of the highly likely lack of further participation of staff who had previously agreed to be interviewed. Twenty-one local third sector organisations working with young people involved in youth justice were contacted to request their participation. Six organisations responded; five advised that this was not a cohort they were working with and one organisation indicated that they regularly worked with a local YOT and although they felt unable to help directly with recruitment to this study, they were prepared to share their experiences of doing some participatory work with this group of young people. To recruit young people from schools or the third sector without gatekeeper involvement would mean young people self-identifying which seemed unlikely, and in keeping with the ethical opinion it seemed clear that engagement with gatekeepers would still be necessary to ensure the appropriate safeguards for these young people. Although the study was on track time-wise, given the limited time remaining in the study and the continued high risk of not being able to recruit young people through these avenues, other options were considered.

Options five and six would involve recruiting either a single participant for a case study or recruiting young people who were ex-service users e.g. ex-offenders or care leavers. Such participants were likely to be older and therefore able to be approached independently and give their own informed consent. However these young people were also more likely to be out of the youth justice system and their experiences would therefore be based on retrospective accounts rather than contemporaneous accounts. Evidence suggests that although retrospective accounts are valuable and useful, they also raise issues relating to reliability (Maughan and Rutter, 1997). For instance, exploring the retrospective accounts of 'experts by experience' working in youth mental health, Mayer and McKenzie argue that their narratives of 'who' or 'how' they were could be

considerably different through '*continued identity exploration, possibly characteristic of emerging adulthood*' (Mayer and McKenzie, 2017, p.1187).

Options seven and eight raised a number of conceptual challenges. For example, including young people in residential youth offending institutions would alter the conceptual focus of the research from a study focussing on the experiences of community based young people who offend to those of young people within the secure estate. To date much of the published research literature has focussed on young people who offend who are held within institutions/residential settings, with little research undertaken on the much larger population of young people who offend in community forensic settings (discussed in Chapters Two and Three). Further, the characteristics of young people in secure forensic settings represent a more severely and diagnostically diverse population compared to the young people who offend managed in youth community forensic settings who remain undiagnosed or do not meet the threshold for a diagnosable disorder (Haines *et al.*, 2012). The inclusion of participants from a wider range of youth justice settings such as secure or forensic mental health services also raised several important practical concerns. For example, the requirement to obtain additional sets of ethical opinion (from the National Offender Management Service (NOMS) or full NHS Research Ethics Committee approval) would inevitably delay the timelines for undertaking and completing of data collection. The application of the EBCD approach with young people who offend who are managed in 'secure' settings could also be logistically challenging as there would be additional constraints when planning co-design events as a consequence of the arrangements for the care and/or detention of the young people.

Option nine considered the use of an accelerated experience-based co-design approach (Locock *et al.*, 2014) using already existing data such as, interview transcripts from other similar studies and/or video clips held by the Healthtalk.org archive. This modification of EBCD has been successfully used in previous health care and mental healthcare research (see Chapter Four). It might be possible (using this accelerated EBCD methodology reported in previous research) to undertake a secondary analysis on existing data instead of collecting new data directly from youth people who offend. However, no relevant national or international data sources or similar projects were identified despite extensive searches (e.g. internet searches including data repositories such as healthtalk.org, contact with international researchers and discussions with experts in the field of EBCD).

Nevertheless, making use of the combined data from the 14 empirical studies analysed in the meta-ethnography systematic review in Chapter Three was considered. Despite the limitation of the retrospective nature of some of the qualitative data, I recognised that this combined sample would provide a secondary qualitative data set covering a broad range of young people's experience of mental health in youth justice that might enable the identification of an initial set of touchpoints (discussed in Chapter Four, Section 4.4). However, this data source would not facilitate the recruitment of young service users in the co-design phases.

Finally (**option ten**), consideration was given to the strategies recommended by Blaxter and colleagues for use in circumstances when negotiating access to research sites and participants is found to be problematic. The six strategies include: (1) approaching other individuals; or (2) other institutions; (3) approaching another individual in the same institution; (4) trying again later; (5) changing the research strategy and, (6) changing the focus of the study to that of the research process itself (Blaxter, 2010 cited in Wincup, 2017, p.75). As discussed earlier in this chapter, the first four options were thought unlikely to be successful. However, refocussing on (1) modifying the research plan to draw on the use of secondary data analyses (the findings from the systematic review of evidence relating to young people's experiences of mental health and youth justice) to identify likely touch-points and (2), adopting a reflexive approach to the research process itself, appeared to have the potential for completing a study of the EBCD procedure. These two strategies would help to address one of the two original key aims of this research thesis – to apply and test the utility and the limits of the use of EBCD with young people who offend in contact with community forensic services.

Table 3: Research options

Option	Advantages	Disadvantages	Notes
1. Continue with current focus – recruit young people through YOT gatekeepers	<ul style="list-style-type: none"> - Gather individual experienced-based data from young people - Participate in, and contribute to, feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - On-going difficulties with gatekeepers/recruitment (e.g. potential to not recruit) - Reluctance of young people to be recorded (audio/filmed) e.g. due to nature of offending - Obtaining parental/guardian consent could be problematic - Over-researched small group - Loss to follow-up for co-design 	<p>Unable to approach young people without first being identified through YOT worker/service due to legal safeguarding (e.g. the right to remain anonymous <18)</p> <p>Potential to request YOTs to send letters to all young people in/previously involved with services to participate (reply directly to researcher)</p>
2. Focus groups with young people in YOTs	<ul style="list-style-type: none"> - Gathering group service user experiential data - Potential to participate in, and contribute to, feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - On-going difficulties with gatekeepers/recruitment (e.g. potential to not recruit) - Obtaining parental/guardian consent could be problematic - Loss of individual stories/experiences - Reluctance of young people to talk openly in groups - Mixing groups with low level versus more prolific offenders - Loss to follow-up for co-design - Unable to censor data within focus groups 	<p>Challenges: often chaotic backgrounds/circumstances – reduced likelihood of response</p> <p>Challenge: engaging YOTs/gatekeepers to recruit young people</p>
3. Young people in schools	<ul style="list-style-type: none"> - Gather group or individual data - Participate in, and contribute to, feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - Potential gatekeeper issues - Issue of confidentiality and anonymity (e.g. schools unable to identify justice involved youth) - Target young people unlikely to be in school / regular attenders and those who are likely to be lower-level offenders (e.g. narrower experience base) 	<p>Unable to approach young people without first being identified through YOT worker/service due to legal safeguarding (e.g. remain anonymous <18).</p> <p>Would require school approvals (and changes to ethics).</p> <p>Challenge: young people would need to self-identify anonymously</p>

Table 3: Research Options (continued)

Option	Advantages	Disadvantages	Notes
4. Young people and third sector organisations	<ul style="list-style-type: none"> - Gather individual in-depth data from young people - Participate in and contribute to feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - Difficulties with gatekeepers/recruitment - Reluctance of young people to be recorded (audio/filmed) e.g. due to nature of offending - Parental/guardian consent can be problematic - Over-researched small group - Loss to follow-up for co-design 	<p>Contact made with 21 third sector organisations potentially working with young offenders.</p> <p>Challenge: agreement from third sector to participate and recruit</p>
5. Case study approach	<ul style="list-style-type: none"> - Gather in-depth individual data - In-depth understanding of issues/impactful - Likely to engage throughout the process - Further testing of the limits of the EBCD model 	<ul style="list-style-type: none"> - Much fewer individual accounts (touchpoints) - Likely to be older, recruited from ex-offender/other group - Retrospective accounts – possible altering of experiences/reflections 	<p>Challenge: single participant data</p>
6. Focus groups or individual interviews with ex-service users (e.g. care leavers groups; ex-prisoner groups)	<ul style="list-style-type: none"> - Gather retrospective data - Likely to be older and perhaps more willing to engage with part/whole process - Participate in, and contribute to, feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - Retrospective data (maybe years) - May have significant ‘other’ experiences that impact on experiences/reflections - Relevance to local services (e.g. groups may be national/regional) and may not have been in contact with YOTs/Police involved in this study - Likely to be outside the age range (14-18 years old) – possible impact on maturity to reflect on experiences - Loss to follow-up for co-design 	<p>Able to approach organisations/groups directly for young people aged >18</p> <p>Could advertise study through various networks</p> <p>Issues relating to “how they were”, continued identity exploration</p> <p>Challenge: changing the focus of the research to older/ex-service users</p>
7. Young people in forensic/mental health services	<ul style="list-style-type: none"> - Gather group of individual data - More ‘captive’ audience - Participate in, and contribute to, adapted feedback and co-design activities - Further test the EBCD model in this context/population 	<ul style="list-style-type: none"> - Need to amend ethics to obtain NHS/ National Offender Management Service (NOMS) approval (timely) - Capacity to consent/participate (e.g. stable/current treatment)? - Different experiences to ‘community’ sample 	<p>Capacity to consent – require input from health professionals</p> <p>Challenge: altering the focus from community / relatively undiagnosed group and different to original study aims</p>

Table 3: Research options (continued)

Option	Advantages	Disadvantages	Notes
8. Young people in youth offender institutes (YOIs)	<ul style="list-style-type: none"> - Gather group or individual data - More ‘captive’ audience - Participate in, and contribute to, adapted feedback and co-design activities 	<ul style="list-style-type: none"> - Retrospective data (maybe years) - May have significant ‘other’ experiences that impact on experiences/reflections - Likely to be older (>17) - Logistics of co-design (e.g. permission to leave YOI) - Most research currently available in relation to YOI/incarcerated youth - Likely to be much higher level of offending - Potential problem of access (e.g. currently low levels locally and nationally and travel) 	<p>Few young people currently in local youth offending institution facility at present (n<6)</p> <p>Would require NOMS approvals as ‘incarcerated’ youth, timing issue</p> <p>Challenge: altering the focus from community to significantly researched incarcerated sample</p>
9. Using an accelerated EBCD model	<ul style="list-style-type: none"> - Gather individual existing data - Reduces/eliminates problem of access to participants 	<ul style="list-style-type: none"> - No known existing data available through healthtalk.org (e.g. youth mental health focus specifically, no youth justice system) - Not ‘original’ data for this research thesis - Regional/national data 	<p>Unable to find existing data in this field despite a wide national and international search of similar project/data sources to use in an accelerated model</p> <p>Challenge: no known data sources</p>
10. Supplementary fieldwork data collection (observations/interviews)	<ul style="list-style-type: none"> - Gather group or individual data - UK and cross-country comparison - Data to explore issues of access to young people in different countries/contexts - National and international learning - Presenting new/alternative models of care to staff - Further testing of the limits of the EBCD model 	<ul style="list-style-type: none"> - Local relevance given difference in services (nationally and internationally) - Permission to use data from fieldwork sites (filmed or other) - Validation of data/follow up - Translating learning - Access/ethical approval 	<p>Existing links/relationships in Canada to facilitate data collection where two EBCD projects have been completed in relation to youth and community mental health</p> <p>Method has been used in another challenging PhD (palliative care patients in the UK and US)</p> <p>Challenge: Transferability of knowledge</p>

5.5.2. *Implications for implementing a revised research plan*

Changing the research plan to explore the use of summarised secondary data sources as a means to identify common touch-points has the potential to further test and modify the collection and use of experiential data in the EBCD approach. Adopting this approach could also contribute to existing knowledge of using analyses of previously collected data (Larkin *et al.*, 2015) and accelerated EBCD methods (Locock *et al.*, 2014) to develop touchpoints (discussed in Chapter Four, section 4.4). With regard to Option 10 above, Wincup suggests that the opportunity to re-focus the research plan to examine the research process itself is rarely afforded to researchers, despite the potential benefits and value of this approach (Wincup, 2017). Wincup argues that, issues such as,

‘Unwillingness of gatekeepers to help research... rarely appear in the published literature and typically take the form of ‘war stories’ circulated at academic conferences or through other networks’ (Wincup, 2017, p.65).

Thus, in keeping with the philosophical underpinnings of action research (specifically, participatory action research in this thesis) these options provide a potential opportunity to make constructive use of the failure to recruit young people to this study. Through the adoption of Option 10 the revised research plan has provided an opportunity to explore and compare the EBCD research procedures originally proposed in this study with the experiences of other academic research staff and service provider staff involved in EBCD/similar participatory research studies with similar youth groups (**Option 10**). Taking this approach could lead to findings that are likely to provide valuable lessons for involving youth who offend and are managed in community forensic settings, in the development of mental health service co-design in the future. One example adopting this type of approach is published research from a recently completed PhD study that used a period of international fieldwork to explore the application of the EBCD methodology with patients receiving palliative care in the UK and US (Blackwell *et al.*, 2017). The idea of adopting a fieldwork approach in Blackwell’s PhD study was to explore the potential transferability of others’ experiences of designing improvements in a similarly challenging health care setting with palliative care patients in the US to the UK context (Blackwell, 2015). The use of international fieldwork as a new data source for this research study would be restricted to conducting interviews with researcher staff about their experiences of, and the process of, applying the EBCD approach in similar contexts to this study. In my opinion as the researcher, the opportunity to reflect on my own

experiences and compare and contrast these with other researchers' experiences will contribute to a better understanding about the application of EBCD with youth populations in mental health and youth justice contexts more broadly.

5.6. Revised research plan to conduct a modified EBCD study

The revised research plan involved identifying new research sites and recruiting and interviewing academic researchers and service provider research staff about their experiences of conducting EBCD/similar participatory research studies with young people in contact with mental health and/or youth justice services.

5.6.1. Identifying new research sites

Two new research sites were identified. The first was identified through discussions with my study mentor and UK expert on EBCD (Professor Glenn Robert) and his professional links to academic research staff who had undertaken two modified EBCD studies with youth in North American mental health settings. The two studies were undertaken by a small research team within a North American University and were funded by external competitive funding grants. The first study focussed on the transition from child to adult mental health services and the second study focussed on the co-ordination and continuity of care of service users involved with multiple service providers.

The second site was identified through earlier contact with a regional third sector organisation that was willing to share their experiences of doing participatory work with young people involved in youth justice (discussed in section 5.5.1 above). Three staff members within the organisation undertook a small participatory study commissioned by a local YOT. The study focussed on exploring the experiences and involvement with the police/YOT of a small group of young people who have been, or are still, involved with the YOT. The study involved staff meeting with young people on a one to one basis and undertaking focus groups, and using their (young people's) experiences to help shape service provision for future delivery of the YOT Services.

5.6.2. Amendments to ethics

Following the decision to revise the research strategy to include different participants (described in the following sections), an amendment was submitted to, and subsequently approved, by the Newcastle University Research Ethics Committee (Ref:

1230/10204/2017). A further application for an ethical opinion was required from a North American Research Ethics Board for the inclusion of research participants based at the North American University site. A positive ethical opinion was granted (Ref: 3195).

5.6.3. Interviewing academic research and service provider staff

5.6.4. Sampling

An opportunistic sampling strategy was used to recruit staff from the two identified sites to participate in this primary qualitative study (Lavrakas, 2008). These opportunistic samples included four academic research staff [ARS] involved in the two North American EBCD studies and three service provider staff [SPS] in a third sector organisation involved in UK participatory research work with young people who offend.

5.6.5. Recruitment and consent

The principal investigator of the two North American studies and the service manager of the UK third sector organisation approached staff involved in their projects to ask them if they would volunteer to participate. At the North American site, those who expressed an interest in taking part were contacted directly by myself via email, provided with a written study information sheet (Appendix 9: Researcher Staff Participant Information Sheet - Overseas) and were formally invited to participate. Interviews were undertaken during a planned international fieldtrip visit (September 2017). In the UK site, staff who volunteered to take part were provided with a study information sheet (Appendix 10: Researcher Staff Participant Information Sheet - UK). Interviews were arranged via the service manager and were undertaken during a one-day visit to the service. At the beginning of each interview, staff had the opportunity to ask any questions and were subsequently asked to sign a consent form (Appendices 7 & 9: Researcher Staff Participant Consent Form). Each participant received a copy of the information sheet and signed consent form to keep. Recruitment continued until the point where interview questions had been carefully explored and no new themes emerged.

5.6.6. Interview procedure

Individual, face-to-face, semi-structured interviews were undertaken with recruited academic research staff (ARS). Due to time constraints, two service provider staff (SPS) members requested to be interviewed together. In an individual interview with one

academic research staff, another member of staff who had also taken part in an interview joined this interview part way through for the purpose of clarifying some procedural information. The qualitative interview schedule was developed to address broad issues relating to their experiences of the barriers and facilitators of conducting EBCD/similar participatory studies and ways to better engage with youth in contact with mental health/and or youth justice services (Appendix 11: Researcher Staff Interview Guide). All interviews were audio-recorded and transcribed verbatim and lasted between 22 and 52 minutes.

5.7. Data Analysis

Interview data gathered from justice staff (Phase 1 in the original research plan) and staff involved in research studies (revised research plan) were analysed using thematic analysis (Braun and Clarke, 2006), a widely used and robust method of identifying and organising implicit and explicit ideas within the data. This procedure for analysing qualitative data has also been used in other studies applying the EBCD approach (Gustavsson and Andersson; Larkin *et al.*, 2015). Each transcript was read and re-read a number of times to immerse myself in the data. Initial notes and comments made along the way were then discussed with a member of the supervisory team (TF) after they had separately undertaken a proportion of coding. My personal preference not to use qualitative coding software (e.g. NVivo®) meant that emerging themes and sub-themes were identified and recorded in a large Word® table along with supporting concepts from the individual transcripts. Themes and concepts were continually refined until all the transcripts had been considered. As the analysis continued, and through discussions within supervisory team meetings, themes were refined and then grouped into overarching key themes and sub-themes. These data are presented in Chapters Six and Eight.

Observational data and my own reflective notes are incorporated into Chapters Seven and Eight. The inclusion of observational data in Chapter Seven served to provide contextual information about the police custody setting and to develop and explore touchpoints for young people who offend (described in the following section, 5.7.1). Reflexive notes (where appropriate) were included in Chapter Eight to demonstrate, compare and contrast my own experiences and reflections with the themes emerging from interviews with

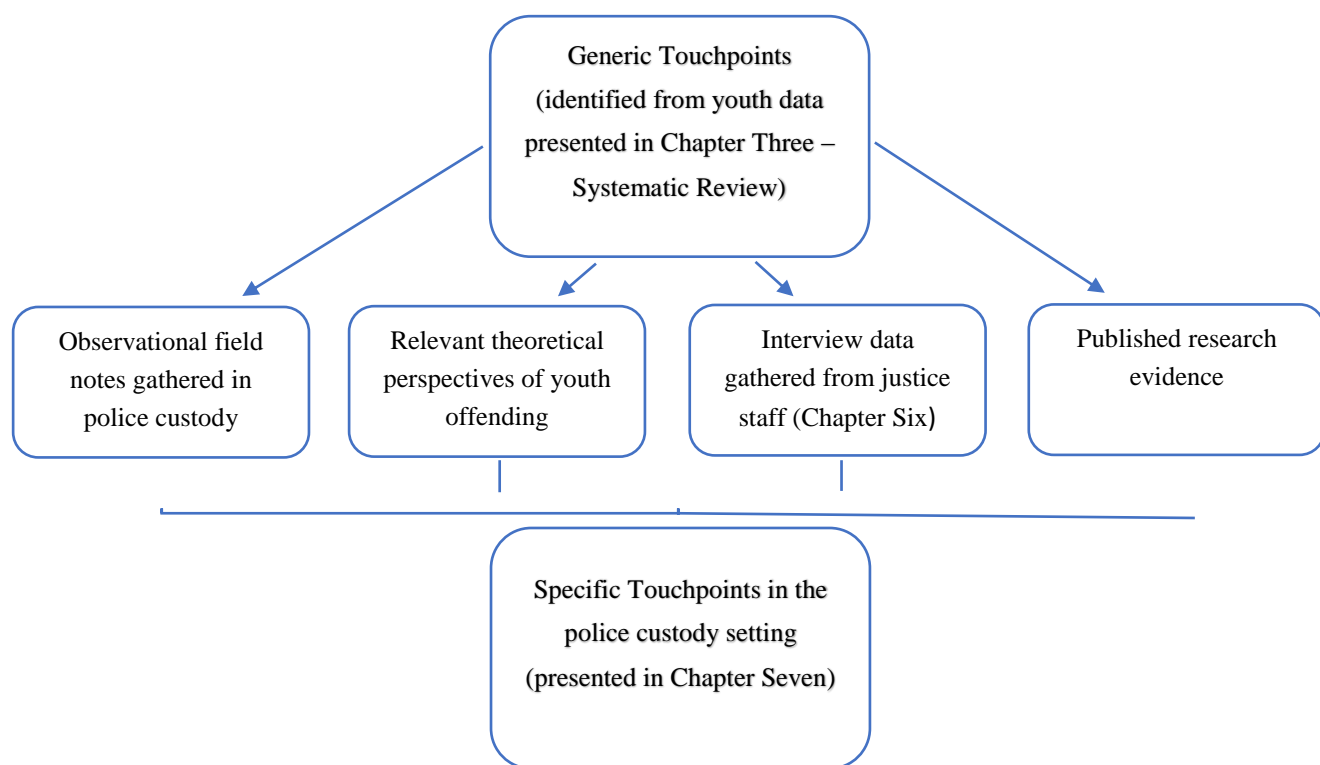
academic research and service provider research staff about their experiences of conducting EBCD/similar research studies.

5.7.1. Identifying ‘touchpoints’

In typical EBCD studies, the method for identifying and presenting service user touchpoints (described by the Point of Care Foundation) involves an initial process of extracting themes that emerge from individual filmed interviews (or transcripts if the interviews are not filmed) that appear salient and/or may appear in a number of interviews. Filmed interviews (or transcripts) are then edited down to present the touchpoints which can then be grouped into key themes. Film clips (or interview quotes) that represent the touchpoints from multiple service users are then interwoven into the key themes (The Point of Care Foundation). However, as discussed in Chapter Five, in light of the difficulties experienced in this research study related to gathering experiential data directly from young people who offend (e.g. through filmed or audio recorded interviews), a decision was taken to explore and critique the use of secondary analyses of data from the meta-ethnography systematic review in Chapter Three to identify a set of initial touchpoints. Generating touchpoints from young people’s accounts in the meta-ethnography closely resembles the original EBCD process whereby service user experiences are gathered through individual interviews. As described in Chapter Four (Section 4.5), a number of studies have sought to similarly explore the usability and effectiveness of different forms of pre-existing data in identifying touchpoints (Locock *et al.*, 2014; Larkin *et al.*, 2015). In this study, the method for identifying an initial set of touchpoints for young service users employs the method used by Larkin and colleagues which ‘converts’ the qualitative findings from multiple studies (Larkin *et al.*, 2015). Identifying touchpoints involved re-reading the published data in the original fourteen studies to uncover moments, interactions and events that appeared salient in young people’s experiences. A number of initial touchpoints were identified which, although not related to young people’s specific journey through community forensic services, seemed to be important touchpoints that could apply to their experiences of youth justice as a whole. In discussion with my study mentor, a procedure was developed to use the initial touchpoints identified from data reported in Chapter Three as a starting point and then further exploring these through a combination of other data sources. These data sources included field notes that I recorded during observation visits in police custody; relevant

theoretical perspectives of youth offending and published research evidence (Chapter Two), and qualitative data from interviews with staff in community forensic settings (Chapter Six). To begin with, I extracted quotes from Chapter Three that represented the initial touchpoints that I identified from re-reading the studies. I then grouped data from my observational field notes that I felt represented similar experiences or instances to the initial touchpoints alongside the quotes from Chapter Three. Using other data sources (outlined above) I then explored how these initial touchpoints might reveal themselves as specific touchpoints in the police custody setting (Figure 3). These touchpoints are presented and discussed in Chapter Seven.

Figure 3: Model for developing touchpoints for young people who offend



Chapter Summary

The methods described in this chapter outline a clear process for the original and revised research plan for this primary qualitative study and the results presented in Chapters Six to Eight. This chapter describes how changes to the study’s original plan were devised and implemented to overcome a number of challenges encountered in the study to allow

me to address the second research objective and research questions in this thesis (outlined in Chapter One, Section 1.3). Themes from qualitative interviews with justice staff about their experiences of working in community forensic settings and with young people who offend are presented in Chapter Six and touchpoints for young people who offend in Chapter Seven. Themes from interviews with academic research and service provider staff about their experiences of applying EBCD/similar approaches in studies involving youth in mental health and/or justice settings are presented along with my own experiences and reflections of applying the EBCD approach in this primary qualitative study in Chapter Eight.

CHAPTER SIX

6. Chapter Six: Working in community forensic settings

'Neglect mending a small fault, 'twill soon be a great one'

(Franklin, 1986, p.60)

6.1. Chapter Overview

This chapter presents qualitative data from interviews with thirteen justice staff working in community forensic settings. The aim of these interviews within the EBCD approach is to engage with and gather staff experiences about working in, and delivering, community forensic services to young people who offend. Through qualitative analysis of the individual interviews (described in Chapter Five, Section 5.7) five key themes and related sub-themes emerged from the data. The five themes and sub-themes are presented and discussed in the following sections and the ways in which these experiences form part of the change process in EBCD are considered

6.2. Emerging themes

Table 4 below presents an overview of the key themes and sub-themes that emerged from qualitative interviews with thirteen staff working in community forensic services. This includes seven youth offending team workers [YOTW]; one custody sergeant [CS]; two custody detention officers [CDO]; two community police officers [CPO] and one custody forensic nurse practitioner [CFNP]. Each theme and sub-theme is discussed individually in the following sections.

Table 4: Key themes and sub-themes

<i>Key Themes</i>	<i>Sub-themes</i>
Theme One: Working in youth justice	‘The nature of the beast’ The juxtaposition of the work Organisational support and systems Resource constraints and administrative burden
Theme Two: Young people’s exposure to vulnerability	Dysfunctional families and poor parenting ‘The modern dilemma’ of social media Using substances Being out of education Social and environmental factors
Theme Three: Understanding mental health	Mental health training Vulnerability versus manipulation Access to mental health care
Theme Four: Opportunities to intervene	Recognising problems Teachable moments The role of police custody
Theme Five: Communication and engagement	Perceptions about services Engaging with youth Communicating with youth

6.3. Theme One: Working in youth justice

One theme related to the nature of youth justice work and the challenges of working with some of the most vulnerable young people. Sub-themes related to the entrenched nature of the lived experiences of young people; the frequent juxtaposition of youth justice work; organisational and system support for staff; and the implications of resource constraints.

6.3.1. *'The nature of the beast'*

Talking specifically about their work and interactions with young people, most staff commonly described the young people that they work with as a 'hard-core group' that are '*massively disaffected*' (YOTW3). Staff reported that they believed that exposure to a range of early and persistent vulnerabilities had led to young people being 'entrenched' and having a 'life-long' involvement in criminal activities and the youth justice system. One staff member used the analogy of '*the tree of life*' (CFNP) to describe the experiences of some young people that have been '*well used to police custody*' (CS). Some staff spoke about the cyclical nature of young people's lived experiences that were generational amongst '*pro-criminal*' (YOTW2) families, and that the time young people spent in the youth justice system was an inevitable consequence of this '*never ending cycle*' (YOTW4):

'It is sad to see that this happens. I've seen it, I've seen families coming here together; mother, father, son, daughter, all coming in one go. That's their life, this is an employment to them, being criminals' (CDO1).

The idea that young people lacked normality or that their exposure to perceived dysfunctional and chaotic lives is *their* 'norm' was common in staff accounts. Many expressed the view that given these deeply-rooted normalised experiences within families, there was little or no surprise that young people become involved in youth justice and '*that's why we've got them*' (YOTW3):

'So, you would see some families who are pro-criminal, shall we say, so as far as the norm is concerned, because when people talk about normal, what's normal? Normal is normal for that young person, whatever they've lived. It's a bit sad, like, but you know, unfortunately that is their norm, so they don't see anything different. They see that as the normal, so they see that as how they live their life, how their parents have lived their lives. Sometimes grandparents have lived their lives. So, in that sense you get that sort of context of, that is their norm. So, for us to say, well, it's not normal, well, that young person will say, it is' (YOTW2)

Staff spoke explicitly about how these 'normalised' experiences had created a sub-culture where being arrested or working with justice services had become almost a rite of passage for young people. For instance, feeling that '*they have to play on the family name*' (YOTW4) or that they achieve personal and social esteem through their hierarchical status:

'It seems to be a culture now where I think it's a tick in the box for a lot of criminals from the younger ages onwards, that they'd been arrested, they'd been in the custody system, and they've done it once or twice or a little bit more. They

become, I suppose, in the hierarchy, they've been there, and they then pass it on to the next lot which come through' (CDO1)

Others spoke about how normalised behaviours had become *'a badge of honour'* (CFNP) amongst friends and a means to enable young people to seek and exercise agency and a sense of belonging amongst their peers. Rather than being *'frightened stiff'* (CD01) or like *'rabbits in the headlamps'* (CFNP) coming into police custody, custody staff felt that the experience did not faze or worry most young people, particularly those they dealt with frequently who *'come in really quite brave'* (CFNP). Nonetheless, custody staff were aware of trying not to stereotype or generalise their perceptions and beliefs about the young people in their care, and acknowledged the difficulty in dealing with them without prejudice particularly when, for instance, immediate or extended members of their family were known to services:

'I hate stereotyping people but sometimes you get kids that are second/third generation thieves and robbers, mum and dad have been in prison and been in police custody' (CFNP)

Others were more forthright in their views about particular young people that they felt would *'be in here for the rest of their days'* (CS).

6.3.2. The juxtaposition of the work

Most staff acknowledged that working with this group of young people with complex needs is now the *'nature of the beast'* rather than the exception to the rule through, for example, increasing diversion schemes outlined in Chapter Two which seek to address lower level offending without formal involvement in youth justice. This raised a number of key issues that staff reported either enabled or constrained the work they do. Overall, all staff reported that they enjoyed the work they do and that the work was interesting and diverse. The diversity of the job meant that, particularly for YOT staff, they could plan their own workload and tailor their work to meet the individual needs of young people. Being able to interact with young people and believe that they had *'made a difference'* was particularly important:

"I love working with young people you know, getting to know them and getting to know how we can help them. It's definitely a job that you don't just come in and sit down and do nothing. It's working with people's lives so, you know, there's definitely something about that that makes it feel like you're doing a good job if you like' (YOTW6)

Nonetheless, most staff were also cognisant that working with vulnerable young people in justice settings was at times *'either really stressful or it's really rewarding'* (CDO2).

Custody staff in particular spoke about *'a different side of life'* that is characterised by high tension and unpredictability and that they are accustomed to these aspects of life that *'others don't see'*:

'It's the atmosphere, sometimes you know, when you've got six, seven, eight people waiting to come in and the custody staff are all busy and there is screaming and shouting coming from the cells, and you don't know what you've done with your last assessment and it get quite – it's organised chaos at times'(CFNP)

Staff describe how the intensity and *'manic'* nature of the custody suite environment can create an enormous amount of stress in their job. One custody staff member commented that, *'gone are the days when you used to get decent criminals come into the custody suite'* (CDO1). Staff reported that mental health issues, substance abuse and self-harm, particularly in the custody environment, created additional strain on what they perceived are already challenging environments.

Within YOTs, although less acutely intense than the custody environment, YOT staff spoke in a similar way about the strain of managing increasingly challenging caseloads of *'higher end young people and obviously the things that go with that'* (YOTW2). Staff also spoke about their frustrations at feeling limited in what they could achieve with some young people. Recounting experiences of trying to communicate to young people that this is not the route to follow and repeated attempts to offer help to young people and their families, this deep sense of frustration led them at times to feeling that *'you're just fighting a losing battle'* (YOTW3):

'You try to make a difference, but you sometimes don't. I'd love to say, 'Yes I make a difference with everyone' and blow my own trumpet, but sometimes they just walk away from you at the end and think, 'What a load of crap'. Then they do the same thing a week later' (YOTW4)

YOT staff felt that being able to achieve positive outcomes with young people relied heavily on working with parents, however, they also acknowledged that getting parents to engage was often difficult and that a lack of engagement was obstructive in the process:

'If I'm honest, if you haven't got the parents on board or the parents are obstructive, it makes your job more difficult. That's been the problem with one of my cases who has just been transferred to my colleague. You're always going to struggle with that sort of case because you haven't got the engagement, you

haven't got the motivation and you're faced with barriers and obstructions all the time' (YOTW1)

Even when they were able to do work with young people YOT staff felt that this could be quickly undone by parents through '*competing with years of their parents telling them otherwise, or other people who have brought them up telling them different' (YOTW3)*. These accounts provide further examples of the ways in which frustrations and/or fatigue could pose a threat to the ability of staff to do their job and the ability to impact on young people or undermine the ways in which they are able work.

6.3.3. Organisational support and systems

Staff expressed mixed feelings about the organisational systems within which they worked, including aspects of the levels of support that were available to them and constraints such as organisational rigidity. Feeling supported in their roles by other colleagues and the importance of teamwork and the wide range of shared and different skills within their teams was widely emphasised by YOT staff as a way to '*support each other' (YOTW1)* and enable them to achieve common goals:

'I think pretty much everybody has the same outlook, or else I don't think they'd be working with the young people in the first place. And I think it's so important that you do have that outlook, because you are working with people's lives, and vulnerable young people, and vulnerable adults, if it's their parents or carers' (YOTW6)

Some YOT staff felt that colleagues '*had a really good handle on each other's cases' (YOTW1)* and even when there were differences of opinion, staff felt that this was both healthy and challenging. Conversely, some YOT staff identified instances where the support and leadership from managers and senior staff within their organisations was less evident and unhelpful, and created tension between staff. One YOT staff member talked specifically about the need for more '*management oversight' to ensure that they were supported in the work they do:*

'Well we've got some good ones and some bad ones. They just don't look at what's been done, staff are just left to do what they want and they just don't get involved' (YOTW4).

Alongside leadership, some custody detention staff were also concerned about how a lack of senior '*ownership' (CD02)* had potential implications for the way in which their service was delivered. Rather than senior staff taking '*control of custody'*, staff felt that

safe working in the custody suite relied heavily on the ‘*professionalism*’ of frontline detention staff:

‘I think nobody wants to know about custody or take control of custody in the management sense. Nobody wants to say, “I have ownership of it”. I think that quite often if it wasn’t for the professionalism and the good training of the detention officers here, things could go through the roof’ (CDO2).

However, an over-reliance on the professionalism or good-will of detention staff can have a deleterious effect on staff confidence in their seniors and potentially dangerous working environments:

‘It’s a competence thing. If you can’t get people above you to do what you ask and comply, you haven’t got the confidence in your seniors. If somebody’s phoning who’s my supervisor and says, “Look, we need to do this before it becomes dangerous,” and they don’t... It’s not fair, because we’ve got to care for these people’ (CDO2).

6.3.4. Resource constraints and administrative burden

Staff consistently reported that all youth justice services were experiencing a number of resource constraints and high levels of administrative burden. These factors were felt by staff to be adversely impacting on the ways in which they were able to work with their current group of young people who were at the highest risk of offending or re-offending. For example, for front line police, having fewer resources to tackle lower level crimes such as shoplifting offences and having fewer community neighbourhood based staff meant that it was difficult to intervene early with young people i.e. before ‘*they are getting too far*’ (YOTW7). Likewise, YOT staff reported that a lack of/ or reduced resources had resulted in either closing youth facilities or removing support for youth activities that had previously provided opportunities and spaces that ‘*these kids can buy into*’ (YOTW5):

‘Youth services have been cut. There’s still stuff out there, but sometimes it costs money, it costs money to use the football pitch or it costs money to use this, that and the other. I don’t know what the answer is really. But I think that’s one of the big problems, they say there’s nothing for them to do, so they congregate and they might get into trouble’ (YOTW7)

The mantra of trying to ‘do the same with less’ was commonly voiced in staff accounts and was not only related to staffing and funding constraints, but also to the increasingly complex nature of young people’s offending and the high number of young people they

deal with, particularly in instances where YOT staff were working potentially with several young people in the same family:

“You could have one family with one kid, or you could a family with seven kids. And it’s your family. Like, if you’ve got three kids who have challenging behaviour, who are in different schools, you are in touch with all of those schools managing all of those children, and it’s difficult” (YOTW6)

At the same time, the requirement to undertake more in-depth and wide ranging assessments also placed additional time pressures on staff resources. YOT staff reported that they often found it difficult to strike a balance between not getting ‘bogged down’ with ‘endless reports’ (YOTW1), and having the time to be able to work directly with young people.

‘I’d like to change the paperwork a little bit because I don’t get the contact with the young people that I would like to get with young people and sometimes I feel as though I’m doing them a disservice’ (YOTW1)

The burden of administrative tasks is common in social care services. This notion of ‘bureaucratic burden’ is a separate issue to undertaking wider ranging and broader assessments and included, for example, restrictions on what YOT staff were, or were not, able to do and how they did it. Relying on their own experience and the experience of others and using their initiative as techniques to ‘get on with the work’ (YOTW4) were often in conflict with organisational rules. YOT staff felt that excessive or unnecessary red-tape impacted on the way they were able to work and ‘think outside the box’:

‘Sometimes red tape can be frustrating. As you’re aware, a lot of big organisations like council and what have you, you’ve got to jump through hoops before you can do something. I know it’s important, we’ve got to tick all these boxes, but just sometimes give your head a shake, let’s just do it’ (YOTW5)

Nonetheless, YOT staff were also cognisant that rules were important and provided a layer of protection for young people and themselves and that accountability in their work was crucial to ensure safety for all involved.

6.4. Theme Two: Young people’s exposure to vulnerability

Within interviews, staff were asked to talk specifically about what they felt were the major problems facing young people caught up in the youth justice system. A significant theme to emerge from staff accounts related to the focus that staff placed on their perception that the young people in their care had been exposed to a wide range of different negative vulnerabilities and the direct impact that these vulnerabilities had on

the young people's offending behaviour. Staff mentioned poor parenting, negative role modelling and the ways in which these inevitably lead to young people exhibiting poor learned behaviours. Other broader and more external negative factors were also reported by staff such as the impact of social media, peers and social environments.

6.4.1. Dysfunctional families and poor parenting

Although staff spoke broadly about the ways in which young people's behaviours and experiences were 'entrenched' in largely 'pro-criminal' families, they also spoke in some detail about specific aspects of family life that they felt were the most important in contributing negatively to the vulnerability of the young people in their care. For example, poor physical conditions within the home, witnessing episodes of domestic violence, parental substance abuse and family relationships characterised by conflict or abuse, were consistently emphasised by YOT staff as ways in which young people had been '*failed by parents*' (YOTW1) and '*neglected at home*' (YOTW4).

'You listen to some of the tales and you just think 'oh my god, there is no normality to their life'. There is none, they have been witness to domestic violence all their life, they have seen mum and dad taking drugs, one is an alcoholic, one is a drug user, and they end up in the justice system. What surprise? There is no surprise' (CFNP)

Further, staff felt that absent or negative role-modelling was also notably reflected in young people's lives. A male role model in particular is often absent in the lives of the young people they work with. Even when young people did have access to adults that could be role models, staff felt that these were more often than not negative or sporadic. In particular, staff reported that the impact of negative role models was reflected in young people's level of violence '*because that's the way they'd seen their dad work*' (CFNP), and exposure to multiple or sporadic negative role models created further discontinuity in young people's lives.

'They either don't see their dad or their dad is this really negative person who, there's either been domestic violence or he's been in prison or....And obviously the mums aren't perfect either. But then mum has another partner and the other partner comes with his issues and he comes into their lives and he impacts on them. So then they've got dad who is this crazy guy who has done whatever. And then they've got this new guy who maybe isn't as bad, but he's still shouts at them, doesn't really discipline them properly' (YOTW3).

Custody staff also reported that other factors such as inconsistent, or lack of, guidance within families also made it difficult for young people to be able to express themselves in

more constructive ways and find a different path to take. One custody staff member used the word *'feral'* to describe young people although subsequently acknowledged that *'it's not the right word, it's a nasty word'* (CFNP), but nonetheless reported that a lack of boundary setting and poor parental supervision within families meant that for some young people, *'you might have been the first person who has ever said no to them'* (CDO1). For police staff, a lack of respect for others within families meant that some young people had not been able to develop a *'moral compass'* (YOTW7) and that certain attitudes and behaviours towards others (discussed further in Chapter Seven, Section 7.2.2) had been learnt at a very young age. For instance, one police officer suggested that *'it's not uncommon for a ten year old to call you a pig'* (CPO2).

Although some custody staff struggled at times to empathise with young people and believed that taking responsibility for children and young people's actions must start with parents supporting them *'instead of expecting other people to'* (CFNP), they also acknowledged that for some young people this was not possible. Overall, staff reported that it was unsurprising that aligning young people's actions with these types of experiences and that of their parents further emphasised the cyclical and generational nature of problems. In instances where mental health and substance abuse problems were also seen in parents, YOT staff expressed the feeling that they could see that *'children aren't born bad'* and how *'young people just feel trapped'* (YOTW3).

6.4.2. 'The modern dilemma' of social media

Staff reported that young people's vulnerability was also compounded by exposure to other, more general factors such as social media. The fast-paced nature of the development of social media platforms and the ease with which these are accessible, poses different types of issues for the young people involved in youth justice services. Some YOT staff commented on the increase of bullying-type behaviours and the ways in which these behaviours can 'escalate' more quickly through the use of social media:

'I'm certainly seeing things to do with that Facebook and social media in terms of when people used to leave each other, unless they rang or sent them a letter they didn't see each other until the next time they met so even if they were harbouring things, well now it's like firing back and forth between each other's and saying 'oh well my dad's bigger than your dad' or whatever it may be, you know, and there's that escalation and I think that's something that we've had to look at a lot' (YOTW2).

Other YOT staff felt that there was *'no rest'* from social media and that the continued use of these forums placed extra pressure both on young people to participate in on-line behaviours *and* on the ways in which youth justice staff must adapt to dealing with *'modern social dilemmas'*:

'They can't keep their bits in their trousers and not photograph them. Girls can't keep their bits in their bras and not photograph them. And they keep sending each other photographs, which is an offence. It's one of the more social dilemmas, which as a police officer, I've really had to take on board' (YOTW7)

Acknowledging that an increased awareness of, and focus on, tackling social media harms to young people was important, some YOT staff were also mindful that through the increasing availability of mobile technology and the growth of cyber-bullying such as sending sexual images or messages *'we're really starting to criminalise children'* (YOTW7). Staff reported that dealing with this and other cyber-type issues should be more focussed on safeguarding and protecting young people through educating them on the potential harms and consequences rather than criminalising their actions:

'We've had so much sexting and texting and stuff, it was ridiculous, in trying to get the message through to kids like social media, you can't take a picture of yourself and your ex-boyfriend puts it on Facebook or puts it on Snapchat or Twitter or whatever else. That's a major thing for them, there's so much easy communication out there, and it seems to me that – you've got 12 and 11 year olds having sex and taking pictures of their bits and sending it to their boyfriends. Which is fine while he's still your boyfriend, but you can't be doing that when you're that age' (YOTW7)

Nonetheless, despite not wanting to criminalise young people, staff did not detract from the fact that a rise in sexual internet crime and *'the whole sexting thing and inappropriate pictures'* (YOTW7) was a more serious issue beyond their peer groups. Particularly for young people at risk of being, or already, vulnerable in communities, YOT staff acknowledged that whilst these types of online issues did exist before, recent high profile cases had brought the role of social media and youth vulnerability to the forefront and highlighted the ways in which professionals must be aware of and respond to the issues appropriately:

'I think it's been going on, to be honest, for a lot of years. Until the Rotherham thing it has opened up people's eyes and made people realise just what's going on' (YOTW5)

This is particularly important given the changing nature of youth offending, for example, the increase in reported *'sexting'* offences (described in Chapter Two, Section 2.4) and

the need for continual staff training to understand these issues and more guidance on how to deal with such cases (discussed in Chapter Nine).

6.4.3. Using substances

Most staff described how the use of alcohol and drugs featured prominently in the lives of young people they worked with and had become another normalised behaviour for many. For example, custody staff commented that for young people coming into police custody, smoking cannabis *'is just like smoking cigarettes to them'* (CFNP). The availability and use of New Psychoactive Substances (formerly known as legal highs) was a particular concern for staff due to their addictive nature, the difficulty for young people to get off them and serious effects of synthetic drugs. YOT staff felt that for many young people, the use of these substances led to spiralling negative effects:

'The whole legal highs, how readily available they are. And once young people start taking them, you know, they're so addictive and it's difficult to get off them. And if they get into that cycle, then they can see things unravel quite quickly' (YOTW6)

Staff noted that this 'unravelling' of consequences of drug-taking often led to young people to engage in risky behaviours and expose themselves to further dangers:

'They put themselves in crazy situations where you can get a bag of cannabis far easier than they can get a bottle of cider, or something like that. I know that cliché 'somewhere they've got a drug dealer on speed dial' that is there. They are so promiscuous. They are so open to trying stuff...they will put anything into their bodies, a scary amount' (YOTW5)

Describing how young people felt *'it's a frisk'* (YOTW5) (i.e. something enjoyable or fun) to use alcohol and drugs in a group situation, YOT staff in particular were aware that young people using substances was more often than not a mechanism for blocking-out and masking problems. However, the use of substances to deny or avoid dealing with difficult emotions could have far more harmful and lasting effects. One YOT staff member recalled an emotionally poignant case where a young repeated offender had been taken into secure care not necessarily because of his offending behaviour but because his use of substances had become a danger to himself:

'He needs a mum. He needs somebody that bloody loves a kid. It's heart-breaking, absolutely heart-breaking. The kids not going to come out with that in a group. "Whay we'll do, we'll just get absolutely trollied off our faces, and I'll masks it".'

You know? It gets into that cycle where Christ knows what will happen to bairns like that. They're all bairns but they think they're so grown up' (YOTW5)

Young people using substances posed significant challenges for both YOT and police staff working with them in the community and for staff dealing with them in often intense custody situations. Custody staff described the difficulties of being able to undertake assessments with young people whilst the young people were constantly under the influence of illegal substances and also, their frustrations at having to deal with intoxicated youth whilst at the same time trying to keep them safe.

6.4.4. Being out of education

Being out of education for prolonged periods of time or permanent exclusion from school was frequently discussed as problematic and added to the multiple exclusions in young people's lives. YOT staff spoke about how some young people *'just don't fit with the education system'* despite often being *'massively capable'* (YOTW2). Whether or not they were considered *'quite bright'* or could *'barely spell their first names'* (CDO2), staff acknowledged that either end of the spectrum could lead to frustration for young people and that the manifestation of poor behaviours that led to exclusion from school could be symptomatic of wider issues. One custody staff member spoke about a young male who had been excluded from four schools despite being *'really clever'*:

'Despite his attitude and his bad behaviour, he was really quite bright. I think there was an awful lot going on in his head and he's intelligent' (CDO2)

YOT staff felt that some schools, particularly academies, were far too quick to exclude young people for lower-level offences such as smoking cannabis, and that schools should better recognise that other services were working with young people and that more work could still be done together to avoid exclusion. In the absence of regular or other educational alternatives for vulnerable youth, YOT staff spoke about how easy it is for young people to *'just fall into the ether'* or the *'too hard box'* (YOTW7). Even when alternatives were in place, such as the pupil referral unit or library sessions, some staff felt that this was inappropriate and insufficient to meet the educational needs of young people:

'Sometimes an hour a day at the library, if you're excluded. Well they say to me, 'what's the point of me going for an hour?' And I agree. I mean you can probably learn something in an hour, but what you get is, your mates are there as well, because they've been excluded. They've got far too much time on their hands' (YOTW7)

Aside from meeting the formal educational needs and monitoring of young people, YOT staff also felt that being at school was important in the wider development of young people's lives and the potential to shape their futures:

'Friendship groups, or you know, whatever they're doing at school, I would think that would be their memory, if you like, when they get older, for a lot of things. For the type of person they want to be. For the type of people they want to spend their time with and discovering what their likes and dislikes are' (YOTW6)

6.4.5. Social and environmental factors

Boredom and peer pressure were factors that staff also felt were important in influencing young people and their behaviours. Feeling bored and having nothing to do were common reasons that young people gave staff for committing crimes:

'Yes, a lack of something to do. They say, 'what shall we do now?' then they get bored and then they commit crime, throw eggs and whatever else they do' (CPO1)

For the most part, falling in with the 'wrong crowd' (CS) and this type of low-level anti-social behaviour was seen as 'just normal boyish, girlish type things' (CD01). Staff felt that tackling these types of issues through changing the way young people think and feel about being pressurised and the people they associate with was beneficial and could change their offending behaviour. Talking about a young male who had never been in trouble with the police before, one custody sergeant recalled that:

'He came across as 'butter wouldn't melt', but I think the pressure from his mates and his dad was like 'he's was just in with the wrong crowd'. That's great if that's the truth, because that can change, he can change that. I even said to the kid when he was going out, 'you need to change your friends, or you need to step away from those friends because you are only going to be with them for another couple of years at school and then you go your own ways, so you are not going to be with those set of friends forever. They'll not be standing next to you in the dock when you've committed a crime and they haven't' (CDO1)

However, some staff endorsed the view that the 'normalisation' of young people's higher-end experiences and behaviours was more symptomatic of 'pro-criminal' families and personal circumstances within their wider social environment and peer relationships. For example, they reported repeatedly dealing with young people from areas that have a 'reputation' for criminality and associating with friends that have the same 'outlook on life' (CFNP). Drawing on their knowledge of the local area, one custody staff member reflected that, 'I don't know [area] that well, but I believe there are some pretty grotty

areas around... You just look and there seems to be a correlation of incidents in these not-so-nice areas' (CFNP). Most staff also recognised that associating with others from a similar background, particularly older people, in their immediate home and social environments was much more difficult for young people to escape from and for youth justice staff to tackle.

6.5. Theme Three: Understanding youth mental health

Another theme to emerge from staff accounts related to the ways in which they were able to make judgements about young people's mental health. This included mental health training and experience, their own perceptions about the legitimacy of mental health problems and, access to mental health resources.

6.5.1. Mental health training

Many staff recognised that mental health problems were widely experienced by the young people they were working with, and emphasised the importance of understanding these difficulties and the different functions that this understanding served. For example, in the context of police custody, staff felt that being able to understand mental health difficulties could assist them in the immediate safeguarding of young people to ensure that they '*go out alive*' (CDO2):

'For us, that's one of the problems – you are constantly on an edge. You are constantly aware of people and constantly aware of what could happen to them and quite often keeping them alive. They tie things around their necks. They conceal things' (CDO2)

For staff in YOTs, being able to develop a picture of mental health difficulties and '*getting to the root*' (CPO1) of the problems affecting young people, enabled them to explore the role and impact of mental health on their offending behaviour and put strategies in place to '*stop it from happening again*' (CPO2). However, ideas about, and understanding of, mental health issues was varied in staff accounts, and most staff reported that they had very little, if any, formal training in understanding mental health issues in the context of their work. Instead, custody staff in particular spoke frequently about relying on their own judgement and experience or intuition rather than any formal mental health training. Within busy police custody settings, the importance of personal judgement and experience was emphasised as a way in which custody staff could respond quickly to potentially changeable circumstances:

'The sergeant may not see him again for a couple of hours, so he does a review, whereas as a DO [Detention Officer] has seen him, maybe every fifteen odd minutes or half hour, so they will see changes in him and the DO's, I have to say, their radars are good. Like I said, mainly from a mental health point of view, they can pretty well spot when someone is not right. They don't know what it is, but they're good at picking it up. So I think they are quite well equipped if I'm honest' (CFNP)

For staff in YOTs, their experience of close observation and engagement with young people over longer periods of time often resulted in arousing their '*suspicious*' (CYOTW4) about potential mental health difficulties. Nevertheless, all staff widely acknowledged that despite their personal experience and skills in being able to understand and recognise mental health difficulties, they were not '*mental health experts*' (YOTW4) and that training in mental health and associated issues, such as drug and alcohol misuse, could help them better understand the impacts of the difficulties that young people face:

'It's like I say, the drug side of things...I think staff have to be aware of the issues around them, and I think if they can recognise and understand how that impacts on peoples' lives, they may deal with them – not differently, but I think gives them a better understanding' (CFNP)

Staff felt that this need for on-going training to be able to deal with mental health and related issues is crucial to ensure that they are able to provide appropriate care to those young people caught up in the youth justice system.

6.5.2. Vulnerability versus manipulation

Despite acknowledging the importance of recognising and understanding the mental health issues faced by young people, custody staff often applied caution to the legitimacy of young people's claims to mental health problems. The extent to which young people experienced mental health difficulties, and whether or not some mental health problems were considered 'real', were often difficult concepts for some staff to grapple with. Prominent in the accounts of police custody staff were descriptions about how they believed young people reported experiencing mental health problems as a way to be calculating rather than presenting as vulnerable. Some custody staff felt this was particularly true of repeat juvenile offenders who '*get to know the systems*' (CS) as a way to obtain medication or to seek medical attention.

Custody staff also felt that young people often '*used*' mental health problems as a way to manipulate other factors such as their treatment and time spent in custody as '*they believe it would be easier for them*' (CS). At times, staff held contradictory views within their

individual accounts. On the one hand staff acknowledged the entrenched vulnerability and experiences of many young people and on the other, recognised that the ‘manipulative’ behaviours they described were not those of a ‘normal person’:

‘A normal person wouldn’t come in and say, ‘I didn’t get any medication’. They’d be frightened stiff, being in a custody suite. He said, ‘Normally I’d be given one of the two milligram tablets’. We all know this as being Diazepam, but there’s fourteen year old telling me he gets diazepam at night time. It must be there to calm him down, keep him settled, so that it’s easier for the staff in the care home, which I presume it is’ (CDO1)

Similarly, custody staff made the distinction between being seen to be manipulative ‘for a bit of attention’ (CD01) rather than an indication of extreme vulnerability and during observations I often sensed that those who were considered vulnerable were often seen as ‘bad’ and those who were compliant were seen as ‘good’ (discussed further in Chapter Seven, Sections 7.3.2 and 7.3.4).

6.5.3. Accessing mental health care

YOT and police staff described having relatively good links with general health and social care services, for instance, social services, neighbourhood and housing teams, and the third sector. Staff felt that from a youth justice point of view, they do ‘a lot of partnership working’ and were able to put a ‘bit of a squeeze’ (CPO1) on services on issues particularly relating to safeguarding and working more widely with ‘troubled families’:

‘So if you’ve got a kid who has come into police attention more frequently but they’ve not gone into the criminal element just yet but you think that’s where they’re heading, she basically takes their details and sets up like a multiagency meeting I presume, with housing, social services etc. They try to bring the strategy together to intervene early’ (CPO1).

The staff reported that this holistic approach to addressing the health and social needs of young people through, for example, joint protocols and multiagency meetings, made services more accountable and provided young people and staff with a ‘safety net’. However, staff universally reported that there were ‘no smooth pathways’ (CNFP) to links with mental health services and that access to services was very difficult and ‘disjointed’ (CNFP). Unlike working with other agencies, such as education, housing and social services, where information was freely shared or accessible to, some staff found it

difficult or impossible to access mental health information and felt that this impacted on continuity of care:

'We are trying to trial a new pathway, a new written document that we send to hospital; it gets filled in by the consultant, it gets sent back, which worked a treat up until last night, and one of the consultants point blank refused to fill any information in, because he said he was breaking patient confidentiality. My advice to him would have been, put it in an envelope and just put 'for the nurse in custody' and he said he wouldn't do it, even under those circumstances, because we spoke to the police, this morning, about it. Again, these are problems that, if you look at continuity of care, from a mental health or a physical health, it is us talking to them, them talking to us, because we send them out with information but we don't get anything back' (CFNP).

The often complex systems of making referrals to the appropriate or multiple services also caused widespread concern that was largely unhelpful for children and young people, particularly those who were at significant risk of *'being left with nobody'* (YOTW3). In more acute circumstances, despite having specific mental health nurse provision on-site in most custody suites, the complexities around legally requiring young people under the age of seventeen and a half years old to be referred to the local child and adolescent mental health service (CAMHS) led to frequent and frustrating delays:

'It's a very difficult pathway here; it's not easy. I just want to pick up the phone and say 'I've got concerns, will you come and please see him?' and I want a mental health nurse on the other end to say 'yes, I understand your concerns, I'll come and I'll see him' instead of three, four, five, six hour confusion that is going on' (CDO2).

Accessing local mental health services on this referral basis was particularly problematic for custody staff when managing young people's safety in the custody environment out-of-hours:

'We used to provide that service, our doctors would do mental health assessments. So, if we had concerns about someone – whether he was in crisis or just had doubts about his mental health or concerns about his mental health, we could speak to our doctor, who would come down and do an assessment...when you have concerns about someone in the middle of the night – it's not so bad during the day – but in the middle of the night, and you're trying to get some kind of input from local services – the crisis team, or whoever it is – it's difficult' (CFNP).

Frustrations about timely access to mental health services for young people were also expressed by YOT staff, describing instances where referrals were *'taking months and months'* (YOTW7) and that *'services are backed up'* (YOTW4). They felt that this was

particularly distressing for young people experiencing acute or severe difficulties and left them feeling unsupported:

'Sometimes we have kids who are seriously – you know you can see they're seriously mentally ill and we need things done quickly, from a risk perspective and I think that sometimes they feel let down' (YOTW7).

Whether or not young people reached the 'thresholds' or met the 'criteria' for engaging with services was also another source of frustration for staff. Even when custody staff were able to gain preliminary access to services for young people during crisis, they often felt that their concerns were too readily dismissed:

'Usually, you will get a phone-call back, and they'll either say, 'well, we don't think he needs to be seen', regardless of my concerns' (CFNP).

A lack of a clear pathway to be able to challenge referrals that had '*been knocked back*' (YOTW3) or question decisions that they disagreed with left YOT staff feeling that it was often '*down to personality*' or being '*more tenacious than others*' (YOTW7) to do so.

6.6. Theme Four: Opportunities to intervene

Another key theme to emerge from staff accounts related to the ways in which they were able to intervene with young people. This included how young people's problems came to their attention, acting on formal and informal opportunities to offer help and support, and the role of police custody as an intervention.

6.6.1. Recognising problems

Many staff described the importance of being able to recognise problems early on in young people's lives. This included being able to look more closely at young people's lives to identify needs and get to '*the root of the problem*':

'I think the days have gone where we used to think they were naughty people and just targeted them. Now we have got to think about the foundation and where it all started' (CPO1).

Whilst this view represents an important shift in the way in which youth justice staff deal with young people, staff commonly felt that being able to understand why young people commit crime needed to happen at a much earlier stage through, for example, working more widely with families and looking at patterns of behaviour. YOT and police staff felt that preventative services were important in being able to recognise problems earlier on

and work with young people and families across the spectrum, from those parents *'who are at the end of their tether'* (CPO1) to more troubled families where *'they know the wheels are coming off'* (YOTW5). However, staff described how many preventative services had been cut or disbanded, and tended to focus more on preventing re-offending and to *'keep the kids from going into the stats side'* (YOTW5). This gap in services meant that for some young people and families, recognition of problems more often than not only occurred if the young person's offending came to the attention of YOTs and/or escalated. Only then were they able to step in and help:

'If they hadn't have really offended wouldn't have come into our remit, so that's really, really good' (YOTW7).

Nevertheless, staff felt that being in contact with youth justice services was often beneficial or *'the best place to be'* (YOTW7) to enable young people and families to get help and support that they may not ordinarily have known about or have access to. However, where YOT staff had been able to work with young people and families, they described a mixed response to this help and support they provided:

'You've got totally different opinions of it. I've got kids that say, 'without the youth offending team...' or, 'without you our lives would have been really bad. They're there to help you. They're there to give you advice. They're there to give you support'. To the other side of the coin where kids have come through the system and are on court order, and it's like, 'oh this place is effing rubbish. They just control your lives'' (YOTW5).

Whether or not young people in particular felt they benefited from receiving support was often dependent on individual relationships with staff:

'I had a kid talking to one of our caseworkers the other day saying, 'oh aye, [worker] is great. He's better than your caseworker. He helped me and my mother, and he's done this for me and he's done that for me'. All I did was listened to him and encouraged him, and I believed in him'' (YOTW1).

YOT staff spoke about the importance of being able to build trusting relationships with young people and often described instances where they had taken on a more deliberate and extended caregiving role in attempts to give young people 'normal' life experiences that had not been created within their own family unit:

'I had some young people up [area] way, I took them to the [shopping centre] and we went and had breakfast in the [shopping centre], they'd never done anything like that and it was like, you're going to sit with me at the table and I was like, I'm going to sit here and we're going to keep our effing and jeffing down' (YOTW5).

Staff felt that being able to provide young people with these opportunities and experiences that they had not previously been exposed to offered them a chance to experience a *'different reality'* (YOTW2) that was more connected and less isolated. In other instances, staff employed caregiving strategies to meet the more practical needs of young people and to develop their basic personal skills through, for example, helping them to open a bank account or helping them *'to cook themselves a simple meal'* (YOTW3). At other times, YOT staff described stepping into the role of being the pseudo-parent where families were finding it difficult to advocate for young people:

'These kids are struggling anyway with parents who might not be providing for them. Sometimes, there are some parents who maybe aren't savvy and know the system or aren't confident about ringing the head and going, 'I want to know what's going on, what are you doing for me. You've got a responsibility, you've excluded my son'...we will engage with that, we will take that up and go, 'we'll sort that'' (YOTW6).

By adopting these type of strategies that moved beyond caretaking and into much more care-giving roles YOT staff felt enabled to build better and more trusting relationships with young people.

6.6.2. Teachable moments

Although some YOT staff spoke about the formal requirements and methods to engage young people in intervention work, for instance, issue based work linked to their offending, they and custody staff often focussed more on informal and opportunistic approaches to intervene (discussed further in Chapter Seven, Section 7.3.4). These opportunities or *'teachable moments'* were often characterised by a fleeting chance to offer personal insights, with the emphasis on being in the moment and encouraging young people to reflect on their actions and to *'change their ways'* (CS):

'I said to the young lad, 'you can get away with doing silly things once or twice but you come back and get a criminal record, all that's going to be gone'' (CDO2).

For custody staff, the reality and confinement of the custody environment was often viewed as an appropriate setting to enact these *'teachable moments'* and to *'give them something to think about'* (CFNP). Whilst some custody staff reported that taking this approach of reinforcing that *'what they've done is really not a clever thing'* (CFNP) could be effective, YOT staff also felt that young people could learn better from particular events when they were able to work more in-depth with them and frame their actions

more personally. For instance, trying to get the young person to relate their crime to a family member:

'So it's about saying well... 'do you think it's normal to go out and hit granny over the head and steal a handbag? What would happen if it was your granny? 'Well I would kill them'. And I'm like, 'well how is this any different? Do you think she might have a grandson and might want to kill you?' and they're like, 'Oh'' (YOTW2).

Likewise, YOT staff described framing the consequences of the young people's actions in a more personal and meaningful way to emphasise *'this is what happens down the line'* (YOTW2). For staff, seizing these unplanned opportunities to give positive advice and reflect on their own personal experiences with young people also allowed them to informally intervene and provide guidance:

'I'm ex-forces, and I was advising him today that when he turns a suitable age, why does he not think of that? Move away from the area, join the forces, any area of the forces, to get himself away to create a proper life for himself, rather than be stuck in whatever is going to happen to him in the future' (CDO1).

6.6.3. The role of police custody

The role of custody as an intervention elicited mixed responses from staff and a source of tension between the necessity and the impact of detaining young people. Whilst some felt that young people needed a *'short, sharp, shock'* (CS) others expressed caution over detaining a child or young person in an adult custody environment. Particularly for young people who were in custody for the first time, staff described how the experience could be *'quite blurred'*, *'overwhelming'* and *'terrifying'*, and although arguably the intention of custody was to act as a deterrent, there was concern about the impact of the experience becoming quickly diluted or normalised for repeat offenders:

'Some kids absolutely cry their eyes out and think, 'oh my god, what am I doing here? I am going to get killed off mum and dad'. Other kids are like, 'you get a free breakfast. You get coppers, soft as shite the coppers' (YOTW5).

Alternatively, the custody suite experience might inadvertently fuel or reinforce normalised behaviours or expectations that some young people are already exposed to (discussed further in Chapter Seven, section 7.3.1):

'It's bravado, it's bravado that part of it is, 'Oh, I've had the badge of honour'' (YOTW7).

Whether or not staff felt there was a necessity for 'short spells' (YOTW7) in police custody, it was often acknowledged that once a young person is detained, although this could provide an opportunity to intervene, the process is fraught with challenges. For example, although custody staff felt that being put in a cell could be an opportunity for young people to reflect on their actions, they also felt that *'just shutting the door'* (CFNP) and being disengaged was counter-productive. Although custody staff described instances where they were able to find a magazine or newspaper to *'distract them or keep them busy'* (CFNP), they felt that a lack of stimulation and having only their surroundings to focus on could lead to or increase young people's anxiety:

'A lot of them get very anxious and they listen to what's happening within the custody suite and they expect attention immediately. They do become very needy' (CDO1).

At the same time, custody staff were aware that providing other forms of stimulation such as having televisions or radios in cells posed challenges such as *'massive self-harm issues'* (CDO2) and equally, could make the environment *'a little too comfortable'* (CS):

'This is meant to be depriving people of their liberty, and that's what it's all about. It's about making sure that – not making sure they have an awful time so they don't want to come back – but making sure they don't find it nice and comfortable you know, 'This is nice, you get this, you get that and the other, I'm going to come back, I'll commit crime again, because nothing happens to you and it's all very nicey, nicey'. It needs to be a harsh environment' (CS).

Although avoiding the need to *'molly-coddle'* (CS) young people, staff felt that some young people could, at times, benefit from additional attention and emotional support but staff felt unable to provide this in a busy, and essentially adult, custody environment. This lack of specific support and strategies to keep young people occupied could result in exacerbating problems further, which was often compounded by lengthy stays in custody. Custody staff acknowledged that whilst they were *'not here on a speed trial'* (CDO1), young people needed to be dealt with more quickly to avoid problems escalating and to ensure that they were not detained longer than necessary:

'My experience is that there are some big tasty juveniles, and if they are going to create and kick off, it's just going to delay things. I think, on the whole, the staff just want to deal with them as quickly as possible' (CFNP).

However, custody staff also reported that the legal requirement to have an appropriate adult present when detaining juveniles, was the major problem contributing to the length of time young people spent in custody. Although the protocol was to contact a family

member first, staff acknowledged that this was often problematic due to the availability or willingness of families to do this. In instances where staff needed to call social services to act as an appropriate adult, particularly out of hours when staff cover was reduced or when a situation was not deemed a priority, young people were left in police cells for extended periods of time until a suitable appropriate adult could be found:

'Right, so this kid, say you had somebody locked up this morning, nine o'clock this morning, you go down all the routes, you can't get anybody out today, the earliest social services will say, 'Well, you could try the emergency duty team at five o'clock when we hand over to them'(CDO2).

Difficulties in being able to obtain an appropriate adult leaves custody staff feeling unsupported and frustrated. They also recognised that it could be emotionally upsetting for young people when, for example, family members refused to act as an appropriate adult:

'Sometimes, what is really quite saddening, is when you get a juvenile in, and they want mum or dad to act as an advocate – an appropriate adult, and they refuse. I just think, how sad is that, where you don't even want to come in and act as an appropriate adult for your kid?'(CFNP).

Custody staff felt that these instances of inability or unwillingness of families to support young people whilst in custody reinforces young people's feelings of abandonment and being let down through absent or unstable families. In these type of instances, the role of police custody is perhaps the equivalent of a place of safety for young people.

6.7. Theme Five: Communication and engagement

A final theme to emerge from interviews with staff relates to the ways in which they were able to communicate and engage with young people and some of the barriers and facilitators to this. This included young people and family perceptions about services, approaches to engagement and styles of communication.

6.7.1. Perceptions about services

For most staff, their perceptions of the general public's awareness of youth justice services was a significant source of frustration, both in terms of their understanding of the work they do and the ways they are able to do it. For example, staff were aware that services, particularly the police, were often portrayed negatively in the media and felt that it was sometimes difficult for the public to empathise with the type of work police were

exposed to. Similarly, YOT staff also felt that the ways in which YOTs worked with young people were often misunderstood or misjudged when, for example,

'The general public don't get the whole why we take kids out on an activity. You know, like, 'That's a bloody luxury for them, I wouldn't do it. They need some hard labour' (YOTW5).

Whilst staff acknowledged that these observations were part and parcel of working in justice services more broadly, they did feel that the perceptions of the young people themselves played an important role in being able to engage with them. For example, YOT staff felt that the level of stigma attached to services such as YOTs was an important factor in shaping young people's own perceptions about services and that the fear of being stigmatised impacted on their willingness to engage with services:

'When I run groups on an evening, you ask a kid, 'you are coming to the youth offending team. Tell me what you thought about YOT?' 'They're all radgies, they're all alcoholics, they're all druggies. They all do this, they do that' (YOTW5).

Equally, YOT staff also felt that young people were concerned about the negative perceptions they felt others had of YOTs and were worried about being seen as *'troublemakers or criminals' (YOTW4)*. In order to raise or alter the profile of services and improve young people's perceptions of them, police staff described a number of engagement strategies that had been undertaken, including deliberate use of social media such as *'the whole selfie with a cop' (CPO1)*, in attempts to achieve a broader and more youthful appeal. Other strategies included re-branding services as 'youth engagement' or integrating offending services into the broader social work agenda in an attempt to reduce the stigma attached to services:

'I suppose we're going under the Families [City] banner, which is the Troubled Families agenda. That takes away the stigma linked to the youth offending team' (YOTW6).

Importantly, police and custody staff felt that it was beneficial for young people to establish positive perceptions of services before they found themselves in trouble rather than being *'fixated on the building and everyone in it is a bad person' (CFNP)*.

Nonetheless, YOT staff expressed the view that it was difficult striking a balance between breaking down negative perceptions and maintaining a *'healthy fear'*:

'Breaking down those barriers is quite difficult. I suppose there's got to be a healthy fear, if that makes sense of, 'This is what happens if you're a naughty boy,

or a naughty girl. You go and see the big bad men there'. It's getting that fine balance you know?' (YOTW5).

Staff acknowledged that this notion of 'fear' could take on a number of roles and guises in developing young people's perceptions. For instance, whilst police staff felt that the '*potential fear of the uniform*' (CPO2) could act as a deterrent for some young people, it could also act as a barrier to engagement. Conversely, custody detention staff felt that having the distinction between staff wearing a police uniform and, for example, healthcare staff in a nursing uniform, could act as a mechanism to maintain a '*healthy fear*' of being in custody whilst still being able to engage with young people:

'I think once they're in our room with us, and we're having a bit of discussion, you can get a little bit more out of them than maybe, what they'd let on to the police. We have a bit more of a better relationship, I think, but that's just because of the uniform, really more than anything. They see a nurse's uniform, and we're a caring service, whereas the police wear a uniform and they are nasty people because they lock you up' (CFNP).

Similarly, expectations about services or fear of the unknown could be viewed as both beneficial and detrimental. Custody and police staff felt that having limited or unfamiliar expectations could positively influence perceptions and facilitate engagement with young people. This juxtaposition of '*being scared of the unknown*' (YOTW6) and at the same time upholding a level of apprehension was necessary to maintain order and to avoid young people developing unhealthy misperceptions about services.

6.7.2. Engaging with youth

Universally, staff felt that it was better to engage with young people in the community to avoid further marginalising and criminalising them through the formal youth justice system. However, staff also acknowledged the difficulty in engaging with young people voluntarily where they were not legally required to engage with services:

'A lot of orders come through are voluntary. So they don't have to do what you're advising them that they should do, or we feel would benefit them. They don't have to do that. And there's a lot of young people that are just going, 'No, it's absolutely fine. I don't need to do that'. Or, 'I don't want to do that', when it's actually really clear that they do, but because it's voluntary, they don't engage in it' (YOTW3).

Equally, police staff spoke about the challenges of trying to engage with young people through, for example, neighbourhood police delivering presentations at school where rather than engaging young people, they felt the process could be seen as '*preachy*' and

having ‘*absolutely no impact*’ (CPO2). Even when police staff described trying to talk with young people in their own environments, they acknowledged that it was normal for teenagers in particular to be disinterested or disengaged. Conversely, YOT staff felt there were similar challenges when trying to engage with young people in involuntary circumstances, for example, through reparation or intensive supervision orders. The fact that young people were required to engage with services was often not effective as this type of forced engagement was viewed as an authoritative rather than a supportive relationship:

‘What isn’t great is the fact that young people have to be here. I might see them two or three hours a day at a time but they don’t want to be here. It’s a different kind of engagement, a different kind of relationship’ (YOTW4).

Being able to build ‘*decent relationships*’ (CPO1) with young people was seen as key to being able to effectively engage with young people as discussed earlier in this chapter. These relationships needed to include mutual respect for each other and have the capacity to develop trust. YOT staff appreciated that building relationships with some young people was more challenging than for others. Having particular communication skills or ‘*the gift of the gab*’ (YOTW2) could be beneficial as could having the option to, or being able to, match young people with particular staff members within YOTs where there is ‘best fit’:

‘I suppose engagement with young people, I know certain times that certain people, including myself, get picked to work with certain young people because of the way we work. I think certainly from my point of view, because I come from a youth community work background because I come from an engagement background as opposed to an enforcement background, which is certainly where the YOT is seen’ (YOTW4.)

In being able to build these relationships with young people, YOT staff felt they were able to seize opportunities to explore young people’s strengths and motivations and to use these openings to better engage with them. Equally, staff also described instances of being more strategic in attempting to increase acceptance from young people by, for example, brokering deals:

‘It is those sorts of things or saying right, oh, do we have to do that today? No, we’re doing that on Thursday we’re going to do this instead today, oh, oh, that’s good, you’re still going to have to do it but you know, you’re not in the right frame of mind tonight, we’ll go and do what we’re supposed to do on Thursday and we’ll do that on Thursday like kind of changing that round’ (YOTW1).

Alternatively, staff increased ‘*buy-in*’ (YOTW3) through more demonstrative means, particularly when trying to engage with families. YOT staff were aware that engagement

with other key social agents in young people's lives, such as parents, could also be critical in building and maintaining engagement:

'So I have to be very tactile, very nice sometimes to families to keep them engaged. A lot of the time the parents, if you offer them stuff they'll kind of buy-in. Food vouchers, money for uniforms, things like that. We can get trips out sometimes, constructive activities. Like, that's your buy-in. And that's when you, kind of, get in and you build the relationships and are able to work on the issues that you actually need to be doing' (YOTW3).

Despite these efforts, YOT staff were also aware that they could run the risk of trying too hard to overly engage with young people, and that they needed to listen to and take into account their views about what they wanted and what worked best for them.

6.7.3. Communicating with youth

Communication was universally described as crucial in being able to engage with young people at all stages through their youth justice journey. Particularly in their initial approach to young people, police staff reported that the tone of their communication was important in ensuring that they treated young people with respect:

'It's a little bit of a cliché but you treat people how you'd want to be treated yourself. So I try to give people the benefit of the doubt. Say kids are all drinking in the park, the majority of those will just be decent kids who are just doing what their friends are doing so in my opinion, you don't need to go in authoritatively. You just need to go in and have a bit of a chat with them' (CPO2).

Although recognising the need to *'have to speak to every person in exactly the same way'* (CPO2) from a policing perspective, being *'authoritative'* and forgetting *'the personable bit'* (CPO1) has the potential to create negative first impressions and affect future positive engagement. Police staff described how they believed that the *'mentality'* of some police officers was to *'go into every situation looking for a bit of trouble'* (CPO2) and custody staff recognised that this could be antagonising to young people who already have *'adrenalin'* (CFNP) running through their system:

'I think it's dependent on the person who arrests them and their mentality around 'Why am I arresting this person? What can't I deal with this person in a different way?' (CPO1).

At the same time, custody staff also acknowledged that the antagonistic nature of the custody environment itself was particularly challenging. In such challenging instances,

custody staff described how it was sometimes difficult not to communicate in a reactive way and that language itself could inflame situations through, for example, young people becoming frustrated when they were unable to understand information or processes being described to them. Being able to recognise when young people were struggling to understand particular language and *'adjust language'* (CS) that was more appropriate to their level of understanding was key:

'The other thing is articulation-wise and I do this without knowing, other people tell me this, is I would start off talking to a young person. I would use words but I would instantly know if they didn't understand them and start changing how I would work and that is just how I have worked for so long, just change my language as and when' (YOTW5).

Equally important in being able to convey information was being able to use language appropriately to obtain information from young people (discussed further in Chapter Seven, Section 7.3.2). This was particularly evident, for example in the adult environment of the custody suite where custody staff described how although questions designed to elicit information were 'fit' for young people and adults, they were also cognisant that they needed to alter their 'style' of language for young people to be able to respond with the information staff required:

'It's just the type of language I use, you know, if I'm talking to a juvenile, it's just your style of talking to them and talking in more simplistic terms when you're asking questions like, 'Do you have any dietary requirements', and they just look at you blankly because they don't know what 'dietary' means, let alone 'requirements'. You use more simple language for juveniles' (CS).

Another important aspect of communication was being able to relate to and empathise with young people. Although staff acknowledged that they needed to be 'firm but fair', they also acknowledged that ultimately they were often dealing with very vulnerable young people and that their communication needed to reflect this.

6.8. Chapter Summary

Data presented in this chapter contribute to our understanding of community forensic settings where little research has been undertaken previously. Qualitative data gathered through semi-structured interviews with justice staff about their experiences of working in, and delivering, community forensic services to young people who offend revealed a number of common experiences. Shared accounts related to some of the practical challenges of engaging and working with this group of young people with multiple and

complex needs (e.g. assessing needs and demand on limited resources); lack of training in mental health and training needs; lack of appropriate pathways to mental health support and services, and some of the barriers to engaging with young people who offend and their families (e.g. involuntary contact with forensic services and perceptions about services). These experiences make important contributions to our understanding of current practices and the implications of policy changes happening within youth justice discussed in Chapter Two. Importantly, the data in this chapter form a key component in the EBCD process (Stage Two described in Chapter Four, Section 4.3) to identify and develop key priorities for service developments. The data also contribute to the second research objective in this thesis: to explore how the EBCD approach could be applied in community forensic services. The findings in this chapter are discussed further in Chapters Seven and Nine.

CHAPTER SEVEN

7. Chapter Seven: Young Service User Experiences – ‘It’s a suite thing’

‘It ain’t what they call you, it’s what you answer to’

(Fields, 1880-1946 cited in Farren, 2004, p.18)

7.1. Chapter Overview

This chapter describes the touchpoints identified for young people who offend, using the modified EBCD approach described in Chapter Five. Touchpoints (described in Chapter Four) are critical points or moments that are emotionally and/or cognitively memorable in an individual’s journey through a service or experience of a particular organisation (Bate and Robert, 2007a). Although the original aim of this thesis was to use primary data from service users (e.g. young people who offend) to develop initial touchpoints, taking an innovative approach was necessary due to the recruitment challenges described in Chapter Five (Section 5.5.1). The first section presents field notes collected in police custody observations (described in Chapter Five, section 5.4.1) as a way to contextualise the police custody setting and experience. The second section presents four initial touchpoints in young people’s journeys through youth justice, identified from the research literature presented in Chapter Three. Through triangulating data and evidence gathered in this thesis (described in Chapter Five and summarised below), these initial touchpoints are then explored in the context of the police custody environment. The touchpoints in this chapter are presented as a way to explore whether this modified approach can contribute to building the stories of young people who offend, in the absence of being able to gather their experiences directly such as in this primary qualitative study.

7.2. Observations in police custody

As discussed in Chapter Four (Section 4.4), observing staff and service users in their environment (e.g. police custody suites) can provide rich and additional data in experience-based co-design (EBCD) studies. Specific to this study, undertaking periods of observation in typically ‘low visibility’ spaces in criminal justice provided a relatively privileged opportunity to experience police custody first-hand as a non-service user i.e. researcher (discussed in Chapter Five, Section 5.4.1). A selection of extracts from my observational field notes that I collected over a number of periods in different police

custody suites are presented here to provide a general picture or ‘snapshot’ of the custody suite environment and operating processes and to provide specific examples to illustrate the nature of the work (e.g. demands on staff/ resources and interactions between staff and service users) in these spaces to contextualise the touchpoints of young people.

7.2.1. General observations in police custody

Police custody suites are run and managed by a custody sergeant (a sworn member of police) and custody detention officers (civilian staff employed as police staff or by a private security company). The custody sergeant is responsible for the overall care and welfare of all detainees (e.g. adult and youth) in the custody suite and along with detention officers, must adhere to the PACE Act 1984 Code C (described in Chapter Two, Section 2.6). The physical environments of the custody suites (CS) visited varied in size and age. The smaller suites (CS1 and CS2) contained 20-30 cells with no windows. The experience for myself as the non-participant observer was rather daunting, with limited lighting, large metal heavy doors, sliding view shutters and often, there was a distinct smell of damp/urine (perhaps due to the age of the building). The first experience for all detainees on arrival is being placed in glass-fronted holding cells opposite the main desk. The custody desk is small but high off the floor. The newer larger suites (CS3 and CS4) are purpose built with capacity of 40 and 50 cells respectively. These suites are modern and open plan centred on the ‘hub’ of a main large and high custody desk overlooking the cell corridors (circular in CS4 and oblong in CS3). Glass-fronted arrival holding cells face opposite the front desk in CS4 and to the right along a corridor in CS3. Modern CCTV and voice recording microphones that hang from the ceiling are installed throughout all of the suites along with large flat-screen monitors which display unidentifiable information about each detainee in each cell. Prior to arrival into the suites, detainees are identified via the computer systems as ‘en-route’. On arrival to the suite, detainees enter from secure transport docks and are placed in the arrival holding-cells. In the presence of the arresting officers, one detention officer - or two (including one female if a detainee is female) - search the detainee and remove all personal belongings which are placed in clear bags, tagged and documented in the custody log. If a strip search is required and authorised by the custody sergeant (when detainees are believed to have either concealed or ‘plugged’ items or are known to conceal that is recorded on the police computer information system), this is undertaken in a cell with permission from the custody

sergeant. Detainees are brought individually to the custody desk and 'booked in' by the custody sergeant. This process involves obtaining information from the arresting officers about the alleged offence and whether or not they were handcuffed and have sustained any injuries. The custody sergeant informs the detainee why they are being detained and about their legal rights (e.g. the right to legal representation and a phone call). Detainees are also offered a copy of the custody code of practice. The custody sergeant undertakes a universal risk assessment and records all answers and information (including medications) on the custody record. All detainees' clothes are assessed for suitability e.g. whether they have cords in trousers. If the clothing is judged to be unsuitable, detainees are given tracksuit bottoms and a jumper to wear. When detainees are placed in cells, if deemed a non-hazard by the custody sergeant, a blanket is provided.

Individual cells consist of a bench-style bed raised slightly off the floor, some with toilets in a corner and a hand basin in the other (although in 'dry cells' neither are present). All cells have CCTV camera and a call button installed. Detainees are offered a hot or cold drink and food once in their cells. Detention officers and sergeants refer to detainees as 'punters' or 'prisoners'; police as 'polis'; detention officers as 'jailers' and prison guards as 'screws'. Police officers address the sergeants as 'sergeant' and there appears to be respect/hierarchy between officers and sergeants. During observational periods I observed little interaction or relationships between police officers and detention officers.

7.2.2. Specific observations of custody staff and service users

My first three observational visits (conducted between February and March 2017) were to CS1 and CS2 (one visit to CS1 and two visits to CS2) - smaller and older suites staffed by one or two custody sergeants and two to five detention officers. My general perception during these visits was that the environments felt relaxed and casual yet professional. During the visits at different times across different days (see Chapter Five, Section 5.4.1) the suites were quiet and I observed only a small number of detainees. On the last visit to CS2 just before the end of the planned observation period, two arrested adult detainees arrived together (male and female in a relationship) for a domestic violence offence/disturbance. Both adults were very volatile, abusive, aggressive and appeared intoxicated. The male adult smeared blood on the walls of one holding cell (rendering the cell 'contaminated' and consequently 'closed' until it could be cleaned the following day). He was placed in a cell until staff felt it was appropriate to book him in. The adult

female became quickly very aggressive in the cell, kicking the door and shouting and attempted to tie her top around her neck. The noise in the suite over a period of about 30 minutes was very loud and the atmosphere felt very intense, which as an outside visitor felt intimidating and stressful. Two sergeants and three detention officers (one female) were present in the female's cell to attempt to de-escalate the situation. Eventually she was physically restrained, her clothing was removed (except underwear) and she was placed in handcuffs. The sergeant noted in the custody log that the woman had 'fresh [self-harm] marks on her arms'. Staff indicated to me that the male and female were 'well known' and were frequent visitors to the custody suite. Immediately prior to (and on-going throughout) this incident, an adult male arrested on suspicion of driving a vehicle under the influence of drugs, was also admitted. He appeared incoherent and had difficulty standing and talking. The custody sergeant authorised the male to be strip searched in a cell due to previously concealing drugs. The strip search required four staff members (two police officers, custody sergeant and detention officer) and a large quantity of anally concealed Class A drugs was found.

My next four visits were to larger suites - CS3 and CS4 (two at each). These suites are typically staffed by 2-4 custody sergeants and up to 12 detention officers per shift when 'at full strength'. The first visit to CS3 one early Sunday evening was initially quiet but became busier about half way through a three hour observation period. There was little privacy for the detainees within the open plan area (either during the booking in stage or whilst in the cells). This was especially apparent when multiple detainees were being 'booked-in' in parallel and within close proximity to each other, or when staff requested loudly across the suite to other staff members to, for example, 'check on X' or convey information about detainees.

During another visit to CS3, just prior to my arrival, an adult female had been detained overnight under Section 136 of the Mental Health Act and was waiting for the mental health crisis team to arrive. The female was placed on 'level 3 watch' which requires one member of staff to continuously monitor the detainee on CCTV, reducing the number of staff available for other duties. Soon after, a further six arrested detainees arrived together and the suite became very busy and noisy. With only one custody sergeant on shift to assess and authorise detention, detainees were consequently placed in the glass-fronted holding cells for periods of up to 45 minutes. During this time some detainees became increasingly vocal and abusive. Immediately following this, two arrested juvenile males

arrived together and were initially loud and argumentative through what I perceived to be ‘bravado’ and ‘excitement’ between the youths. During the waiting time in the holding cells, I observed the young males’ behaviours change from boisterous bravado to becoming increasingly agitated. Each juvenile was booked in separately one after the other. I observed that they were spoken to calmly and respectfully (and jovially) despite their initial loud and argumentative manner. Both juveniles were given clothing and their shoes were removed and placed outside of their cells. I left the custody suite shortly after and before an appropriate adult arrived for either juvenile (one was resident in a hostel and social services had been contacted and one was awaiting his father) or any further action/checks were undertaken.

In summary, the observational field notes presented here ‘set the scene’ for the development of the touchpoints that follow through describing:

- The physical characteristics of the police custody environment
- The procedural processes involved in detaining individuals
- An overview of staff roles and responsibilities
- The multiple challenges of police custody work
- Specific examples of demands on staff resources

7.3. Young people’s touchpoints

In this study, in order to navigate some of the challenges experienced in recruiting young service users (e.g. young people who offend) to identify their touchpoints in their journey through youth justice, a number of different steps were taken. Firstly, summarised secondary qualitative data from young people (n=278) reported in the fourteen studies included in the systematic review (presented in Chapter Three) was explored. Although the individual focus of each study varied, common initial touchpoints in young peoples’ journeys through youth justice services (e.g. police, youth detention centres, children’s social services) were identified across the studies. These initial touchpoints were then further explored using field notes gathered from periods of direct observation in police custody suites that represented similar experiences (described in section 7.2), and supplemented by reference to relevant theoretical perspectives that contribute to the biopsychosocial model of understanding youth offending behaviour (described in Chapter Two, Section 2.4), research evidence, and qualitative interview data with justice staff

(presented in Chapter Six). The aim of synthesising data sources and research evidence is to explore how this might contribute knowledge to what touchpoints in young people’s journey through police custody might look like and possible reasons as to why they might manifest themselves in this setting. As discussed in Chapter Four, different qualitative data sources can yield discrepancies between what people say and what they do and can also highlight different insights from different participants (e.g. young people and staff). Table 5 provides an overview of four touchpoints identified, which in the following section are individually described and illustrated using direct quotes from young people’s data reported in the systematic review (Chapter Three) and additional data sources and evidence described above (Chapters Two and Six).

Table 5: Young people's touchpoints

Touchpoints
Feeling labelled and living up to expectations
Feeling uncomfortable about sharing personal information about themselves
Feeling that they are not being listened to
Feeling that they can relate to staff

7.3.1. Touchpoint One: Feeling labelled and living up to expectations

‘It’s hard fer me ta change. I’m labelled you know... they watch ya more...they’re waiting fer ya ta mess up’

(Young African Male cited in Shelton, 2004, p. 132)

This young African American male describes his experience of being an ethnic minority youth receiving mental health services in a youth detention facility in the US, which the study author describes as a common feeling of ‘hopelessness’ in this correctional population (Shelton, 2004). Similarly, in a British study of the life experiences of young people who offend and the impact on their coping behaviours also included in the review, one young male, ‘Ben’, aged 17 in ‘looked after care’ (i.e. looked after by the local authority) describes his experience of first coming into contact with a youth offending team (YOT) as *‘apparently I was a ‘nutcase’... [laughs]...so, I put his window through’* (‘Ben’ cited in Heath and Priest, 2016, p.8). In both instances, the young men refer to the ways in which they feel labelled or ‘judged (for example, through their racial heritage or

living situation) and the impact this has on their behaviour. These experiences, specifically relating to young people's perceptions about the 'labels' or expectations held by others that they come into contact with, may be applicable to the ways in which young people experience police custody. For example, I was present during and after the 'booking in' procedure for two young males recently arrested, whom the sergeant indicated that staff were familiar with as they were 'well known' to the police. I observed that:

'After the two young males (aged 16 or 17) were booked in and were being taken to their cells the custody sergeant spoke loudly across the custody suite to me, 'you won't learn anything from X', and commented that one young male was a 'hardened criminal and there's nothing you can do with him'. The sergeant then spoke about their experience of parents attending custody to act as an 'appropriate adult' and/or to enable young people to be released into their care. The sergeant felt that 'some [parents] found it funny', some were indifferent and for some it was a relatively 'normal' experience to be called into police custody 'because of the families they were from'.

[Observational field notes, CS3: 9 March 2017].

This first touchpoint may be examined through the lens of relevant theoretical perspectives that contribute to the biopsychosocial model for understanding behaviour described in Chapter Two (Section 2.4). Specifically, behavioural learning theories such as labelling theory (Becker, 1963) and differential association-reinforcement theory (Burgess and Akers, 1966). Firstly, labelling theory posits that the act of labelling individuals and/or behaviours as 'deviant' creates stigma that is then attached to individuals or behaviours (e.g. young people who offend), and reinforcement between other's beliefs (e.g. police) and individuals' behaviours. This process leads to the perception that the label is 'true' (i.e. 'self-fulfilling prophecy') (Becker, 1963). The young males that I observed in police custody were, by the custody sergeants' own admission, 'well known' to police and their view that, 'there's nothing you can do with him' indicates the strength of the acceptance and the permanence (for the young men and custody staff) of the labels and stigma placed on them. Findings from the longitudinal Edinburgh Study of Youth Transitions and Crime of 4300 young people aged 12 years old in 1998, suggest that early contact with the youth justice system 'propels' young people into a repeated cycle of contact. McAra et al. in particular, notes that *'labelling processes within agency working cultures [e.g. police] serve to recycle certain categories of children in the youth justice system'* (McAra and McVie, 2007, p.315) and that young

people find hard these labels hard to ‘shrug-off’. This explanation may be supported by the fourth touchpoint described below, which in contrast, describes police custody contact with young people previously unknown to the service (e.g. first time offenders) and their differential treatment.

Secondly, the element of ‘reinforcement’ that is central to Burgess and Akers’ initial theory of deviance is also relevant here. Burgess and Akers’ original theory (which was further developed by Akers as a general social learning theory of crime) proposed that in order for learned behaviours to be maintained, behaviours must be reinforced through actual or perceived rewards or punishments (Burgess and Akers, 1966; Akers, 2017). As discussed in Chapter Six, persistent re-offending may be a consequence of being ‘rewarded’ for their behaviour through achieving social status or esteem (e.g. ‘badge of honour’) or exercising agency amongst peers. Importantly, research evidence presented in Chapter Three suggests that young people’s fear of being stigmatised or misjudged by others due to their mental health difficulties can act as a barrier to seeking help and accessing services (Shelton, 2004; Horstkotter *et al.*, 2012; Watson *et al.*, 2015). Equally, in the police custody context, labels placed on young people which can then be re-enforced or ‘rewarded’ through, for example, attaining and/or maintaining social status amongst peers whilst in the custody environment, may also prevent young people from seeking help for mental health difficulties in this particular setting due to fears about ‘losing’ this status. As described in Chapter Three, some young people report their preference to be viewed as *‘tough rather than sick’* (Shelton, 2004, p.131).

7.3.2. Touchpoint Two: Feeling uncomfortable about sharing personal information

‘Why would I talk about it? You’re not supposed to tell people about your personal life’

(Young American male cited in Hartwell *et al.*, 2010, p.508)

This young American male had been re-arrested after being detained in a court-referred residential treatment centre for young offenders. The young male describes his reluctance to talk about his experience of trauma (which the authors report as sexual or physical abuse or loss of a loved one) within treatment services and felt that services were inadequate in helping him to address his experiences (Hartwell *et al.*, 2010). In a second study included in the review, one young female in a young offender’s institute (YOI) in

England described her unwillingness to discuss her experiences with a mental health worker, *'he asked me loads of questions that I weren't prepared to talk about. I just switched off'* (Young female cited in Douglas and Plugge, 2008, p.71). Both young people describe feeling uncomfortable or being unable to share personal and/or other important information with staff or a service, particularly when they perceived them to be unhelpful or inappropriate. Similar feelings to those reflected in these accounts may also be experienced by young people arrested and detained in a police custody environment. For example, during one visit to a large custody suite I directly observed an instance involving a custody sergeant undertaking a standard custody risk assessment (described in Chapter Two, Section 2.6) designed to collect personal health related information with a young female (YF) who had recently been arrested. The following observational notes reflect this particular experience:

'One young female (aged 16 years old but appeared to look about 12) who was very small in frame and height had been arrested on suspicion of theft. The young female could just about see over the high custody desk and spoke quietly into her folded arms pressed against the custody desk, and almost covered her mouth. The young woman appeared very pale and unkempt. She appeared to be much younger than her actual age not only in her physical appearance but also in the way she spoke and behaved, and seemed fairly sheepish. I initially thought that this young girl that had not been arrested before and that this was her first time in custody. However, the custody sergeant informed me that she had been arrested/charged on nineteen separate occasions over a period of two years for similar theft and other offences. During the risk assessment I made the following observations:

DS: 'do you have any mental health problems'

YF: 'don't know what you mean'

DS: 'do you see a psychiatrist?'

YF: 'yes, CAMHS [Child and Adolescent Mental Health Services]'

DS: 'have you self-harmed?'

YF: 'yes'

DS: 'how?'

YF: 'don't know'

DS: 'do you have any physical health problems?'

YF: 'don't know' [and shrugged shoulders]

DS: 'have you had any fits or anything?'

YF: 'don't know'

DS: 'any dietary requirements?'

YF: [YF didn't appear to understand but DS didn't probe further]

I further noted that:

'Once the risk assessment was complete, the duty sergeant requested for the young woman to be assessed further by the (male) custody nurse. The nurse reported back to the duty sergeant a short time later that 'she seemed ok' and that the young woman had told him that she takes '4 paracetamol a day to keep infections away'. The nurse suggested that she 'probably meant sexual infections'. Following this, the custody sergeant informed me that the young woman 'does have mental health problems but probably doesn't want to tell me'. From my own observation I felt that not discussing any mental health problem was not perhaps because the young woman 'did not want to tell' but possibly because she had difficulty articulating this or that she might not have known what her 'mental health problems' were (i.e. her response to the question was that she 'didn't know'). Equally, I felt that the young woman could possibly have felt embarrassed or unable to speak about personal issues in a very adult and male dominated environment (e.g. during the risk assessment two male arresting police officers were present, one either side of the young woman and a further health assessment was undertaken by a male nurse) or to a stranger where there was no relationship or trust'

[Observational field notes, CS4: 24 February 2017].

This second touchpoint raises a number of issues relating young people's perceptions of, and their ability and willingness to communicate with, justice staff and services. Relevant here is Akers' updated theory of differential association-reinforcement as a more general social learning theory which includes the importance of social structure (e.g. environment) in criminal behaviour. Akers argues that understanding the individual's environment is also key to understanding their criminal behaviour such as peer attitudes and perceptions, for example, towards the police (Akers, 2017). In an early study of 337 male youth either accused or convicted of criminal offences in the US, Leiber et al. report that data from a self-report survey indicated that attitudes of youth and their respect for police were not developed simply through actual contact with police but through social environment variables such as families and neighbourhoods. A 'greater commitment' to these variables consistently predicted negative attitudes towards police (Leiber *et al.*, 1998). In another more recent US study, the attitudes towards police of 1,289 young people aged ten to fifteen years old were explored through a self-report survey that collected data relating to contact with police and involvement in delinquency. The authors report that socialising with delinquent peers and holding more pro-criminal attitudes were associated with more negative perceptions of the police (Brick *et al.*, 2009). It is unclear

how far these studies are generalisable to the UK context in the absence of comparable studies, taking into account factors such as different policing approaches and historical tensions between particular groups (e.g. minorities) and the police in the US. However, in my qualitative study, justice staff accounts of working with young people who offend (Chapter Six) also suggest that negative perceptions held by young people who offend can be learned in ‘pro-criminal’ families. However, staff acknowledged that striking a balance between reducing negative perceptions (e.g. to increase trust) whilst at the same time maintaining a ‘healthy fear’ (or respect) of services, seemed (to them) to play an important role in enabling staff to engage effectively with young people who offend.

Young people’s ability to communicate with justice staff and services poses a unique challenge for them as it will directly impact on whether or not they are able to relay their experiences in the youth justice system context. As described in Chapters Two and Three, procedures that occur in the youth justice system such as the example of the booking-in process described here, rely on young people’s ability to communicate successfully (both verbally and non-verbally) (Snow and Sanger, 2011; Lount *et al.*, 2017). However, these procedures are at odds with the reported high rates of speech, language and communication difficulties that young people who offend can experience (described in Chapter Two, Section 2.5). Further, when young people communicate with authority figures such as the police (perhaps especially those with communication difficulties) their speech can often be poorly articulated and at the same time verbalised aggressively as demonstrated in young people’s accounts presented in Chapter Three. Yet, despite evidence of communication difficulties in the research literature, Snow and Sanger suggest that such deficits remain largely invisible to staff in youth justice and to young people themselves (Snow and Sanger, 2011). Instead, these authors argue that young people may lack the appropriate skills to interact (e.g. verbal and non-verbal communication) and that when this goes undetected the authors argue that young people may appear ‘lazy’, ‘rude’ or ‘unmotivated’ (Snow and Sanger, 2011). Indeed, during observations in police custody I noted that some staff exercised caution in relation to whether or not disorders such as Attention Deficit Hyperactivity Disorder (ADHD) and speech and communication difficulties were ‘legitimate’ disorders.

Further, young people’s willingness to communicate with staff may be directly affected by the physical custody environment. For example, physical barriers such as tall and wide custody desks and the ‘open’ custody environment may prevent some young people from

disclosing important information. In an unannounced inspection of six custody suites in England by Her Majesty's Chief Inspector of Constabulary (HMIC) in 2015, in relation to the welfare of vulnerable people (including youth) in police custody, inspectors report that a lack of privacy at the police custody booking-in desk was a concern as they observed that some detainees (including a 16 year old female such as in this example) were deterred from providing 'true' personal information in risk assessments when others could easily overhear (Her Majesty's Chief Inspector of Constabulary, 2015). Similarly, findings from an evaluation of a health screening tool used in police custody (discussed in Chapter Two) also report that a lack of privacy was considered an obstacle by staff and detainees in reporting important health information during the health screening process (McKinnon and Finch, 2018).

Importantly, young people's learned attitudes towards custody staff (e.g. mistrust) together with the risk of potential difficulties in being able to communicate effectively, combined with a lack of staff training in, and awareness of, such issues may inhibit young people accessing help and services that could potentially address their needs in the custody context.

7.3.3. Touchpoint Three: Feelings of not being listened to

'I hate them, they don't listen to you... She was saying that I'd be better off away from home and that. She didn't even fucking know me!'

(Mae', 16 year old female cited in Heath and Priest, 2016, p.11)

'Mae' is a 16 year old female serving a community order under the supervision of a YOT in England and 'sofa surfing' with friends. Mae describes the anger she feels towards social services in relation to decisions made about her living arrangements based on limited information and their presumptions about what they felt was best rather than listening to her. A similar experience is echoed in 'Karen's' story, a 30 year old female participant in another study included in the review that explored young women's childhood experiences of youth justice involvement. Karen reflected on her experiences of contact with welfare services as a consequence of her offending that she feels had a negative impact on her through her voice not being heard: *'some of the foster homes were really bad . . . it's like [no one in the child welfare system] wanted to listen to what I had to say [about my living conditions]'* (Karen' cited in Bright *et al.*, 2011, p.40).

Feelings of not being listened to or feeling that staff and services only hold partial information about young people on which they (staff and services) form judgements and/or make decisions, was a feature of the police custody setting observations. For example, over the course of two observational periods in one large custody suite, I participated in the following exchanges with detention officers discussing their understanding of and perceptions about young people in the youth justice system:

‘Talking with one female detention officer who had just begun their day shift I enquired as to whether or not they knew any details or information about a juvenile male (e.g. personal circumstances, offending history) who had been detained in the suite overnight. The staff member replied that they knew very little information other than the offence they were arrested for and that they only sought information on a ‘need to know basis’’

‘Talking with some detention officers about my research in response to questions about why I was there, I explained that I was interested in understanding how young people experienced custody and how I felt that it is important to hear their stories and their thoughts about being in the youth justice system. Some staff expressed the view that ‘we’re not social workers’ and that rather than listening to young people, ‘they should bring back borstal’, and that the criminal justice system should impose longer sentences on young people to act as a ‘deterrent’’

[Observational field notes, CS4: 24 February & 4 March 2017]

Theoretical perspectives relating to the ‘labels’ staff assign to young people and young people’s perceptions of, and attitudes towards, police staff alongside the research evidence (e.g. communication difficulties) described in the previous two touchpoints are also relevant here. However, this third touchpoint may well link with the role of staff training and awareness of young people’s vulnerability and the nature of custody environment. Firstly, as discussed in Chapter Two (Section 2.6) police officers and custody staff receive little training in mental health and other aspects of need and vulnerability (e.g. learning disabilities, communication needs, substance misuse and social environment). This is despite an increasing legal and policy focus on policing embracing a more ‘social welfare element’ (Thomas, 2014). Although the PACE Act Code C (described in Chapter Two, Section 2.6) sets out legal requirements to identify vulnerability in police custody and provide detainees with additional support (e.g. an appropriate adult), custody detention officers interacting with young people who offend often lack knowledge, training, and resources about how vulnerability manifests and/or presents (Dehaghani, 2017). Her Majesty’s Inspectorate of Constabulary (HMIC) inspectors in their 2015 unannounced inspection of police custody suites (described

above), reported that some police and custody staff did not view young people who offend as vulnerable and that the (alleged) offence, rather than the young person, was considered first. Inspectors also commented that rather than referring to official guidance, staff drew on their own personal experience and judgments to identify and respond to people they (staff) considered vulnerable during the inspection (Her Majesty's Chief Inspector of Constabulary, 2015). Indeed, interviews with youth justice staff in this thesis (presented in Chapter Six) support the view that recognising and managing issues of vulnerability in police custody often relies heavily on the individual judgements of custody staff, particularly when there is a perceived lack of leadership or ownership by senior colleagues.

Police custody can be a challenging, 'low trust' and 'tense' environment (Gooch and McNamara, 2016) and as described in Chapter Two (Section 2.6), research evidence suggests that working in custody suites has the potential to 'breed' cynical staff attitudes towards detainees (Phillips and Brown, 1997). This exposure to negativity can often blur staff perceptions of, and responses to, individuals they perceive as manipulative rather than vulnerable. However, the police custody environment can also place personal demands on staff that may impact on their ability to listen and take into account the views of young people. For example, working in this challenging environment can lead to staff developing and experiencing psychological stress and fatigue. During observational periods in police custody (described in Chapter Five, Section 5.4.1), I observed that staff often made negative comments about the impact of the custody environment on their own health and well-being. One custody sergeant expressed enthusiasm about their imminent retirement from the role as, '*89 shifts left and counting*' (observational field note: 27 February 2017). Figley describes a model of 'police compassion fatigue' which suggests that, when police officers continually empathise with and show concern towards traumatised individuals, they may develop psychological fatigue and experience 'burn-out' (Figley, 1999). Indeed, police officers are increasingly reporting mental health issues as a result of workplace stress (Bonnar, 2000). MacEachern et al. suggest that psychological stress and mental health problems in police staff poses potential implications for practice and for service users through, for example, increased absence from work due to sickness, reduced motivation and maladaptive coping strategies (MacEachern *et al.*, 2011). Finding out information on a 'need to know basis' as described in the example above, may be a coping mechanism that enables staff to

emotionally protect themselves and/or counteract the negative impact of working in this tense environment. However, interviews with custody staff (Chapter Six) also suggest that their role in recognising and managing vulnerability is to obtain enough information to assess risk. This is to fulfil the legal requirement to ensure that young people are safeguarded whilst in police custody rather than, for example, gathering sufficient information to consider how best to provide a caring role.

This complex interplay between staff being adequately trained to work with young people who offend in a developmentally appropriate environment, having the appropriate skills and confidence to recognise young people's vulnerability, and employing coping mechanisms to protect their own well-being whilst working in stressful and potentially adversarial custody suite environments, may result in staff missing opportunities to provide or access support and services for the young people in their care.

7.3.4. Touchpoint Four: Feeling that they can relate to staff

'A few more people telling me 'no'. That's what would have helped... bit more one-to-one support. If I had that I reckon things would have changed. Someone I could get on with, someone I like, someone to look up to really'

(*'Sam'*, young male cited in Young *et al.*, 2009, p.58)

The quote above is from 'Sam' who resides in an English secure residential unit for adolescents aged 10–17 years who display difficult and challenging behaviours. Sam describes his experience of feeling let down by individuals and the criminal justice system. For Sam, feeling 'connected' to service staff through feelings of trust or respect might have produced different outcomes. In another study included in the review in Chapter Three, a young male who had spent time in a residential youth justice treatment programme describes how he thinks programmes should be developed to better 'connect' with young people in youth justice, *'have different people work there, certain people connect with different people'* (Young male cited in Hartwell *et al.*, 2010, p.510). In both of these examples, the young people express their wish to engage with service staff who understand and empathise with their individual needs. Similar experiences may also be encountered in the ways in which young people are able to engage with staff in police custody. For example, in one observational period in a large custody suite I was present during the process of two juvenile males (aged 15 or 16 and different to those referred to

in Section 7.3.1) who had been detained overnight being released without charge into the care of their parents who had recently arrived. I made the following observational notes:

‘Two male juveniles were advised that no further action would be taken and that they would have their DNA, finger prints and photographs taken in the presence of their parents who had just arrived and that these would be checked against the national database. If ‘nothing came up’ they were advised that their personal information would be destroyed within a few weeks as this was their ‘first offence’. The Custody Sergeant spoke respectfully and softly to one young male in front of their parents (who appeared shocked and embarrassed) and suggested that they should take this incident as a warning as ‘we all make mistakes so learn from this’.

In another instance, in the same custody suite I observed that:

‘One detention officer recalled an incident (prior to the smoking ban in police custody) where in a different force, a custody sergeant had taken a juvenile (who had been brought into custody for their own safety due to a stabbing in the home) outside for a ‘fag and some fresh air’ and asked ‘are you okay son? Anything you need?’

[Observational field notes, CS4: 12 March 2017]

The first custody observation illustrating this touchpoint (i.e. two males aged 15 or 16) provides a very different example to the one presented earlier in this chapter (Section 7.3.1) involving two young males of similar age. Unlike in the earlier example, the two young men discussed here were ‘unknown’ to police (i.e. first time offenders) and were judged by custody staff to be from ‘good’ families. In the absence of being ‘labelled’ by staff (i.e. not considered ‘hardened criminals’) and the demeanour of the young men (who spoke quietly and respectfully), the custody sergeant appeared to exert a type of ‘soft’ power such as that described by Skinns and colleagues in Chapter Two (Section 2.6). Skinns et al. suggests that exerting ‘soft’ power, for example, through building rapport, showing respect and providing information about their case, enables staff to empathise with detainees. This in turn can reinforce positive perceptions so that detainees are not just viewed as criminal but can be considered as ‘valued members of society’ (Skinns *et al.*, 2017). One key message emerging from young people’s data in studies included in the systematic review in Chapter Three is that, developing relationships with staff in youth justice services appeared to promote positive experiences of engaging with and receiving professional support. However, the opportunity to develop good professional relationships in the custody setting can be complicated by the fact that experiences in custody are often short-lived (Skinns *et al.*, 2017). Nonetheless, Skinns et

al. argue that adopting a ‘soft’ power approach can be effective for staff when engaging with individuals in police custody and that this can produce the ‘ultimate teachable moment’ (Skinns *et al.*, 2017). Teachable moments are described as events or circumstances (planned or unplanned) that can promote opportunities for individuals to positively change their behaviour (Lawson and Flocke, 2009). Indeed, interviews with justice staff presented in Chapter Six (Section 6.6.2) support the view that police custody can provide unplanned opportunities for staff to enact ‘teachable moments’ through offering personal insights and encouraging young people to reflect on their actions. Further, such ‘lottery moments’ whereby young people might find themselves in the ‘right place at the right time’ and/or where staff are appropriately skilled or ‘matched’ to the needs of young people, may impact on whether young people access and receive support and services in the custody environment.

7.4. Personal reflections

As an independent researcher often with little or no authority in these environments, I often observed that staff seemed able to be themselves without the fear of being formally reviewed. At times staff made spontaneous unguarded comments that meant I was given access to certain types of information that left me feeling concerned and uncomfortable. However, to draw attention to the fact that people were being observed could have affected their behaviour and my rapport with them. Reflecting on such times of feeling uncomfortable I realised that I used various strategies in an attempt to draw attention to the situation but trying at the same time not to interfere with the interactions. For example, I was aware that I mentioned the fact that the CCTV was recording to try to deter uncomfortable chatter about particular detainees or circumstances. In other instances, I made my excuses, withdrew from the observations and left the building. Other incidents during observations were however more challenging. For example, I observed two incidents involving a small number of custody staff that left me feeling significantly more uncomfortable which I took immediately to my supervisory group for guidance. Such instances raise important questions about both the research process when observing in services and the researcher’s wider responsibility for example, in relation to ‘duty of care’. In such circumstances there might be concerns about whether or not to formally raise awareness of incidents and indeed what course of action (if any) to take. In this study, after carefully weighing-up the circumstances and through immediate detailed

discussions, a considered judgement with the supervisory team was made that there were no major concerns about specific observations of the level of care undertaken by the service provider. However, the observations raised a more general and important sub-theme about the professionalism of staff whose behaviour and comments could be a consequence of a lack of formal mental health training and knowledge about for example, manipulation and vulnerability as well as the challenges of the environment/situation. Nonetheless, making attributions about the causes of any perceived lack of professionalism were both difficult and beyond my role within that space. Despite these ethical and personal challenges that observational work can raise, observations can highlight important information (such as in the examples described in this chapter) and useful insightful about, for example, the impact of physical environments and pressures on services.

7.5. Chapter Summary

This chapter presents a modified method in the EBCD approach in the discovery and explanations of how touchpoints for young people who offend may reveal themselves in the police custody context. These experiences link to the accounts of young people's stories emerging from the literature presented in Chapter Three. Touchpoints developed in this chapter through the use of this modified method (e.g. triangulating secondary analyses of existing data, observational field notes, theoretical perspectives and research evidence and staff experiences) may provide valuable insights into the types of modifications that may be applied in the EBCD approach when undertaking research in different settings with particular constraints (e.g. legal and ethical) and to better include participants such as the group in this study. Particularly relevant here in a context that is dependent on verbal communication and the challenges this presents for young people who offend (Lount *et al.*, 2017), modifications to the identification and development of touchpoints is critical to progressing the viability of using the EBCD approach in this group and context. The approach used here also has the potential to contribute to the limited evidence base about how to include young people in research (Worrall-Davies and Marino-Francis, 2008).

In summary, working within the limitations posed in this study (i.e. challenges of recruiting young people), this modified approach offers a possible alternative to gathering

and engaging with young people's experiences through the process of identifying touchpoints. Whether or not this approach described here can be a legitimate contributor towards developing touchpoints in EBCD studies involving vulnerable and/or disadvantaged populations is discussed in Chapter Nine.

CHAPTER EIGHT

8. Chapter Eight: EBCD Interrupted

*‘For the things we have to learn before we can do them, we learn
by doing them’*

(Aristotle cited in Schattenkirk, 2012, p.374)

8.1. Chapter Overview

The problems gaining access to young people’s experiences in this primary qualitative study required a refocussing of the research strategy to explore the EBCD process itself (discussed in in Chapter Five, Section 5.5.1). This new direction provided an opportunity for more detailed reflection about how to best to apply the EBCD approach with this client group (i.e. young people who offend). This chapter presents and discusses new data from seven qualitative semi-structured interviews with academic research and service provider staff who have experience of applying EBCD and/or participatory methods that align with the approach, in research studies involving groups of young people similar to those in this study (described in Chapter Five, Section 5.6.1). Three key themes and sub-themes emerged from the thematic analysis of these qualitative interview data. Using these findings, I was then able to examine whether or not my own experiences in this primary qualitative study were similar, to or contrasted with, the themes in the interview data with academic research and service provider staff. The three themes and sub-themes are presented along with my own experiences in the following sections.

8.2. Emerging themes

The following themes emerged from qualitative interviews with seven participants. The interviews included three service provider staff (SPS) from the third sector (e.g. voluntary organisation) involved in a UK research project seeking to engage young people attending a local YOT in service development and four academic research staff (ARS) working in North America on two EBCD specific projects exploring youth and mental health, involving young people, carers and service providers (described in Chapter Five, Section 5.6.1). The content of the qualitative interviews with the participants was thematically compared and contrasted with my own experiences (where relevant) of attempting to undertake similar work. My own experiences are demonstrated (in part) through the inclusion of reflexive notes that I recorded as part of the research training within my

research thesis. The qualitative thematic analysis procedure is described in Chapter Five (Section 5.7). Three key themes and sub-themes emerged from the analysis of the verbatim transcribed interviews with academic research staff (ARS) and service provider staff (SPS). An overview is presented in Table 6 below.

Table 6: Researcher staff key themes and sub-themes

<i>Key themes</i>	<i>Sub-themes</i>
Developing and maintaining the EBCD collaborative group	Building relationships Creating participation Maintaining participation
Building in flexibility	Having other options Changing circumstances Timing Capturing data
Role of the researcher	Relationships of power Emotional work of the researcher

8.3. Theme One: Developing and maintaining the EBCD collaborative group

8.3.1. Building relationships

When academic research and service provider staff were asked about what they considered were important factors in undertaking their participatory projects, all described how the success of projects hinged on developing positive working relationships with services and that it was this relationship building that was a *'key pillar of the research'* (ARS2). Interview participants described how they achieved and maintained the research collaboration through, for example, existing links with services, face-to-face meetings and having personal contacts and knowledge of the services through having worked previously in these environments. Having a reputable and experienced senior member of staff leading the project was a particularly important factor in being able to develop trust and respect between service providers and the research team:

'One thing that helped is that obviously she's [Principal Investigator] a professional with a lot of experience. I think that was something that the service providers like really appreciated and respected, as opposed to somebody like me that only has a couple of years of research experience. I don't know if they, yes, not to say anybody made any specific comments, but it really came across that they were really responsive to that' (ARS3)

One academic research staff member also described the benefit of working within a research project team, *'although is small, is mighty'* (ARS2) where staff had clearly defined roles within the project, such as the day-to-day management of the study or participant recruitment. In contrast, I did not have prior links with services nor had I worked previously with them. In fact, as a doctoral researcher, although supported by an experienced supervisory team, I was a lone researcher responsible for all aspects of the study and with probably little or no perceived seniority within the identified community forensic services. During one observational period in police custody one staff member remarked that they could *'smell it's a PhD'* (Reflexive note: 4 March 2017).

Some academic research staff described how services in their studies were more receptive to taking part in the research when the organisation responsible for the research was one that was locally recognised and *'quite well affiliated'* (ARS1) with other organisations. In my own study, most services expressed a keen willingness to be involved in the project that was funded by a prestigious award and was associated with a respected local university. However, service provider staff working within or closely aligned with services in which they had undertaken research, promoted the value of their own personal relationships and experiential knowledge of services in supporting the research process:

'I'll say to her if she needs something I'll say, "Ring such and such. They'll be more likely to help you than such and such"' (SPS2)

Nonetheless, academic research staff also acknowledged that even when they were working with services that were local and well respected, there was also the complication of *'working across multiple organisations'* (ARS1) or with agencies with many *'geographic boundaries'* (ARS2). This could be challenging in terms of services being *'administratively different'* and trying to communicate with the different services could be difficult. One academic research staff interviewee described how the process,

'Starts to become a little bit more tangled' and that 'you could probably spend more time trying to deal with one organisation first and then the other. But, if you do want to get into co-design, you need to figure out how these services relate to each other, ideally, in terms of the design solution' (ARS2).

Building relationships with service providers can be time-intensive and informative as the researcher's enquiries can provide information about how different services operate and interact. Reflecting on their experience of undertaking research in youth justice services in the UK, one service provider staff interviewee commented that building relationships with different service providers can be compounded by the fact that *'different services work very, very differently together'* (SPS3). In comparison, in my own study, working with one police force and several YOTs, it soon became clear that the organisations are managed and administered in different ways. For this reason it was necessary to use different approaches with each of the services. Police custody operates within a hierarchical top-down structure and decisions are made at a higher level. Youth offending teams (YOTs) are organised in a more autonomous way than police custody so that decisions are made by the local manager and governed by different rules and practices. Hence, for both the interview participants and my own experiences, considerable resources and time were often required to engage and build relationships with different services in different ways. However, despite reviewing (and if necessary making adjustments to) working relationships with the aim of maintaining agreements for the research process, this did not always guarantee successful engagement or recruitment of participants.

8.3.2. *Creating participation*

Building relationships with services also involves creating and facilitating opportunities for their participation. Academic research staff commonly felt that a key factor in being able to achieve this was *'getting staff excited'* about the project and *'getting buy-in'* (ARS1). To achieve this required different kinds of approaches such as interview participants describing how they needed to demonstrate their own commitment to the project, for example by developing rapport and *'going out and meeting face-to-face with service providers'* (ARS3). In my own study, although I developed and maintained close working relationships with the identified services over the three year duration of the study, a number of factors impacted on the participation of services. These factors included: the delay in time line between developing the study and obtaining funding; the initial evidence review stage of the research during which no direct research was undertaken with service providers, and the number of staff and structural changes within the organisations (e.g. secondment, retirement, promotion, redundancies, cuts to funding

and restructuring). Developing relationships with new ‘in-coming staff’ in instances where agreement to take part in the research had been made by previous staff who were no longer in post, meant that I often sensed that the new staff felt burdened through inheriting the previously agreed research commitment. Further, some relationships changed from one of a willingness to and interest in taking part to one of just ‘getting the job done’. For example, during the process of arranging staff interviews, one senior custody staff member indicated that rather than ask for volunteers, I should ‘*tell them I [senior staff member] said they have to*’ (Reflexive note: 16 November 2017).

Interview participants described other challenges in obtaining buy-in such as asking for a commitment from services to participate whilst not knowing what problems might be identified or what the outcome of the EBCD process would reveal and how the findings might then impact on services:

‘I think there’s the theory and then there’s the reality and so, you’re trying to reach out to people to say, this will lead to service improvements, but we don’t actually have the [money] to say we can commit to this and we’re looking for problems when we don’t know exactly what they are until we do the study, and so we can’t really tell you what the solutions are going to look like’ (ARS1).

Equally, ‘buy-in’ could raise issues of vulnerability as one academic research staff suggested that,

‘It’s understandable, we’re making them very, very vulnerable and we know at the beginning, service providers are the hardest to engage because they feel like they’re being evaluated’ (ARS2).

Even when services had initially agreed to participate, academic research staff felt that participation could be incentivised either by creating a sense that ‘*you’re going to be part of something really incredible*’ (ARS3) or through tailoring the research to fit within existing service reporting requirements. Discussing their research project, one service provider staff described being able to achieve participation through designing the research project within the wider remit of the service obligations:

‘I think with every YOT, having a focus group, if they’re inspected or anything like that, it’s always a brownie point’ (SPS3).

Often in the absence of any formal agreement to participate, interview participants reported how relying on the ‘*goodwill buy-in*’ of services created a sense of nervousness. Academic research staff described the difficulty and the ‘*grey area*’ of formalising agreements as, ‘*there’s the ideal and then there’s the reality*’ (ARS1). In comparison to

my own study, despite attempts to gain formal agreements to participate, I could only obtain informal agreements through email responses, for example, one stating that the service manager really liked my ‘thinking’ and in another from a senior staff member briefly confirming that their service would ‘support and help me’ with the research.

Most academic research staff interviewed were also cognisant that ‘buy-in’ or participation could be variable or unpredictable at the individual staff level. Despite feeling that services and their staff were initially ‘excited’, academic research staff described how ‘from the get go’ fears about the amount of time staff needed to commit to the different phases of the research led them to thinking, ‘I don’t know how that’s going to work for me’ (ARS4). Academic research staff also acknowledged that, there were no guarantees that staff would continue to participate and that:

‘Maybe there are reasons that service providers operate in this particular way, because they have rules governing the way they practice’ (ARS3).

In comparison, in my own study, to try to mitigate fears about the amount of time staff would need to commit, the participant information sheet stated that it was possible for staff to take part in the initial interview and consider separately whether or not they could participate further (Appendix 6: Justice Staff Participant Information Sheet). However, even in instances where staff participated in further components of studies, one academic research staff member commented that,

‘Our reflection after the focus groups was that the service providers aren’t nearly as excited’ [as the other research participants e.g. young people and family/carers] (ARS2).

8.3.3. Maintaining participation

Equally pertinent to obtaining ‘buy-in’ was the need to maintain commitment from services and staff throughout the duration of the research studies. Despite using several different strategies to build relationships with service providers through regular meetings and updates and developing rapport or drawing on personal relationships with services, interviewees expressed that maintaining participation could still be challenging at times. Academic research staff spoke about how this required ‘a lot of encouraging’ and ‘follow up prompts’ (ARS3) and often meant going back to senior members in organisations to ask for their help to move the research forward. However, a greater issue was knowing

when to push and when to *'pull-back'* (ARS2). For some academic research staff this created a *'bit of an uncomfortable feeling'* (ARS1), and others felt that there was a *'fine line'* between how many times it was acceptable to contact services and pushing too far. One academic research staff suggested that:

'There's a real pressure from the research perspective to move ahead but then that's why you have an ethics board right?' (ARS2).

In comparison, I made numerous attempts to make contact with YOTs both in relation to recruiting staff to participate and for assistance with recruiting young people (described in Chapter Five, Section 5.5.1). In one YOT, despite the service manager attempting to *'prioritise'* asking staff to volunteer to participate from their service, the manager felt that competing demands on services and staff resources meant that the interviews were difficult to arrange. During one telephone conversation with this service manager, they sounded noticeably distressed that due to funding and resource issues they had, *'a caseload pile and no-one to give them to'* (Reflexive note: 20 March 2017).

In another YOT, the service manager felt that significant imminent redundancies (including potentially their own) meant that there was a *'low mood'* amongst the remaining staff and that it would be challenging to motivate them to participate. In these instances, although under pressure to recruit participants to the study and collect data, I decided that it was more appropriate to offer to contact the service again at a specified time when they may be less busy. In contrast, service provider staff working within and/or across services in which they were undertaking the research, described feeling less uncomfortable in continually approaching services because in their opinion they had more personal leverage in the process:

'See, if we want something, I'll say, "I need this" and I ring, and I say – we're pains in the arses' (SPS2).

In other instances within my own study, knowing when and *who* to *'push'* was problematic. On one occasion I received a phone call from a staff member with whom I had been liaising with, to advise me that this was their *'last day on the job'* due to retirement and they would be leaving the service in *'the next ten minutes'*. On asking who I should follow-up with, the staff member advised me to contact the senior manager the following week and arrange to meet with their replacement, *'whoever that was'* (Reflexive note: 7 May 2017).

For research involving young people who offend, researchers need to engage with service providers to identify the appropriate adults who will act as ‘gatekeepers’ for the recruitment of young people (described in Chapter Five). Most academic research staff commented that working with ‘gatekeepers’ in their own studies was relatively straight forward, but a minority that reported that ‘gatekeepers’ could be a barrier to their research. Although they acknowledged and were sympathetic to the fact that services operate according to the rules that govern them and that *‘nobody ever enters a profession wanting to make somebody else’s life more difficult’* (ARS3), some interviewees reflected that their different roles in research projects enabled them to gain further understanding and insights from different angles. For instance, service provider staff who had experience working with youth justice and were involved in a research study with their local YOT, acknowledged that gatekeepers may (knowingly or unknowingly) restrict access to young people in order to protect them:

‘[They] have so many people in their lives, do-gooders who were going to do this, do...we’re just another one of them’ (SPS2).

Reflecting on this, my own experience with one YOT suggested that staff were apprehensive about allowing access to the young people who offend due to their experiences in previous unrelated research projects. The YOT staff reported that researchers had collected data from young people and *‘promised them allsorts and then just left’* (Reflexive note: 29 October 2014). Some service provider staff, despite being involved in research projects themselves, were mindful that this group could be ‘research fatigued’:

‘I think sometimes young people are researched or focus grouped or asked questioned out, aren’t they? “Okay, I’m going to give you all this information but what are you going to do with it because it’s not going to change anything about my order. It’s not going to change how I feel about the staff member that I’m working with at the youth offending team.” So I think there’s something around young people feeling like they won’t be heard’ (SPS3).

In my own study despite giving reassurances about trust and commitment to the research process, attempts to engage with and recruit young people via the service provider gatekeepers were resisted by presumptions such as,

‘It’s too hard – they’re just too hard to engage’ or ‘it’s too time consuming’. Others stated that *‘they [young people who offend] wouldn’t want to take part’* (reflexive notes: 10 May 2017).

Navigating these particular tensions can be challenging and burdensome for the researcher. As one academic research staff suggests:

‘I mean because you understand that obviously they’re busy and then feeling like, “Oh my god, I’m adding something to their plate”’ (ARS4).

As discussed in Chapter Two (Section 2.9), the inclusion of staff providers as gatekeepers in my own study was unavoidable and required due to the legal and ethical requirements of undertaking this type of research. However, in social science research as far as I am aware, there are no specific guidelines about how many times researchers should approach service providers or gatekeepers to participate in or assist with recruiting subjects for research studies. This is in contrast to the explicit and transparent guidelines for research participants usually provided by ethics review committees. Although one participant suggested earlier in this section that this is the role of an ethics committee, they also acknowledged that in relation to service providers or organisations,

‘That’s the one thing the ethics board don’t ask, how many times will you harass people and that’s what it feels like’ (ARS2).

8.4. Theme Two: Building in flexibility

8.4.1. Having other options

Interview participants reported that, alongside dealing with some of the challenges in the research projects described in this chapter so far, having the flexibility within the EBCD approach to explore and consider other options without compromising the purpose of the research could be useful. In instances where research staff participants found it problematic to engage with organisations who *‘weren’t interested’* or *‘didn’t respond’* (ARS1), they found it useful to be able to modify their research protocol and approach other agencies or service providers, particularly where they were aware that other organisations *‘serviced a similar population’* (ARS3). Other examples of the flexibility of the EBCD approach included, opening up the invitation to young people or staff who had not participated previously, allowing other young people to take part in different stages of the research. Reflecting on this need to be flexible one participant suggested that,

‘There has to be room and I think there is room in EBCD to modify who the participants are’ (ARS1).

Having other options to consider also included approaching additional services or a different group of participants that may otherwise not have been involved:

'They [a physician] recommended that we connect with the homeless youth shelter, that was really important to them that they homeless youth are often forgotten about, and this is a really important population to include. So we did follow up on that' (ARS4).

In relation to my own original research plan, I worked with three YOTs in the hope/expectation that this would provide sufficient opportunities for successful recruitment and to reduce the overall burden on individual services. However it soon became clear that additional strategies would be required. Approximately four months after the start of this primary qualitative study, contact was made with twenty-one local third sector organisations working with young people involved in the youth justice system (discussed in Chapter Five, Section 5.5.1). Speaking about recruitment issues, service provider staff felt that in hindsight, it might have been a more viable option to recruit young people from their services rather than YOTs, particularly for those on the cusp of formally entering the justice system. As one service provider staff suggested,

'I think you'd have been better with something like this [third sector], but you would have got all YOTs and kids and if that's all you're aiming for is YOT kids, but you know there's a million kids. There but for the grace of God they should be with the YOT but just haven't been caught. Because you're telling me half of these kids and I know for a fact that they're robbing because they haven't got no food or nothing' (SPS2).

Another interviewee (service provider staff) felt that the relationships and the 'connection' they have with youth in their service might have better facilitated recruitment to my study because they felt that some youth are not engaged with YOTs, *'they'll say its shit' (SPS1)*, and that without the respect of young people, YOT workers *'see a completely different side to the young people' (SPS3)*.

A variety of other suggestions were also described by interview participants to facilitate recruitment and/or inclusion of young people. For example, some academic research staff reported that they had considered adjusting the ways they approach potential participants. In some instances this meant informally *'branching out'* to present their projects at particular youth group meetings or forums rather than through service providers. In other instances, this involved taking on a more active role in contacting young people directly or adjusting the inclusion criteria required for participants and formally seeking an amendment to the relevant ethics review committee to achieve this. However, when

academic research staff described employing *'looser recruitment strategies'* (ARS3,) they were mindful of the ethical constraints of accessing people's personal information and the tension between *'concentrating on where you want to be and which young people you want to work with'* (SPS3), and the reality of not being able to be selective in choosing participants and acknowledging the potential risk of having a *'slight bias'* (ARS4) towards the included participants. In my own study, the inclusion criteria were already broad and implementing changes to this (discussed in Chapter Five, Section 5.5.1), to include incarcerated youth or ex-offenders would have conceptually changed the focus of the research (from an innovative study investigating the mental health needs of young people in community forensic settings to researching youth within the residential secure estate). Further, accessing personal contact details of vulnerable young people was not a legal option.

Interviewees also considered other options such as drawing on existing sources of data or thinking creatively around how to maximise the use of data already available. For example, using accelerated forms of EBCD (see Chapter Four) such as secondary analyses of interview data from related studies to identify touchpoints and then *'move towards the co-design sessions'* (ARS2) was described. In other instances, experiential data collected through a smartphone app was supplemented by interviews to address any potential gaps:

'So, if the youth stopped using the app, or their smartphone, whatever the case may be, we wouldn't get any data from family members or service providers...it made us feel better that we had done an interview also, because there were definitely some gaps' (ARS3).

In my own study, following careful consideration of different options and advice from experts in the field and the supervisory team (see Chapter Five, Section 5.5.1), I made the decision to explore the feasibility of using secondary youth data reported in studies included in the systematic review in Chapter Three to identify young people's generic experiences of their journeys through youth justice. This decision included exploring whether or not the use of the observational data collected in this qualitative study might highlight how these generic experiences of services might manifest into individual touchpoints in a specific service e.g. police custody, to further modify and contribute to the EBCD approach (presented in Chapter Seven).

8.4.2. *Changing circumstances*

Some academic research staff had direct experiences of the need to be flexible when applying EBCD principles to the study of young people. For example, they highlighted that even if young people agreed to participate in a study, over time they may change their mind and no longer wish to take part particularly if they have left or moved on from the service. When continuity of participation was not always possible, academic research staff acknowledged the benefits of being able to use the flexibility of the EBCD approach, as they were able to adjust studies to sufficiently take into account changing circumstances:

‘We’ve also had to have the flexibility around keeping the same youth involved in every stage of the process because we’re now two and a half years on in some of these studies and people...in a youth’s life, that’s an eternity...and so we have to bring in other people because it’s just too big a burden, their lives have changed, they’ve moved on, they’ve got sick, whatever, dropped out of services, lots of things happen’ (ARS1).

In other instances, academic research staff were also aware that there may be times when *‘there’s a disenfranchisement between the family member and the youth’ (ARS1).*

Disengagement between participants and their family members can be particularly problematic in EBCD studies where family members are also participants. As one academic research staff acknowledged:

‘EBCD almost assumes that families are supporting whoever because it started in cancer care units and with vulnerable people who need their family to advocate on their behalf. Not that youth with mental disorders don’t need that but sometimes it’s not a good relationship between the youth and the family’ (ARS1).

In comparison, in my study, although family members were not intended to be included as participants, instances of disenfranchisement or problematic relationships between young people and family members could potentially have added difficulties in relation to the consent process. For young people to take part in this study, following good practice guidelines designed for research with vulnerable young people (see Chapter Five), consent from their parent or guardian (e.g. responsible adult) would have been required. Some YOT staff felt that this could have posed a challenge in instances when young people were estranged from their families and/or when family ‘units’ themselves were chaotic or unstable (described in Chapter Two, Section 2.9).

Changing circumstances also include the frequent fluctuations within the staff arrangements within service provider organisations. As one service provider staff commented:

'With a lot of YOTs there's been lots of changes within the YOTs and staffing and people losing their jobs' (SPS3).

In my own study, some justice staff felt that they may not have been able to participate in future feedback or co-design events if they were no longer employed in their service (e.g. through redundancy or retirement), and a major government review of youth justice system which took place during the timeline of this study (discussed in Chapter Two, Section 2.3) has meant that there is uncertainty about whether YOTs will continue to exist and/or in what format.

In contrast, academic research staff participants experienced different service fluctuations. Rather than services and staff becoming '*condensed*', because young people were transitioning between services or moving on to the workplace, this required decisions about whether to work with and include additional services. This '*trickiness*' could be further compounded by young peoples' own understanding of 'who' would be providing their care:

'Sometimes people don't know it's their last appointment. There's a whole bunch of...we had a lot of dimensions to consider when we thinking about who is the provider?' (ARS3).

The interconnectedness between participants and service providers and 'uncertain times' are challenging yet important factors to capture in EBCD studies and as one academic research staff suggested,

'This is what we can comment on as researchers is that, this is a really hard thing' (ARS4).

8.4.3. Timing

Issues relating to 'timing' were important for all interview participants. The nature of participatory co-design research studies requires that participants typically share their experiences individually or collectively and then different groups of participants come together to engage with each other and each other's experiences. Academic research staff described how it was relatively straightforward to informally arrange to meet with young people individually or collectively (e.g. focus groups) in their studies as they (the research

participants) were able to be flexible and negotiate a time that would work best for the young people. For service provider staff, difficulties engaging with justice involved youth more broadly meant that they tended to seize opportunities when young people were formally required to attend services:

'I just sat in the foyer. So when they'd come waiting to see their case worker or what have you, I just say, "Oh have you got five minutes" and explain what I'm doing' (ARS2).

Although these types of arrangements worked well when meeting with young people individually, such strategies were less effective in arranging group work, *'because different people come in at different times to YOT...we couldn't get them together so I had to do it individual' (ARS1)*. For my own study, seizing opportunities to talk with justice staff was important as a way of working around shift patterns. On one occasion I received an email from a custody sergeant advising me that:

'It is quiet now at [custody suite] if you could get here before 6 [to interview staff] ... Next 2 days going to be very busy I suspect at [custody suite], may not be able to spare anyone (personal email correspondence, 08/05/2017).

For all academic research staff, the challenges posed by the co-design phase of their studies with different groups of participants with different availabilities and preferences was considered a routine aspect of the research and, *'to figure out what was the best fit for everyone' (ARS2)*. What seemed to be more of a challenge was how interviewees often viewed attempts to find a best fit for all as a case of 'who' to prioritise rather than when. Particularly for families involved in projects, tensions arose when service providers *'would only do it during work time' (ARS1)*. One academic research staff conveyed the frustration of family members and how this *'created a lot of stink'*:

'It was just, what is the attitude of the service providers that they don't care enough to give up their weekend time or their time with their families, we have families too and so you have to be careful because that's not the atmosphere you want to start a co-design event with, right?' (ARS1).

Academic research staff felt that carefully navigating this process was *'risky work' (ARS1)* that required *'a lot of diplomacy' (ARS2)*. At the same time these staff also acknowledged that:

'You have to get messy to come out the other end and if the clashes didn't happen, then we'd be accomplishing nothing' (ARS1).

In comparison, in my own study, although some justice staff expressed a personal preference for taking part in further events ‘in work time’, others felt employment issues such as patterns of shift work, permission to attend and arranging appropriate cover in their absence could act as barriers to their further participation. Being able to understand different perspectives may help to alleviate tensions between participant groups and facilitate the EBCD research process. For example, academic research staff acknowledged that service providers,

‘Have rules governing the way they practice’ (ARS3) or that they have ‘learned to have really clear boundaries around their work and when they’ll be involved with it because youth could be texting them 24/7, on the weekends and whatever’ (ARS1).

Another academic research staff further commented that:

‘We did a lot. The research team did a lot of work to try and smooth those [tensions] and help people to understand the perspectives and that type of thing. Which is a big important piece in EBCD’ (ARS3).

To try to ‘smooth’ tensions around timing of events interview participants described using strategies such as arranging events on professional development days when students were out of school and incentivising participation through increasing the honorarium for family members,

‘To basically compensate them if they had to take a day off work...because I mean without one of the perspectives, the whole things doesn’t kind of go’ (ARS3).

In relation to my own study, consideration of ‘incentivising’ or compensating young people for their time and participation was met with resistance by service providers. Some YOT staff felt that it could be inappropriate to provide young people with a gift card (e.g. ‘financially rewarding crime’) and an alternative suggestion from one YOT to ‘take time off their community orders’ was also subsequently vetoed by staff in other YOTs as they were mindful that members of the public could view this as a ‘disservice’ to their punishment. An agreement was reached that young people would be provided with a certificate of participation and/or a letter of reference if they were applying for further education/training or employment.

Negotiating tensions between the timing of events and group preferences also extended to negotiating the amount of time set aside for research activities and events. This added an additional layer of complexity for interviewees as they tried to balance the time needed to undertake the work and the time participants were willing or able to commit. Academic

research staff commented that for service providers this was particularly difficult to manage, both when research activities took longer than expected i.e. ran over time, and also when service providers signalled that *'the end time is the end time and they were out'* (ARS3). One compromise used was to reduce the amount of time allocated to events to enable and encourage service providers to participate:

'I think for the service providers we had said, "We're going to make it three hours", and then we actually only made it two hours. When the event eventually came, and we went a little bit over, the service providers said, "Well, why didn't you just tell us this was going to be longer than two hours?"' (ARS4).

In contrast, negotiating the time needed for family members was often much more flexible and ad-hoc:

'Because even though they do have busy schedules, they ended up needing more time to share their stories...they wanted to just talk it out' (ARS2).

Academic research staff also felt that for some family members their experience extended beyond being part of a research study and *'it almost became a support group'* (ARS2). By providing a space where family members felt like they were being listened to they felt that they were engaging in meaningful work. Reflecting on their own processes, academic research staff felt that issues around timing could potentially be better managed, by sending out printed material ahead of events. However, adopting this approach meant finding *'a balance between being in the moment and allowing everything just to unfold'* (ARS2). Often making changes *'on the fly'* and *'letting it roll'* were attributed to the success of events because, as one academic research staff commented, *'there's something about this process that works'* (ARS1).

8.4.4. Capturing data

Academic research staff commented that differences in the capabilities of young people could be problematic in terms of engaging them in the process and with others, and their ability to *'cope'* with the demands of co-design work. Reflecting on a particular co-design event, one academic research staff noted that:

'I think the whole event he found distressing. So I think like for him it was just really overwhelming' and another youth who was described as 'hard working and determined and very, very very bright and passionate' took the process in their stride (ARS4).

Service provider staff felt that for young people involved in the youth justice system, *'when they're in that system...they can't be arsed'* (SPS2). There was also a concern amongst service provider staff about the capacity and maturity of young people to articulate their experiences in participatory research:

'He's that little bit older now and he was able to do it in the correct manner, whereas I think sometimes they just get angry because they've been let down. We're opening wounds. We're opening rawness, aren't we?' (SPS1).

Interviewees also identified a concern about the idea of 'mixing' groups of young people with different characteristics. It was felt that this in itself could present further complications in capturing experiences. For example, academic research staff described the possibility of *'running into any stigmas and anxieties'* (ARS2) through including youth in group work with different attitudes or perspectives or with different diagnoses, needs, levels of impairment, or severity of presentation:

'We hadn't deliberately recruited anyone with eating disorders or disordered eating, but they ended up feeling anxiety just with the idea of getting up and getting food in front of people' (ARS2).

In comparison, in my own study, conversations with YOT staff about recruitment and engagement further into the study (year two) indicated that including young people in groups who were characterised by more prolific offending alongside first time entrants could be problematic. 'Mixing' groups could be considered ethically challenging from the point of view of potential negative role-modelling through the perceived esteem of some individuals. Equally, from a legal perspective some young people in youth justice could be subject to non-association orders thus potentially restricting their participation with particular peers and/or their access to specific geographical areas. Nonetheless, participants held the view that careful consideration and flexibility within the EBCD approach can help to address these issues, for instance, through organising different events *'rather than doing mixed groups from the outset'* (ARS2).

Interviewees also described how the methods for capturing the experiences of study participants (particularly those of young people) also required flexibility in the research process. Although the use of film to capture experiences in EBCD studies is a suggested method to 'trigger' discussions between participant groups (discussed in Chapter Four, Section 4.4), interviewees commented that this was not always an acceptable method for some young people or something that they (young people) felt they would want to do. Academic researcher staff commented that feeling 'nervous', a lack of trust with peers in

groups or fears about being stigmatised on film made it difficult for young people in their research studies to engage in the filming process. Particularly for young people involved in youth justice, service provider staff reported that the fear of being stigmatised as an ‘offender’ made young people cautious and ‘tetchy’ about being visually recognised:

‘You know, some of them they’d only allow us to take [photos] of their hands...doing something’ (SPS2).

In attempts to alleviate concerns about asking young people to share their experiences and build trust to facilitate sharing their stories, service provider staff took the approach that, *‘we never asked them to do something we weren’t prepared to do ourselves’ (SPS1)*. ‘Thinking outside of the box’ and utilising arts and music were felt to be more effective methods to engage with young people and that with this creativity:

‘We can get the same end results and objectives by doing it different ways...we can do it with music...you will find out all about their life in that rap’ (SPS2).

In comparison, in my own study, despite initial favourable views from YOT staff about engaging young people in capturing their experiences on film, as the study progressed these views changed due in part to the changing nature of youth offending i.e. increase in sexual offences (discussed in Chapter Two, Section 2.4). In discussing the possibility of using film to capture young people’s experiences, one YOT manager described that, *‘their entire current caseload of twelve young men had sexually offended’ (Reflexive note: 1 February 2017)*. They also reported that in addition to fears about being stigmatised due to their overall offending, the nature of their offending meant that young people would be reluctant to be filmed or audio recorded due to feelings of shame among their peers and/or lacking trust that their data would be kept within the research process and would not be made public, currently or in the future (*Reflexive notes: 1 February 2017*).

8.5. Theme Three: Role of the researcher

8.5.1. Relationships of power

Academic research staff acknowledged that participatory research is likely to be influenced by the assumptions and beliefs held by the researcher and that relationships of power exist between the researcher and those being researched. This was typically considered in relation to participants within EBCD type studies, for example:

'Service providers are perceived to have all the knowledge... [patients] are labelled as patients from the outset so they're already presumed to have less knowledge than the service providers' (ARS2).

However, academic research staff also recognised that decisions about 'where to start' the design process or *'splitting people up [to keep] people that were connected by service apart' (ARS4)* were made by the researcher(s) who had the 'power' to do so. Academic research staff recognised that being in a position of holding 'power' and making decisions about who was included in EBCD components (e.g. co-design meetings) and where they began (e.g. initial touchpoints that researchers felt were significant to service users) could act as a barrier in the research process. One academic research staff suggested that,

'We often think about what happens as they [young people] get to a service [and] there will be things that they might be able to flag in advance that we won't' (ARS1).

Although academic research staff acknowledged that the co-design process needs a starting point, they also described how *'we wanted to have a collective one chain with everyone in the room' (ARS1)*. Reflecting on the decision about which touchpoint or 'collective chain' to use as the starting point, academic staff recognised that this may not have been appropriate for all participants. To redress this, academic staff described the need to include young people earlier in the process and to recognise that young people's experiential knowledge can provide a much more detailed sense of first touchpoints than research staff's own assumptions.

In contrast, in my own study, I attempted to engage and consult with young people involved in the youth justice system as a way to begin to explore potentially earlier touchpoints than the police custody setting. These attempts were hampered by not having gained an ethical opinion at that stage and even after ethical opinion was granted, trying to engage youth in an advisory group capacity was thwarted through being unable to recruit appropriate group members (discussed in Chapter Five, Section 5.3.3).

8.5.2. Emotional work of the researcher

Interview participants acknowledged that research studies which involve eliciting the experiences of service users (particularly those who are vulnerable) can be emotionally challenging for both those participating in the research *and* the researcher. Becoming really *'invested'* in young people and wanting *'to hug them'*, whilst at the same time feeling it *'was hard to hear the content'* (ARS1) of interviews were just some of the

emotions that interviewees reported. Service provider staff who had worked with and researched vulnerable youth described how, on reflection, they '*wouldn't want to walk in their shoes...I wouldn't want to live their lives*' (SPS2). Academic research staff described instances of attempting to minimise the emotional impact of the research on themselves:

'[I] had to try and find a way to keep me and my life and my kids [separate], and not problematise my own circumstances into something that could be' (ARS2).

In comparison, I also experienced considerable emotional strain at times, particularly during and after some of the scheduled observations in police custody. At these times, despite making use of the research study's safety protocol which was designed to ensure my safety (e.g. opportunities for de-briefing or talking with a supervisor), in practice it was not always easy or something that I wanted to do. Instead on occasions I chose to share my experiences confidentially with trusted colleagues. Also on one occasion after an interview I emailed the participant to thank them for sharing their valuable knowledge and experiences and to acknowledge that this '*can be emotional work*' (email, 23/03/2017). The staff member responded that it had been a good experience and they were '*sorry for being a wet blanket*' (email, 23/03/2017). Although the focus of the follow-up contact was the emotional well-being of the participant, I was aware that through observing the participant and listening to their story during the interview I had also been greatly affected by the experience.

8.6. Chapter Summary

The findings from the qualitative interviews with academic research and service provider staff involved in undertaking EBCD and similar studies has contributed new insights into an area that has previously received little attention. Data presented in this chapter demonstrate some of the common challenges experienced by staff involved in research, which can apply to research studies more generally, but are perhaps further compounded by factors specific to the EBCD approach and the context in which it is applied. For instance, data demonstrate that these challenges may be linked to the multiple stages required in EBCD, the length of time EBCD studies typically involve, the components that require the coming together of participants from different groups (e.g. patients, families and service providers), and the practical problems and tensions (e.g. levels of gatekeeping in justice and non-justice contexts and power imbalances) that these

procedures present. Importantly, understanding the experiences of research staff in the research process has contributed further evidence about the feasibility of applying and/or modifying the EBCD approach in different contexts and with different populations such as in this thesis. Whether or not these largely unexplored researcher experiences can be used to inform the further development of the EBCD approach and if so, how they can be woven into a range of modified EBCD approaches are discussed in the following chapter (Chapter Nine).

CHAPTER NINE

9. Chapter Nine: Discussion and Conclusions

9.1. Introduction

The overall purpose of this qualitative research was to develop an understanding of the mental health needs of young people who offend and to explore how an experience-based co-design (EBCD) approach could be applied in community forensic services with young people. To achieve these two objectives, the study used synthesised secondary data (e.g. a systematic review and meta ethnography of qualitative studies) about young people's experiences of mental health in their journeys through youth justice (Chapter Three), qualitative interviews with staff working in community forensic services to explore their experiences of working with young people with complex needs who offend (Chapter Six), observation of young people's experiences (i.e. touchpoints) in community forensic services (Chapter Seven), and qualitative interviews to learn about the experiences of research staff who had undertaken research studies involving young people in mental health and/or youth justice settings (Chapter Eight). A summary of the findings from each chapter is presented below. In this final chapter, these strands of work have been integrated to identify three key findings and conclusions about the use of experience-based, participatory approaches to service development in the context of community forensic services. These key findings and conclusions will be considered in relation to the study's objectives and wider research literature. The strengths and limitations of this research will also be discussed and some areas for future research presented.

9.2. Summary of findings

9.2.1. Chapter Three: Systematic review and meta-ethnography

This chapter focussed on how young people who offend describe their own mental health and their experiences in youth justice. Synthesised qualitative research data across a range of studies identified a number of complex and apparently contradictory findings that reflect the young people's lived experiences and a relatively common finding that many young people appear to have a limited understanding of their own mental health problems and those of others. Young people highlighted how early life and exposure to adverse experiences, such as absent and unstable families and relationships, abuse, negative role modelling and growing-up in disadvantaged environments can impact on later life

experiences. Dealing with the impact of these adverse and often traumatic experiences is characterised by a range of coping strategies some of which can be detrimental to mental health. For example, continuous engagement in particular behaviours can often lead to increasingly negative consequences and further rule-breaking. However, the same behaviours might also be construed by the young people as an outlet and/or way of feeling ‘normal’ and/or socially acceptable by repeated offending. Understanding and making sense of what mental health problems meant to young people who offend seemed to involve a wide range of responses from recognising and accepting the need to be aware of mental health needs through to dismissing and rejecting the relevance of mental health issues. This decision seemed to be influenced by the ways in which young people negatively perceive and describe their own and others’ mental health and the concern about being stigmatised or labelled by others. This understanding impacts on young people’s ability to rationalise and make sense of their earlier life experiences in relation to their own mental health and the ways in which they are able to reconcile these through various types of formal and informal support. Finally, the synthesised data describes young people’s ability (or not) to reflect on their past experiences and actions and to develop a range of different constructive or destructive future pathways.

9.2.2. Chapter Six: Justice staff experiences

To develop an understanding of the experiences of working in community forensic services with young people who offend a range of justice staff were interviewed. The staff describe the work as being challenging, yet at times a rewarding experience. Organisations could either be supportive (e.g. good working relationships with colleagues) or unhelpful, due to issues around service flexibility and appropriateness to young people. YOT staff in particular highlighted that working with young people with complex needs is further challenged by the expectation that for each young person in their care they undertake additional assessments to identify a range of health (including mental health) and wider social issues. These tasks are perceived by staff as additional pressures that increase the strain on existing limited resources in YOTs. The data demonstrate a discord between broader national policy priorities aimed to improve mental health outcomes for young people and the lack of mental health training for YOT, police and custody staff. Staff do not have sufficient training to recognise and manage complex problems. This lack of mental health training can result in gaps in understanding the

impact of early developmental experiences and/or the ability to recognise mental health problems. Further, at times, particularly for custody staff, this can also contribute to an inability to empathise with young people (e.g. viewing young people as manipulative rather than vulnerable). A lack of smooth pathways (e.g. about how to share mental health information between services) can leave staff feeling unsupported and the mental health needs of young people unmet. Data presented in Chapter Six also highlight a number of barriers that restrict staff being able to effectively engage with young people in their services. These barriers include negative perceptions of services held by young people, their families and the wider public and difficulties in communicating with youth and families in an involuntary context.

9.2.3. Chapter Seven: Young peoples' experiences

To further explore the experiences of young people who offend when there was no opportunity to engage with young people directly, the findings in this chapter build on information available from three separate sources. The synthesis of information came from the stories of young peoples' experiences discussed in Chapter Three, through presenting examples of how young people's experiences (e.g. touchpoints) in youth justice services more generally might also be relevant in the specific context of a police custody setting, and by exploring these experiences through using previously collected observational data. The four examples described relate to young people's generalised experiences of: (1) feeling labelled and so in turn having to live up to expectations; (2) feeling uncomfortable about sharing personal information about themselves; (3) not being listened to; and (4) being able to relate to certain members of staff. These examples build on the existing research literature and so can inform future research initiatives exploring the experiences of young people who offend, a group who to date are seldom heard or able to take part in participatory research.

9.2.4. Chapter Eight: Researcher staff perspectives

In this chapter, researcher staff were interviewed about their experiences of applying participatory research methods with young people in mental health and/or justice settings. A key finding was that using participatory methodologies required building relationships with service providers to facilitate and create participation in research studies. This participatory methodological process was often hindered by barriers such as working with

and across multiple organisations, service staff feeling vulnerable due to their perceptions about being evaluated, and the uncertainty around informal agreements to participate. Other findings included the need to build flexibility into studies (e.g. alternative recruitment strategies; use of alternative data sources and ethical processes), recognising and adapting to changes in circumstances (e.g. changing inclusion criteria and the need to work with additional services), managing issues of timing (e.g. tensions between participant groups about when components of the research would occur and incentivising groups), and capturing data (e.g. assessing young peoples' capabilities in relation to the demands of the participatory research work). Finally, the data highlight the importance of considering research staff perceptions about, and reflections on, relationships of power in the research process and the emotional work that is attached to experiential research studies.

9.3. Key Finding 1: Allowing greater youth participation- Re-framing the 'beast'

Central to the EBCD approach is the notion that that the actual experiences of service users are unique and fundamental to co-designing services (Bate and Robert, 2006). Recent UK Government policy promotes the involvement of young people as experts in their own care. As part of the transformation of youth mental health service the Department of Health has set a clear goal: that young people are given the opportunity to shape services by listening to their experiences, feedback and suggestions (Department of Health, 2015a). However the evidence presented in Chapters Three and Seven, indicates that young people presenting in forensic community services have a wide range of mental health needs, accompanied by a variable but often limited ability to recognise, describe and understand their current and lifetime experiences, skills and needs. This means that making best use of young people as 'experts in their own care' within a participatory approach to service development, requires a more nuanced approach and a re-framing of assumptions about how young people who offend understand themselves, their own mental health and the forensic community services in which they are placed.

Callaghan and colleagues argue that recognising externalising behaviours in young people who offend is easier than detecting internalising problems (Callaghan *et al.*, 2003). The data from Chapters Three, Six and Seven illustrate the relevance of helping both young people themselves and also all staff interacting with them, to gain a broader understanding of young people's externalising behaviours (including offending

behaviours) alongside an appreciation of their broader mental health (including internalising problems and emotional well-being). Further, the data demonstrate social-communication needs and emotional understanding and how the experiences of young people impact on current functioning as well as offending behaviour. Previous research studies have focused on the prevalence of trauma experienced by young people and the relationship with offending behaviour (DeHart *et al.*, 2014; Liddle, 2016). Few studies have reported qualitative data on the impact and consequences of trauma on young people who offend. In one such study, Paton *et al.* suggest that young people attempt to minimise the impact of traumatic events as a coping strategy (Paton *et al.*, 2009). Qualitative data synthesised in this thesis reveal young people's attempts to 'normalise' their experiences of trauma (see Chapter Three). This notion of 'normalising' behaviours and experiences is also reflected in the perspectives of justice staff (Chapter Six). Together with previous research, data in Chapters Three, Six and Seven highlight the need to consider the impact of trauma and traumatic experiences in developing services to better understand the mental health needs of young people who offend.

Further, how young people experience and understand their own mental health and mental health problems is relevant when considering the use of EBCD for collaborative approaches to redesigning service provision. In Chapter Three, I presented data from young people about the ways in which they adopt a range of coping strategies to deal with adverse experiences generally and in particular, to find ways (despite access to limited choices) to develop a sense of belonging and to feel empowered. These types of coping strategies have been referred to as 'hidden resilience'- for example, using violence as a way to gain social identity or joining gangs for physical protection. Although a relatively new perspective in youth justice, this strengths-based approach can contribute to a broader, more nuanced understanding about the ways in which young people experience mental health and how this might be relevant to their offending behaviours. There is a growing body of evidence documenting the risk factors associated with youth perpetrators of cyberbullying that are consistent with the risk factors associated with more traditional forms of offending such as perpetrating physical violence. These include: economic deprivation (Bevilacqua *et al.*, 2017), poor parental supervision (Ybarra and Mitchell, 2004), and poor family relationships/conflict and lack of emotional links (Buelga *et al.*, 2016). Recent evidence also suggests that individuals who are 'admired' online can gain social capital in cyberspace (e.g. through the number of Facebook friends and 'likes')

whilst those who have fewer online friends or followers (e.g. marginalised and excluded youth) can ‘lose out’ on this perceived esteem (Nilan *et al.*, 2015). For some young people, perpetrating cyberbullying may be used as a form of hidden resilience (perhaps equivalent to more conventional behaviours e.g. gang membership) to manage internalising problems such as depression and anxiety, and to accrue social status and increase social capital over those being bullied (Nilan *et al.*, 2015). This may provide kudos for some individuals who may have very few positive experiences in more conventional social settings. Understanding how all types of offending behaviours, including contemporary offending behaviours, may provide new and different perspectives on the mental health and emotional /developmental needs of young people who offend. These insights may well be important to inform the development of policy and practice to appropriately manage these behaviours. Despite the government’s commitment to develop the digital literacy of the youth mental health workforce and providing training to identify the online risks for young people (Department of Health, 2015a), in this research YOT staff describe the difficulties they face as they try to balance the need to address contemporary concerns such as online offending knowledgeably and appropriately without further criminalising young people. Re-framing the ways in which young people who offend experience and manage mental health difficulties has important implications for the ways in which contemporary offending behaviours in particular are conceptualised (due to the changing nature of youth offending), such as whether or not these behaviours should be considered criminal justice issues and how they should be dealt with.

Findings in this thesis also identified a mismatch between how young people describe their own mental health (in Chapter Three) and the different perspective reported by staff (Chapter Six). This is another component that would need to be included as part of a re-framing of youth mental health across youth justice. Although some young people in Chapter Three described some understanding of their own mental health needs, many did not recognise that they had a problem. In Chapter Three, most young people appeared to reject or distance themselves from mental health problems, perhaps as a response to their lack of understanding about mental health and the perceived stigma and negative attitudes and labels attached to such difficulties. Previous research discussed in Chapter Three has shown that negative perceptions about mental health and feelings of being stigmatised and labelled, act as barriers to young people who offend seeking mental health assistance

(Walsh *et al.*, 2011). In fact, negative perceptions about mental health services are also common in more mainstream groups of young people (e.g. non-offenders), particularly around issues of stigma (Plaistow *et al.*, 2014). Exploring these consistent negative views with staff might be helpful in enabling staff to gain a more comprehensive understanding of the challenges faced by young people in accessing services. These perspectives could then be acknowledged and integrated into designing services (Plaistow *et al.*, 2014).

The observations reported in Chapter Seven noted that the formal nature of the police custody environment made it difficult for staff to provide developmentally appropriate care for young people. The organisation of police custody suites allowed little flexibility for managing young people. For example, the suites did not have separate facilities (e.g. designated cells or wing) or access to specific support services for the accommodation of young people. In Chapter Six, staff reported that they were clear that being detained in an adult custody environment (rather than being detained in a developmentally appropriate environment) had adverse effects on young people. The PACE Act 1984 Code C sets out statutory provision for an ‘appropriate adult’ to be present for young people under the age of 18 when they are detained (Home Office, 2018a). However, a lack of a local dedicated appropriate adult service meant that provision was sought from social services or YOTs (when a parent or caregiver could not be contacted) and mostly during normal working hours. This often meant that young people in police custody were left for long periods of time without any appropriate support. In his recent review of the youth justice system, Taylor highlighted his concern that the role of the appropriate adult is ‘*ill-understood and variably exercised*’ (Taylor, 2016a, p.65). Inconsistencies in understanding the role of appropriate adults and a lack of flexibility (e.g. out of hours) means that service provision of appropriate adults in the local police custody context, currently fall short of government policy (Home Office, 2017). My research findings also indicate that improved and more flexible access to appropriate adults in an adult police custody environment is important to ensure that young people are adequately supported.

Re-framing youth mental health through considering the ways in which young people make sense of and manage their own mental health, is likely to contribute new knowledge to understanding how young people can inform service development. However, as demonstrated in Chapters Three, Six and Seven, engaging with young people who offend is inherently challenging and can be further complicated by factors such as speech, language and communication difficulties. Synthesised data from three sets of stakeholders

in this thesis (young people, forensic staff and researchers) which as far as I am aware is unique in this field, suggests that involving young people who offend in developing services requires staff and researchers to identify and develop innovative approaches to engaging with young people. Further, there is a need to consider ways in which more training can be available to both service users (young people and their support networks) and service providers so that all relevant stakeholders can contribute to a co-design process.

9.4. Key Finding 2: Developing capacity to facilitate joint working

Experience-based co-design is a *'joint venture, one that involves users and professionals acting as the co-designers of a service'* (Bate and Robert, 2007a, p.30). How to best position young people who offend to ensure their full participation in this 'joint venture' is a challenge. A second key finding in this thesis is that there is a need to develop the capacity of services to facilitate and promote joint working between services and young people who offend, so that there are opportunities for young people to participate in activities such as research and service development.

Youth justice has undergone a number of changes in policy and practice in recent years. As discussed in Chapter Two, these changes reflect the ways in which young people who offend have been re-conceptualised in England and Wales, and the need for services to better identify and meet the complex needs of young people and deliver services more strategically and innovatively (Department of Health, 2015a; Taylor, 2016a). In organisational theory terms, these examples of shifts in policy arguably represent 'unfreezing' moments. Kurt Lewin's approach to organisational change management suggests that change involves a three stage process: unfreezing, changing and (re)freezing (Lewin, 1947). The 'unfreezing' stage requires an understanding that change is necessary, changing entails a process of transitioning to a new way of working, and freezing (or re-freezing) means implementing and creating stability for change (Burke, 2017).

Lewin's theory of change is rooted in participatory action research and has contributed to the development of the experience-based co-design (EBCD) approach utilised in this thesis (Bate and Robert, 2007a). Drawing on this theory provides a useful framework for synthesising the evidence presented in this thesis about the ways in which changes to policy and practice might in turn inadvertently actually reduce the capacity of services to facilitate joint working. This research has identified that higher-level changes occurring in

youth justice have created unintended ‘freezing’ effects on services’ capacity to ‘open the door’ to research and service improvement. As discussed in Chapter Two, the legal and ethical requirements mean that designated staff have to take on the role of gatekeepers when a research study requires access to young people in community forensic services. In Chapter Six during the direct interviews with members of staff, they shared their concerns that reducing the number of first time entrants in the youth justice system (e.g. through liaison and diversion) has meant that staff are now working with more ‘serious offenders’ with complex needs and that the requirement to undertake in-depth assessments has impacted on existing limited resources. Vakola and Nikolaou argue that employees rarely experience the ‘simple sequence’ of unfreezing, change and re-freezing proposed by Lewin, and that factors such as staff training and additional workloads that organisational change can create need to be considered (Vakola and Nikolaou, 2005). During the timeline of data collection for this research, the Taylor review of the youth justice system made the recommendation to decentralise (and potentially downsize) youth offending teams (YOTs) to the responsibility of local authorities. In Chapters Five and Eight, during my own observations within services and from the direct interviews with staff I learned that this recommendation has created uncertainty about continued employment for YOT staff (and in some instances job losses). This in turn appeared to reduce the capacity of some staff to allow young people to participate in this research because staff needed to prioritise their own workloads over their gatekeeping role to enable young people to participate in the research.

However, developing the capacity of services to facilitate joint working between services and young people who offend, is not sufficient. The second aspect of developing capacity is to *promote* joint working. This is critical to participatory approaches to service development. In their development of the experience-based co-design approach, Bate and Robert report an example of how user experience can inform healthcare improvement which provides an important metaphor in the context of this research (Bate and Robert, 2007a). In their observations of a healthcare clinic, Bate and Robert describe that:

‘Patients were often confused by the requirement for them to queue up behind a red line painted on the floor before being called forward to be checked in for their appointment by the receptionist...such a procedure had been introduced after it had been discovered by a visiting review team some years earlier that patients were not given sufficient privacy during their check-in....The Line also had symbolic portent for patients: ‘I would like to think that once you’re over the line you move into the institutional side, as it were. If you stand on this side, you’re a

client, you're a person. If you go over that line then you are the property of the hospital' (patient)' (Bate and Robert, 2007a, p.88).

For healthcare service users (e.g. patients), moving into the 'institutional side' and becoming the 'property' of services is in most cases (with the exception of, for example, patients detained under the Mental Health Act or in some inpatient mental healthcare where there is some compulsory detention due to a focus on illness and protection (Springham and Robert, 2015)) a voluntary relationship. The distinction between 'crossing the line' into 'care' or 'supervision' is important to consider in applying the EBCD approach in community forensic settings. For young people who offend, moving into the institution of the youth justice system and becoming the 'property' of such services is compulsory and it is this enforced relationship that contrasts to service users in other healthcare settings. At a broad organisational level, justice staff perspectives highlight the challenges and real pressures on services to actively and effectively engage with young people and their families in compulsory youth justice work on an involuntary basis. This is important as the EBCD approach is based on and relies on enacting agency, usually based on a voluntary agreement. Specific to this research, attempting and/or being able to voluntarily engage young people in research was viewed at times by justice staff as 'just too hard' and staff felt that young people 'won't want to take part'. Making unilateral decisions on behalf of vulnerable people who offend is not uncommon (Reeves, 2010). Daykin et al. suggest that youth justice staff as gatekeepers can be in a powerful position to not only influence young people's views but also their access to activities (Daykin *et al.*, 2017). This raises important questions about whether or not staff see a difference between service engagement and research engagement and can staff involved in focussed roles with young people in this context break out from their 'default' modalities of engagement to do EBCD-type work. The findings reported in Chapter Six and Seven highlighted a range of staff opinions about whether or not young people who offend should be able to 'have their say'. These views are consistent with evidence reported in Chapter Two which suggests that there is 'political ambivalence' amongst youth justice staff as to whether or not they feel it appropriate to include the views of young people who offend (Hart and Thompson, 2009). Eadie and Canton argue that youth justice, '*has to reconcile society's deep cultural ambivalence towards offending by young people*' (Eadie and Canton, 2002, p.14). On the one hand youth justice has the purpose of controlling and punishing youth crime and on the other, helping and caring for young people. These tensions between punishment and welfare can be conflictual for justice

staff (Eadie and Canton, 2002). Hazel and colleagues suggest that decreasing power imbalances between staff and young people is necessary to improve how young people engage with the youth justice system overall (Hazel *et al.*, 2003). Despite recognising that addressing relationships of power in youth justice can be beneficial for young people (and staff), Creany notes that in the youth justice system participatory approaches are ‘virtually non-existent’ (Creany, 2016). A fundamental principle of the EBCD approach is that in order for staff and services users to collaboratively design services, relationships of power between these groups must be reconfigured (Donetto *et al.*, 2015). Whether or not staff agree with, or are able to, re-negotiate relationships of power and the impact this might have on their understanding of the needs of young people, raises a further important question about whether ‘true’ EBCD can be achieved in these relationships. The answer to this question could be considered as critical to the viability of the EBCD approach in this context.

9.5. Key Finding Three: Increasing flexibility to promote service developments

The third key finding from this research is that there is evidence of a lack of interagency working that is likely to be detrimental for the young people currently involved in community forensic services. Increased flexibility within and across services would probably facilitate more efficient and effective interventions to meet the needs of young people who offend, who also have mental health needs and are accessing community forensic services.

Interviews with YOT staff revealed that the inflexibility of current youth forensic and mental health services prevented staff from being able to work effectively with young people involved in their services. Whilst there were benefits to working in specific YOT teams, such as good support from colleagues who had different skills and expertise, there were also drawbacks to working in specialist teams. The staff reported that there was a lack of referral pathways and this seemed to separate YOT staff from other services. For example, accessing specialist services such as Child and Adolescent Mental Health Services (CAMHS) was difficult due to a lack of smooth pathways. These types of difficulties accessing CAMHS for young people who offend have been previously reported (Callaghan *et al.*, 2003). However, being unable to access and share information about young people’s mental health from a broader range of specialist services and other agencies (e.g. education and social services) was also problematic for YOT and custody

staff (Chapter Six). Research evidence suggests that a lack of access to appropriate timely intervention can mean that young people reach crisis point and ‘fall through the net’ in the community forensic context (Arthur, 2010). In the recent review of the youth justice system (described in Chapter Two), Taylor argues that, although the creation of YOT’s gave the service their own *‘professional identity... some YOTs are being alienated from other local authority services and operating within a silo’* (Taylor, 2016a, p.7). Despite government policies that focus on developing strategies to integrate services and promote cross-agency working (described in Chapter Two), my research findings demonstrate that the staff interviewed and the researchers working in a youth forensic context experience considerable problems with inter-agency access.

Inflexibility of service boundaries was also problematic in instances where YOT staff were unable to continue working with young people when they no longer met the requirements of the service (e.g. no offending) despite working hard to develop and build trust (Chapter Six). Equally, young people spoke about their ambivalence towards engaging with services that they were suspicious and distrusting of, and expressed frustration about their voices going unheard (Chapter Three). A lack of continuity of care from staff can act as a barrier to young people engaging in services (Walsh *et al.*, 2011). Recognising the importance of continuity and the need for young people to ‘only have to tell their story once’, the government’s strategy to improve the delivery of mental health services to young people acknowledges that to achieve this requires local services to work together (Department of Health, 2015a).

Research staff (Chapter Eight) reported that the multiple services involved in the care of young people often operated in different ways with different administrative processes. This in turn meant that engaging with these services could be challenging. It is perhaps then not surprising that young people (and staff) often find it difficult to access and navigate services. Collectively, the findings suggest that integration of collaborative working practices between agencies might better promote the mental health needs of young people who offend. However, any such development would need to identify ways of maintaining confidentiality.

Findings from the data in this thesis also demonstrate the need for flexibility in mental health training for custody staff to reduce the likelihood of vulnerability being missed and to help staff understand the mental health and other emotional developmental needs of

young people who offend. Interviews with custody staff revealed that the focus of the mental health training they received was about how to manage individuals' mental health within a legal framework (e.g. safeguarding) rather than for example, understanding how mental health might present through particular behaviours. It is perhaps understandable that when young people present with complex needs in the police custody environment, staff can find it difficult to distinguish between behaviour that they perceive to be manipulative and behaviour reflecting the young people's mental health needs (discussed in Chapter Six). The issue of comprehensive health and mental health training is particularly important given the changes to the ways in which police custody is organised and operates. As discussed in Chapter Two, purpose built custody suites are now largely staffed by civilians (e.g. detention officers) who currently receive little formal mental health training but are expected to undertake health assessments (McKinnon and Finch, 2018). In his review of the youth justice system, Taylor recommends that health assessments should be taken into account when charging young people (Recommendation 16) (Taylor, 2016a). In Chapter Seven, variations in custody staffs' own personal understanding of the mental health of young people who offend could mean the difference between whether young people have a 'good' or 'bad' experience in police custody. The data presented in Chapter Seven revealed some of the ways in which differences in staffs' own understanding of vulnerability had a potentially positive impact on young people (e.g. teachable moments) or served to reinforce negative behaviours and responses (e.g. labelling). Together, these findings revealed the importance of flexible and regular mental health training for custody staff that goes beyond fulfilling a legal requirement to safeguard all individuals in their care and towards promoting a more developmental understanding of mental health and well-being.

9.6. Further modifying EBCD for disadvantaged and/or vulnerable groups

As discussed in the previous sections, applying the EBCD approach in the context of community forensic services requires reconceptualising a number of factors such as re-framing young people's participation and re-negotiating roles and relationships of power, as well as developing the capacity of services to facilitate and promote joint working and increasing the flexibility in and between services to enable service developments.

In Chapter Two I discussed the launch of the youth justice board's participation strategy in 2016 (Youth Justice Board, 2016). This strategy refers only to obtaining the views of

young people through ‘feedback’, surveys and inspection results (Youth Justice Board, 2016). This is not equivalent to actively involving young people in participatory practice and research (Križ and Skivenes, 2017; Havlicek *et al.*, 2018). Strengthening the Youth Justice Board’s commitment to participatory methods could be one way to achieve this. Adult healthcare services have been involving patients (with varying degrees of success) in improving services over the last decade or so through participatory approaches (Bate and Robert, 2007a). The challenges in terms of consent, provision of developmentally appropriate environments, impact of the ‘power differential’ together with the challenges of identifying and understanding the health and mental health needs of young people who offend, raises the question about whether or not youth justice services are ‘ready’ for participatory approaches such as EBCD. I was not able to access young people directly to explore their understanding of what ‘participation’ would mean from their perspective and how this could be facilitated. However, in discussions with forensic staff and from the perspectives of research staff in this study, there was the suggestion that services were fearful about what the EBCD process involved, the time that would be required for staff to commit and also that staff were concerned that they were being evaluated. As discussed in Chapter Four, Dimopoulos-Bick *et al.* suggest that not all health systems (or in this research, non-health settings) are perhaps ‘ready’ for EBCD and that to increase the application of EBCD in such instances requires building a greater understanding and increasing the capacity of services to use the approach (Dimopoulos-Bick *et al.*, 2018).

However, one of the key reported strengths of EBCD is the flexibility of the approach (Donetto *et al.*, 2014). In Chapters Five and Seven, I presented a modified approach to identifying and exploring young people’s experiences (e.g. touchpoints) through secondary analyses of data and observational fieldwork. Findings from these data revealed that adopting this type of approach within a context that is perhaps not ‘ready’ for more ‘traditional’ forms of EBCD might provide a way to engage with community forensic services and include some information about a group (young people who offend) who were unable to participate directly in the research process. Applying this approach in the context of community forensic services has a number of strengths. For example, (as discussed in Chapter Four) direct observational fieldwork enabled me to capture information about what staff and young people who offend said and did during the observation period (Mays and Pope, 1995). This together with the findings of the systematic review (Chapter Three) contributed to the synthesis of previously unexplored

experiences (e.g. touchpoints) (Bate and Robert, 2007a). This process has generated findings that have the potential to add new insights on the research objectives of this study, namely the applicability of EBCD to understand the mental health needs of young people who offend (through seeing services through the eyes of participants) (Bate and Robert, 2007a; Musante and DeWalt, 2010). However, collecting and using observational data raises questions about some ethical issues in relation to informed consent (of both staff and the young people), the meaning of peoples' behaviour in different contexts and, the reliability and validity of the data collected in these different contexts. In this research, observational fieldwork involving young people in police custody was made possible within existing ethical frameworks (e.g. observations in open spaces that are routinely monitored, such as police custody) (Shaw, 2011). Although obtaining informed consent from all staff in police custody was not possible because of the number of staff moving in and out of these forensic settings (Rowe, 2007), due consideration was given to this issue to try to mitigate this challenge (see Chapter Five). A further possible limitation of this observational work was that staff may have acted differently in my presence. Reflecting on this I observed that at times staff made spontaneous apparently unguarded comments and that, *'I didn't feel that conversations were ever restricted or that staff held anything back. I very quickly felt 'part of the group'' (Reflexive note)*. Issues relating to whether or not this observational data was subjective and/or representative of and generalisable to other groups were also considered (Musante and DeWalt, 2010). The observational data in Chapter Seven cannot be considered as representative or generalisable to all young people in youth justice, rather the data are presented as a way to build the stories of young people who offend through exploring how initial touchpoints might reveal themselves in the specific context of police custody. Relating to subjectivity, Wolcott argues that as with all qualitative research, *'qualitative researchers need to be storytellers'* (Wolcott, 1994, p.17). In line with my epistemological standpoint in this thesis, I recognised and have reflected in this thesis that there are likely to be 'multiple truths' in the experiences of participants in this research.

Despite these limitations, in my opinion adopting this modified approach contributes knowledge to existing evidence about adapting EBCD for young people who offend. It may be that these findings have a wider applicability to other disadvantaged and/or vulnerable population groups that are traditionally difficult to access. However, the extent

to which this modified approach can reliably contribute to the viability of the EBCD approach with such groups and contexts however, requires further exploration.

9.7. Strengths and limitations

There are a number of key strengths and limitations in this research thesis. Firstly, the empirical data presented in Chapters Three and Seven make an important contribution to a small existing body of evidence about young people's experiences of mental health in the youth justice system. The qualitative synthesis of data from fourteen studies in Chapter Three produced a progressive 'storyline' (Noblit and Hare, 1988) of young people's journeys through a range of youth justice services that contributes knowledge about the broader picture of how young people who offend experience and understand their own mental health in justice services. In Chapter Three, I discussed the strengths and limitations inherent to review synthesis approaches such as drawing on 'second hand' data, relying on authors' selection of data to represent analytical themes and the advantages of including data from a variety of countries, contexts and participants which demonstrated some clear themes in experiences that were evident across these distinctions. However, one overarching possible limitation to the systematic review in this research is that the review was not updated prior to submitting this thesis. In considering whether or not to update the review, I consulted the research literature. In their discussion paper about updating meta-ethnographies, France and colleagues argue that deciding whether or not to update a meta-ethnography should include factors such as purpose, quality, time-dependency and the volume and content of new studies (France *et al.*, 2016). Considering these factors, the authors provide guiding questions (e.g. flow chart) to facilitate a decision about if and when to update a review. I carefully considered these questions and the different pathways through the flow chart based on different possible answers and concluded that based on this framework, the reasons for updating the review were not justified. Specifically, the publication rate of new studies in this field is low and the quality of the original meta-ethnography was deemed 'good' rather than 'poor' (an example of 'good' quality reported by France *et al.*, includes being undertaken as a doctoral thesis using a rigorous approach and with senior researchers) (France *et al.*, 2016). In addition, I felt confident that the identification of young people's touchpoints in a police custody environment enabled a 'real time' continuation of young people's stories

through building on the data in Chapter Three and the use of direct observations in this setting.

A second key strength of this thesis is the contribution of new knowledge and evidence about the application of the EBCD approach in community forensic services with young people who offend. As discussed in Chapter Four, to my knowledge this is the first study to apply the EBCD approach in this context and population group. Although I was unable to complete all components of the research as initially planned, I took a number of steps to try to mitigate these challenges (see Chapter Five). In particular, this involved developing a modified approach to including young people's experiences in participatory service improvement research (described in the previous section) and has added new information to the feasibility of this type of research through a novel perspective combining three different stakeholders (i.e. young people, staff and researchers). However, despite the challenges posed by the specific context of this research (i.e. criminal justice), being unable to complete the EBCD study is also perhaps a reflection of one of the broader reported limitations of EBCD that the process can take a long time to complete (Donetto *et al.*, 2014). Other researchers' experiences (Chapter Eight) support this view and suggest that being supported by a team of researchers that can take responsibility for different components (e.g. building relationships, recruitment and co-design phases) is helpful in completing studies. Nonetheless, as discussed in Chapter Four (Section 4.6), one of the possible drawbacks of making significant changes to, or omitting of, key stages or components may lead to 'overflexing' the EBCD approach and reduce the effectiveness of the co-design process (Dimopoulos-Bick *et al.*, 2018).

A further key strength of this research is that applying the EBCD approach in the context of community forensic services has created a dialogue and facilitated discussions between research and practice. Developing these links may facilitate further participatory research with community forensic services through strengthening these relationships and developing capacity in participatory approaches.

9.8. Next steps for research

As discussed earlier in this chapter, this is the first study to utilise an experience-based co-design approach in this context (community forensic services) and with this population group (e.g. young people who offend). Further research is needed to explore the potential benefits of the flexibility of EBCD methodology to use accelerated methodologies (e.g.

making best use of secondary data) and the use of training within this context to achieve the next stages in the EBCD research process (i.e. co-design). Following the submission of this thesis I have identified an opportunity to begin to explore these next steps through co-facilitating a work-stream with young people and stakeholders in youth justice attending a regional workshop designed to find solutions to increase the diversity of young people involved in research. The aims of co-facilitating this work-stream will be to: (1) present my research findings to youth justice stakeholders (e.g. young people and staff) to gain their perspectives on the use of secondary data as a way to represent their experiences; (2) to determine whether or not the approach to interpreting the data (e.g. the modified approach described in Chapter Five) is acceptable; and (3) to work collaboratively to re-frame experiences (touchpoints) where appropriate.

9.9. Conclusion

This study aimed to develop an understanding of how young people who offend experience their own mental health and explore how an experience-based co-design (EBCD) approach could be applied in community forensic settings to facilitate service improvements. The evidence gathered in this thesis has provided new insights about the mental health understanding and needs of young people who offend. However, it has also identified training needs for staff in community forensic settings alongside an awareness that despite the changing environment, staff aim to provide high quality services to young people who offend. Although staff were enthusiastic about the research, they could not take part in the research as a whole for a variety of reasons. However, the EBCD approach, particularly when modified to make best use of all sources of information about young people may well be an appropriate methodology for developing future collaborative working in community forensic settings.

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Appendix 1: Search Strategy

Accessed 24/02/2016

PsycINFO (in Ovid)

1. young people.mp.
2. (young* or juvenile) adj2 (offend* or criminal* or delinquen*).ab,ti,hw.
3. ('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care').ab,ti,hw.
4. 1 or 2 or 3
5. Qualitative Research/
6. (focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*).ab,ti,hw.
7. ((open-ended or semi-structured or semistructured or in-depth) adj2 (interview* or question*)).ab,ti,hw.
8. 5 or 6 or 7
9. mental health/
10. ((child* or young* or youth or adolescen* or teen*) adj2 (anxiety or stress or depress* or ptsd or post-traumatic or psych* trauma* or traumatic stress or stress disorder* or resilience)).ab,ti,hw.
11. ((mental or psychologic* or psychiatry* or behavio?ral* or emotion*) adj2 (ill* or disorder* or health or problem* or difficult*)).ab,ti,hw.
12. ((Language or speech or communication) adj2 (disorder* or problem* or development or difficult*)).ab,ti,hw.
13. ((neuro-developmental or intellectual or learning) adj2 (disorder* or problem* or difficult*)).ab,ti,hw.
14. (adhd or attention deficit* or (conduct* adj2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional adj3 (defiant* or disorder*) or autis*)).ab,ti,hw.
15. (well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisfy* or dissatisf* or trauma).ab,ti,hw.
16. 9 or 10 or 11 or 12 or 13 or 14 or 15
17. 4 or 8 or 16

Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations and Ovid MEDLINE(R) 1946 to Present

1. young people.mp.
2. (young* or juvenile) adj2 (offend* or criminal* or delinquen*).ab,ti,hw.

3. ('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care').ab,ti,hw.
4. 1 or 2 or 3
5. Qualitative Research/
6. (focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*).ab,ti,hw.
7. ((open-ended or semi-structured or semistructured or in-depth) adj2 (interview* or question*)).ab,ti,hw.
8. 5 or 6 or 7
9. mental health/
10. ((child* or young* or youth or adolescen* or teen*) adj2 (anxiety or stress or depress* or ptsd or post-traumatic or psych* trauma* or traumatic stress or stress disorder* or resilience)).ab,ti,hw.
11. ((mental or psychologic* or psychiatry* or behavio?ral* or emotion*) adj2 (ill* or disorder* or health or problem* or difficult*)).ab,ti,hw.
12. ((Language or speech or communication) adj2 (disorder* or problem* or development or difficult*)).ab,ti,hw.
13. ((neuro-developmental or intellectual or learning) adj2 (disorder* or problem* or difficult*)).ab,ti,hw.
14. (adhd or attention deficit* or (conduct* adj2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional adj3 (defiant* or disorder*) or autis*)).ab,ti,hw.
15. (well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisfy* or dissatisf* or trauma).ab,ti,hw.
16. 9 or 10 or 11 or 12 or 13 or 14 or 15
17. 4 or 8 or 16

Sociological Abstracts

1. ab((young people))
2. ab((young* or juvenile) near/2 (offend* or criminal* or delinquen*))
3. ab(('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care'))
4. 1 or 2 or 3
5. SU.EXACT("Qualitative Methods")
6. ab(qualitative or focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*)
7. ab(((open-ended or semi-structured or semistructured or in-depth) near/2 (interview* or question*)))

8. 5 or 6 or 7

9. SU.EXACT("mental health")

10. ab(((child* or young* or youth or adolescen* or teen*) near/2 (anxiety or stress or depress* or ptsd or post-traumatic or psych* trauma* or traumatic stress or stress disorder* or resilience)))

11. ab(((mental or psycholog* or psychiatry* or behavio?ral* or emotion*) near/2 (ill* or disorder* or health or problem* or difficult*)))

12. ab(((Language or speech or communication) near/2 (disorder* or problem* or development or difficult*)))

13. ab(((neuro-developmental or intellectual or learning) near/2 (disorder* or problem* or difficult*)))

14. ab((adhd or attention deficit* or (conduct* near/2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional near/3 (defian* or disorder*) or autis*))

15. ab(well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisf* or dissatisf* or trauma)

16. 9 or 10 or 11 or 12 or 13 or 14 or 15

17. 4 or 8 or 16

CINAHL

1. ab(young people)

2. ab ((young* or juvenile) n2 (offend* or criminal* or delinquen*))

3. ab ('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care')

4. 1 or 2 or 3

5. (MH Qualitative studies)

6. ab (qualitative or focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*)

7. ab ((open-ended or semi-structured or semistructured or in depth) n2 (interview* or question*))

8. 5 or 6 or 7

9. (MH mental health)

10. ab ((child* or young* or youth or adolescen* or teen*) n2 (anxiety or stress or depress* or ptsd or post-traumatic or psych* trauma* or traumatic stress or stress disorder* or resilience))

11. ab ((mental or psycholog* or psychiatry* or behavio?ral* or emotion*) n2 (ill* or disorder* or health or problem* or difficult*))

12. ab ((Language or speech or communication) n2 (disorder* or problem* or development or difficult*))
13. ab ((neuro-developmental or intellectual or learning) n2 (disorder* or problem* or difficult*))
14. ab (adhd or attention deficit* or (conduct* n2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional n3 (defiant* or disorder*) or autis*))
15. ab (well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisfy* or dissatisf* or trauma)
16. 9 or 10 or 11 or 12 or 13 or 14 or 15
17. 4 or 8 or 16

International Bibliography of the Social Sciences (IBSS)

1. su.exact("youth")
2. ab((young* or juvenile) near/2 (offend* or criminal* or delinquen*))
3. ab(('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care'))
4. 1 or 2 or 3
5. SU.EXACT("Qualitative analysis")
6. ab(qualitative or focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*)
7. ab(((open-ended or semi-structured or semistructured or in-depth) near/2 (interview* or question*)))
8. 4 or 5 or 6 or 7
9. SU.EXACT("mental health")
10. ab(((child* or young* or youth or adolescen* or teen*) near/2 (anxiety or stress or depress* or ptsd or post-traumatic or psychological?trauma or traumatic?stress or stress?disorder* or resilience)))
11. ab(((mental or psychologic* or psychiatry* or behavio?ral* or emotion*) near/2 (ill* or disorder* or health or problem* or difficult*)))
12. ab(((Language or speech or communication) near/2 (disorder* or problem* or development or difficult*)))
13. ab(((neuro-developmental or intellectual or learning) near/2 (disorder* or problem* or difficult*)))
14. ab((adhd or attention deficit* or (conduct* near/2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional near/3 (defiant* or disorder*) or autis*))
15. ab(well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisf* or dissatisf*)

16. 9 or 10 or 11 or 12 or 13 or 14 or 15

ASSIA: Applied Social Sciences Index and Abstracts

1. SU.EXACT("Young people")

2. ab((young* or juvenile) near/2 (offend* or criminal* or delinquen*))

3. ab(('at risk youth' or 'hard to reach' or 'high risk youth' or 'looked after' or 'local authority care' or 'foster care'))

4. 1 or 2 or 3

5. SU.EXACT("Qualitative research")

6. ab(qualitative or focus groups or ethnograph* or thematic analysis or grounded theory or phenomenolog* or content analysis or discourse or narrative*)

7. ab(((open-ended or semi-structured or semistructured or in-depth) near/2 (interview* or question*)))

8. 5 or 6 or 7

9. SU.EXACT("mental health")

10. ab(((child* or young* or youth or adolescen* or teen*) near/2 (anxiety or stress or depress* or ptsd or post-traumatic or psychological?trauma or traumatic?stress or stress?disorder* or resilience)))

11. ab(((mental or psychologic* or psychiatry* or behavio?ral* or emotion*) near/2 (ill* or disorder* or health or problem* or difficult*)))

12. ab(((Language or speech or communication) near/2 (disorder* or problem* or development or difficult*)))

13. ab(((neuro-developmental or intellectual or learning) near/2 (disorder* or problem* or difficult*)))

14. ab((adhd or attention deficit* or (conduct* near/2 (defian* or difficult* or disorder* or disturb* or problem*)) or (oppositional near/3 (defian* or disorder*) or autis*)))

15. ab(well-being or wellbeing or vulnerab* or quality of life or happiness or unhappiness or satisf* or dissatisf* or trauma)

16. 9 or 10 or 11 or 12 or 13 or 14 or 15

17. 4 or 8 or 16

Social Service Abstracts (SSA) 1970-2016

((ab((young people) OR (SU.EXACT("youth") OR ab((young* OR juvenile) w/2 (offend* OR criminal* OR delinquen*)) OR ab(('at risk youth' OR 'hard to reach' OR 'high risk youth' OR 'looked after' OR 'local authority care' OR 'foster care')))) AND (SU.EXACT("Qualitative Methods") OR ab((qualitative or focus groups OR ethnograph* OR thematic analysis OR grounded theory OR phenomenolog* OR content analysis OR

discourse OR narrative*)) OR ab(((open-ended OR semi-structured OR semistructured OR in-depth) w/2 (interview* OR question*)) AND (SU.EXACT("Mental Health") OR ab(((child* OR young* OR youth OR adolescen* OR teen*) w/2 (anxiety OR stress OR depress* OR ptsd OR post-traumatic OR psychological?trauma OR traumatic?stress OR stress?disorder* OR resilience))) OR ab(((mental OR psychologic* OR psychiatry* OR behavio?ral* OR emotion*) w/2 (ill* OR disorder* OR health OR problem* OR difficult*))) OR ab(((Language OR speech OR communication) w/2 (disorder* OR problem* OR development OR difficult*))) OR ab(((neuro-developmental OR intellectual OR learning) w/2 (disorder* OR problem* OR difficult*))) OR ab((adhd OR attention deficit* OR (conduct* w/2 (defian* OR difficult* OR disorder* OR disturb* OR problem*)) OR (oppositional w/3 (defiant* OR disorder*) OR autis*))) OR ab((well-being OR wellbeing OR vulnerab* OR quality of life OR happiness OR unhappiness OR satisfy* OR dissatisf* or trauma)))

Web Of Science (WoS)

TI=(YOUNG PEOPLE OR YOUNG OFFENDERS OR YOUNG CRIMINAL OR JUVENILE DELINQUENTS OR 'at risk youth' OR 'hard to reach' OR 'high risk youth' OR 'looked after' OR 'local authority care' OR 'foster care') AND TI=(MENTAL HEALTH OR child* OR young* OR youth OR adolescen* OR teen* NEAR/2 anxiety OR stress OR depress* OR ptsd OR post-traumatic OR psychological trauma OR traumatic stress OR stress disorder* OR resilience OR mental OR psychologic* OR psychiatry* OR behavio?ral* OR emotion* NEAR/2 ill* OR disorder* OR health OR problem* OR difficult* OR Language OR speech OR communication NEAR/2 disorder* OR problem* OR development OR difficult* OR neuro-developmental OR intellectual OR learning NEAR/2 disorder* OR problem* OR difficult* OR adhd OR attention deficit* OR conduct* NEAR/2 defian* OR difficult* OR disorder* OR disturb* OR problem* OR oppositional NEAR/3 defian* OR disorder* OR autis* OR well-being OR wellbeing OR vulnerab* OR quality of life OR happiness OR unhappiness OR satisf* OR dissatisf* or trauma) AND TI=(QUALITATIVE RESEARCH OR focus groups OR ethnograph* OR thematic analysis OR grounded theory OR phenomenolog* OR content analysis OR discourse OR narrative* OR open-ended OR semi-structured OR semistructured OR in-depth NEAR/2 interview* OR question*)

Appendix 2: Data Extraction Tool

Full reference:

Purpose			Study Type	
Context			Country	
Setting	Type	Rationale	Secure or community	Geographical
Methods & data collection	Data collection method(s)	Duration	Recorded	Focus of experience (timeframe)
	Interview questions or thematic framework(s) used			
Sampling	How recruited	How many approached/participated	Participants included	Participants excluded
Participants	N	Age Range	Male	Female
	Ethnicity	Diagnoses	Type of offence(s)	
Data analysis	How are data analysed	How are data organised	Who data analysed by	Limitations
Ethical considerations	Who is consenting	Other ethical implications		
Theme (description and data)				

Appendix 3: Critical Appraisal Skills Programme (CASP) of included studies

CASP Question	Shelton (2004)	Bonham (2006)	Douglas & Plugge (2008)	Paton et. al (2009)	Young (2009)	Ochoa (2009)	Watson et al (2009)	Hartwell et al. (2010)	Bright et al. (2011)	Horskotter et al. (2012)	Holligan & Deuchar (2012)	Tidefors & Skillback (2012)	Munford (2015)	Heath & Priest (2015)
Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the recruitment strategy appropriate to the aims of the research?	Unclear	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unclear	Yes	Yes	Yes

Appendix 3: Critical Appraisal Skills Programme (CASP) quality appraisal of included studies (continued)

CASP Question	Shelton (2004)	Bonham (2006)	Douglas & Plugge (2008)	Paton et. al (2009)	Young (2009)	Ochoa (2009)	Watson et al (2009)	Hartwell et al. (2010)	Bright et al. (2011)	Horskotter et al. (2012)	Holligan & Deuchar (2012)	Tidefors & Skillback (2012)	Munford (2015)	Heath & Priest (2015)
Has the relationship between researcher and participants been adequately considered?	No	Yes	Unclear	Unclear	Unclear	Yes	Unclear	Yes	Unclear	Unclear	Unclear	Yes	Yes	Unclear
Have ethical issues been taken into consideration?	Yes	Yes	Yes	Unclear	Unclear	Yes	Yes	Unclear	Unclear	Yes	Yes	Yes	Yes	Yes
Was the data analysis sufficiently rigorous?	Unclear	Yes	Unclear	Yes	Unclear	Yes	Yes	Unclear	Yes	Yes	Yes	Yes	Yes	Yes
Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is the research valuable?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
CASP Question	Shelton (2004)	Bonham (2006)	Douglas & Plugge (2008)	Paton et. al (2009)	Young (2009)	Ochoa (2009)	Watson et al (2009)	Hartwell et al. (2010)	Bright et al. (2011)	Horskotter et al. (2012)	Holligan & Deuchar (2012)	Tidefors & Skillback (2012)	Munford (2015)	Heath & Priest (2015)

Appendix 4: Original concepts of included studies

Study		Original concepts identified in the included studies							
Shelton (2004)	Desire for Caring and Stable Families	Lack of personal control	Love-hate Relationship with School	Feeling Depressed and Hopeless	Better To Be Tough Than Sick				
Bonham (2006)	Enduring the loss	Persisting the Dissension	Discovering a path						
Douglas & Plugge (2008)	Survival	Emotional well-being and self-harm	Substance misuse	Sexual health	Continuity of care				
Paton et al. (2009)	Experiences of violence: Living in a violent world	Instability and transitions							
Young (2009)	Loss	A search for belonging	Responses to confinement						
Ochoa (2009)	School, neighbourhoods and family	Family instability and delinquency	Choice, context and the likelihood of re-offending						
Watson et al. (2009)	Problem definition	Problem Recognition and Decision to Seek Services	Treatment participation	Subjective Norms About Mental Illness and Treatment					
Hartwell et al. (2010)	General Background and Family	Religion and Spirituality	Health & mental health	Friends and peers	Substance abuse	Trauma background			
Bright et al. (2011)	Juvenile Justice Contact	Maltreatment, Victimization, and Family Relationships	Neighbourhoods and Risk	Interaction With Other Systems	Support	Accomplishments and Goals	Relationships With Men	Children	Adult outcomes

Appendix 4: Original concepts of included studies (Stage 2) continued

Study	Original concepts identified in the included studies							
Horstkotter et al. (2012)	Perceived causes of criminal acts	Views on preventive and therapeutic treatment	Views on early identification and detection					
Holligan & Deuchar (2012)	Early strains, adversity and defiance	Courage 'under fire'	Recreational pastimes and 'doing masculinity'					
Tidefors & Skillback (2012)	The picture of my childhood	A safe haven or a chaotic mess	A shattered family and a rootless life	The picture of me	As a young troublemaker	As a sexual being	As an offender	In the future
Munford (2015)	Making sense of the world	Pushing to have a voice and be heard	Acting on the world – creating new directions					
Heath & Priest (2015)	People and places	Growth	Managing difficult experiences					

Appendix 5: Translating study concepts

Original concepts in studies	Unstable and absent families	Unstable relationships & conflict	Quality of parenting & role-modelling	Abuse	Exposure to vulnerability	Being the parent	Finding alternative belonging
Shelton (2004)	Not listening Running away Emotionally absent						
Bonham (2006)	Abandonment Temporary Divorce/ prison Possible future re-connecting Rejection / not belonging Parental or other significant death Permanent Grief	Rules for young people & adults Conflict Disobeying Parental intervention Listening	Cool Follow in foot steps Positive/negative role models	Sexual Emotional Physical Non-protective parents	Environment Peers Unprotected Normalised	Being the parent Child in an adult world Burden Protecting Looking after yourself Providing for family	Social recognition Masculinity Family Safety Protected by family & friends
Douglas & Plugge (2008)							
Paton et al. (2009)	Absent/ missing father Alcoholic mother, spending money on alcohol	'Try and live my life' Embarrassing parents			Victim and perpetrator of violence Gangs/parents/prisoners	Rob or sell drugs	Hanging out with yobo people Getting away from home
Young (2009)	Parental wish for child not to contact father			Physical & sexual abuse; 'off the rails' To not have had anything done to them			
Ochoa (2009)	Didn't get along Providing, being poor Foster care Parental death	No love Little bond	Most of my uncles in prison		Nothing else to do No alternatives 'Knew the game'		Getting respect Nobody was messin' with us Earn stripes Second home

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Unstable and absent families	Unstable relationships & conflict	Quality of parenting & role-modelling	Abuse	Exposure to vulnerability	Being the parent	Finding alternative belonging
Watson et al. (2009)						Family move, and drug use	
Hartwell et al. (2010)	Little contact with fathers Death	Cool, hard headed			Murders, friends dying Getting shot-up		Uncles and grandparents
Bright et al. (2010)	Mother non-existent Chaos	No bond Chaos		Being molested Emotional abuse	Being a rough kid Ghetto/Harsh places		
Horstkotter et al. (2012)	In care, problems at home Many problems						To show you're not a softy Put others in their place Worthless without anger
Holligan & Deuchar (2012)	Parents oblivious to lifestyle and absent Periods in foster care Parents incarcerated Mothers death Grandparents Parental suicide	Siblings in prison 'I'd do time for him'			Anger and rage with authority figures Hostility		Attach before being attacked That's the script Feel more comfortable and protected
Tidefors & Skillback (2012)	Fighting Unwell parents Parents unable to take care of them Parents murdered / died	Afraid Hit/spanked each other Wishing the violence would stop		Beatings Violence Not understanding sexual abuse			People looked up to me Centre of attention
Munford (2015)							
Heath & Priest (2015)	Refugee shelters 'living with nutty aunty jane' Rough estate Foster care / instability in care Distrust in families Parents didn't care Abuse in foster care		'Family tradition' of violence		Went psychopathic Perpetrated violence to others		

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Anger & violence	Rule breaking	Using substances	Self-harm	Understanding mental health	Talking mental health	Rejecting mental health
Shelton (2004)	Anger Attitude Behaviour Awareness	Regret Non-achievement					Forced intervention Decision making Stigma/denial
Bonham (2006)	Anger to violence Control Violence Anger Consequences of lack of control Anger expressed as violence Being physical	Suspension Truancy Rule breaking Violating probation School suspension Stealing and threatening	Escaping Physically escaping		Recognising and accepting mental health issues Benefits of medication Always been sad 'always known' Odd one out		
Douglas & Plugge (2008)			Want to come off drugs, scared	Life not worth living Go into self-harm state			'I don't have to tell him everything' Switched off
Paton et al. (2009)		Life got harder Starting secondary school Mixing with wrong crowd Getting shouted at		Stressed Forget about everything			Wanted to be the big man, unwanted support
Young (2009)	Hard to concentrate Fighting					Odd one out and different	
Ochoa (2009)		Doing dumb shit Acting stupid Already failed					
Watson et al. (2009)					Understanding what mental health is Others perceptions about MH Pyscho Worried about how others perceive them Outcast	'Crazy', 'retarded' and 'psycho' Dumb and something wrong with them Media portrayal	Anger management rather than depressed; not mental health but family problems reluctance to take medication – not helping

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Anger & violence	Rule breaking	Using substances	Self-harm	Understanding mental health	Talking mental health	Rejecting mental health
Hartwell et al. (2010)			Alcohol & drugs Invincible Act stupid				Why would I talk about it? Don't talk about personal life
Bright et al. (2010)							
Horstkotter et al. (2012)			Impact of drugs on causing criminal behaviours		Personality assessment; don't exactly know diagnosis All people are the same	Mental health is difference and 'something which is less good'	Want to make you a robot Longer time spent in institutions Coercion – leads to acting in socially desirable way Don't want to be a junkie
Holligan & Deuchar (2012)			Needed to use drugs to feel normal Normalised				
Tidefors & Skillback (2012)							
Munford (2015)							Not wanting to share personal life
Heath & Priest (2015)	Being a nutcase Gendered response – because it was a woman Psychopathic	Excluded, changes Didn't get along with teachers Fighting School for naughty children Violence against teachers	Fighting Getting pissed	Cut myself, all done and better	Since I was a baby	'Nutcase'	'I'm an angry person'

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Stigma and labelling	Rationalising & dealing with experiences	Psychological therapies	Formal systems	Informal support	Knowing & learning	Empathy and remorse
Shelton (2004)	Labelling						
Bonham (2006)			Being able to talk / verbalise problems Deepest secrets Good feeling medication	Recognising problematic behaviours	Fragile relationships Limiting communication 'Not really my friends'	Need to change & do things differently Speak out more Consequences of continued on path Knowing it's not 'right'	Putting self in others shoes Hurting people
Douglas & Plugge (2008)			Someone to talk to			Reflecting on / knowing the consequences Health / risk taking	
Paton et al. (2009)		Wipes out my mind Flashbacks 'normalised' to deal with negative feelings					
Young (2009)		Some people it affects, others it wont		Get more help Could have gotten into more trouble without Magnified, notice it more in detention			Turning back time Pay it back
Ochoa (2009)					Friends you can trust My boys Look out for me	Growing out of it More serious consequences of actions Own responsibility	
Watson et al. (2009)	Stigmatised 'Screw-up'	Keeping it inside Leaving it as a problem Trauma	Too many date & appointments Want to be free Support from others Medication		Family doing the best they can		
Hartwell et al. (2010)			Focused on anger, not trauma Helpful Group therapy	Listened to Things to do / activities respect	Staying crime free Education Friends strong influence on behaviours	Working Using substance Challenges to returning to the community	

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Stigma and labelling	Rationalising & dealing with experiences	Psychological therapies	Formal systems	Informal support	Knowing & learning	Empathy and remorse
Bright et al. (2010)				Different way of living / environment Pointless Bettered me	'Unbreakable bonds' with friends Personal relationships with men		
Horstkotter et al. (2012)	Diagnosis can lead to others being prejudiced Burden on child 'Selective perception'		Different impact on others Medication - dare to give it a go Unsure of early identification			Choices made; own decisions	
Holligan & Deuchar (2012)						Wish had taken the right path Different outcomes	
Tidefors & Skillback (2012)		Difficulties in early life impacting on sexual offending					Sick behaviour Shameful Didn't make any plans Just fate
Munford (2015)				Respect feeling good Feel comfortable	Proactive and inspiring people Driving forward Being listened to Relationships Going the extra mile		
Heath & Priest (2015)		'The way the cookie crumbles' 'Just get over it'		Figure out what I was doing 'Think they know it all' Don't listen to you Patronising Judging	Families restricting communication Some good friends, some bad Influence getting into trouble	Starting college Dealing with anger	

Appendix 5: Translating study concepts (continued)

Original concepts in studies	Being better for others	Being different for themselves
Shelton (2004)	Promises to protect others Withholding information to protect Making amends Being a role model for others Making others proud	Doing better Get a job and education 'Above average degree' Hopes and dreams
Douglas & Plugge (2008)		
Paton et al. (2009)		
Young (2009)	Others sticking by them Thankful	
Ochoa (2009)		
Watson et al. (2009)		
Hartwell et al. (2010)		
Bright et al. (2010)	Their children to be better 'Chain has to be broken' Children deserve better	Own business Become a mother
Horstkotter et al. (2012)		
Holligan & Deuchar (2012)		
Tidefors & Skillback (2012)		I'm going to remember this time, everything I wanted to do Buy a nice apartment/ become a surgeon Live with it all my life
Munford (2015)		
Heath & Priest (2015)	'I won't tell her' Maintaining positive relationships Proved people wrong	

Appendix 6: Justice Staff Participant Information Sheet



Staff Participant Information Sheet

Thank you for taking the time to consider participating in this research project which has been funded by NIHR (National Institute for Health Research). Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to others about the study if you wish. This information sheet explains the purpose of the study, what will happen if you take part, and gives you more detailed information about how the study is organised. Please ask the principal researcher (Melissa Girling) if there is anything that is not clear or, if you would like more information about the study. Please take time to consider whether or not you wish to take part.

What is the purpose of the study?

So far, research on young people's emotional health and well-being has focused mostly on secure settings (e.g. youth offender institutes) and less so in the community (e.g. youth offending teams and custody suites). For many young people, the first chance to think and talk about health and social problems often happens as a result of their offending behaviour (e.g. getting arrested).

This study aims to find out more about the emotional health and well-being of at-risk young people, so we can improve services for them. To do this, we need to understand what is like for young people to experience emotional health problems and the experiences of professional staff who work with these young people. This study will use an approach where young people and professionals come together to find ways of improving services based on experiences.

Why have I been chosen to take part in the research?

You have been asked to take part in this study because you are professionally involved in working with at-risk young people, either through your service or in your daily work, and we are interested in hearing about your experiences and some of the challenges you face.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form and a copy of your consent form and this information sheet will be given to you to keep. If you decide to take part you are free to withdraw at any time and without giving a reason. A decision not to take part or withdraw will not affect you in any way.

What do I have to do?

If you are interested in taking part, you will be asked to participate in several brief activities. Although it is hoped that you would be able to participate across them, it is possible to take part in the initial interview and consider whether you can or would like to participate further. However, by participating in all activities, your experiences and knowledge will contribute to, and impact on, the overall study. The activities will cover a period of 18 months and include: a face-to-face interview; a staff feedback meeting; a feedback meeting involving at-risk young people and a brain-storming event to discuss how services might be improved.

Face-to-face interview

Firstly, you will be asked to participate in a face-to-face interview for up to one hour. During the interview, the researcher will ask you some broad questions about your experiences of working with at-risk young people; some of the challenges you may face and how you think services can be improved. The researcher will audio record the interview and take notes. The interview will be anonymous and transcribed to be used by the researcher to develop an understanding of your service and your experiences.

Staff feedback session

You will be invited to take part in a staff feedback session where the researcher will present combined findings from a range of staff interviews across different service settings (e.g. YOT's; police; youth courts). Any findings will be completely anonymised and you will in no way be identified. The aim of this session is to bring staff together to talk about some of their common experiences.

Feedback session involving young people

A session will be held where you and other professional staff will be invited to come together with at-risk young people to discuss each other's experiences. The experiences of young people will have been collected in a separate part to this study, where they will be asked to participate in face-to-face interviews similar to yours. Interviews with at-risk young people will be video recorded and then edited to produce a combined short video of their experiences. During this session, and with permission from the young people, this video will be shown to trigger discussions and feedback from all participants about their own and others' experiences.

Brain-storming session

A final session will be held where you and other professional staff and at-risk young people will be invited to follow-up on discussions from the previous session and to come together to develop a set of key priorities or goals for improving services.

Are there any benefits to helping with this research?

Although there may be no direct benefits to you personally, we hope that you find participation an interesting experience. The research is relevant to your work, at a time when there are changes happening within the youth justice system and the needs of at-risk young people are becoming increasingly recognised. Your involvement will give us a better understanding of your experiences of working with young vulnerable people and how difficulties, if any, can best be overcome.

Are there any disadvantages to helping with this research?

The main disadvantage is your time required to participate in the study. During an 18 month period, this will be approximately 7-8 hours of your time. However, you may choose to participate in some activities and not others, in which case the time will vary.

Will my taking part be kept confidential?

Yes. All data you provide will be kept anonymous and completely confidential. Your interview responses will not be linked to any identifying information about you. Data will be stored securely within the University of Newcastle under the supervision of the Principal Investigator (Melissa Girling), who will ensure that data is not accessed by anyone outside the research team. Only collated data (combined data from all professional staff) will be used in future publications from the research team so that individual participants cannot be identified.

Storage of data

All data and data files will be stored electronically on the Newcastle University network which is password protected and in accordance with the Data Protection Act (1998). All participant data will be anonymised and should participants wish to withdraw from the study, all data will be deleted. All electronic data will be stored for 10 years.

Who has reviewed the study?

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. This committee contains members who are internal to the Faculty, as well as one external member. This study was reviewed by members of the committee, who must provide impartial advice and avoid significant conflicts of interests (24/01/2017 REF: 1230).

How can I get more information about the study?

If you want to know more about the study or have any concerns about any aspect of the study, please get in touch with

Melissa Girling (Researcher)

- Mobile: 07864853138 or direct dial: 0191 208 5874
- Email: Melissa.girling@ncl.ac.uk
- Post: FAO: Melissa Girling; Institute of Health and Society, Baddiley-Clark Building, Richardson Road, University of Newcastle, Newcastle Upon Tyne, NE2 4AA.

Dr Tracy Finch (Principal Supervisor)

- Email: tracy.finch@ncl.ac.uk
- Telephone: 0191 208 7257
- Post: FAO: Melissa Girling; Institute of Health and Society, Baddiley-Clark Building, Richardson Road, University of Newcastle, Newcastle Upon Tyne, NE2 4AA.

Appendix 7: Justice Staff Participant Consent Form



Participant Consent Form

PLEASE

INITIAL

1. I confirm that I have read and understand the Participant Information Sheet dated 02/09/2016 for the above study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

3. I understand that anonymised data collected during the study will be used in the analysis and communicated in publications (unless otherwise requested).

4. I agree to take part in the above study.

5. **Yes**, I give my permission for the interview to be **audio** recorded.

6. **No**, I do not give my permission for the interview to be **audio** recorded.

Name of Participant Date Signature

Name of person taking consent Date Signature

(Original to be filed at the University of Newcastle and one copy for participant)

Appendix 8: Justice Staff Interview Guide



Youth Justice Staff interview schedule

Staff experiences

- Can you tell me what is it like working in this service?
- What's good or not so good about working here?
- What do you think are the main problems with this service from the point of view of staff?
- How does working in this service compare to other places you have worked or are working?

Perceptions of young people

- What do you think it is like being a young person in this service?
- What are your perceptions of the service you are providing to young people?
- Which young people's needs are met? Not met?
- What do you think are the major problems faced by young people?
- What could be improved for young people in this service?
- In your opinion, what are the major 'touch points' or critical moments in a young person's journey (the things or events that really shaped their overall experience)?

Improving the service

- What do you see are the main priorities for improving the service from the staff point of view?
- What other things do you feel would help to improve your experience and the experience of other staff in this service?
- What do you think young people would identify as things that would help to improve their experiences?
- In your opinion, where might we begin to improve a young person's experience around this service?

Appendix 9: Researcher Staff Participant Information Sheet (Overseas)



Researcher Staff Participant Information Sheet (Overseas)

Thank you for taking the time to consider participating in this research project which has been funded by UK NIHR (National Institute for Health Research). Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to others about the study if you wish.

This information sheet explains the purpose of the study, what will happen if you take part, and gives you more detailed information about how the study is organised. Please ask the principal researcher (Melissa Girling) if there is anything that is not clear or, if you would like more information about the study. Please take time to consider whether or not you wish to take part.

What is the purpose of the study?

This study aims to find out more about the different ways in which young people can be engaged in mental health and youth justice research, so we can improve services for them. To do this, we need to understand what are the barriers and facilitators to engaging with young people who have experiences of mental health or criminal justice services and the experiences of professional staff who work with these young people.

Why have I been chosen to take part in the research?

You have been asked to take part in this study because you are professionally involved in working with young people, either through your research or in your daily work, and we are interested in hearing about your experiences and some of the challenges you face.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form and a copy of your consent form and this information sheet will be given to you to keep. If you decide to take part you are free to withdraw at any time and without giving a reason. A decision not to take part or withdraw will not affect you in any way.

What do I have to do?

If you are interested in taking part, you will be asked to participate in a brief face-to-face interview lasting up to one hour. During the interview, the researcher will ask you some broad questions about your experiences of engaging with vulnerable groups in co-design research and some of the challenges you may face. The researcher will audio record the interview and take notes. The interview will be de-identified and transcribed to be used by the researcher to develop an understanding of your experiences.

Are there any benefits to helping with this research?

Although there may be no direct benefits to you personally, we hope that you find participation an interesting experience. The research is relevant to your work, at a time when research methods that involve participants' experiences in co-designing health and social care services are evolving. Your involvement will give us a better understanding of your experiences of engaging with vulnerable groups in this type of research and how difficulties, if any, can best be overcome.

Are there any disadvantages to helping with this research?

The main disadvantage is your time required to participate in the study. The face-to-face interview will last up to one hour.

Will my taking part be kept confidential?

Yes. All data you provide will be de-identified and completely confidential. Your interview responses will not be linked to any identifying information about you. Data will be stored securely within the University of Newcastle under the supervision of the Principal Investigator (Melissa Girling), who will ensure that data is not accessed by anyone outside the research team. Only collated data (combined data from all staff) will be used in future publications from the research team so that individual participants cannot be identified.

Storage of data

All data and data files will be stored electronically on the Newcastle University network which is password protected and in accordance with the Data Protection Act (1998). All participant data will be anonymised and should participants wish to withdraw from the study, all data will be deleted. All electronic data will be stored for 10 years.

Who has reviewed the study?

This study has been reviewed by the [Research Ethics Board anonymised]. The [ethics board] is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant please call the Office of the Chair at X [anonymised].

How can I get more information about the study?

If you want to know more about the study or have any concerns about any aspect of the study, please get in touch with the Principal Researcher (Melissa Girling)

- Mobile: (44) 7864853138 or direct dial: (44) 191 208 5874
- Email: Melissa.girling@ncl.ac.uk
- Post: Melissa Girling; Institute of Health and Society, Baddiley-Clark Building, Richardson Road, University of Newcastle, Newcastle Upon Tyne, NE2 4AA, UK

CONSENT FORM

Please indicate your agreement or disagreement with each of the following statements and sign the form at the bottom. You will be provided with a copy of this form to keep.

Please Initial

I have read the information presented in the information letter about a study being conducted by Melissa Girling at X University.	
I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.	
I understand that if I agree to participate in the interview, I may withdraw from the study at any time up until October 2018.	
I confirm that I have read and understand the Participant Information Sheet for this study and have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.	
I understand that de-identified data collected during the study will be used in the analysis and communicated in publications (unless otherwise requested).	
I agree to take part in the above study. Yes, I give my permission for the interview to be audio recorded.	
No, I do not give my permission for the interview to be audio recorded.	

Name of Participant (printed)

Signature

Date

Researcher Statement

I have carefully explained to the research participant the nature of the above research study. To the best of my knowledge, the research participant signing this consent form understands the nature, demands, risks and benefits involved in participating in this study. I acknowledge my responsibility for the well-being of the above research participant, to respect the rights and wishes of the research participant, and to conduct the study according to applicable Good Clinical Practice guidelines and regulations.

Name of Researcher (printed)

Signature

Date

Appendix 10: Researcher Staff Participant Information sheet (UK)



Staff Participant Information Sheet (UK)

Thank you for taking the time to consider participating in this research project which has been funded by NIHR (National Institute for Health Research). Before you decide to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and talk to others about the study if you wish.

This information sheet explains the purpose of the study, what will happen if you take part, and gives you more detailed information about how the study is organised. Please ask the principal researcher (Melissa Girling) if there is anything that is not clear or, if you would like more information about the study. Please take time to consider whether or not you wish to take part.

What is the purpose of the study?

This study aims to find out more about the different ways in which young people can be engaged in mental health and youth justice research, so we can improve services for them. To do this, we need to understand what are the barriers and facilitators to engaging with young people who have experiences of mental health or criminal justice services and the experiences of professional staff who work with these young people.

Why have I been chosen to take part in the research?

You have been asked to take part in this study because you are professionally involved in working with young people, either through your research or in your daily work, and we are interested in hearing about your experiences and some of the challenges you face.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form and a copy of your consent form and this information sheet will be given to you to keep. If you decide to take part you are free to withdraw at any time and without giving a reason. A decision not to take part or withdraw will not affect you in any way.

What do I have to do?

If you are interested in taking part, you will be asked to participate in a brief face-to-face interview lasting up to one hour. During the interview, the researcher will ask you some broad questions about your experiences of engaging with young people and some of the challenges you may face. The researcher will audio record the interview and take notes. The interview will be anonymous and transcribed to be used by the researcher to develop an understanding of your experiences.

Are there any benefits to helping with this research?

Although there may be no direct benefits to you personally, we hope that you find participation an interesting experience. The research is relevant to your work, at a time when there are changes happening within the youth justice and mental health services and the needs of young people are becoming increasingly recognised. Your involvement will give us a better understanding of your experiences of engaging with young vulnerable people and how difficulties, if any, can best be overcome.

Are there any disadvantages to helping with this research?

The main disadvantage is your time required to participate in the study. The face-to-face interview will last up to one hour.

Will my taking part be kept confidential?

Yes. All data you provide will be kept anonymous and completely confidential. Your interview responses will not be linked to any identifying information about you. Data will be stored securely within the University of Newcastle under the supervision of the Principal Investigator (Melissa Girling), who will ensure that data is not accessed by anyone outside the research team. Only collated data (combined data from all professional staff) will be used in future publications from the research team so that individual participants cannot be identified.

Storage of data

All data and data files will be stored electronically on the Newcastle University network which is password protected and in accordance with the Data Protection Act (1998). All participant data will be anonymised and should participants wish to withdraw from the study, all data will be deleted. All electronic data will be stored for 10 years.

Who has reviewed the study?

This study was approved by the Faculty of Medical Sciences Research Ethics Committee, part of Newcastle University's Research Ethics Committee. This committee contains members who are internal to the Faculty, as well as one external member. This study was reviewed by members of the committee, who must provide impartial advice and avoid significant conflicts of interests (24/01/2017 REF: 1230).

How can I get more information about the study?

If you want to know more about the study or have any concerns about any aspect of the study, please get in touch with

Melissa Girling (Researcher)

- Mobile: 07864853138 or direct dial: 0191 208 5874
- Email: Melissa.girling@ncl.ac.uk
- Post: FAO: Melissa Girling; Institute of Health and Society, Baddiley-Clark Building, Richardson Road, University of Newcastle, Newcastle Upon Tyne, NE2 4AA.

Dr Tracy Finch (Principal Supervisor)

- Email: tracy.finch@ncl.ac.uk
- Telephone: 0191 208 7257

- Post: FAO: Melissa Girling; Institute of Health and Society, Baddiley-Clark Building, Richardson Road, University of Newcastle, Newcastle Upon Tyne, NE2 4AA.

Appendix 11: Researcher Staff Interview Guide



Staff interview schedule

1. Can you tell me about your experience of being involved in [TITLE] research project?
2. What were some of the challenges you faced when engaging young people in the research?
3. What were some of the things that facilitated engagement with young people in the research?
4. How do you think we can improve the ways in which young people can be involved in research projects?