WORKING IN SECURE CHILDREN'S HOMES WITH JUSTICE-INVOLVED CHILDREN: AN EXPLORATORY STUDY OF STAFF PERCEPTIONS OF CHILDREN AND THEIR OFFENCES

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CONTENTS

6.   DISCUSSION

7.   CONCLUSIONS AND RECOMMENDATIONS

ABSTRACT

Title: Working in Secure Children's Homes with Justice-Involved Children: An Exploratory Study of Staff Perceptions of Children and Their Offences.

The youth justice system oversees the management of justice-involved children. It allows for detention in young offender institutions, secure training centres and secure children's homes. The youngest and most vulnerable children are placed in secure children's homes. The literature identifies that most children in custody have traumatic histories but are generally perceived negatively. There is a large body of literature on this subject but less on how the staff that work in the children's secure estate perceive the children and their offences. This research focuses on this gap in knowledge. It asks:

What are staff perceptions about the children they work with?

What influences staff perceptions about the children they work with?

A qualitative method, underpinned by a social constructivist position, yielded a co-constructed 'reality' between the researcher and the participants. This revealed that perceptions of justice-involved children are context reliant, related to staff personal histories and their work settings. Overall, staff perceived children as 'child first, offender second' with histories as 'victims' and with complex needs. Such accounts were, however, qualified, with the characteristics of the child, the offence type and current behaviour all having an impact, as did the setting.

The recommendations highlight the need for further research exploring the factors behind perception of 'child first, offender second' approaches. There is also a need for research that foregrounds the voices of children, particularly girls. Practice recommendations include promotion of culture change through critical enquiry and challenge; the need to develop service/staffing structure and roles; and recruitment processes. Support systems such as supervision are recommended as is staff development in specific areas, for example for those working with young people who self-harm or who have learning difficulties.

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I extend my heartfelt gratitude to the sites and agencies who allowed me access to environments where research is not usually so readily accepted. Huge thanks also to the participants who engaged so meaningfully with me in interviews and who allowed me to see their world through their eyes and with their feelings.

Importantly, I would also like to make some apologies: There have been significant life events during this PhD journey - births, deaths, and marriages. Some have had a huge impact on me and on those I love. To my family, who I have not paid nearly as much attention to or seen as much of as I should have over the last few years, I have missed you and I love you. I hope to have more time with you and to do the things that matter.

Sorry and thank you.

LIST OF ABBREVIATIONS

ADHD   Attention Deficit Hyperactive Disorder
BAME   Black, Asian and Minority Ethnic groups
CAMHS   Child and Adolescent Mental Health Service
CFOS   Child First Offender Second
CHAT   Comprehensive Health Assessment Tool
CJS   Criminal Justice System
CQC   Care Quality Commission
DTO   Detention and Training Order
DSM   Diagnostic Statistical Manual of Mental Disorders
EPP   Extended Sentence for Public Protection
HCPC   Health and Care Professionals Council
HDU   High Dependency Unit
HMIP   Her Majesty's Inspectorate of Prisons
HSB   Harmful Sexual Behaviour
ICD   International Statistical Classification of Diseases
ICO   Information Commissioners Office
IPP   Imprisonment for Public Protection
IQ   Intelligence Quotients
LA   Local Authority
LD   Learning Disability
MoJ   Ministry of Justice
NHS   National Health Service
NMC   Nursing and Midwifery Council
Ofsted   Office for Standards in Education
ONS   Office of National Statistics
PICU   Psychiatric Intensive Care Unit
PYP   Participatory Youth Practice
RMN   Registered Mental Health Nurse
RO   Referral Order
SAN   Secure Accommodation Network
SEN   Special Educational Need
SCH   Secure Children's Home
SSREP   Research Ethics Panel
STC   Secure Training Centre
STO   Secure Training Order
UK   United Kingdom
US   United States of America
YCS   Youth Custody Service
YJB   Youth Justice Board
YJS   Youth Justice System
YOI   Young Offender Institution
YOT   Youth Offending Team
YRO   Youth Rehabilitation Order
YSE   Youth Secure Estate

1.   INTRODUCTION

This introduction briefly outlines my background, the rationale for this study and the chapter structure of the thesis. I am currently a senior manager in the National Health Service (NHS) working as General Manager for Secure Forensic Mental Health and Learning Disability Services (adult/child, community, inpatient and prison in-reach) in Hull. I hold a professional registration with the Nursing and Midwifery Council (NMC) as a registered mental health nurse (RMN) and have worked as a clinician and as a manager in forensic secure services and prison settings. I have managed and provided services to children in Secure Children's Homes (SCHs), Secure Training Centres (STCs), Young Offender Institutions (YOIs), and forensic community services. These roles have been undertaken with a particular interest in offending behaviours and in improving the services offered to those detained in the criminal justice system (CJS). Experiences in these settings, in which the research was carried out, have prompted many questions for me about how staff work with those they provide care for. Some reading around the topic suggested that whilst context is a greatly influencing factor (see Chapter Two), so too may be the perceptions of the staff. A literature review (see Chapter Three) identified that perceptions about those who commit crime, and how they should be treated, are influenced by various demographic and contextual factors. However, the literature largely relates to public perceptions or to adult offenders. Public perceptions of children who offend are also documented through opinion polling (see Chapter Three) but those of staff working with children are not. This gap in the literature afforded a foundation for doctoral study and the possibilities of exploration into an otherwise closed world.

The context of this study is set out in Chapter Two. This includes sections on sentencing options for children within the CJS in the United Kingdom (UK), and more specifically the youth justice system (YJS) and the settings in which children may be detained, the youth secure estate (YSE). In addition to this, a section is offered detailing the characteristics of justice-involved children, to highlight this population in the YJS and YSE. Chapter Three offers a review of the relevant literature covering constructs of childhood; the 'child first, offender second' (CFOS) approach to service provision; aspects of policy; and the attitudes and perceptions of the public towards crime and justice-involved children. Where there is literature regarding perceptions of staff from the secure estate, CJS or YJS, this is also included. Chapter Four discusses the thesis' methodological approach. It details the social constructivist philosophical position of the researcher and how this position was reached. The chapter discusses ethical considerations and

methods, including data collection and analysis.

The findings of the research are presented in Chapter Five. Here the reader will find eight themes. These capture how staff's personal histories and their work choices played a part in how they perceived the children. The overall perception of children as children first, with histories as 'victims' and with complex needs, is identified. However, the age and gender of the child, the offence type and current behaviour (for example violence and aggression) are also noted as impacting on staff perceptions. Chapter Six offers a discussion of the findings in the context of the literature.

In Chapter Seven conclusions are drawn about staff perceptions. These lead to academic and professional recommendations. Academic recommendations include the need for further research on the 'child first offender second' (CFOS) approaches. In delivering youth justice this means viewing children who offend as children first, rather than focusing on their offending behaviour (Case & Hampson, 2019). This research would enhance knowledge of how the CFOS philosophy has been adopted in SCHs. Research with a focus on the experience of girls is recommended to explore the impact of negative staff attitudes toward them. A focus on the voices of children is also recommended to reveal perceptions of staff and experience of CFOS approaches. Recommendations also promote research around staff and child relationships in SCHs. Professional recommendations for practice focus on staff development, support and supervision. These recommendations also note the need for some culture change, a challenge to the social norms within the settings. A culture of critical enquiry and challenge is specifically noted, based on the research findings that identify goading behaviours toward children and issues of bias amongst staff. The chapter also offers a reflexive account by the researcher. This account identifies the challenges and complexities of undertaking research as an individual with multiple roles, including an insider position. It reveals how a co-constructed reality shared by the researcher and participant was understood. The contributions made to knowledge are also detailed in this chapter. It is noted that the study has brought an otherwise closed world into view. New knowledge includes the ways in which gender is perceived and how violence and aggression perpetrated by children against staff influence perceptions of staff in SCHs.

2.   SETTING THE CONTEXT FOR THIS STUDY

Children who commit illegal acts may become involved with the CJS. This system is made up of a number of agencies spanning all criminal justice provision and provides a sub-group of distinct provision for children via the YJS. The YJB is an independent, non-departmental, public body established by the Crime and Disorder Act 1998 and appointed by the Secretary of State. The statutory body is responsible for whole system oversight, including overseeing the operation and provision of services for justice-involved children (Youth Justice Board, 2020). It works with partners including the police, youth courts, probation and custody. Youth courts are specifically provided for hearing cases of children where sanctions, also specifically for children, can be applied. If supervision is needed it is delivered and monitored by youth offending teams (YOTs) not adult probationary services. The court system allows for diversionary measures, community interventions or sentencing, including custodial sentencing. When custodial sentences are handed to children the youth custody service (YCS) allocates placement in the YSE. This chapter considers how the YJS is applied. It explores the settings within the YSE with a focus on SCHs and is followed by a section detailing the characteristics of justice-involved children.

2.1.   The youth justice system and sentencing

In England and Wales the age of criminal responsibility is 10 (Gov.UK, n.d.). This means that children aged between 10 and 17 years of age can be arrested and brought to court if they commit a crime (Crown Prosecution Service, 2020). In other countries the age of criminal responsibility is, overall, higher than that in the UK (Appendix 9.1). In the UK children under the age of 10 cannot be arrested or charged with a crime. If children under the age of 10 break the law they can be given a Local Child Curfew or Safety Order, which could lead to them being taken into care if rules are not followed. In this instance parents can be held responsible (Gov.UK, n.d.). Although this brings children from 10 years of age into the YJS, there are significant differences in how they are managed in comparison to adult offenders (Gov.UK, n.d.a). This is largely in line with the statutory obligation to have regard for the welfare of children, which includes a requirement to secure appropriate provision of education and training (Children Act, 1989; Children and Young Persons Act, 1933 s.44).

At the point of arrest for a criminal offence a child may be taken to a police station and supported by an 'appropriate adult' through the process of an interview. The appropriate adult may be a

parent or a social worker and advice from a YOT can be sought (Family Lives Matter, 2020). The child may be charged, released on bail or remanded to custody pending a court hearing. Where children do go to court this will be a youth court as opposed to an adult court, although a child can also be sentenced in Crown Court. The courts have a range of different sentences they can pass on justice-involved children aged between 10 and 17 years of age. These sentences are the consequence of criminal convictions (Appendix 9.2) (Sentencing Council, 2017). Sentencing in the YJS is influenced by political drivers, cultural determinants and public opinion. A key theme in the last decade has been the impact of austerity and consequent financial drivers. These are identifiable in the Spending Review of 2010, which asked for overall resource savings from the Ministry of Justice (MoJ) "through reforming sentencing to stem the unsustainable rise in the prison population, using innovative approaches to reduce reoffending and resolving more disputes out of court" (HM. Treasury, 2010 p.55).

The framework for decision making in courts holds a range of factors in mind, for example repeat offending; severity of criminal activity; protective factors; and ability or appropriateness to work with a community order. This specifically informs sentencing routes for children (Appendix 9.3) (Youth Justice Board & Ministry of Justice, 2019). That said, some sentences are the same as those for adults who have offended. An example would be discharges or fines, although for children under 16 the responsibility to pay the latter lies with parents or guardians (Bateman, 2009 p.95; Sentencing Council, 2017). Children can be given an order that requires them to agree a contract to address their offending and make up for any harm caused; this 'Referral Order' (RO) can last up to a year. Other sentences include the Youth Rehabilitation Order (YRO) and the Detention and Training Order (DTO). The YRO is a community order that can last up to three years. It can include requirements such as a curfew; supervision; unpaid work; electronic monitoring; drug treatment; mental health treatment; and education. A DTO can be given to a child aged between 12 and 17 in either the youth court or in the Crown Court. DTOs can last between four months and two years; the first half of a DTO is served in custody and the second half in the community (Appendix 9.2) (Sentencing Council, 2017).

Community orders have influenced the numbers of children being given custodial sentences and, overall, the number of children in custody is falling (Appendix 9.4); this is most notable in the YOIs (Appendix 9.5) (Youth Justice Board & Ministry of Justice, 2019). The aims of custodial sentences are to provide training, education and rehabilitation (Ministry of Justice, 2014; Youth Justice Board, 2019) but there remains a punitive focus, indicated by the weighting of time expected to be served.

For serious crimes, usually those that are violent or sexual in nature, children can receive an 'extended sentence'. This could mean that they spend a long time, maybe years, in custody. On release they will face restraints of supervision for specified periods and they may be 'tagged'; a form of monitoring through an electronic device attached to the ankle (Graham & McIvor, 2017). In cases of murder, when a child is convicted or pleads guilty to the charge, a mandatory life sentence with a minimum time to be served stipulation will be imposed. This is usually referred to as detention during Her Majesty's Pleasure. In Schedule 21 of the Criminal Justice Act 2003 it states that the beginning point for determining the minimum sentence where the offender is under 18 years of age is 12 years, as opposed to 15 years for those over the age of 18. Where the child presents as a serious risk to others the Crown Court may pass a sentence of 'detention for life' or an 'extended sentence of detention' (Criminal Justice Act, 2003). This applies particularly where 'dangerousness' is determined, for example, if "there is a significant risk to members of the public of serious harm occasioned by the offender's commission of further specified offences" (Criminal Justice Act, 2003 cited in Stone, 2011 p.77). In these cases an indeterminate term of detention, or the extended sentence for public protection (EPP), can be applied (Stone, 2011). This is also known as imprisonment for public protection (IPP), a sentence that has been described, in research on adults who have committed offences, as having a particularly negative impact and negative outcomes. The impact is felt personally but also on families because of the increased stigma and the barriers to contact with family and friends (and society in general) over a lengthy period of time. This is reportedly worse than when life or a determinate sentence is served (McConnell & Raikes, 2019 p.363). One can only speculate about the impact when a child receives this sentence.

In 2019, 19,316 children went through the court system for sentencing. Of these, 1,287 received custodial sentences (Youth Justice Board & Ministry of Justice, 2020 p.5) (Appendix 9.6). Between 2006 and 2016 a total of 197 children received a sentence of life imprisonment and it is estimated that 400 individuals are currently serving sentences of longer than 14 years imposed for criminal offences as a child (Bateman, 2019 p.79). The YCS decides where in the YSE these children will spend their sentences; this is largely influenced by offence type, individual need and associated risk (Gov.UK n.d.a; 2020). More specifically, factors such as age, gender, special educational needs (SEN), self-harm, risks, maturity and resilience are also considered (HM. Prison & Probation, & Youth Custody Service, 2017). In addition, it has been argued that cost is also a large factor (Vallely, 2010 p.7). Decisions are directed to be in keeping with the principal aims of the YJS and as indicated in relevant legislation, to prevent further offences being committed by children

(Crime and Disorder Act, 1998). Such legislation also aims to maintain and support the welfare of the child (Children and Young Persons Act, 1933).

2.2. The secure estate

Having considered how the YJS may dispose of children through the court process, this section will now provide some detail about the settings that the YCS will refer to for custodial placements and within which children will find themselves detained.

In England and Wales the YSE is made up of two types of settings: secure hospital and custody. Secure hospitals are provided privately or by the NHS and custody via the YJS. There are 28 secure hospitals providing beds for children in England and one in Wales; these are a mixture of high dependency units (HDUs), psychiatric intensive care units (PICUs) and low and medium secure units (Warner et. al, 2018). Justice-involved children, those who are known to the YJS and require assessment or treatment under the Mental Health Act, would be detained in these (Mental Health Act, 1983). Where this is not required, children will be sent to serve their sentences in custody. Custodial beds for children are distributed across 21 institutions: YOIs, STCs and SCHs. There are currently four YOIs and three STCs in England (Gov.UK, 2014) (Appendix 9.7). There are also 13 Local Authority (LA) -run SCHs and one charity-run SCH (Twitchett, Children's Quality Lead. Health & Justice Commissioning: Personal communication July 7th 2019).These are part of a complex system fed by and filtering into various other systems, working with other agencies to provide input for children detained within it. Currently, the majority of children in the YSE are placed in YOIs or STCs and only the youngest and most vulnerable children and girls are housed in SCHs (Hollingsworth, 2014 p.106).

The YSE experienced significant growth (795 percent) between 1989 and 2009 (Standing Committee for Youth Justice, 2010) but numbers have greatly reduced since then. Since 2007 there has been a continued reduction in the number of children placed in the YJS and Bateman and Hazel (2013) noted a continued decrease in the number of children in custodial settings. This reduction has been maintained (Bateman, 2015) and, since the start of 2009, more than 2000 places in YOIs have been decommissioned. There are also 95 fewer places in SCHs (Ministry of Justice & Youth Justice Board, 2016 p.36). These statistics have impacted upon the Youth Justice Board's (YJB) commissioning strategy and resultant decommissioning of places for those under 18 years old in YOIs. The fall in demand and experience of excess capacity noted in the 10 to 15 year old age group is likely to influence further decommissioning of YJB beds in the STC and SCH

sectors (Youth Justice Board & Ministry of Justice, 2015 p.10). This has already been evidenced in the reduction of SCH places contracted to the Ministry of Justice, from 225 in 2008 to 100 in 2019, a fall of 56 percent (Bateman, 2020 p.116).

Statistics taken directly from commissioners for July 2019 indicate that there were 1,124 beds commissioned by the YJB for children in England (Appendix 9.7): 802 in YOIs, 221 in STCs and 101 in SCHs (+111 Welfare beds) (Twitchett, Children's Quality Lead. Health & Justice Commissioning: Personal communication, July 7th 2019). This total number of beds is not always filled and the recently published Youth Custody Report of 2020 states that there are 536 children detained in the YSE (Youth Custody Service, 2020) (Appendix 9.8). This section now offers some detail of each of the areas of provision; YOIs, STCs and SCHs. It gives greater detail about SCHs, the focus of this study.

2.2.1   Young Offender Institutions

YOIs were introduced under the Criminal Justice Act (1988). There are currently four YOIs in England: Cookham Wood, Feltham, Werrington and Wetherby, in which over 76 percent of the child custody population are detained (Youth Custody Service, 2020). The YOIs are large penal institutions, most of which are run by the prison service; some are run by private companies. They were intended to house between 60 and 400 children each, however specific data for 2019 identifies the smallest as having a maximum population of 118 children (Twitchett, Children's Quality Lead. Health and Justice Commissioning: Personal communication, July 7th 2019). The population is mainly aged 17 years but in exceptional circumstances children in these settings can be as young as 15 years of age.

The YOI settings are divided into 'wings', similar to those in adult prisons, of between 30 and 60 children. They have low staff-to-inmate ratios and provide regimes akin to those of adult prisons; these include lock-in times, exercise, education and work routines (Jay et. al, 2019 p.16).

2.2.2   Secure Training Centres

The concept of the STC was first introduced by Kenneth Clarke, the former Home Secretary, in 1993. This was seen as a 'solution' to what was defined to be a problem of 'persistent' juvenile offending (Byrne, 2017; Hansard, 1993). The STCs were subsequently established by the Criminal Justice and Public Order Act 1994 (Jay et al., 2019 p.17). About 15 percent of the child custody population is detained in STCs in the UK (Youth Custody Service, 2020). There are three

of these in the UK: Medway, Rainsbrook and Oakhill. The STCs are privately run institutions that were originally intended for 12 to 14 year old children who had been sentenced to a Secure Training Order (STO). This was extended to 12 to 17 year olds in April 2000 with the introduction of the DTO (Hagell, 2000 p.30). STCs were originally set up to house between 50 and 80 17 year olds, split into units of five to eight people. Current statistics indicate that they house groups of between 65 and 80 children, some under 17 years of age (Twitchett, Children's Quality Lead. Health and Justice Commissioning: Personal communication, July 7th 2019). They are notably smaller than YOIs, with higher staff-to-inmate ratios and the children held there, for the most part, are younger and more vulnerable than those in the YOIs.

STCs have always been controversial; they came under increased scrutiny following the death of a 15 year old boy at Rainsbrook STC in 2004 while being restrained (Inquest, 2007). More recently, further controversy was ignited when a Panorama documentary revealed significant staff mistreatment of children at Medway STC (Plomin, 2016). In response to the documentary the Secretary of State for Justice appointed the independent Medway Improvement Board. The Board investigated the allegations of physical and emotional abuse of children by staff at Medway STC (Holden et al., 2016) and whilst recommendations for improvement were made specifically for Medway, the board did highlight that "many of the findings of this report probably apply to all of the STCs" (Holden et al., 2016 p.10). Many commentators report continued concerns about the institutionalised failings of STCs and the risks that they pose to the safety of children (Howard League for Penal Reform, n.d. p.6).

2.2.3   Secure Children's Homes

There are 14 SCHs in the UK. All are small, LA-run institutions (Jay et al., 2019 p.19), with the exception of St Catherine's, which is a privately-run home (see SCH information @ http://www.securechildrenshomes.org.uk/ for details). SCHs offer beds for justice-involved children and those who require detention on welfare grounds (welfare orders are discussed later in this chapter). Of the 14 settings one offers only YJB beds, six offer both YJB beds and welfare beds, seven offer no YJB beds and have welfare beds only. This is broken down by home as indicated inTable 1 overleaf.

Table 1: SCH beds by setting.

Setting name	Type of setting	Beds
Aldine	SCH (with YJB places)	5 (+5 Welfare)
Aycliffe	SCH (with YJB places)	8 (Welfare beds not determined)
Barton Moss	SCH (with YJB places)	27
Clayfields	SCH (with YJB places)	12 (+8 Welfare)
Adel Beck	SCH (with YJB places)	14 (+10 Welfare)
Lincolnshire	SCH (with YJB places)	11 (+1 Welfare)
Swanwick Lodge	SCH (with YJB places not used)	16 (Welfare only)
Vinney Green	SCH (with YJB places)	24
Atkinson	SCH (Welfare)	12 (Welfare only)
Beechfield	SCH (Welfare)	0 (Decommissioned)
Clare Lodge	SCH (Welfare)	16 (Welfare only)
Kyloe	SCH (Welfare)	12 (Welfare only)
Lansdowne	SCH (Welfare)	7 (Welfare only)
St Catherine's (Charity run)	SCH (Welfare)	12 (Welfare only)
Sector Total		101 YJB & 111

(Twitchett, Children's Quality Lead. Health & Justice Commissioning: Personal communication, July 7th 2019).

Just over eight percent of the child custody population is housed on remand or sentenced across the seven SCHs with YJB beds: Aldine five, Aycliffe eight, Barton Moss 27, Clayfields 12, Adel Beck 14, Lincolnshire 11 and Vinney Green 24. These figures give a sense of the overall size of the units, which even when the additional 111 welfare beds are considered, have a maximum of 27 beds (so house a maximum of 27 children). Most settings are much smaller than this, the smallest having only seven beds.

In 2018, 57 percent of children in SCHs were detained by the YJS and 43 percent of children had been placed there by Children's Services under a Child Welfare Order (Ellis, 2018 p.156). The YJB provision has decreased and welfare provision is increasing; currently SCHs allow for a split of 101 YJB beds and 111 welfare beds. Welfare orders are made by the courts for vulnerable children (Children Act, 1989; Children and Social Work Act, 2017). These vulnerabilities may include risk of absconding, of harm to self or others, or other risks. The duty in these cases is

always to promote safeguarding for the child and to ensure that their welfare is kept fully in mind. Safeguarding is further bolstered by the Children Act, 2004. Where children are detained via compulsory mechanisms (for example in SCHs) the institution has a duty to safeguard them and promote their security; this aspect of care is an important focus of policy development (McGhee et al., 2018 p.1177). Admission to secure accommodation for those placed on welfare orders has specific requirements; it requires social workers to inform the courts about the care plan for the child, including what is to be provided beyond secure accommodation (Children Act, 1989). Discharge, therefore, must be prepared for, as it can happen at short notice if it is decided that the criteria to detain are no longer met or applicable (RRC, 2017 p.13).

My professional and research visits to SCHs revealed a stark contrast between the environment in SCHs and those in the STCs and YOIs. Initial impressions were of more homely environments, some SCHs having less 'clinical' furnishings and nice decorations, displaying children's artwork and having access to well-tended gardens and comfortable visiting areas. Although fenced and gated, there is by comparison a less restrictive environment than that in STCs and YOIs and, although movement throughout the homes is enabled via locks or fobs, the confinement is less immediately obvious than in other secure settings. Despite this, there does remain a sense of containment; relational presence of staff, radios and cameras provide continuous monitoring and supervision of children and environments.

My experience of the YJB admissions or reception process is that children are transferred to SCHs directly from police cells or the courts via the YCS. The child is transferred to the home, sometimes in a secure vehicle and always with staff. This may be a location unknown to them geographically and, certainly for first time entrants, not a familiar environment. On reception, and sometimes throughout their stay, these children are exposed to searches of their person, which may include undressing or the use of electronic search equipment such as metal detectors. They meet a care worker who will undertake need and risk assessments with them before being shown to their allocated room and being informed of the rules of the home. Rules will include times for certain activities, access to specific items and procedures that are to be followed. In SCHs the regimes are far less restrictive than in YOIs or STCs, however there is an expectation of engaging in prescribed treatment programmes. Despite this expectation it is noted that "of those [children] who had been identified as likely reoffenders due to their attitudes to offending just over two-fifths (42 percent) in SCHs were recorded as receiving such an intervention" (Gyateng et al., 2013 p.55). Access to education is also expected, and the focus on this is high in SCHs where in-depth regulation is managed through the Office for Standards in Education (Ofsted)

(Ofsted, 2019) (Appendix 9.9).

Children who are identified as being vulnerable, needy or particularly young, are placed in a SCH as opposed to a STC or a YOI (Hollingsworth, 2014 p.101). In order to meet the needs of this group SCHs have higher staffing levels than YOIs and STCs. It is argued that this low child-to-staff ratio, with high intensity support and a child-focused approach, provides a strong childcare ethos (Bateman, 2017 p.92; Byrne, 2017). This approach provides better opportunities for making important relationships (Hollingsworth, 2014; Hughes et al., 2012), which have a significant bearing on engagement and outcome (Holmqvist et al., 2007; Taylor, 2016). Multi-agency partners work together in SCHs so as to promote holistic residential care and accommodation to the girls and boys in the settings.

Overall, children in SCHs are thought to be looked after in small bespoke units, positive surroundings and with higher ratios of staff than they are in other settings (Hollingsworth, 2014; Hughes et al., 2012).

2.3 The secure estate plans

The YSE has been deemed 'not fit' for the purpose of caring for or rehabilitating children (Wood et al., 2017 p.2). For some children, their detention compounds some of the harm they have already incurred in their lives as "it subjects them to decision-making that is potentially contrary to their interests as a group and which increases their vulnerability to the actions and decisions of others" (Hollingsworth, 2014 p.125). Issues such as this promote the argument that the YSE has lost its sense of direction and has little sense of its overall purpose (Byrne, 2017), thus identifying failings with the environment and care delivery. In response to these concerns, new plans, including those for secure colleges, have been offered (Ministry of Justice, 2014); however, these large colleges have not been built and plans for smaller schools are now in place. In attempts to improve the environment and its approach, the Taylor Review (Taylor, 2016 p.40) recommended regional 'secure schools' (smaller than the proposed colleges) that could accommodate 60 to 70 children each. It was argued that these should be established to replace the YOIs and STCs. Alongside this were suggestions for a higher ratio of staff to children, development of specialist input and an increase in the education offered.

The MoJ's emphasis on education and training is clearly woven throughout its Transforming Youth Custody review (Ministry of Justice, 2014) and bolstered by the Youth Custody Improvement Board. There is currently some focus on the creation of new specialist units, such as the Keppel

Unit at Wetherby YOI, to accommodate the most disruptive 10 percent of children in the YSE; these are the "most challenging and vulnerable [children] in the country" (Wood et al., 2017 p.8). These specialist units face increased pressures to house 'disruptive inmates', which challenges the usual selection criteria as the needs identified are those of the system rather than those of the child. There is evidence that a broadening of admission criteria has already taken place with a reduction in specialist training of staff (Wood et al., 2017 p.8). As the number of children entering the system gets smaller, the concentration of those who have more complex needs and challenging behaviours becomes more evident (Youth Justice Board, 2019 p.4). The Youth Justice Board's Strategic Plan 2019-2022 identifies this in its recognition of the traumatic histories of children and the need to implement trauma-informed care (Youth Justice Board, 2019 p.13). This would support the assertion that a refocus on smaller units like SCHs with intensive residential models would make more sense (Byrne, 2017).

2.4 Justice-involved children: characteristics

There are currently 536 children under the age of 18 detained in the YSE, 602 if those aged 18 are included: 474 in YOIs, 92 in STCs and 54 in SCHs (Appendix 9.10) (Youth Custody Service, 2020)[1]. Children identified as coming from Black, Asian and Ethnic Minority (BAME) backgrounds are over-represented in these numbers. Lammy (2017) noted that 41 percent of detained justice-involved children were from BAME backgrounds. 2020 statistics indicate that they account for over half, 316 of current detentions being from BAME backgrounds and 297 identifying as white (Youth Custody Service, 2020) (Appendix 9.11).

The age range of children overall in the YSE is 10 to 18 years and can be broken down into subgroups to identify exact numbers within each. Current figures show that there are seven 10 to 14 year olds, 54 15 year olds, 132 16 year olds, 333 17 year olds and 84 18 year olds in the YSE (Appendix 9.12). In addition there are also a number of 18 year-olds in the adult secure estate (in 2013 there were 27 male 18 year olds in adult prisons but this group are increasingly being held in settings that are designated as both a prison and a YOI. Young adult women are already integrated into the adult estate (Ministry of Justice, 2013)). Of the overall cohort, girls make up only 17 of those currently detained and they are all placed in SCH provision (Youth Custody Service, 2020) (Appendix 9.13) making them hyper-visible in the system (Sharpe, 2009). These statistics indicate that the majority of children in the YSE are boys aged 16 and 17 years of

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[1] Some of the statistics may vary slightly in their breakdown of the total sum due to their capturing of data being undertaken at different points in the given month, however the data do enable a snapshot of characteristics of the detained cohort.

age and that girls represent a minority group. The literature pertaining to these issues is discussed in the next chapter.

Justice-involved children are typically from disadvantaged backgrounds. The biographies of children detained in secure settings are "typically characterised by multiple and intersecting modes of disadvantage and systemic neglect" (Goldson, 2006a p.54). Most have suffered deprivation, traumatic and abusive histories, exposure to antisocial role modelling and a lack of social support, with varying degrees of involvement in the care system (Dyer & Gregory, 2014). They have complex needs with high rates of self-harm, mental ill-health, developmental disorders and learning disabilities (LD[2]). This is highlighted by the figures of up to 25 percent of children in the secure estate being at risk of self-harm and suicide and, specifically in SCHs, 17 percent of children actually self-harming (Gyateng et al., 2013 p.13 & p.27). A high occurrence of LD for children in custody is also noted (Bateman, 2000; Hall, 2000; Mental Health Organisation, 2020; Young et al., 2009). Mental health and LD are discussed more fully in Chapter Three.

2.5 Conclusion

To summarise, it is noted that the CJS affords different approaches for justice-involved children compared to their adult counterparts. This is provided for by the YJS in the form of diversion, community and custodial sentences. Where children do receive custodial sentences, this provision is overseen by the YCS. The three settings offered by the YSE are YOIs, STCs and SCHs. SCHs offer smaller environments with high staff-to-child ratios, a strong welfare ethos and more intensive support. This is offered to children requiring YJB or welfare beds.

With regard to the characteristics of justice-involved children, this chapter has identified that the children who find themselves in the YSE are generally teenage boys, whilst girls are a minority group. Also noted is the over-representation of those identified as being from BAME backgrounds and that children in SCHs have complex needs with a high proportion presenting with histories of trauma and abuse, LD or learning difficulties, mental health needs and self-harm or suicidality. This demands service provision within environments that can meet those needs.

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[2] The National Institute of Health and Care Excellence (NICE) states that 'a learning disability is defined by 3 core criteria: lower intellectual ability (IQ of less than 70), significant impairment of social or adaptive functioning, and onset in childhood (NICE 2015). The Diagnostic and Statistical Manual of Mental Disorders, 2013 (DSM-V) definition of 'Intellectual Disability' identifies limited functioning in three areas: Social skills, conceptual skills, Practical skills (APA, American Psychiatric Association, 2013).
The World Health Organisation WHO classifies severity of an intellectual disability as:
Mild — Approximate IQ range of 50 to 69 (in adults, mental age from 9 to under 12 years).
Moderate — Approximate IQ range of 35 to 49 (in adults, mental age from 6 to under 9 years).
Severe — Approximate IQ range of 20 to 34 (in adults, mental age from 3 to under 6 years).
Profound — IQ under 20 (in adults, mental age below 3 years). (WHO,1992)

3   LITERATURE REVIEW

The context for this study was discussed in Chapter Two by describing the CJS, the YJS and the role of the YCS. Following this was a detailed description of sentencing and what environments the YSE provides for children. A focus on SCH provision was made and a preferable, smaller setting with a more child-focused approach, when compared to STCs and YOIs, was identified. Having provided the context, the reader is provided with a view within which to frame how justice-involved children are managed within the YJS and where they will spend custodial sentences. This chapter now moves on to consider the literature. This captures three notable background areas related to the topic: The social, political and cultural constructs of childhood; punitive attitudes; and the CFOS position. This is followed by further sections considering which factors contribute to public and staff perceptions of justice-involved children, through consideration of the demographic influences including those of class; media perceptions; parenting and childhood experience; perceptions of the severity or type of crime; the impact of offender characteristics; mental health; and LD and learning difficulties[3]. These include public perceptions and, where there is literature, the perceptions of staff who work in secure settings.

The findings of this study required a return to the literature because some areas had not been covered in the original review. Additional sections were added on perceptions of justice-involved girls; LD; learning difficulties; and mental health. Sections were also added on violence and aggression; the setting; working with others; and getting support. Overall, it remains the case that there is a paucity of literature specifically pertaining to staff perceptions in SCHs. Research is mainly from outside the UK and in secure settings other than SCHs.

3.1   Social, political and cultural constructions of childhood

Exploring the construct of youth as a social category can be traced back to 1964 in Frank Musgrove's Youth and Social Order (1964 cited in Tebbutt, 2016 p.9). Between then and the

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[3] A person with a learning difficulty may be described as having specific problems processing certain forms of information. Unlike a learning disability, a learning difficulty does not affect general intelligence (IQ). An individual may often have more than one specific learning difficulty (for example, dyslexia and dyspraxia are often encountered together), and other conditions may also be experienced alongside each other.

There is no definitive record of how many people in the UK have learning difficulties. This is largely because most learning difficulties are 'hidden' disabilities, meaning that the condition is not immediately obvious to others, or even to the person themselves. Below are some of the estimated numbers of people affected by some of the most common learning difficulties:

> Approximately 10 percent of the population are affected by dyslexia to some extent.
> Dyspraxia affects up to 10 percent of the general population.
> Attention deficit hyperactivity disorder (ADHD) affects between three and nine per cent of school-aged children (WHO, 1992)

1980s the study of children was largely absent in sociology or treated within very limited contexts (Alanen, 1988). This point has been reiterated to some degree by James and Prout (2015 p.7) who argue that sociologists have "devoted little attention to childhood as a topic of interest", although they do also note that childhood is not entirely absent from discourse and that there is a body of knowledge amassed through study in psychology and social science. There has, more recently, been increased interest and social scientific studies concerned with the meaning and experience of being a child, however there are still contradictions between developmental and social models (Shanahan, 2007). Developmental psychology considers childhood in relation to stages of development. This evolutionary model assumes that children grow from immaturity towards maturity (Jenks, 1982) but the model can also be linked to some aspects of social development.

Social development can be seen in play, where learning to share, take turns and problem solve are identified as markers of progress. This is thought to allow children to master the world, partly by practicing adult roles (Ginsburg, 2007 p.183). Through this play children demonstrate increased rationality and sophistication, which eventually allows passage into the world of adults (James & Prout, 2015 p.9). This is a process of socialisation but it is essentially defined from a societal perspective (Alanen, 1998 p.58) where the passage into the adult world depends very much on what the adult world expects and accepts to be the necessary skills, behaviour and beliefs deemed important in their social group (Weisner, 2014 cited in Zevulun et al., 2019 p.332). In this way childhood is 'socially constructed'.

The social construction of childhood suggests that the ideas that we have about childhood are created by society, rather than being determined by the biological or chronological age of a 'child'. This position recognises that many aspects of childhood are influenced by society, for example the length of childhood, childhood status, their rights and responsibilities, and what protections or restrictions are put on them. In addition to this are generalised ideas about children, so, for example, their innocence, need for protection or degrees of resilience. These ideas are contextually situated in time (Cunliffe, 2008) with an "interconnectedness across distances, of geography, of class and of social practice that poses major challenges for any available account of human childhood" (Morss, 2002 p.51). The context is also framed by material and ecological settings where the cultural community identifies what it perceives childhood to be and when it ends. Examples that highlight these differences would be in areas such as child labour, child soldiers or child marriage: The acceptability and expectations are dependent upon culture and

context. This explains differences in expectations for those growing up in 'poor and traditional countries' compared with those in 'wealthy and post-industrial countries' in the Western world (Gielen & Chumachenko, 2004 cited in Zevulun et al., 2019 p.332). This also suggests that not all cultures and societies view children as needing protection and/or with specific rights. Similarly, there will be differences in what is perceived as acceptable behaviour or degrees of innocence.

In the Western world childhood is associated with innocence, a construct that is an adult-orientated, idealised state maintained through adult protective and nurturing practices (Garlen, 2019 p.57) and operating within a ''principle of 'care''' (James & Jenks 1996 p.14). This is supported by portrayals of children as victims of abuse, neglect and poverty through images of total dependency, which demonstrate that they are the "least complicit in causality yet the most affected" (James & Jenks, 1996 p.320). The concept of the child as 'innocent' is premised upon the view that adults know best and make decisions over and for children, that children accept. This association traps children, "burdening them with an ideal of perfection so unsustainable that inevitable lapse from it in the everyday lives and behaviours of young people is invariably condemned as deviant" (Warner, 1994 cited in Davis, 2011 p.380). Such deviance or delinquency (Beelmann & Lösel, 2006) may be subsequently categorised as a failure; "a failure to be human" (James & Prout, 2015 p.12).

Social constructionists argue that these constructs of childhood do not include children's own versions of realities but are composed by adults. Usually these adults are professional and middle class (Hendrick cited in James & Prout, 2015 p.29) and, arguably, are within a dominant, white, patriarchal, political structure (Garlen, 2019). Childhood and children are subsequently socially and politically institutionalised (Hendrick, cited in James & Prout, 2015 p.30) and their actions appraised and managed accordingly. So, if childhood is conceived of as a state of purity and innocence, then where do the children who commit offences fit? Should they be conceptually evicted to restore order? (James & Jenks, 1996 p.321). The political climate (Boda & Szabó, 2011) and legal frameworks respond to this. The CJS in the UK has, to some degree, protected the concept of innocence via the principle of 'doli incapax', Latin for 'incapable of wrong' (Millett, 2020) or presumed 'incapable of evil' (Bell, 2009 p.116; Hakkert, 1998 p.287). This principle holds that children under 14 years of age cannot be responsible for committing crime because they do not fully understand the difference between right and wrong and so cannot form the 'mens rea' (criminal intent) required to prove guilt (Hakkert, 1998 p.282).

This safeguarding and welfare approach to children has been at odds with a competing

punishment agenda. In the CJS this is pronounced in attempts at striking a balance between the immediate need to protect the public and more long-term concerns to prevent crime (Hakkert, 1998 p.280). The case of the murder of toddler Jamie Bulger by two children in 1993 highlighted this by challenging the concept of 'innocence enshrined' and forcing consideration of the 'unthinkable' (James & Jenks, 1996 p.315) and a questioning of "the potential for evil in children at an age at which innocence was once taken for granted" (Archbishop of York, Dr John Hapgood, cited in The Times on the 25th November 1993 cited in James & Jenks, 1996 p.321). There seemed to be a forgetting of past serious cases of children perpetrating acts of murder (Music, 2016 p.302), potentially a form of forgetting related to different understandings of children at the time and lending itself to a conclusion that what we conceive a child to be is reflective of particular socio-cultural contexts (James & Jenks, 1996).

The "unparalleled evil and barbarity" (Mr Justice Morland, 1993 cited in Pilkington, 1993) of the Bulger case was suggested to have been influenced by factors such as upbringing but the British public began to imagine a position where children were capable of 'evil', where they could be perceived of as a dangerous group that potentially threaten the well-being of the public. Thus, they became a homogenous group who needed to be controlled (Vaughan, 2000 p.360). This shift toward retribution and repression was clearly articulated in the Guardian newspaper on 27th November 1993, which said that we need to "recognise, and act to ensure that, society [be] protected from evil individuals whatever age" (James & Jenks, 1996 p.326) and, subsequently, legal judgements of the boys in the Bulger case were brought based upon notions of individual responsibility: The principle of 'doli incapax' was not upheld (Nuyts, 2018) and they were sentenced in an adult court to be detained at Her Majesty's pleasure (Goff et al., 1997).

The Labour government, elected in 1997, furthered this with the proposed abolition of the 'doli incapax' principle (Hakkert, 1998 p.283; Hall et al., 2013 p.39). Doli incapax was subsequently abolished in 1998 and this provided a clear signal that children could be held responsible for their actions and that an 'excuse culture' would no longer be tolerated. This position was strongly held by Conservative politicians such as Michael Howard, when, in the Daily Mail newspaper on the 3rd June 1983, he referred to children in conflict with the law as a

> self-centred arrogant group of young hoodlums … who are adult in everything except years
>
> … [and who] will no longer be able to use age as an excuse for immunity from effective

punishment … they will find themselves behind bars

(Goldson, 2006 p.462).

It was even more strongly asserted in the preface to the White Paper 'No More Excuses: A New Approach to Tackling Youth Crime in England and Wales' by Jack Straw, Home Secretary in the Labour government. He referred to an "excuse culture" (Home Office, 1997 p. preface) that had developed within the YJS. This message was again reiterated, if with some nuance, in the words of Tony Blair when he said, "Don't be surprised if the penalties are tougher when you have been given the opportunities but don't take them" (Vaughan, 2000 p.347).

When the Labour government was elected in 1997 a key element of their approach to justice-involved children was responsibilisation, with the aforementioned focus on punishment. This was reflected in the Crime and Disorder Act (1998) with its emphasis on children taking responsibility for their actions and an expectation of children that they should extricate themselves from states of risk (Pratt, 1996 cited in Vaughan, 2000 p.361). This appeared, in some ways, to match the Conservative Party's stance on law and order but some balance was brought by the Labour approach, which signalled a serious intent to also tackle the causes of crime: "tough on crime, tough on the causes of crime" (House of Commons, 2010). This balance introduced safeguarding and anti-poverty measures, local strategies for targeted support and parenting support to manage children in the form of Parenting Orders (Loveday, 1999; Vaughan, 2000). The tension between safeguarding and punishment or responsibilisation highlights some failure to capture the nature of moral judgements about responsibility for wrongdoing, which, Calder (2009) argues, limits society's ability to judge crime. In order to judge and consider approaches to justice-involved children, then, a new exploration of their status as children is required. New directions are offered in social phenomenology that allow for exploration of meanings within the context of its participants and therefore, for childhood, a recognition of its social construct. This position suggests that children are active social beings (Danby, 2009 p.1596; James & Prout, 2015) and challenges typical associations of childhood with innocence or culpability. Within this framework sociology can aim to find relationships between the activity of children and the social processes that shape or constrain them (James & Prout, 2015 p.25).

The construct of childhood is inextricably tied to our expectations and treatment of children. Where these expectations are not met, for example, where we perceive of children as inherently good

and they do something bad, we perceive of them as 'other' than children and punish them accordingly. If we accept that constructs of childhood are socially determined, we may also acknowledge that our perceptions of them and what they do are also socially influenced and constructed within specific contexts. How justice-involved children are perceived will undoubtedly be influenced by the overall concept of childhood, translated into policy and the ways in which the YJS is delivered. For the public and those working within the YJS and YSE, the framework of norms, values and cultures will influence and shape degrees of punitiveness. The YJS and SCHs provide very specific contexts. Staff who work in these settings with justice-involved children will operate with a variety of perceptions of those young people in contexts where they are closely involved with them on a day-to-day basis. The next section considers the literature with regard to perceptions of justice-involved children, this being followed with the CFOS perspective, which returns to the importance of upholding the rights of children and their childhood status.

3.2   Punitive attitudes

The context and the policy backdrop have been well documented in the literature. Political issues are a key topic of interest and frequently noted to influence or be influenced by perceptions of the general public (see, for example, Allen, 2002; Bateman, 2014; Green, 2009 cited in Soot, 2013 p.548; Hough & Mayhew, 1983; Hough & Roberts, 2003). For example, political leaders of local communities that are affected by criminal activity express a more punitive approach to the law (Maffei & Markopoulou (eds), 2013 p.143). The relationship between politics and policy is often a close one in this area. Bateman is a prolific UK writer on policy and its implications (see for example: Bateman, 2012; 2014; 2015a; 2016; 2017; 2018). He argues that responses to children and crime are dependent upon how 'hot' the topic is at any given time (Bateman, 2014 p.416). This is recognised as penal populism, the logic of which has been well described by Pratt (2007 cited in Kirby & Jacobson, 2014 p.336) who proposed that populist policies are those that are promoted because of their popularity with the public rather than their effectiveness at reducing crime (Kirby & Jacobson, 2014). Some literature supports the proposition that if members of the public believe crime is pervasive, increasing or rising, they will be more punitive (Cohn et al., 1991; Unnever & Cullen, 2010). This is similarly noted in the United States of America (US) where research indicated that practitioners who believed that juvenile crime was rising were less inclined to support a rehabilitative approach to offending (Moak & Wallace, 2000 p.280). However, this finding is contested, to some degree, in other US studies that have shown no association between fear of crime and opinions towards punishment (Dull & Wint, 1997).

The public's perception of the incidence of crime and the actual crime rates in any country are often not aligned. This suggests that public perceptions are independent of crime rates or changes in policy (Hough & Roberts, 1999) and is illustrated in successive British Crime Surveys. The British Crime Survey has been conducted since 1982, the first report being published in 1983 (Hough & Mayhew, 1983). The survey captures public perceptions, via regular data collection, as do polls and research undertaken internationally, nationally and locally. These detail public perceptions of crime (see, Ipsos MORI Market and Opinion Research International polls https://www.ipsos.com/ipsos-mori/en-uk, Centre for Crime and Justice Studies https://www.crimeandjustice.org.uk, NACRO https://www.nacro.org.uk, Institute for Criminal Policy Research http://www.ipsr.ku.edu/, National Centre for Social Research http://www.natcen.ac.uk/, Office for National Statistics https://www.ons.gov.uk/). A number of data collection mechanisms also exist (for more detail visit https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales) to explore factors that impact on how the public perceive crime and those who commit it. These data are frequently drawn upon in the research literature and analysed to offer evidence of what public perceptions and attitudes are and how these differ between populations, communities and subgroups, usually defined by demographic variables. The data allow international comparisons to be drawn between the UK and other countries; this tells us that, in general, the UK's perception of crime and justice-involved children is tougher than elsewhere.

British people are more likely than their European counterparts to be afraid of children and to hold them responsible for crime and antisocial behaviour (Margo & Dixon, 2006 cited in Bell, 2009, p.124). Almost half (49 percent) of British people believe that children are increasingly a danger to each other or to adults, many of them describing children as "feral" (Barnado's, 2008 cited in Bell, 2009 p.116) or, in more recent years, as "running wild [and] growing up without respect for authority or an understanding that their actions have consequences" (Jacobson & Kirby, 2012 p.2). This reflects the deep cultural ambivalence towards children who offend, where the need to demonstrate disapproval and to punish for wrongdoing is strongly held in our collective moral conscience (Eadie & Canton, 2002 p.14).

According to an international survey by Ipsos MORI International, the British public are more worried about crime and violence than those in other countries in Europe and the US (Ipsos MORI, 2006). Evidence from opinion polls indicates that, in Britain, the public have generally harsh attitudes concerning justice-involved children; when asked if they want stronger sentences most

said 'yes', and up to a third 'strongly agreed' that the court system was 'too lenient' in their sentencing (Mattinson & Mirrlees-Black, 2000 cited in Allen, 2002, p.6). Research conducted in the UK has also indicated a crisis of confidence in the youth courts in Britain (Roberts & Hough, 2005 p.227), the public feeling that the courts are doing a poor job and that sentences imposed on children are too lenient (Cullen et al., 2000 cited in Berry et al., 2012 p.568; Hough & Roberts, 2003). However, it is a contradictory picture. Whilst there is evidence suggesting that the public have become more punitive, other research shows they are becoming less so, indicating ambiguity within the evidence (Allen, 2002a p.3).

More recently, the levels of public trust in the UK towards the justice system have been noted to be better when compared to some European countries but still levels remain lower than in others, such as the Nordic countries (Hough et al., 2013 p.2). It has been argued that low levels of trust are a result of widespread ignorance of, and misunderstandings about, the role and function of the CJS. Studies have continuously and repeatedly indicated poor levels of public knowledge here. In the MORI poll in 2003 (Home Office, 2004), for example, 49 percent of respondents admitted that they knew 'not very much', 'hardly anything' or 'nothing at all' about the court system in Britain (MORI, 2003 cited in Berry et al., 2012 p.568) and, in the past, the public have not been made aware of the alternatives to prison available at the point of sentencing (Allen, 2002a p.2). This lack of understanding and misperceptions of both crime and sentencing were first documented in the mid-1990s. These continued into the millennium and, at the commencement of this study, remained (Hough et al., 2013 p.58).

Evidence indicates that when the public are given detail about the backgrounds of those who have committed offences, they are less punitive (Varma, 2006). Increased knowledge and detail regarding the backgrounds of justice-involved children will be recognised by those who work in the YJS and YSE. It might follow that those who work in these areas then are less punitive. Indeed, occupational role has been identified as shaping attitudes towards punishment, with different perceptions found amongst people with a range of professional disciplines and jobs within the CJS (Chen & Einat, 2015; Furnham & Alison, 1994; Leiber et al, 2002; Ortet- Fabregat & Perez, 1992). Attitudes towards punishment of offenders have been researched amongst police and prison officers. This research has mainly focused on the relationships between their different approaches and their occupational role (Chen & Einat, 2015). Several studies have identified that the attitudes of those who work in the CJS regarding punishment vary depending on the professional role they hold (Leiber et al., 2002; Ortet-Fabregat & Perez, 1992 cited in Chen& Einat, 2015 p.171) and

some have revealed that police officers in the UK (Furnham & Alison, 1994) and correctional officers in the US hold more punitive attitudes than do the general public (Ortet-Fabregat & Perez, 1992 cited in Chen & Einat, 2015 p.170; Young et al., 2009). Contrary to these findings, other research with US prison officers suggests that they have more positive orientations towards rehabilitation (Whitehead & Lindquist, 1992 p.20), and Farkas (1999 cited in Chen & Einat, 2015 p.171) found that correctional officers generally supported rehabilitation programmes for inmates. When compared to therapeutic personnel, however, US prison officers were more likely to support punishment (Robinson et al.,1997 cited in Chen & Einat, 2015 p.171).

Research shows a correlation between work variables and attitudes towards punishment. These attitudes are assumed to be important to officers' daily behaviour in the US, because they exercise discretion in decision making and attitudes are assumed to influence decision-making (Waddington, 1999 cited in Phillips et al., 2010 p.461). Decision making can be understood in terms of 'practice wisdom'; this is explored in UK social work literature, being recognised as a form of professionally or locally held knowledge that is utilised by practitioners when exercising discretion (Drake et al., 2014). In youth justice, there is some suggestion of conflict between exercising autonomous professional judgment and adherence to regulatory demands but discretion is still thought to thrive under bureaucratic or managerialist centralism (Baker, 2005 cited in Drake et al., 2014 p.26; Bonta, 2002).

Youth justice workers follow ascribed statutory rules, however, they may differ in how they interpret actions, which can result in criminalisation of children. Their discretionary power is also crucial (Bateman, 2011 cited in Drake et al., 2014 p.26). Criminalisation occurs at various levels in the system. The first point of contact with the system may be via the police. Police attitudes and perceptions are therefore also important. There is an argument that police officers are attracted to the job through family continuity (McNamara, 1967 cited in Phillips et al, 2010 p.462; Phillips et al., 2010) or are predisposed to behave in certain ways, largely influenced by fixed qualities that are predominantly established prior to commencing their careers (Rokeach et al., 1971 p.156). This 'predisposition model' runs counter to the notion that we are socialised into our roles and there has been considerable research into this. Research has documented the role and importance of socialisation in police settings, here and in other parts of the world (Barker, 1999 cited in Phillips et al., 2010 p.462; Van Maanen & Schein, 1979). This indicates that an officer enters a distinct culture in the police force and that officers' perceptions and attitudes are a product of working with others who teach them how and why things are done and of the sanctions applied when occupational norms are not maintained (Kappeler et al., 1998 cited in Phillips et al., 2010 p.462).

This supports the occupational socialisation model (Austin et al., 1987 cited in Phillips et al., 2010 p.462) and is consistent with the work-role model that argues that punitive attitudes are influenced by the work environment and the type of work performed (Leiber et al., 2002), concluding that the occupational role of police officers strongly determines their attitudes.

More punitive attitudes, associated with classical criminology theories, are noted among police officers compared with correctional officers. These studies are predominantly (but not only) in the US and indicate that correctional officers have greater support for structural causes of crime and have less punitive attitudes than do police officers, although these are also influenced by level of education (Chen & Einat, 2015). In their study Lariviére and Robinson (2001 p.19) found that education emerged as a strong predictor of empathy and support for rehabilitative approaches. However, highly educated individuals report significantly lower job satisfaction, which may suggest that highly qualified individuals might be out of step with the attitudes around them. Despite their less punitive attitudes when compared to the police, their research demonstrates that correctional officers in the US express more punitive attitudes when compared with the public and with other staff groups employed in prisons. However, this is in stark contrast to some research that indicates a less punitive attitude. This may reflect the ambiguous nature of their work, which involves balancing both punishment and rehabilitation (Leiber et al., 2002). These findings may highlight how complex the occupational role of correctional officers in the US is, where policy demands the implementation of both punitive and rehabilitative orientations (Timor, 2011). This care versus control aspect of their roles is immediately evident and results in a'difficult weighing of ends', where staff have to maintain humane standards at the same time as institutional efficiency (Goffman, 1961 p.71) and whilst ensuring a focus on security.

The concept of role ambiguity is addressed by Liebling and Price (2001 cited in Short et al., 2009 p.409) who state that prison officers face the difficult task of balancing many differing and complex occupational demands, taking the roles of custodian, supervisor, observer and disciplinarian at any given time. The same could be said of the situation in the UK, especially in children's settings, where prison officers or care staff take on the role of carer to provide parenting (Hollingsworth, 2014 p.101). This is reflected in the State's expectations and assumed responsibility to parent children deprived of their liberty (Hollingsworth, 2014 p.101), a principle enshrined in upholding the fundamental right of every child to belong to a family. This principle underpins the 1989 United Nations Convention on the Rights of the Child, which the United Kingdom ratified in 1991 (The United Nations Convention on the Rights of the Child, 1989 cited in Department of Education, 2015 p.86). This identifies that "where children cannot live with their birth parents for whatever

reason, society has a duty to provide them with a stable, safe and loving alternative family" (Department of Education, 2015 p. 86). This can lead to staff taking on a parenting role, however this is not necessarily what children are looking for. Children in the YSE report preferences for staff who have a focus on task or provide helpful treatment rather than for staff who like or are emotionally involved with them (Holmqvist et al., 2007). In SCHs the parenting ideology translates to that of an adult caring for a child and towards a CFOS philosophy (Haines & Case, 2015). Towler (2013 p.42) states that children in the YJS should be treated as children first and that offending should not mean forfeiting the right to childhood (Taylor, 2016 p3). This philosophical approach is seen as a way of guiding practice to enable staff to work collaboratively with children to understand their position in the system (Haines & Case, 2015). This 'child first' position is a requirement for those who monitor and assess the care delivered in SCHs (Ofsted, 2019).

In summary, it is evident that there is a more punitive attitude toward offending in the UK than in other European countries and there are differences between those who work within the CJS and those who do not. This is potentially linked to knowledge but also to philosophical positions and systems requirements. Those working in the YJS, the YSE and, most specifically, SCHs are expected to work with a child-focused approach, to maintain children's rights and to recognise the status as 'child' above all else. It is apparent that different roles within the YSE seem to indicate different perceptions and varying conflicts in delivering against these requirements. The next section will now move to outline the CFOS model that highlights the importance of upholding the rights of children and their childhood status.

3.3 Child first, offender second

Children are different to adults and they should be treated with recognition for those differences. This privileged status of children is recognised in international law and treaties stemming from the United Nations Declaration of the Rights of the Child (1959), which outlines rights applicable to all children whatever their circumstances, including those who have committed a crime (Byrne & Case, 2016 p.70). This is covered in the first of ten principles set out in the United Nations Declaration of the Rights of the Child (1959):

Every child, without any exception whatsoever, shall be entitled to these rights, without

distinction or discrimination on account of race, colour, sex, language, religion, political or

other opinion, national or social origin, property, birth or other status, whether of himself or of

his family

(Principle 1 United Nations Declaration of the Rights of the Child, 1959).

Rights laid down in the declaration are enshrined in the United Nations (1989) Convention on the Rights of the Child, which details all aspects of a child's life in its 54 articles. Particular standards for justice-involved children are set out in United Nations' guidelines. These advocate

the use of discretion and diversion wherever possible and at all stages of dealing with

children accused of offences in recognition of the dangers of labelling children as

"delinquent" and the importance of allowing normal maturational processes to take their

course

(United Nations, 1990 cited in Byrne & Case, 2016 p.70).

These standards afford justice-involved children the right to their status as child before that of offender. For the YJS this means not dealing with those under the age of 18 "as if they are 'offenders' or mini-adults within a mini-adult Criminal Justice System" (Haines & Case, 2015). In delivering youth justice this means viewing children who offend as children first, rather than focusing on their offending behaviour (Case & Hampson, 2019). This is supported by the CFOS model in youth justice, which challenges the concept of offending by understanding it as just one element of the child's broader social status rather than as a defining 'master' status (Case & Hazel, 2020). This CFOS model originates from the 'Positive Youth Justice' model (Haines & Case, 2015 cited in Case & Hazel, 2020 p.4) that emphasises the central principle of 'child first' by moving away from the risk paradigm of traditional offence/offender-focus and deficit-facing approaches to youth justice (Case & Hazel, 2020). It is built on the notion that children are confronted by challenging circumstances that bring them into conflict with the law and subsequently into the YJS.

The CFOS model is an alternative to established youth justice responses and is distinct from

welfare-, justice- or risk-based approaches. It provides a principled, child-friendly approach to working with justice-involved children, with an adherence to children's rights and awareness of socio-structural inequalities. Central tenets of the model hold that prevention of offending is better than cure and that children are part of the solution: The key elements of the model are:

- adopting a whole child, child-friendly perspective

- diversionary intervention conducted outside the formal YJS

- legitimate to children

- systems management and a partnership approach as vital

- recognising the responsibilities of adults towards children

- taking a long-term perspective

(Haines & Case, 2015a p.61).

These clearly require provision of child-friendly and child/age-appropriate treatment/interventions that facilitate pro-social development and positive outcomes (Case & Hampson, 2019) and demand responsibility be placed with adults, not with children (Haines & Case, 2015a). Partnerships in the model do not rely solely on the role of professionals. There is a strong child-focused ethos that recognises children as 'part of the solution, not part of the problem' (Haines & Case 2015, cited in Smithson et al., 2020 p.1). Aligned with this, the CFOS model inherently advocates for the promotion of the voice of children (Haines & Case, 2015) and the enablement of their active involvement through participatory youth practice (PYP), a means by which children and young people are involved in the process of decision-making and interventions.This should provide a source of individual social recognition for children and afford them a sense of control over their 'treatment' within the YJS. Furthermore, it harnesses their expertise in usefully informing youth justice policy and practice (Smithson et al., 2020 p.13).

The CFOS model and approach are supported in youth justice and SCHs but clearly demand a move from traditional ways of understanding and framing justice-involved children. For SCHs this requires further promotion of their child-friendly approach and ways of working. There is a need to make a fundamental shift in service construct and care delivery, one that incorporates reflections on their own perceptions and recognition and incorporation of those of the child. Reflections

include understanding of perceptions, how they are constructed and the multiple factors that influence them. The next section considers demographic factors and influences on perceptions of justice-involved children.

3.4 Demographic influences

It is important to signal that members of the public and staff working in the YJS and YSE share commonalities with each other. All are part of a wider society with a range of demographic identifiers. They will all form perceptions and judgements of everyday matters, some of these being immediate and reactive, some more thought through. This is what Kahneman (2011) describes as "thinking fast and slow", where 'fast thinking' might be a response to a loud noise or an interpretation of an image and 'slow thinking' would be that requiring some effort to solve a problem. Much research has sought to explain the public's perceptions of and attitudes towards punishment for crimes by focusing on demographic variables, for example, age and gender (Johnson, 2009). Much of the focused research in this area is from the US where studies suggest that people who are older tend to be more punitive than people who are younger. For example, Allen, Trzcinski and Kubiak (2012) found that the older the respondent, the greater the severity for the variable of how children should be treated. This contrasts with research in the adult secure estate in the US where supporters of rehabilitative approaches tended to be older (Moak & Wallace, 2000) and female.

Findings of studies from the US public indicate that females are more supportive of crime prevention approaches (Hurwitz & Smithey, 1998 p.89), rehabilitation efforts and offender treatment than their male counterparts (Applegate et al., 2002). This resonates with findings for female workers in the US adult secure estate where they too are found to be more supportive of rehabilitative approaches than are male staff (Moak & Wallace, 2000). This is interesting when custodial environments in the UK are typically identified as 'masculine environments' where justice-involved children, when in groups, display traditionally masculine ideas and actions, for example, bravado and showmanship (Woodall, 2007 p.135). This environment, dominated by stereotypical 'male competencies' in staff, including strength, assertiveness, authority and discipline, have led some to argue that features often associated with femininity, such as sensitivity, are needed to balance organisational cultures (Woodall, 2007 p.139).

In addition to age and gender, education levels have also been found to influence perceptions of justice-involved children. In the general population, higher education has been found to increase

support for a rehabilitative approach to children who commit criminal acts (Bohm et al., 1991; Sims & Johnston, 2004) and some studies have shown a link between academic seniority (number of years of academic study), a decrease in punitive attitudes and an increase in support for rehabilitative approaches (Falco, 2008 cited in Chen & Einat, 2015 p.172; Mackey et al., 2006). Education may increase knowledge of the issues associated with crime and of how the justice system operates. Such increased knowledge may lead to concern about using punishment to deal with crimes (Wu, 2000). This is in keeping with the earlier discussion in this chapter regarding the public's lack of awareness or understanding of the CJS. However, although not directly linked to educational level, this is not supported in some research across the secure estate where it has been found that a practitioner's training does not bring about any sustained change (Moak & Wallace, 2000 p.282). Despite this there has been a direct link made between education levels and punitive attitudes in US correctional officers. This was identified earlier in this chapter. Lariviére and Robinson (2001 p.19), for example, found that education emerged as a strong predictor of empathy and support for rehabilitative approaches. Educational status is often linked to class (Dolby & Weis eds., 2012) and choices in media consumption (Becker et al., 2017), these two factors are covered in the next section.

3.5   Class and media

In the UK the literature suggests that social class and education influence perceptions of and attitudes towards offending. Evidence from the British Social Attitudes Survey shows that people in social classes A and B are less punitive than those in C and D[4]. Salaried liberal democrat voters are the least in favour of punitive sentences, working class conservative the most, and poorly educated tabloid readers are reportedly the least well informed (Jowell et al., 1997 cited in Allen, 2002 p.7). The Rethinking Crime and Punishment Survey found that while more people are likely to see reducing prison numbers as a 'bad' rather than a 'good idea' in overall terms, the opposite is true among those in social classes A and B and in those who read broadsheet newspapers (Ipsos MORI, 2001 cited in Allen, 2002 p.7). This supports the notion that media portrayal of crime and offending has some impact on public perception. Whilst a causal nature has not been proven, the relationship between attitudes and media consumption has been demonstrated on several occasions (Boda & Szabó, 2011).

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[4] This is the Approximated Social Grade with its six categories A, B, C1, C2, D and E is a socio-economic classification produced by the ONS. There are other models including the 5 class model and Gilbert and Kohls (which includes underclass) (UK Geographics, 2014).

It has been asserted that the media may play a critical role in the establishment of punitive attitudes and individuals' perceptions of sentencing (Rosenberger & Callanan, 2011). Some research has found that changes in the public's perception of justice-involved children is attributable to biased, and sometimes unfair, media portrayals: "Bolstered by media accounts of violent youth crime, social conceptions of delinquents have shifted from pastel portraits of wayward, misguided youths to stark and ominous renderings highlighting the maturity and sophistication of young offenders" (Bishop et al., 1996 cited in Ghetti & Redlich, 2001 p.33). There is no doubt that the media influence public perceptions of justice-involved children where particular views of cases are exerted through the selection and framing of stories (Hough & Roberts, 1998).

Media portrayals of some high profile criminal cases have included consistent editorial criticism of the judiciary and the CJS (Berry et al., 2012). In particular, the media have portrayed sadistic violent acts perpetrated by children in order to attract public interest. This interest is said to be heightened for members of the public when they identify with or feel some affinity between themselves and the crime or the victim (Innes, 2010 p.369) but, in general, the interest is a response that Professor Dame Sue Bailey argues to be a voyeuristic end in itself (Bailey, 1996 p.4). Some cases elicit a particular response through the emotional portrayal of familial impact. An example of this was in the case of Jamie Bulger. His mother, Denise Fergus, was repeatedly seen in the papers and on the news arguing for severe punishment of the perpetrators of the murder. There was strong public support for her and she is interviewed or consulted again each time there is a significant anniversary of her son's death or a comparable murder (Hawken, 2018). Dawney (2013) identifies how 'ordinary people' become figures of authority as a result of the valorisation of specific life experiences. She states that they demand to be listened to, elicit an affective response and, with the support of the media, can set a policy agenda (Dawney, 2013):

> Fergus, mother of the murdered Jamie Bulger has not entered parliament, or been made a 'crime tsar', as a consequence of her suffering … yet the fact that she is called upon to comment each time there is a news story about the case allows her to dominate public debate about the nature of the killing and about where we set the age of criminal responsibility.
>
> (Hanley, 2011 cited in Dawney, 2013 p.36)

Where the media report specific examples of the worst kinds of children's offending and focus on violent crimes, it is arguable that they offer a rather distorted picture of the actual nature and degree of the crime problem (Boda & Szabó, 2011; Hough & Roberts, 1998 p.1). This distorted perception is notable where views of research participants in studies seem to resonate with the media portrayal of life as dangerous and unpredictable, with crime being managed by an ineffective system (Boda & Szabó, 2011 p.337). The 'system' can report crime almost as it occurs. This immediacy of reporting of violent crime may also have an impact on public opinion. The more recently that a crime occurred, the more punitive the response of the public (Hough & Roberts, 2013).

News reporting via different types of media is associated with higher punitiveness (Demker et al., 2008 cited in Soot, 2013 p.550). However, the strongest and most consistent correlate with attitudes favouring a more punitive approach, harsher types of sentences and less support for rehabilitation, is the intake of total hours of all types of television. Research findings suggest that watching television crime-based reality shows or crime dramas decreases positivity toward rehabilitative approaches in the sentencing of offenders. This and the total hours of television viewed are thought to result in a more punitive approach to sentencing (Rosenberger & Callanan, 2011 p.448). Social class may influence which types of media the public consume. However, the portrayal of certain crimes and those who commit them is often similar across all media types. Portrayal of cases often includes the impact on the families of victims, which adds an emotional strand to stories, one with which the public can either self-identify or in which they can recognise personal fears. The next section covers this aspect of influence by considering parenting and childhood.

3.6 Parenting and childhood experience

Being a parent influences punitiveness and perception of crime. The number of children in a household is associated with an increase in punitive responses regarding the treatment of children (Allen et al., 2012). Parents may identify with other parents because they recognise comparable feelings such as protectiveness and love toward their children. For mothers, socialisation processes linked to gender roles and expectations are powerful factors here (Sutton & Farrall, 2005 cited in Vozmediano et al., 2017 p.683). Particular feelings are expected from mothers, and these are reinforced by an emphasis on the importance of maternal affection to children's development (Røseth et al., 2018 p.1). In recent years, expectations of fathers have also increased and these have reinforced trends towards being more emotionally involved with

and protective of their children (Clapton, 2017).

Parents' fear of crime can be construed within the framework of an 'altruistic fear of crime', that is, "the fear that another person will become a victim of crime" (Vozmediano et al., 2017 p.676). This is said to be more frequent among parents of daughters, where the most feared crimes are abduction, assault, molestation and murder, all of which are associated with stranger danger (Carver et al., 2008 cited in Vozmediano et al., 2017 p.677). Stranger danger refers to the belief that sex crimes usually affect children and female victims and are perpetrated by strangers (Mancini & Pickett, 2014 p.257). This belief is strong despite the evidence that a child is more likely to be victimised by a family member or known person (Vozmediano et al., 2017 p.677). Although women are expected to be more fearful of crime than men, this does not necessarily apply to motherhood or fatherhood. Research suggests that the gender of a parent does not have a significant impact on levels of fear for their own children (Snedker, 2006). Fathers are more able to show fear in relation to their own children and spouses, more so than to other crime (Snedker, 2006). This indicates that fear for others can be strongly associated with having children (Snedker, 2006) and the fear for children may be linked to the parental socialisation of emotions (Denham et al., 2010 cited in Vozmediano et al., 2017 p.683), for example, parents taking socially constructed roles resulting in displays of associated emotion and expectations for and of their children.

Parents have their own childhood histories and some may have their own experiences of being a victim of crime. An important aspect of the literature has been to identify whether having been a victim of crime influences fear of crime. Histories shape the future for individuals and influence preferences, perceptions and attitudes, even after controlling for variables such as age and gender, according to some researchers (Jensen & Olsen, 2019). Grubb and Bouffard (2015 p.3155) note the contradictory findings here with research that, in some cases, indicates that victimisation significantly increases fear of crime but this is not a uniform finding. Being a victim of sexual assault, however, does seem to increase fear of crime. A US survey of the general population found that those who had personally or vicariously experienced sexual victimisation at some point during their lives had a significantly greater fear of victimisation; they perceived higher levels of risk than did those who had not experienced it (Rader et al., 2007 p.492).

The traumatic emotional and psychological impact of sexual assault is well documented (Egan, 2016; Foa et al., 1998; Wasco, 2003) as is the experience of childhood abuse, a notable feature of children who enter custody (Rose, 2002). These childhood experiences have significant impacts

on behaviour and mental health, as I will discuss in a further section (Bailey, 1996; Bracken, 2002; McCann et al., 1996; Putnam, 2006). Given the issues raised about crime of a sexual nature I will now turn to consider where this and other crime types sit in terms of perception of severity.

3.7   Perceptions of the severity and type of crime

Perceptions are context dependent and may be influenced by personal experiences (Chan & Chan, 2012; Hartnagel & Templeton, 2012). The emotions attached to past experiences and to being a parent clearly connect with a fear of crime. This is closely linked to perceptions of the severity or type of crime and of those who commit it. I will start here with the former, perceptions of the severity and type of crime, and will move on to those who commit it by looking at the impact of offender characteristics on perceptions of offenders later in this chapter.

When discussing offences the public tend to highlight the most serious, or what they perceive to be the most serious. This is also noted in the treatment given to prisoners by other prisoners; this depends upon which class the prisoner belongs to or which crime he/she has committed (Prison Hierarchy Website, n.d.). The hierarchy assigned by the type of crime has been defined as a 'pecking order' by Smith (1995). A prisoner himself, he states that, in prisons, status of severity is wholly determined by the type of crime committed:

> Lowest on the list are sex offenders … Offences against children are the worst… Rapists
>
> come next, along with people who attack elderly folk. At the top of the hierarchy is the
>
> armed robber… and the sex offenders are the serfs

(Smith, 1995).

Given the media portrayal of crime this is not surprising so, for example, a 'typical' burglary is inaccurately associated with causing damage, theft of highly valued goods and repeated offending behaviours (Allen, 2002). Two other factors may contribute to how people conceptualise the severity of crime. Firstly, the type of criminal act and secondly its outcome, for example, as in attempted murder versus murder (Ghetti & Redlich, 2001 p.37). Empirical studies have shown that, for the general public, the degree of harm done is positively related to their ratings of crime severity (Horai & Bartek, 1978, cited in Ghetti & Redlich, 2001 p.45). This is applicable to drugs offences where there is a difference of perception dependent upon the perceived gravity of the crime. Kirby and Jacobson (2014) found, for example, that the class of drug involved in an offence

was directly relevant to public views on sentencing. They noted that offences involving Class B drugs such as cannabis were largely seen as justifying less serious sentences than those that involved Class A drugs such as heroin or cocaine. The role of the offender and his/her seniority within the supply and importation drugs chain also impacted on perceptions (Kirby & Jacobson, 2014 p.344). Those affected by the crime also have an impact on public perceptions of the crime's severity.

Where a victim is considered particularly vulnerable, for example due to old age or youth, offences are deemed far more heinous by the public (Smith, 1995; Wood & Viki, 2001). Children are often perceived as being particularly vulnerable and potentially victims of dangerous people, for example, being at risk from sex offenders but sometimes also as victims in their own families (Finkelhor, 2008). In this light, harm towards children is identified as rating very highly in the public's view of seriousness. Kernsmith et al. (2009), for example, note the greatest amount of fear relates to those who offend against children, more specifically, sex offenders. There are few groups of criminal offenders that incite as much fear and disdain among the public as this group (Pickett et al., 2013 cited in King & Roberts, 2015 p.1).

Smith's (1995) 'pecking order' highlighted that offences of a sexual nature were the worst. This again resonates with the media portrayal of such offenders (Bailey, 1996; Berry et al., 2012; Ghetti & Redlich, 2001). The public generally think of sex offences as being committed by adults (Mancini & Pickett, 2014) however, a significant proportion of harmful sexual behaviour (HSB) or sexual abuse of children is perpetrated by other children. These perpetrators are predominantly male adolescents, many of whom present with a number of social skills deficits and educational and behavioural difficulties (Green & Masson, 2002 p.150). Sexual acts undertaken by children become criminal at the point at which they cause harm and when a child perpetrating such acts is of an age at which the law deems them culpable (Gov.UK, 2020).

In the case of children presenting with HSB or acts that have a sexual component, it is thought that these may have been historically minimised, especially in relation to boys, with an attitude of "boys will be boys". The implication here is that boys are just experimenting or playing games, furthermore, that any sexual acts are consensual (Barbaree & Marshall, 2006 cited in Sahlstrom & Jeglic, 2008 p.182). Similarly, there is a lack of recognition of females as sexual offenders because of traditional sexual scripts based on stereotypes where males are seen as perpetrators and females as victims. (Denov, 2001 cited in Denov, 2003 p.311). More recently, Sahlstrom and Jeglic (2008 p.188) suggest that, in most cases of HSB, respondents endorse a formal

intervention for child perpetrators, thus suggesting there has been a shift toward a tougher approach over time, away from the attitude that the behaviour is just childhood experimentation. Overall, their study found that there were different perceptions with regard to the age, gender or ethnicity of the perpetrator relative to the victim. They also identified that respondents generally had high levels of sympathy for all victims of HSB. This indicates a perception that HSB is serious and has negative repercussions for victims. They state that this perception is stable between those with and without a victimisation history. Those who either knew a sex offender or had been victimised as a child by someone known to them ranked sex offenders marginally more positively because of their personal knowledge. The most striking results, however, were in respect of the gender of the perpetrator. Mixed gender scenarios were deemed to have a greater negative victim impact than same gender scenarios. The most harshly judged scenario was that where the victim was male and the perpetrator was a female offender (Sahlstrom & Jeglic, 2008). These results contrast with previous research findings that consider female offenders to be less responsible and less guilty than their male counterparts (Rogers & Davies, 2007 p.571). When a female is labelled as a sex offender, attributions toward the female perpetrator are less positive. This is possibly because she is perceived as violating traditional norms of the female passive and nurturing caregiver role (Sahlstrom & Jeglic, 2008 p,189). Perceptions of offenders with regard to gender are discussed later in this chapter.

Studies have also reported professional groups to hold more negative attitudes towards sexual offenders than non-sexual offenders (Harnett, 1997 p.862). For care workers working with children, sexual assaults are perceived to be more serious than other physical assaults and the perpetrators are seen to be more dangerous. Perhaps, not surprisingly, this is especially true for female care staff (Harnett, 1997 p.865). However, those who provide specific interventions for sex offenders are thought to develop a connection with the offender "through the client's personal story, irrespective of the offense that was committed" (Elias & Haj-Yahia, 2017 p.1166) and in this way their perceptions change over time. This finding is supported by Tangney and Dearing (2002 cited in Elias & Haj Yahia, 2017 p.1166) who found that therapists demonstrated respect towards clients, which is an indication of acceptance.

Although there is some sense here that those working directly with HSB are more 'accepting' of the children who have harmed others, there is still a strong indication of a hierarchy in terms of criminal activities and degrees of acceptability. Certainly, it is evident that sexual assault and crimes against children are the most feared. It could be argued that this is supported by the system within which policing is structured in the UK. The system is made up of specialist serious

crime teams and drug squads, which assumes all offences within particular categories are homogenous. This may lead to similar perceptions by police officers (Roach & Pease, 2014) but this also arguably portrays certain crimes as needing specific kinds of attention. Similarly, there are services within services, for example 'sex offender' wings or specialist units for children who sexually harm (for example, Kites residential care for children who sexually harm, [Residential for sexually harmful behaviour | Kites Children's Services (kitescs.com)](kitescs.com)) which, whilst offering specialist therapy, also further identifies them as a 'special' or different group. The perceptions of offence types are further complicated by who the victim is and the characteristics of the offender themselves. The next section will consider more detail about the perpetrators of crime. It will start by outlining how perceptions of justice-involved children are influenced by their characteristics and will then move on to consider their behaviours.

3.8 The impact of offender characteristics on perceptions of offenders

Children who commit crime are generally viewed by the courts differently than are adults and are perceived as more responsive to rehabilitation (Bernard & Kurlychek, 2010 cited in Mears et al., 2014 p.169). This is reflected in policy, as discussed at the beginning of this chapter. Offence type, coupled with offender age, is an important consideration in the sentencing process but the research directly examining the influence of these factors on public perceptions is limited (Spiranovic et al., 2011 p.301). It is surprising, given the amount of literature on public attitudes to crime and justice, that there has been no empirical exploration of British public opinion regarding the age of offenders and crime (Roberts & Hough, 2005 p.212). There is however a small amount of literature that gives mention to this topic and demonstrates that the age of the offender has little influence on the perceptions of the public. Ghetti and Redlich (2001) tested sentencing preferences by manipulating the age and the nature of offences. The results demonstrated that, in determining a sentence, the kind of crime and its effect were significant but age did not play an important role.

Roberts and Hough (2005 p.214) found that the public think the legal system is too lenient with children and that this is a position that has generally held across time, although very negative views have slightly reduced. Children are considered less able to comprehend the legal system or situation than are their older counterparts but these evaluations are influenced by the nature and the impact, or the outcome, of the crime in certain situations. For instance, a younger child committing a more serious crime, with a more serious outcome, is perceived to be as competent or accountable as an older child. Thus, while age appears to be a significant factor in ratings of the

accountability and competence of an offender, in certain serious situations "developmental considerations can be pushed aside" in favour of harsher approaches (Ghetti & Redlich, 2001 p.50). It is interesting, when considering the age of offenders, that the vast majority of children 'grow out of crime' during their transition from adolescence to adulthood. This can be understood as a function of increased 'maturity' in either biological, developmental or sociological models. Biological models and psychological perspectives draw attention to improved planning and impulse control, which, it is argued, are not fully developed until as late as 30 or more years of age (Sowell et al., 1999 cited in Johnson et al., 2009 p.216). This impulse control, and a greater capacity to adopt different ways of thinking, includes better consequential thinking and empathy for others. This means that as they develop children become more able to take responsibility for their actions and resist the influence of others (Bateman, 2015 p.200). Classic developmental theories corroborate this by suggesting a staged approach to development. One understanding within this model is that children are egocentric during growth and will develop beyond this (Piaget, 1929 cited in Butterworth & Harris, 1994 p.166). Sociological accounts understand development as socially constructed. They also recognise how societal expectations may move children towards more socially defined 'mature' roles as they enter what is socially understood to be adulthood. Sociologists may argue that employment, leaving home and taking responsibility for others tend to be incompatible with continued criminal activity (Bateman, 2015 p.200). The different disciplinary perspectives are not necessarily incompatible, they may be mutually reinforcing by understanding childhood and growth developmentally and contextually as the foundation for understanding the uniqueness of an individual child (Bailey, 1996 p.6).

3.8.1 Girls

The gender of justice-involved children is looked at in terms of crime type and numbers of crimes committed (Youth Justice Board & Ministry of Justice, 2020). Findings consistently indicate higher rates and levels of criminal involvement by boys than by girls (Svensson & Ring, 2007; Weerman & Hoeve, 2012 cited in Ivert et al., 2018 p.28). The lower rate of criminal activity in girls has been argued to be the result of closer bonds and higher degrees of openness with parents (Stattin & Kerr, 2000 cited in Nilsson, 2017 p.1081; Svensson, 2003) but also to more intensive social control (Junger-Tas et al., 2004; Svensson, 2003; Weerman et al., 2015 cited in Nilsson, 2017 p.1081) historically linked to them spending more time at home and having less opportunity to offend (Hirschi, 1969 cited in Nilsson, 2017 p.1081). Boys are subsequently thought to have higher exposure to risk (Fagan et al., 2007) but also to be more impulsive and to take more risks than girls (Reniers et al., 2016). For boys this is often considered in terms of immaturity or

rebellious behaviour, whereas for girls there is a perception of offending behaviour being symptomatic of individual pathology (Sharpe, 2009 p.256; Sharpe, 2012 cited in Ellis, 2018 p.157) with more complex (comorbid) mental health problems (Vahl et al., 2016 p.143) and higher rates of self-harm (Short et al., 2009). This may reflect the normal discourses of pathology within which women's behaviour is defined (Worrall, 1990 cited in Gelsthorpe & Worrall, 2009 p.220). These explanations are made with highly gendered assumptions about girls, which is also clearly seen in HSB cases where females are identified as being provocative and boys as sexually incontinent (Green & Masson, 2002 p.158). Such stereotyping assigns individuals to categories (Brown, 2010 p.68) and therefore removes any context or individuality and recognition of a breadth of behaviours and actions, including offence types. The most frequently committed offence by girls in the UK is theft or handling of stolen goods but for girls in the YSE the most common offence is that of violence against the person (Youth Justice Board, 2009). Girls sentenced to custody have more recently been categorised by offence group as follows:

- Violence Against the Person 48 percent

- Robbery 18 percent

- Burglary 7 percent

- Theft and Handling Stolen Goods 7 percent

- Drugs 5 percent

- Public Order 5 percent

- Breach of Statutory Order 4 percent

- Arson 3 percent

- Other 2 percent

- Vehicle Theft/ Unauthorised Taking 1 percent

- Death or Injury by Dangerous Driving <1 percent

- Racially aggravated <1 percent

(Goodfellow, 2017 p.34)

As noted earlier, there are currently only 17 girls detained in the YSE (Youth Custody Service, 2020). Where the overall detained number of children is 536 as indicated in Chapter Two, this

highlights that girls are in the minority of about three percent. As a result, they are treated the same as each other rather than as individuals (Youth Justice Board, 2009). Girls in the YJS are most commonly white, have some history of legal reprimand, have been known to the system throughout their early teenage years and have their first conviction between 15 and 16 years old (Youth Justice Board, 2009). If they are given custodial sentences they are placed in SCHs rather than YOIs or STCs (Bateman, 2008 in Hughes et al., 2012 p.521) but even there they are small in number and the system remains male orientated (Gelsthorpe & Worrall, 2009) so they are "hyper-visible in contemporary Western media discourse" (Sharpe, 2009 p.254).

In addition to the identified differences in offending between girls and boys, differences are also noted in terms of suggested treatment in the YJS (Heindensohn & Gelsthorpe, 2007 in Hughes et al., 2012 p.520; Howard League for Penal Reform, 1997). This is predicated on an understanding of the needs of girls based upon their histories of trauma (Corston, 2007; Youth Justice Board, 2004; 2009). Trauma for girls may be located in experiences of all forms of abuse or neglect including childhood sexual exploitation (CSE). Some of this will have been exacerbated by or linked to experiences of the care system where selling sex is well documented (Coy, 2008 p.1408). Girls regularly explain their own violent behaviours as located within this context (Batchelor, 2005) but also often describe themselves as survivors rather than recognising associated vulnerabilities. In one study that interviewed 15 girls, only one described herself as being vulnerable. She was convicted of a serious crime and was considered by those working with her to use vulnerability to diminish her responsibility and to explain her experiences (Ellis, 2018 p.159). The complex histories of girls are not always understood and subsequently their needs are not met (as identified in the US by Reed et al., 2020). This is also seen in custodial settings for women where they are typically identified as having more complex needs than men, which are often overlooked (Gelsthorpe & Sharpe, 2006 cited in Goldson & Muncie eds., 2006). The system, however, is clear in its acknowledgement that specific approaches should be in place for girls and that these should be based on interventions framed within trauma- focused models (Youth Justice Board, 2004; 2009). This was also strongly asserted in what remains the most significant review of women's experiences and care in the CJS, The Corston Report. The report asserts a radical, distinct and gendered approach to addressing women's offending (Corston, 2007). Translating this into practice could be an issue if staff are not equipped to do so. In the YSE staff frequently report that girls are more difficult to work with than boys (Barter, 2006) and that they need a higher staff to child ratio to allow for good personal relationships to be built (Lanctot, 2003 cited in Youth Justice Board, 2009 p. 83). This indicates that staff perceive that

girls respond well to personal relationships, although there is also an assumption here that "relationships are at the core of a girl's world" (Peters Group, 2001, cited in Goodkind, 2005 p.59). This assigns girls into categories where stereotypes may form (Brown, 2010) or where constructs of gender become essentialised (Goodkind, 2005). Such a position leads to the maintenance of girls in a male orientated system (Gelsthorpe & Worrall, 2009) where approaches are negatively perceived by the girls (Bateman et al., 2013). For interventions too there are dangers attached to focusing programmes purely on the basis of gender:

> To design programs to meet girls' needs, these needs must be defined—a task that runs the risk of essentializing gender; reifying categories of gender, race, class, and sexuality; and reinforcing gender norms. Unspoken assumptions about gender have influenced this endeavour, resulting in the development of program protocols and recommendations that seem to be based more on gender stereotypes than on an analysis of how hierarchies of gender, race, and class define and construct girls' delinquency.

> (Goodkind, 2005 p.53)

This is complex and demands better understanding of girls, their experiences and their position in society so that the oppression of girls is not systemically exacerbated (Hughes et al., 2012).

3.8.2   Black, Asian and Minority Ethnic groups

Girls may be in the minority in the YSE but children from BAME backgrounds are over-represented. This is true across the CJS where "those who are charged, tried and punished are still disproportionately likely to come from minority communities" (Lammy, 2017 p.3). The biggest concerns relate to the YJS. Whilst there is a decline in the population in the children's custodial estate overall, I have already noted that the proportion of minority ethnic groups in custody was reported to have grown from 25 to 41 percent in 2017 (Lammy, 2017 p.4) and is more recently recorded at over 50 percent (Youth Custody Service, 2020). Black boys appear to be significantly disadvantaged in the CJS, whereas black girls are less likely than their white counterparts to be criminalised (Bateman, 2018 p.97). Given their over-representation in custody, it follows that there is a negative perception of children from BAME groups, indicative of a more punitive approach. This may link to issues pre-custody and it needs to be considered whether the assessment tool

used by the YOT has influenced the outcomes for BAME offenders.

YOTs use the 'Asset[5]' tool, an assessment designed to capture actuarial measurements, "to reflect the particular risks and needs of [children] who offend" (Baker, 2004 cited in Bateman, 2011 p.172). Some sections of Asset do not consider cultural or ethnic differences. In particular, 'living arrangements' and 'family/personal relationships' are not related to reconviction in minority ethnic children and the predictive strength of items such as 'education, neighbourhood and lifestyle' does not account for the influence of wider community and societal factors. This could therefore trigger higher Asset scores for minority ethnic children even though they might not be at higher risk of reoffending (Bateman, 2011 p.181).

The Equality Act (2010) makes it illegal to discriminate against someone on the basis of ethnicity or other characteristics such as age or gender. It is evident that there is an interplay between these with respect to how offenders are perceived. Gender and ethnicity have received some attention in this chapter because of the marginalised or minority groups to which these relate in society and in the YSE, and because of the discrimination that they can attract. In the general population it can be seen that other groups are adversely impacted upon or discriminated against in daily life, for example those with an LD and mental health issues. These groups are over-represented in the YSE and SCH where a higher proportion of children are thought to have a learning disability, learning difficulties and mental health problems than are their counterparts in the community (Lader et al., 2003; Lennox et al., 2013).

The next part of this chapter will outline the prevalence of mental health issues and LD. It will then consider how these are perceived within the system and by those who work with them. This will include the perception of self-harm in custody.

3.9   Mental health, learning disabilities and learning difficulties

Estimates of the prevalence of mental health problems in the UK population vary due to sampling strategies and the use of different measuring tools (Mental Health Foundation, 2016). However, the public are often reminded that as many as one in four of the general population experience some form of mental health difficulties (MIND, 2020). These assertions from mental health groups generally accept a bio-medical model of mental health. This places a focus on diagnosis of pathological conditions and the use of pharmacological or psychotherapeutic treatment (Ryan

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[5] The Asset was replaced in 2017 by the AssetPlus This is a new assessment and planning interventions framework developed by the Youth Justice Board to replace Asset and its associated tools. For further detail follow: https://www.gov.uk/government/publications/assetplus-assessments-and-planning-in-the-youth-justice-system

et al., 2008 cited in Fenog & Denov, 2018 p.301). It follows that surveys and research generally apply the model to formulate their understanding and produce data against diagnostic principles. The adult psychiatric morbidity survey reports a lower prevalence of mental health problems than does MIND; the adult psychiatric morbidity report states that one in six, equating to 17 percent of the population, suffer from mental health problems. For psychotic illnesses it reports an incidence of .5 percent (McManus et al., 2020). For children, reports indicate higher incidences of overall mental health problems with 11.2 percent said to be suffering; higher rates are noted in 11 to 15 year olds compared to younger five to 10 year olds (Royal College of Paediatrics & Child Health, 2020). Emotional disorders are thought to be the most prevalent (NHS Digital, 2018) and between three and four percent of children in the UK experience some form of developmental disorder or neurodevelopmental conditions (Blackburn et al., 2012; Emerson, 2012).

Developmental disorders are a "group of disorders characterized by delays in the development of socialisation and communication skills" (National Institute of Developmental Disorders & Stroke (NIDS), 2019) which include LD and learning difficulties. This notes the importance of socialisation as a marker or diagnostic element of LD. In line with this, then, come assumptions about what is socially acceptable. It therefore suggests that a social model might be more empowering, however, taking an 'either/or' position could be reductionist. A biopsychosocial model can span both models, calling on doctors to retain a role but with considerations for a patient's social environment (Engel, 1977 cited in CMAJ, 2019 E17).

Incidence of LD in the general population is difficult to determine. It has been suggested that about 2.2 percent have a diagnosable LD (Talbot, 2018); the rate for the prison population is said to be much higher at seven percent in adult prisons (Mottram, 2007 cited in Talbot, 2018). For justice-involved children this is even higher, especially in SCHs (Hall, 2000; Mental Health Organisation, 2020; Young et al., 2009). This is not surprising if the link between childhood exposure to traumatic events and impact on long-term cognitive development is accepted (Pechtel, 2011 cited in Enlow et al., 2011 p.1005). Winstanley et al. (2019) reported in their study that over half of young offenders exhibited socioemotional difficulties in the abnormal or borderline range. Further research clearly highlights the high incidence of LD. For example, a meta-analysis of US literature estimated the prevalence of LD in justice-involved children to be 12.6 percent (Casey & Keilitz, 1990 cited in Hall, 2000 p.279); another study argued this could be as high as 32 percent (Shelton, 2006 p.36). In a UK study approximately five to 13 percent of justice-involved children had intelligence quotients (IQ) in the LD range i.e., less than 70 (Hall, 2000 p.279).

While estimates vary, it is evident that children with LD are overrepresented in the YSE. There is an argument that the high prevalence increases the risk of normalisation of the issue so reducing recognition (Bryan et al., 2007). However, services are expected to make reasonable adjustments to ensure that approaches to the education and care of this group are "developmentally appropriate and fair" (Ofsted, 2018 p.9). Numbers of those with learning difficulties are even harder to identify because these are 'hidden' disabilities and not always immediately obvious to others, or to the person themselves. Estimated figures suggest that, of the most common learning difficulties, approximately ten percent of the population are affected by dyslexia, between five and ten percent are affected by dyspraxia[6] and three to nine percent of school-aged children are affected by Attention Deficit Hyperactivity Disorder[7] (ADHD) (Mental Health Organisation, 2020).

Again, this is very different in the YSE where approximately two-thirds of children in YOIs have ADHD, which is associated with their antisocial behaviour and high rates of recidivism (Young, 2007 cited in Young et al., 2009 p.55). The difficulties in controlling behaviour associated with learning difficulties or developmental disorders whilst children are detained have the additional impact of decreasing the potential for early release (Harpin & Young, 2012); this is despite the evidence that medication may reduce associated symptoms (Hodgson et al., 2012), suggesting a need for treatment. To some extent the police and courts have tried to ensure the well-being and treatment of children and appropriate support through the system, for example through provision of mental health workers, liaison officers and 'appropriate adult' processes (Taylor, 2016 p.20), however, this does not necessarily divert them from custody where their difficulties come to light.

In their study Bryan et al. (2015) examined language skills in a sample of children in a SCH. They noted that at least 60 percent of children in the UK in contact with youth justice presented with speech and language difficulties and found an association between these difficulties and offending, which persists even after controlling for potential confounders such as socio-economic position and years of schooling (Bryan et al., 2015; Hopkins et al., 2018; Snow & Powell, 2008). The deficits that justice-involved children display in language-based tasks cover all domains of language, including receptive, expressive and figurative (Bryan et al., 2015; Snow et al., 2016).

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[6] Dyspraxia is a neurological disorder that impacts an individual's ability to plan and process motor tasks. There is an immaturity of the organization of movement. The brain does not process information in a way that allows for a full transmission of neural messages. https://www.medicalnewstoday.com/articles/151951

[7] Attention deficit hyperactivity disorder (ADHD) is a behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness. https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/

Deficits are found to be over-represented in the group and are equally prevalent in females and males (Winstanley et al., 2019). These children's capacity to articulate themselves or to understand legal issues affecting them may subsequently be reduced (Hollingsworth, 2014 p.112) but this is not always recognised. In addition to these difficulties, there are also high rates of mental health problems and stigmatisation of those with such issues (Almond, 2012 p.197).

The mental health of the prisoner population, as defined within the bio-medical model, is a particular concern and related to deaths in custody for adults and children (Department of Health, 2012; Gooch, 2016). Where deaths have occurred, inquests and investigations reveal that the children who died did not receive the levels of support and protection they needed (Prison Reform Trust and INQUEST, 2012 p.1). It is important, though, to note there are fewer deaths in SCHs than in YOIs or STCs (only one in the last twenty years) (Howard League for Penal Reform, n.d. p.6) nonetheless the risks in custody are high. The Office of National Statistics (ONS) 1997 survey reported that 90 percent of prisoners had a diagnosable mental health problem including depression and psychosis (Office for National Statistics, 1998). The National Audit Office states that the ONS figures are outdated and that the collection of data had used too broad a definition of mental illness. They note a more recent survey in 2005 that indicates that 49 percent of those in prison report being at risk of anxiety and depression and that 23 percent had prior contact with mental health services (National Audit Office, 2017). For serious mental illness such as psychosis, symptoms are suggested to affect 25 percent of women and 15 percent of men in prison (Prison Reform Trust, 2020). Published in the same year as the National Audit Office statistics, one of the largest epidemiological studies of mental disorder in prisoners indicates high rates of prior contact with mental health services. It states that in the year before imprisonment, 25.3 percent had accessed or used mental health services and that, of the respondents in their study, only 10.3 percent did not meet the diagnostic criteria for at least one disorder. Those who did meet the diagnostic criteria included 12 percent for psychosis, 53.8 percent for depressive disorders and 26.8 for anxiety disorders; 34.2 percent had some form of personality disorder, 69.1 percent had two disorders or more, and 11.7 percent five or more (Bebbington et al., 2017). This indicates a high prevalence of psychiatric morbidity in sentenced and remanded prisoners that far exceeds that in equivalent general population surveys. It is noted that there has been an expansion of diagnostics in the Diagnostic and Statistical Manual version five (DSM-V), which, arguably, categorises most of the population with some mental illness or as in need of treatment (Frances, 2013), an expansion of criteria leads to an increased incidence of mental illnesses.

There is a tendency in child and adolescent psychiatry to avoid diagnoses of serious mental illness

because these do not always consider developmental influences. For this reason the DSM-V and International Statistical Classification of Diseases (ICD-10) give a starting age at which some diagnoses can be given (APA, 2013; WHO, 1992; 2019). The crude cut-off points and thresholds for transition between child and adult services, where children's services are defined as being up to the age of 18 (NHSE, 2020), do not recognise continued development. Despite this, children in the YJS have been identified as having particularly high incidences of psychiatric morbidity (Bryan et al., 2015) including personality disorders and neurotic disorders (Lader et al., 2003). This is particularly reflected in the YSE where there are extensive mental health needs (Callaghan et al., 2003; Chitsabesan et al., 2006; Lennox et al., 2013). One study in a SCH indicated that 20 percent of participants had a diagnosis of mental illness (Bryan et al., 2015 p.763) and the most recent data suggest that as many as 71% of children in custody have mental health issues (Bateman, 2020). This is corroborated in the health and well-being agenda for children housed in a SCH, which notes mental health as a significant issue (NHSE, 2016); a cause for concern where the right to conditions necessary for good health is not always realised (BMA, 2014).

Screening for mental health issues, LD and learning difficulties is part of the reception process in secure settings. The comprehensive health assessment tool (CHAT) (Chitsabesan et al.,2014; Lennox et al., 2013a) is now in place to assist with this but some staff working in secure settings have a negative perception of screening for mental health and self-harm. This may be linked to a non-acceptance of the medical model (Klerman, 1977) of psychiatry (Shah & Mountain, 2007) and could reflect the position of staff in SCHs who have a leaning towards social constructs of mental illness as defined by the social behaviour of the sufferer (Bowers, 2005 p.2). Some believe that screening is a tick box exercise and potentially a futile activity because of difficulties accessing specialist services (Knowles et al., 2012). This is a concern where staff have identified that nearly a fifth of children in all areas of criminal justice, including those in the community, are at risk of self-harm and/or suicide.This rate is higher for children in custodial settings (Appendix 9.14) (Gov.UK, 2019), where in YOIs it is 15 percent, in STCs it is 26 percent and in SCHs it is 25 percent. In addition to this, 17 percent of children detained in SCHs are known to have self-harmed while in custody (Gyateng et al., 2013 p.13 and p.27). This probably reflects the fact that STCs and SCHs accommodate the most vulnerable of those children detained (Gyateng et al., 2013 p.27). Workers and carers mostly have negative attitudes towards self-harm and find the issue challenging and frustrating (Marzano et al., 2015 p.242), and their attitudes towards those who self-harm deteriorate across time (Jenkins & Elliott, 2004 cited in Short et al., 2009 p.421). In some settings such as YOIs staff do not feel that working with self-harm is part of their role.

Promoting mental health is not considered the principal business of a YOI (Woodall, 2007 p.139) and welfare work is less readily "owned" (Liebling, 1992 cited in Short et al., 2009 p.220). In the adult estate staff feel a lack of expertise, untrained and unsupported in their welfare role (Short et al., 2009 p.408). Officers in the adult estate in the UK do not respond to prisoners' repetitive self-harm in ways that meet policies and guidelines, which emphasise supportive conversations, proactive care and non-judgmental attitudes (HM. Prison Service, n.d.; NICE, 2015; Royal College of Psychiatry, 2010). They are said to divide self-harm into genuine or non-genuine actions; self-harming in order to gain something or as a means to cultivate extra attention is seen as 'non-genuine', 'manipulative' and probably 'learned', whereas 'genuine' self-harm is recognisable by the nature and degree of injury. This indicates that there are negative perceptions of and a lack of desire to support those who self-harm (Short et al., 2009). This feeling of being manipulated by those who self-harm and overall negative perceptions of them could fuel antagonistic relationships (Liebling, 1992 cited in Short et al., 2009). Conversely, however, some studies indicate that those working in prison do recognise prisoner distress in relation to self-harm (Pannell et al., 2003 cited in Short et al., 2009 p.418), and that the self-harm may be a coping strategy (Dockley, 2001 cited in Short et al., 2009 p.410). Regardless of their understanding of self-harm, staff working with those who self-harm report this to be a particularly stressful area of work; this occurs regardless of discipline and includes those who specifically work in mental health or nursing (Dickinson & Hurley, 2012). The stress of witnessing and supporting others harming themselves impacts on the observer, potentially resulting in the experience of vicarious trauma (Devilly et al., 2009; Geller et al., 2004). It is argued that this can reduce focus, clarity and consistency in their work (Geller et al., 2004 p.425) and where research does not recognise this, it is "counter to a significant body of research that has found that working therapeutically with trauma patients has deleterious effects on therapists" (Devilly et al., 2009 p.382).

This section has outlined the prevalence and response to LD, mental health and self-harm in the CJS and, where data was available, in the children's estate. The high prevalence of LD and mental health issues is significant and clearly impacts on service provision. Rates of self-harm are also high and such acts are negatively perceived in the YSE where staff do not feel that managing self-harm is part of their job or that they are equipped to do so. Self-harming behaviour has a significant impact on staff; they may be challenged on many levels, emotionally and physically. Both emotional and physical challenges can present simultaneously, for example, when dealing with incidents of self-harm that also result in the use of restraint. Restraint is also used to manage violence and aggression, although because of incidents such as those at Rainsbrook and

Medway, as highlighted earlier in Chapter Two, less restrictive practices are now more common. Less restrictive practices are also partly as a result of guidelines for restraint that require appraisal of the rights, needs and safety of the child (Ofsted, 2018 p.5). Aims to limit periods of seclusion and to minimise restraint are firmly asserted (Ofsted, 2019). I now turn to discuss features of violence and aggression and their impact on how justice-involved children are perceived.

3.10   Violence and aggression

Violence and aggression are features of the behaviours of some of those detained within secure settings (Cregg & Payne, 2010). Rates of violence have been found to be persistent problems in UK prisons (Howard League for Penal Reform, 2009 cited in Cregg & Payne, 2010 p.172). This is unsurprising where environmental conditions are considered to be a significant precursor of aggressive behaviour (Duxbury, 2005). Incidents in the YSE have received much media attention; most recently, for example, the issues at Cookham Wood YOI were highlighted on the 18th February 2020 by the BBC (BBC, 2020). Staff have responded to incidents of violence as a collective, for example by taking strike action (Grierson & Weaver, 2018). This demonstrates the fear and dissatisfaction among staff teams in the YSE relating to roles, procedures and the environment, as well as their perceptions of the risks posed by the children. Research indicates that risks of violence can be situational and can be described within this context as significant negative features of the institution in which the violence occurs. The risks encompass aspects of the institution's physical environment, resources and staff features, including quantity, quality and availability (Johnstone & Cooke, 2007 cited in Cregg & Payne, 2010 p.173). Using relationships and working together to support the management of this is a key aspect of working in a SCH and the focus of using relationships to manage safety and security is identifiable in the quality standards on positive relationships (Gov.UK, 2015). This is challenging when faced with threats or actual violence, which naturally brings about a fight or flight response (Peterson & Peterson, 2010) and can cause distress. Such incidents in the workplace (for example identified in healthcare settings) result in a possible decrease in job interest, lower productivity, a decrease in confidence and, in some cases, the mental health of workers can also be affected (Nowrouzi-Kia, 2017 p.675).

Repeated verbal abuse can also cause anxiety and low self-esteem; this is certainly reported in mental health settings where nurses exposed to verbal abuse or violence by patients often experience a severe psychological impact (Inoue et al., 2006 p.35).This verbal abuse can include insults and shouting (Spector et al., 2015 p.326) and can also have an adverse effect on the

workplace behaviour of healthcare workers (Duan et al., 2019). They may withdraw from relationships, which are key to supporting the children and a cornerstone upon which care and interventions can be delivered (Gov.UK, 2015). They may respond by a form of transference (McCartney, 1996) and become abusive themselves, for example using sarcasm, which is recognised as a means by which staff can abuse their power or humiliate a child (Rose, 2002). Such staff behaviour has been a concern for many years (Stohr & Hemmens, 2000 p.123) and has provoked large scale inquiries or investigations. The most notable of these are the investigations into Medway (Holden et al., 2016) and Rainsbrook (Inquest, 2007) where abuse or inadequate care of children resident in care homes was found.

The experience of violence and aggression is well recorded in the YSE and it is apparent that, as individuals and as a collective, the staff require appropriate support to manage the issue safely and with a continued focus on the needs of children. Failure to do so can lead to unprofessional behaviour, as noted in the Medway and Rainsbrook scenarios. How the individual staff and staff teams manage this within their settings includes how they perceive their roles, teams and support. These are discussed in the next section.

3.11   The setting, working with others and getting support

The YSE has been fully described in Chapter Two where the context for this study was set. In summary, it was identified that custodial beds for children are distributed across 21 institutions: YOIs, STCs and SCHs. There are currently four YOIs and three STCs in England (Gov.UK, 2014) (Appendix 9.7). There are also 13 LA run SCHs and one charity run SCH (Twitchett, Children's Quality Lead. Health and Justice Commissioning: Personal communication July 7th 2019). Section 2.2 provided an overview of the settings; it expanded to give more detail on SCHs, the focus of this study. It identified that these are thought to provide positive surroundings, small bespoke units with higher ratios of staff than in other settings (Hollingsworth, 2014; Hughes et al., 2012).

Staff working in the YSE undertake a wide range of roles in their daily duties (Rose, 2002). A key requirement for them is to be able to demonstrate the qualities needed to deliver individualised care and support (Ofsted, 2019). However, this carer role can be in conflict with the role of managing or challenging offending behaviour (Rose, 2002). To manage the tensions they need to have resilience, a characteristic that is viewed as important by Her Majesty's Inspectorate of Prisons (HMIP, 1999 cited in Rose, 2002 p.106) and by the SCHs themselves, where resilience in challenging situations is identified as a requirement when making job applications (SCH, 2016).

This resilience can come from personal experience, as can empathy. An example of this is reported by Dodsworth (2015) who identifies that this may come from adverse experiences. She states that victims of childhood sexual abuse or assault may make sense of their experiences by choosing to work in that arena later in life. She also suggests that past experiences can influence the ability to manage roles and be used to empower self and others. Resilience is arguably nurtured in settings (Luthar et al., 2000 cited in Palma-Garcı & Hombrados-Mendieta, 2014 p.381p. 543) where "a person, group or community [can] prevent, minimise or overcome the damaging effects of adversity" (Grotberg, 1995 cited in Palma-Garcı & Hombrados-Mendieta, 2014 p.381). This group or community view is also an institutional view, where staff are as much part of an institution as are those detained there and develop ways of doing things that only that team recognises (Goffman, 1961). This reality furthers dependency between staff members who overwhelmingly identify the importance of the team and its function. There is evidence that supports the need for a common purpose for teams (Katzenbach & Smith, 1993), however, this has to be balanced with the ability to question routines and practices (Schippers et al., 2007 cited in Buljac-Samardžić, 2012 p.17). This questioning can be supported in supervision.

Supervision is a structured activity that can be associated with positive outcomes for service users and professionals (Saltiel, 2017). It is a space that enables understanding of the behaviours of those being worked with and one's own responses to this. In social work the one-to-one supervisee and supervisor dyad is the most widely used model of supervision (Kadushin & Harkness, 2002 cited in Bogo & McKnight, 2006 p.53). Group supervision is an alternative or complementary model that consists of one supervisor leading a group of supervisees (Bogo & McKnight, 2006 p.53); this is sometimes "incorrectly referred to as peer supervision despite the absence in the group of any person with the authority inherent in the supervisory role" (Bogo & McKnight, 2006 p.53). Other forms of supervision include the 'Shwartz round', which offers allocated time for discussion of emotional and social challenges of the job, where staff can explore difficult cases, associated challenges and the feelings they evoke (Goodrich, 2014). The use of supervision, collaborative working and good communication is particularly important when working with children. Serious case reviews identify this issue frequently, for example in the cases of Khyra Ishaq, the seven year old who was starved to death in 2010 (Jones, 2012), and Baby P, a seven month old boy who died in 2007 after suffering more than 50 injuries (Warner, 2013). These cases received criticisms for the lack of joined-up working between professionals and agencies. Whilst children in the YJS may have different vulnerabilities to the children in these cases, they are still vulnerable and still require multi-agency involvement, in particular to consider transitions and

placements (Roesch-Marsh, 2012).

Staff in SCHs often raise their concerns about transitions and placements, especially when working with children who are serving short sentences. Gyateng et al. (2013 p.5) found frustrations across the YSE, identifying concerns among staff interviewees that short sentences often meant that there was insufficient time to build strong relationships or to provide appropriate and effective interventions; the Centre for Social Justice (2012) expresses similar views. This is complicated by multi-agency working. Agencies outside of the SCHs make decisions about the child placements (Roesch-Marsh, 2012 p.468) but this is problematic where community services for children are underfunded or where care is transferred across geographical boundaries to other agencies. The YSE contribution to planning for transitions does not necessarily inform what happens to the child after they leave custody (Hart, 2009). Staff report frustration about this, the associated unmet needs (Callaghan et al., 2003) and the lack of continuity in care or provision of interventions (Gyateng et al., 2013 p.5 & p.53).

> One would expect that those [children] identified as likely to reoffend due to their attitudes to offending would be put forward for offending behaviour interventions. However, of those [children] who had been identified as likely reoffenders due to their attitudes to offending just over two-fifths (42 percent) in SCHs were recorded as receiving such an intervention.
>
> (Gyateng et al., 2013 p.55).

Positive transitions are reliant on continuing relationships and the support that comes with them but these are difficult to build or maintain (Hollingsworth, 2014 p.104). Children leaving custody are faced with new networks of people at a particularly vulnerable point in their lives and report that they struggle to build new relationships: "My social worker – I liked her at first but she hasn't really built up a relationship with me" (Hart, 2009 p.16). It is especially important to consider all facets of transitions given that on release children will have to readjust to non-institutional regimes and adapt to new social contexts (Forrester-Jones, 2006 p.228) to attain re-integration and acceptance by the community for their futures (Dubberley et al., 2011).

3.12 Conclusion

The CJS, YJS and the role of the YCS were described in Chapter Two of this thesis, where the

YSE and sentencing of children was also described. Chapter Three has explored the literature within that frame and context to capture notable areas of the social, political and cultural constructs of childhood, punitive attitudes and the CFOS position. It is evident that these are inextricably linked; the perceptions of justice-involved children cannot be considered without thinking about how their childhood is constructed. The recognition that childhood is not merely biologically or developmentally constructed is accepted here and the need for exploration of childhood as a social construct is identified as particularly important. This is in keeping with the need to engage with children as agents and to seek to understand how they construct their worlds. This requires amove away from traditional justice approaches and supports the CFOS approach to working with justice-involved children, a move requiring a shift in service constructs and delivery, with children's involvement throughout.

It is evident that perceptions of crime, of children in the YJS and of the YSE are influenced by a myriad of factors, or at least there are associations between a number of them. Factors noted in this thesis are demographic influences; the impact of class and media; parenting and childhood experience; perceptions of the severity or type of crime; the impact of offender characteristics on perceptions of offenders; mental health; LD; and learning difficulties. Perceptions have been noted to be different across demographic factors and experience but also with regard to the socio-political climate within which the media play a big role. The recognition in this chapter that occupational role impacts on perception is an interesting one, especially when it is notable that some groups are under-researched and some 'worlds' remain largely unknown, especially in the justice system and YSE. Whilst there has been much research around offending types and trends, there has been far less in the YSE, especially in the UK. There are various reviews of the literature and research that generally set out to assist in assessing the relative performance of different settings (Grimshaw & King, 2004). However, there is little beyond this and an obvious omission in terms of the homes that provide for what have been identified to be the most vulnerable and complex children in the system who are accommodated in SCHs. Those who work with justice-involved children in these settings have a hugely important role to play. However, their views have only ever been considered in terms of service delivery requirements and so constrained to either inspection-type questions or specific intervention types.

Staff perceptions in SCHs have not previously been explored and this resulted in frequent returns to the literature throughout this study in order to capture associated issues. Additional sections on violence and aggression, the setting, working with others and getting support were added. In these it is noted that violence and aggression are features of some children in the YSE and that this

behaviour can have significant negative impacts on those who have to work with it, are threatened or are actually harmed. Given this detail it is no surprise that support is also a notable requirement to enable coping and resilience. The literature detailed in this chapter will be referred to throughout the discussion in Chapter Six.

4   METHODOLOGY

The qualitative approach and philosophical underpinning (social constructivism, see 4.1) promote the view that there are multiple constructed realities as opposed to absolute truths: "'Truth' or 'reality' will be accorded only to those constructions on which most people of a social group agree" (Heylighen, 1993 cited in Adams, 2006 p.246). Things change, meanings change and they are sensitive to both time and context. Reality is dependent on the way we come to know it. It can only be constructed by means of a system that is conceptualised by the culture within which it sits (Robson, 2002 p. 22; Shotter, 2005). Reality, then, is relative. This relativist position is interested in representation and construction of meanings and makes understanding complex because there can only be forms and ways of understanding, both of which will only be partially accessible (Burr, 2015; Kafle, 2011). They would not be meanings that could be interpreted by a quantitative approach, by scoring, measuring or testing. They would be meanings that might be generated through explorations and interactions, raising the questions with the right subjects and doing so in the right places. So, a qualitative approach fits well with the philosophical position taken in this study; it allows us to make some sense of the messy 'real world' by offering a framework to build from within and a means of piecing data together. It also embraces the fact that personal perceptions can impact on the way data are understood and interpreted and this is in keeping with the insider position (Brannick & Coghlan, 2007) discussed further in this chapter.

4.1   Theoretical/philosophical position

At the outset of this study I adopted a position that attitudes and perceptions were internally driven. I had adopted this view as it seemed to simplify, if not remove, some issues of complexity. However, this did not sit easily with my experiences that perceptions changed dependent upon time and place, company and experience. Much of my experience comes from working within the CJS, the YJS and the secure estate itself, where I recognised that different disciplines and agencies seemed to have different perceptions of those to whom they provided services. This appeared to be shaped by their roles and I had considered that this may therefore be particular to training and job expectations. However, even those in the same job roles demonstrated notable differences depending on who they were working with, the situations they were dealing with and the sites in which they were working. These did not seem reducible to internally generated ways of perceiving the world as they were not maintained across time or situations. I considered that these perceptions must be shaped by specific cultures and constructed within different contexts but I also realised that this was particularly complex and I could not name the philosophical position

informing my considerations. I returned to the literature to situate and frame my thoughts.

The literature review indicated that perceptions of justice-involved children are context dependent and that a myriad of factors influence these. How we construct childhood, how we subsequently shape expectations of children and accordingly respond to them is complicated by our experiences, our multiple and specific roles, expectations of roles, relationships and the social norms of the groups and organisations within which we are situated. Reading the literature and exploring the meanings that my academic supervision team brought to discussions helped me to move away from the position that attitudes or perceptions were internally driven and towards a social constructivist position. I had not initially been able to give a name to the philosophical position but once this was identified I recognised that it sat comfortably with my experiences and framed my understanding well.

Recognising the importance of how we are socialised and form our identities through social interactions is a key principle of social constructionism and supports the viewpoint that all knowledge is socially constructed and produced (Berger & Luckman, 1966). Individuals do not just perceive objects 'as they are' but as they are socially constructed. They construct identities and meanings with an aim of achieving or meeting needs through purposeful, socially directed behaviour (Wetherell & Potter, 1988 cited in Burr, 2015 p.149). In this way social realities and identities are created and maintained. "The concept of "truth" only relates to human interpretations of phenomena or propositions regarding phenomena" (McWilliams, 2020 p.1). If we accept this then we also accept that our social world can be understood as a process of externalisation and objectification and, so, society is a human product: 'Man' (sic) is a social product (Berger & Luckmann, 1966) and ultimately our world is humanly produced. With regard to this philosophical underpinning, a social constructionist approach allows for further development of the notion that social realities, identities and knowledge are culturally, socially and historically influenced (Cunliffe, 2008).

A social constructionist approach has been applied in this study. This recognises that perception, the focus of this study, was originally a social concept before it became understood as an individual personal feature (Pyysiainen, 2010 cited in Burr, 2015 p.77). This approach argues that knowledge is culturally specific (Burr, 2015 p.15) and that 'truth' or 'reality' are determined on the basis that the majority of a social group agree (Adams, 2006 p.246). This provides a philosophical underpinning that fits with the research. It acknowledges the central features or characteristics that collectively drive a social constructivist approach towards knowledge and takes a critical stance

towards taken for granted knowledge. It does this by acknowledging cultural specificity and accepting that knowledge is maintained by social processes and actions (Burr, 2015).

The social constructionist approach to this research requires regard for underlying assumptions about the nature and process of socially constructing reality. A choice has to be made between subjective or intersubjective reality and between objectified reality and emerging in the moment reality. The first assumes that people make sense of things through their interface within a social setting (Rosenthal & Peccei, 2006 cited in Cunliffe, 2008 p.127). The second considers that whilst social realities are produced in human interaction, there is a degree of objectivity (Cunliffe, 2008 p.127). Burr (2015 p.24) refers to these as micro and macro social constructionism. For micro social constructionism, claims cannot be made about a real world that exists beyond our descriptions of it. In macro social constructionism, this is seen within its roots of social structures, relations and institutionalised practices. These have been synthesised for this study, an approach supported by Wetherell (1998) who argues that we need to take account of the situated nature of accounts as well as the institutional practices and social structures within which they are constructed (Wetherell, 1998 cited in Burr, 2015 p.26). The relational micro-version of social constructionism (Burr, 2015 p.24) is well placed to elicit study participants' meanings and ways of making sense of objects. Wetherell (1998 cited in Burr, 2015 p.26) argues that research needs to take account of the institutional practices and social structures within which participant accounts are constructed. For this study it would follow that this approach allows for knowledge to be derived from the participants within the identified settings by creating meanings with sensitivity for the institutional world within which they sit and where meanings are defined. These meanings are typified within the work and the setting, which binds the individuals and is maintained by them, thus representing an institutional order (Sarangi & Roberts, 1999 p.1). The idea that various perceptions will be held within groups and institutions and that these are probably exclusive to those groups and institutions is clear here. Therefore, I consider that a synthesised approach and incorporation of a macro-version for the study acknowledges the participants' perceptions, values and existence, with respect for their individuality and shared purpose, yet remains situated in the existence of a cultural and social reality. This synthesised approach reveals study participants' perceptions of an object; for this study, that of justice-involved children. The application of relationally responsive social constructionism emphasizes an intuitive form of knowing that can be explored through engagement and enabling others to speak freely. For this reason data have been collected via semi-structured interviews and the transcripts analysed through thematic analysis. The accessible and theoretically flexible approach of thematic interpretative analysis

enabled organisation and description of the qualitative data in rich detail, yielding themes and patterns (Braun & Clarke, 2006 p.6) that could be woven together in keeping with social constructionist approaches. This makes the participants' reality subjectively and objectively meaningful.

4.2 Method

In the initial considerations of this study several methods were considered. The starting point had been to utilise mixed methods to gather both statistical and narrative data and then potentially find ways to measure perspectives in degrees of frequency and intensity. This became problematic as I frequently questioned what 'reality' was and how this could then be framed. In addition to this was the concern that the participants' 'truth', their perspectives, would be reduced to a set of categorisations that missed depth of meaning. I was keen to locate the study within the participants' 'truths' as far as was possible, rather than be constrained by a nomothetic approach that sought generalisations or avoided recognition of the social world and context of the study. Frequent discussions on this matter finally moved the study toward its position within the social constructivist domain and allowed for a less constrained, if more complex, approach within the qualitative paradigm.

It was apparent that data beyond that of predetermined categories were required. This supported the qualitative approach and required a means by which to capture the data. There are multi-method options for data collection given to qualitative research (Flick, 1998 cited in Denzin & Lincoln, 2003 p.8); this provoked some philosophical questioning within the concept of 'critical realism' (Alderson, 2016) to plan how to collect data. Here, for example, I asked the question what the nature and purpose of the research was. This meant that all considered options could be worked through meaningfully. Observations and focus groups were considered and ruled out: Observations because the research was not seeking to appraise the behaviours of others; focus groups because 'group think' (Janis, 1971; Janis, 1982 cited in Whyte, 1998) would be likely to bring a perspective to the fore that did not really enable a focus on how individuals perceived (even within the constraints of their social norms). The focus group would have introduced a different context and it had already been determined that context influences understanding. This might have introduced layers of complexity that would have detracted from clarity in the data analysis.

Interviews were more likely to capture the participants' 'truths', their 'reality', and a depth of detail

that questionnaires would miss. This allowed a method which allowed me to get closer "to the actors' perspective through detailed interviewing" (Denzin & Lincoln, 2003) to address the following research questions:

What are staff perceptions about the children they work with?

What influences staff perceptions about the children they work with?

Interviews were therefore chosen as the method to capture data but with the recognition that all accounts were socially constructed and context dependent. There was consideration of how the interviews should be structured, if at all, and of how I as the interviewer might influence the interview process. With regard to the interviews, I selected a semi-structured interview format to allow some flexibility and reduce constraints on participants. I also developed some prompts around the research questions (Appendix 9.15). The prompts provided the ability to nudge the content towards considering the research questions but did not limit participants' ability to develop their narratives or refrain from exploring their own thoughts and experiences. The interviews were purposefully undertaken on site during working shift patterns so framing the context within the SCHs. I hope this enhanced the likelihood of participating within the parameters of the social normsof the settings. Interviews did not have strict limitations on time other than those set by some homes because of the need to make appointments in line with shifts and service delivery. The interviews were subsequently undertaken at roughly hourly or two hourly intervals. The process of this is discussed further in Section 4.5.

The interview process highlighted my insider position, insider research being understood here as "that which is conducted within a social group, organization or culture of which the researcher is also a member" (Greene, 2014 p.1). It was acknowledged that this, to a large degree, had enabled access to the settings but also that it potentially brought insight and allowed for understandings within the organisational system that would be otherwise unknown (Brannick & Coghlan, 2007 p.60). This insider identity was also potentially a factor that could impact on the research process. It is noted that identities come into play via our perceptions of others but also the ways in which we expect others will perceive us (Bourke, 2014 p.1). In this study, whilst participants were informed of my role as researcher, they identified very quickly with my professional role and the ability to speak in a shared language. This was perceived as a degree of credibility being afforded to me and an acceptance that I would understand their perspectives. This situational identity, more often associated with observation techniques (Denzin & Lincoln, 2016 p.115), had not been considered

fully until the interviews commenced and then was almost spontaneously implemented as an enabler during the interviewing process. This was characterised by using known language and communication that reflected my familiarity with scenarios as they were presented. This seemed to facilitate confidence in participants who, overall, increased in openness as interviews progressed and did not seem to feel a need to modify their accounts. This approach increased risks of colluding with certain perceptions and ways of understanding. Therefore, this was a particular focus of discussions with the supervision team and is detailed further in Section 4.3.

In the same way that the experiences of participants are framed in social-cultural contexts, so are the experiences of the researcher. This suggests that, as the data collection instrument, I might affect the research process via personal beliefs, political stance and cultural background (Bourke, 2014) and that personal characteristics, such as gender, might influence the interview 'conversation' (Denzin & Lincoln, 2003 p.48). This meant that I would bring my own understanding of the SCHs and staff and therefore potentially limit my ability to explore as fully as possible. Insider research is frequently accused of being inherently limited if not subject to a high degree of bias, this is associated with a closeness of the researcher to the culture under study (Merriamet al., 2001 cited in Greene, 2014 p.4). My supervisors maintained scrutiny to ensure that I recognised my researcher position. This enabled me to remove the layers of multiple identities within which I was framing my own understanding. This was by far the most difficult aspect of the research and one which is discussed in the section on reflexivity (see section 7.3).

4.3 Ethical issues

At the beginning of the research I was managing services and directly providing clinical care, as a nurse consultant in mental health, to children in one of the settings. This provided insider connections and insider insight, which allow for understandings within a particular socialised and organisational system that would be otherwise unknown (Brannick & Coghlan, 2007 p.60). Whilst this was accepted, it was also recognised that there were potential conflicts of interests and clouding of roles (researcher versus clinician). This is noted by Morse (1998) who strongly asserts that qualitative study should not be undertaken by researchers employed within the research setting (Morse, 1998 cited in Brannick & Coghlan, 2007 p.59). For this reason I maintained a connection with the field of work but withdrew from direct clinical practice in any area where research was to be undertaken. As already noted however, this research accepts the influences of researcher experience and potential impact on the research process. It also recognises the need to use a variety of means, such as the research supervision process, to interrogate such impacts.

Access to units was achieved via the service role that I held. This did not provide a basis for access to participants for research or sites beyond those within my service specification. I initially discussed the feasibility of a study with one of the senior managers from one of the SCHs. Feasibility was agreed and I subsequently approached the LA, YJB and local gatekeepers for consent to access their premises and staff. The YJB agreed access based on receipt of the research proposal and informed the Chair of the Secure Accommodation Network (SAN) of their agreement. The Chair of SAN is also a manager in a SCH; this facilitated contacts with other homes where each LA agreed access via their gatekeepers (registered managers at the homes). The research application went through the Research Ethics Panel (SSREP) process and was agreed by the University of Huddersfield Ethics Panel.

Potential participants (see Section 4.5) were accessed at the settings (see Section 4.4). Each participant consented and was given the opportunity to withdraw at any point. Concerns regarding anonymity were discussed with supervisors at the university. These related to the small number of settings taking part and the specific information on participants. These together were considered to make some participants potentially identifiable. For this reason the sites were not identified in the findings. This possibly detracted from the recognition of how the settings impacted on perceptions. However, I was still able to use the situational context by framing perceptions against participants' descriptors of their environment, aside of location. Participant demographics were recorded as a matter of interest and to identify the breadth of range. I noted that only three participants were from a BAME background. If this were to be identified against their gender and the setting worked in, they would have been identifiable in the findings. For this reason there are some findings pertaining to experience of verbal abuse (5.5.3. Dealing with verbal abuse and its impact) where the gender and role of the participant are not given. This protects the anonymity of the participants.

The supervising team and I (as researcher) discussed potential ethical issues that might arise during the process of interviews or visits to the identified sites. There was a particular focus on significant risks pertaining to safeguarding issues or those that contradicted professional standards. This wasdone in line with recognition of safeguarding procedures set out by the Government (HM. Government, 2015; 2018) and in line with my professional registration as a nurse (NMC, 2020). It was agreed that safeguarding issues should be discussed in supervision throughout. The Israel and Hay (2006) seven step model was identified to guide decision-making around this:

I. identifying the nature of the problem and the stakeholders involved

II. identifying various options for resolving the dilemmas

III. identifying the range of consequences of each option for different stakeholders

IV. considering the short and long-term implications of decisions

V. considering the options by reference to moral principles such as honesty, trust, autonomy, fairness and equality

VI. integrating consequences and principles to reach an independent and justifiable decision

VII. reflecting on the decision

(Israel & Hay, 2006 cited in Wiles, 2013 p.22)

This model was utilised to discuss cases that I had previously worked with in a SCH and expressed concerns about. This enabled thorough consideration of any required actions. In addition, each interview and transcript were discussed with supervisors. This was especially important when some interviewees expressed negative perceptions of the children in their care. An example of this was cases where I felt that professionals were goading those in their care. This related to incidents where children were being abusive and staff responded (see 5.5.3) in a way that could be perceived as goading. These were discussed at length in supervision because of the need to ensure the safeguarding of children. However, there was no immediate danger or evidence of direct harm and there were no specific details to report. It was felt that the overall benefit of continuing the research and highlighting this in the discussion would raise awareness of approaches to care in SCHs.

4.4 Settings

As noted previously, there are 22 children's secure settings in England and Wales, 21 of them in England. Of the 21 in England, four are YOIs, three are STCs and 14 are SCHs (Appendix 9.7). Initially the research had intended to focus on one site; the site was undergoing significant transition, which offered an opportunity to research the impact of change. As the planning phase of the study progressed it expanded to include more sites. This was initially to enable an increase

in the transferability of knowledge. This became less pertinent as the theoretical position developed and the underpinning philosophy, which recognised that perceptions are socially constructed and contextual, became clearer. However, it was also noted that using a wider range of settings would be likely to capture a wider range of perceptions and that the different environments would add to the depth of understanding because perceptions would be captured in different contexts, teams and locations and with different recipients of services. Access to several sites was agreed.

YOIs and STCs were not considered for this study, the focus was on SCHs. Some research has been undertaken in the former two settings, as recognized in the literature review, Chapter Three. I identified in Chapter Two that only 12 percent of the child custody population is housed in SCHs, (Jay et al., 2019 p.19) and noted that very little research has been conducted in these closed worlds where marginalized children reside and where marginalized staff work, as they are so few in number compared to other settings. The gap in the research in these areas, and my insider position, promoted the ability to access and explore this world. At the time of commencing the study there were 15 individually managed SCHs throughout England and Wales (1 in Wales, 14 in England). Due to the reduction of beds and the subsequent commissioning agenda (discussed in Chapter Two) this reduced to 13 in England towards the end of the study. Due to geographical boundaries, which considerably increased travel, the setting in Wales was not considered.

Of the 14 SCHs in England (at the time of the study), seven provided welfare beds only; these were discounted because of the research interest in how staff perceived children who were detained on criminal orders, in youth justice beds. At the commencement of this study seven SCHs in England provided care to children who were detained in youth justice beds. Five of these settings were selected due to their location in the centre of England. Of the five identified settings, four initially accepted and one declined. A further setting withdrew at a later date due to some service provider issues. So, three out of seven possible SCHs providing beds for children disposed of via custodial orders in the CJS were accessed for the study. The homes selected for this study contained children, girls and boys, between 10 and 17 years of age. The number of beds in the participating homes ranged from 12 to 27. The bed numbers for each site have not been identified to maintain confidentiality of the settings. Each of the SCHs has a registered manager, is overseen by an LA and approved by the Department for Education to restrict children's liberty. They are regulated by Ofsted, whose role is to "make sure that organisations providing education, training and care services in England do so to a high standard for children and students" (Ofsted, 2020 p.1). They inspect and regulate services that care for children and

report directly to Parliament. Inspections of SCHs are made regularly and these consider:

- The overall experiences and progress of children

- Children's education and learning

- Children's health

- How well children are helped and protected

- The effectiveness of leaders and managers

(Ofsted, 2019) (Appendix 9.9)

The three settings identified for this study had all had inspections prior to and post the data collection. Inspections for these sites are not readily available or immediately recognisable on the Ofsted website or www.gov.uk site. I made a freedom of information request directly to Ofsted to obtain these reports (Banks, Information Rights and Access Manager: Personal Communication, October 23rd 2019). My request identified that I would use these as part of a PhD study. The sites would be identifiable by those working in the sector if the reports were included. For this reason they are covered here only by noting their scores: Setting One received an Ofsted rating of 'Good' in 2019. Settings Two and Three received an Ofsted rating of 'Outstanding' in 2018.

4.5 Participants

The more inclusion and exclusion criteria applied to define a sample and the more specific these criteria are, the more homogenous the sample then becomes (Robinson, 2014 p.26). A purposive sampling approach (Robson, 2002 p.265) was used for this study with the criterion that all participants were to be workers/employees in SCHs. They all needed to be employed by the LA and to work in some way with children detained in the homes. This was to ensure that the generation of data came from those with insight and knowledge of working with children in secure settings. All roles were encouraged to participate in order to enable consideration of the impact of role on perception.

It is generally accepted that qualitative research tends to use smaller sample sizes than quantitative research but there are not any hard and fast rules about what 'correct' sample sizes in qualitative research are (Patton, 1990 p.184). Various factors can influence how many participants a study may require. Some researchers suggest that in qualitative research sample sizes often lie

between 20 and 30 and are typically below 50 (Masson, 2010 cited in Van Rijnsoever, 2017 p.2). The minimum size of a purposive sample needed to reach theoretical saturation is difficult to estimate (Baker & Edwards, 2012) and the theoretical philosophical approach would also have some influence, so, for example, an individual's story and experience may be researched through a single case study where the intention is to illustrate important or interesting phenomena (Keen & Packwood, 1995 p.444). A large sample does not allow for deep qualitative inquiry (Sandelowski, 1995 cited in Boddy, 2016 p.429), especially not in constructivist or in-depth approaches to research (Boddy, 2016 p.429). With this in mind, five sites had initially been identified for this study (4.4), with the intention of approaching five participants in each. This was intended to yield 25 participants overall. When two settings dropped out this was revisited and participating settings were asked to allow between the original five and up to ten participants each, bearing in mind that there might be some further drop out. Five participants per setting had been identified as a representative sample of each setting so when, of the 17 original participants, only 15 were interviewed, this was accepted as an appropriate sample. There were additional considerations. It was felt more important to get participants across the different settings than to stick with hard and fast targets. Pragmatic concerns about managing the high quantity of data that could ensue from qualitative interviews, on such an under-explored area, were also a consideration. An added concern was related to the reality that participants were likely to work shifts so accessing them for interview purposes might be problematic.

Gatekeepers had been identified in all the participating settings. They were forwarded the participant information sheets with the dates that I would be attending the setting. I recognised that the aim of informed consent was compromised by accessing participants via a gatekeeper due to inequalities in the status between the gatekeeper and the potential participants. This is arguably magnified by the organisational constraints of institutional settings and can "result in the effective denial of the individual agency of potential participants and in their construction as incompetent rather than competent within the research process" (Heath et al., 2004 p.3). The gatekeepers were given the options of dates to fit service requirements. They then asked staff who were working on those dates if they wished to participate. Those who wished to participate could elect to do so regardless of role or grade. Staff were, to some extent, therefore involved because of their availability at the time of interviews. However, some participants who knew about the research specifically asked to work or attend on the dates so they could take part. There was no active strategy to promote the involvement of particular groups. However, the sample did include males and females and inexperienced and experienced staff, across a wide age range and from

different roles and backgrounds.

There was a high degree of interest from potential participants from across all the sites and 17 people asked to be interviewed. There was an expectation of some drop out but actually only two dropped out, due to work pressure. Thus, 15 participants were interviewed. Of the 15 participants, seven were male and eight were female. Three identified themselves as being from a BAME background. There was a total of five managers (different levels), four interventions workers and six care officers. Managers were unit, department or team managers. Intervention workers were those who delivered individual therapy or specific programmes. Care officers were those providing day-to-day support to children. The distribution of the participants across the homes was as follows:

- Setting One. Six participants: one male manager, one female manager, three male care officers, one female care officer.

- Setting Two. Four participants: one male manager, one female manager, one male interventions worker, one female interventions worker.

- Setting Three: Five participants: One female manager, one female interventions worker, one male interventions worker, two female care officers.

The distribution of BAME participants, either by gender or role, has not been given to protect anonymity.

On the interview day participants were again given information sheets (Appendix 9.16) and some time to ask questions about these. Participants then consented to the interview using the consent document (Appendix 9.17). They were given the right to withdraw at any time. At the commencement of the interview they gave demographic information identifying age, gender, ethnicity, educational achievement and role (Appendix 9.18).

4.6   Data Collection

Data were collected through interview (see Section 4.2) with each of the participants by the audio recording of interviews on a hand-held dictaphone. All interviews took place on site in private rooms within the SCHs. At one of the homes this was a visitor room, another home provided an office and another an activity/therapy room usually used for sessions or education. Typically interviews took about an hour. Some were curtailed by 'business as usual', for example,

mealtimes, response to alarms and activity on the units. Some took longer than an hour; where this occurred it was largely due to participants' desires to engage and provide more detailed accounts. The entirety of each interview was transcribed verbatim. These were saved in electronic password-protected files as audio and transcribed documents. Each transcript was also saved in paper format and locked in a metal cabinet to which only I had access. This met the conditions of the Information Commissioners Office (ICO) licence, which allowed me to store confidential material at home.

4.7 Data Analysis

In Section 4.2 I detailed the research method and within this the insider researcher position. The multimethod approaches afforded within qualitative research were apparent, as were the multiple identities of the researcher and their potential influences. This multiple identity and insider knowledge led to a 'bricoleur' role, a "Jack of all trades or a kind of professional do it yourself person" (Lévi-Strauss, 1966 cited in Denzin & Lincoln, 2003 p.5). In this role I aimed to piece together representations in what can be understood as 'bricolage', pulling together representations of complex situations. This is akin to quilt making by stitching the pieces of material together (Weinstein & Weinstein, 1991 cited in Denzin & Lincoln, 2003 p.5). However, this complexity associated with the researcher position is further magnified by the multiplicity of participant stories, their depth and 'realities'. This is particularly important because of the relationship between these factors in representing a version of 'truth'. Because of this there was a need to approach the data with a recognition of its limitations. This suggests a necessary degree of caution about the accounts being given by participants. Alderson (2016) alerts us to the need for this caution, noting that qualitative researchers may "prefer a cautious hypo-realism (under-belief in reality). They may be wary about the accuracy of interviewees' accounts and perceptions and memories and of researchers' own abilities to record and verify these" (Alderson, 2016 p.202). This position was aided by working within the framework of Braun and Clarke's six-phase process of thematic analysis (Braun & Clarke, 2006), which was used to analyse the data. This enabled a data-driven constructionist analysis that fits neatly with the philosophical position.

The six-phase process was applied as follows:

- Transcribing

Each transcript took several days to type from the audio version. This did help with becoming immersed in the recordings, repeatedly rewinding, listening, typing, correcting. Each one was

completed and considerations as to what the content might mean began. It was initially difficult to see the text as data; this was largely due to difficulties in separating the researcher and professional roles. For example, it was difficult as a professional not to leap into judgment about the implications for practice. Supervision sessions were vital at this point to ensure that transcripts were read as data as opposed to clinical information or poor practice to be dealt with. Over time the data began to achieve foreground in relation to the research questions rather than be subject to my own concerns as a professional and manager.

- Familiarity

Familiarity with the data increased over a period of time; listening to it, reading it and then finally allowing it to talk for itself, or with me. A lot of time was spent returning to and becoming immersed in the data to ensure that I was not manipulating it. The risk of this was problematic because of 'pre-determined' headings in my mind; this was mediated by clearer application of the philosophical approach, application of coding and discussions in supervision.

- Coding across entire data set

Each transcript was read line by line, word for word. Notes were made in the margins. This was the beginning of coding the data. Multiple codes were derived and these grouped to elicit themes and subthemes. Data-derived codes provided a summary of the explicit content of the data.

- Searching for themes

Familiarity with the data was achieved through repeat reading and then re-reading with the research questions in mind:

What are staff perceptions about the children they work with?

What influences staff perceptions about the children they work with?

As the analysis progressed co-constructed themes emerged through grouping of similar codes. Themes were used to capture the key ideas about the data in relation to the research questions. These emerged from the frequent and dominant findings inherent in the raw data and represent a degree of patterned meanings within the data (Braun & Clarke, 2006 p.82). The identification of these came through interaction of an inductive 'bottom up' (Frith & Gleeson, 2004 cited in Braun & Clarke, 2006 p.12), and theoretical, deductive 'top down' way (Boyatzis, 1998 cited in Braun &

Clarke, 2006 p.12). The top-down and bottom-up processes are interactive in some way because the research keeps a specific interest in identifying themes influenced by the theoretical framework (Jugder, 2016).

- Reviewing of themes, subthemes

'Caution' was to be applied about the meaning attributed to each theme. This was questioned throughout to increase the validity of meanings, in lengthy discussions with experienced researchers (supervisors). This process is notably linked back to the 'hypo-realism' and critical realism' discussed by Alderson (2016), which begs for philosophical questioning in approaches to research. This questioning meant a revisiting of themes. Initially in excess of 30 themes had been noted. I asked what was I looking for, what aspects of the data mattered, and concluded that the coding had initially been too broad with an acceptance and inclusion of all dialogue. A more robust focus on the research questions was required. Data pertinent to the study were identified through this approach, reading the data with the research questions at the fore. Further review then highlighted a need for clarification of the context in which something had been said and if this linked with other statements. The format was subsequently revised to allow the sub-themes to be placed appropriately and linked where links were evident.

- Defining and naming of themes

Eight themes were named, based upon the overarching domains that came from the research questions: Who I am, What I do, Who they are, Mental well-being of children, What they did/do, Who we are together, Where we are: The context, The importance of other agencies.

These themes grew from the data, the theme headings being determined by a notion of what they suggested had influenced staff perceptions.

- **Who I am:** this heading evolved from the data through recognition of the participants' descriptors of their lives and what they brought to the job; their perceptions were shaped by who they felt they were.

- **What I do:** this heading captured the participants' feelings about their roles, what this encompassed, how this influenced their perception and how this played out in the homes.

- **Who they are:** this heading captured that participants perceived children differently dependent upon the child's age and gender.

- **Mental well-being of children:** the data captured in this area was initially represented by the heading 'who they are'. However, due to the large amount of data and the degree of emotion attached, this was identified in its own right as a theme.

- **What they did/do:** participants offered perceptions of the children based on their criminal history but also on their current behaviours. Specific offence types initially yielded this heading however it became evident that how children behaved in the more immediate moment had an impact on perceptions, for example presenting with violence and aggression. This heading therefore expanded to encompass perceptions related to past and current behaviours of the children with whom they worked.

- **Who we are together:** the data indicated that perceptions were influenced by the relationship between the children and staff. This heading identifies the elements of this and how it influenced the way they all worked together.

- **Where we are:** The context, the settings and teams within which they worked were seen to play a part in perceptions of staff, indicating that the context mattered. There was little regarding the political context. However, where this was mentioned it too was encompassed within this section.

- **The importance of other agencies:** Initially the data yielded a heading about transitions and moving on from custody. However, it became evident that this was only one element of a more generalised perception of frustrations regarding other agencies. The heading was developed to capture all issues related to other agencies.

26 sub themes were organised with direct quotes from transcripts to ensure that the data was speaking for itself and to provide the reader with an illustration of the participants' stories and their realities. These have been arranged in Chapter Six on findings and illuminate the themes with realities of an otherwise hidden world.

- Finalising themes

The findings were grouped into themes as they emerged from the data. These fell into the eight themes as detailed above. Sub themes were finalised through reading and re-reading across the coded data, the elimination of irrelevant data and discussion with the research team, to clearly reveal and identify responses to the research questions.

4.8   Limitations

The small sample size in this research could be argued to be unrepresentative of a larger population. However, as pointed out by Boddy (2016), a large sample size would not have allowed such in depth exploration of staff perceptions. I accept that the realities of one person cannot mirror those of everyone else. This being said, there is an unavoidable variable of context that relates not just to the individual homes in this research but that is pervasive across SCHs, in that all participants work with a group of children who have offended. Their 'group think' (Janis, 1971) and the context of the system applies to all homes and, with this in mind, there are likely to be transferable findings that can be understood relative to the role, the teams, the children worked with and the ways of coping.

The subjective nature of the research aimed to capture a version of a truth and this was with an awareness of an unavoidable 'explicit bias' in the interpretation of the data (Greene, 2014). I readily perceive children who commit offences as having been victims in some way and, having worked in criminal justice settings, recognise the damage caused by both historical trauma and by being detained in institutions. This bias is also linked to insider knowledge that identifies that there is a 'preunderstanding', insights and experience before engaging in the research (Gummesson, 2000 cited in Coghlan, 2007 p.296). The disadvantage of this is that being close to the data might have resulted in some assumptions. Utilisation of reflective supervision with supervisors minimised this and the insider position brought benefits in terms of access to settings and participants. My role of clinician and manager of services, and the impact this had on interpretations of the data, was identified in supervision. An academic focus was supported in this way with acknowledgement that 'preunderstanding' would undoubtedly influence avenues of the study. A reflexive account was undertaken (see Section 7.3) to give insight into the research process, inclusive of researcher position, assumptions and potential impact.

5   FINDINGS

Analysis of the data revealed eight main themes subdivided by 26 sub-themes as follows:

- Who I am (5.1)

  My childhood (5.1.1)

  Being a parent (5.1.2)

- What I do (5.2)

  The right character (5.2.1)

  I'm a carer first (5.2.2)

  What do we actually do? Is it enough and/or in the right ways? (5.2.3)

  Hierarchy matters in complex ways (5.2.4)

- Who they are (5.3)

  Children first (5.3.1)

  They're all victims (5.3.2)

  Girls are difficult and complex (5.3.3)

  Age does not make a difference, but ... (5.3.4)

- Mental well-being of children (5.4)

  Mental health is challenging (5.4.1)

  Self-harm is distressing (5.4.2)

- What they did/do (5.5)

  I can work with any offence except… (5.5.1)

It's what they do now (5.5.2)

Dealing with verbal abuse and its impact (5.5.3)

Being assaulted is part of the job; it is expected and sometimes welcomed (5.5.4)

Seeing others assaulted changes you (5.5.5)

It's the worst case ever (5.5.6)

- Who we are together (5.6)

Choice trust and respect (5.6.1)

We are like family (5.6.2)

- Where we are: The context (5.7)

We are a children's home (5.7.1)

The team (5.7.2)

Support and supervision (5.7.3)

- The importance of other agencies (5.8)

The system (5.8.1)

Agencies clash (5.8.2)

The media (5.8.3)

These findings are presented under their relevant headings and subheadings. They are detailed here with inclusion of direct quotes from participants. Participants are identifiable only by role and gender. In some cases such details have been omitted to protect the confidentiality of individuals; this was particularly pertinent for BAME staff who were in a minority and whose anonymity would have been otherwise compromised.

5.1 Who I am

Participants gave some demographic information at the beginning of the interviews: age, gender, ethnicity and education. In general, participants did not think these characteristics impacted upon their perception of children detained in SCHs. The perceptions were considered more complex andrelated to personal experiences, including those from childhood or being a parent. They did indicate that some characteristics could have an impact but that this was context dependent, for example, gender bore some relation to interactions with others depending on the gender of those they were interacting with (5.6 Who we are together). Those from ethnic minority or mixed backgrounds reported that they were perceived or treated differently because of this (5.5 What they did/do) but did not suggest that this had an influence on how they perceived others. Experiences from the past, across time and in the current time period, did influence their perceptions and framed how they understood others. The following were identified:

5.1.1 My childhood

Childhood experiences were reported to impact significantly upon participants' perceptions. Participants stated that their childhood histories dictated how they saw the world and influenced their ability to empathise or show compassion. Some participants detailed histories that they felt were comparable to those of the children with whom they worked:

> *"I came from quite a poor area … A lot of violence, a lot of aggression … I look at the children and think 'Well I've done more than you'… I can identify a little bit with some of what these young people have been through"* (male manager).

> *"I … started hanging out with the wrong kinds of crowds and… didn't finish my school education … I lost a lot of family… at a young age, so I had to sort of stand on my own two feet very early in my life … I think I could bring that into the unit to teach them that they can do it on their own"* (male care officer).

They noted that their own childhood situations could have potentially brought them into a custodial setting:

> *"I probably could have … ended up in a place like this"* (male care officer).

They also thought that such experiences supported their ability to empathise with children who had committed offences. They argued that their own experiences influenced their perception of others

and enabled them to see things from the perspectives of others, although some of the senior staff were cautious about how their own histories might impact on the ways they worked with the children:

> *"You have to understand yourself in order to get to look at it from someone else's perspective … you [need to] understand how your own [inner] child is influencing your thoughts about that child …"* (male manager).

Resilience and understanding were identified as key characteristics required to work with children who are detained in SCHs (5.2 What I do). They thought that these characteristics came from having overcome their own adverse childhood experiences. One participant identified that having lived in residential accommodation they could better understand the pressures that this brought and as a result was:

> *"probably a bit more resilient than most other people"* (male manager).

Others thought that negative childhood experiences had actually enabled them to work with children in SCHs. They reflected upon their own histories and the histories of people close to them, for example friends:

> *"It's like my mates, some have been killed, some have been inside, some have turned to depending on substances … It's why you're involved and if you can, work with [children] or even adults in a secure establishment"* (male care officer).

5.1.2   Being a parent

Parenthood also influenced participants' perceptions of the children that they worked with. Some related this specifically to the offences that the children had committed:

> *"I have kids … if I ever met somebody that was in here for sexual abuse and violence and things like that. I don't know how I'll cope'"* (male care officer).

> *"I've got a ten-year-old daughter and it's difficult sometimes when you're working with a [child] who's raped a ten-year-old"* (female manager).

The data revealed that all participants denied having any difficulties working with children in relation to specific offence types (5.5 What they did/do). This always came with a 'but'. With regard to HSB there was a direct link between being able to work with the perpetrator of HSB with being a

parent. Staff were less able to work with the perpetrator of HSB if the staff had a child of a similar age to the victim of one of these offences.

Some participants thought that their own parenting skills had been positively influenced by what they had learned in their jobs and vice versa. Participants felt that their parenthood status had a positive impact because they had skills to relate to certain groups. Where this was the case they had more positive perceptions of working with certain children:

> *"I think my preference is [working with teenagers] and it's probably because I have a teenage[r], and my children are older so they're the years that are more familiar to me"* (female care officer).

Empathy, also noted as an important characteristic required to work in SCHs (5.2 What I do), was considered to be strengthened by personal experience. However, parenthood also impacted because participants identified the vulnerability of the child:

> *"I just think 'God that could be my little boy'… I will give a [child] a cuddle … I'd want somebody to do that to my little boy… it's about being human"* (female intervention worker).

5.2 What I do.

As part of the introduction to the interviews participants were asked basic information about themselves and their roles. This elicited responses that defined their position at work and what their roles required of them. In the developing discussion they identified that this impacted on their perception of the children with whom they worked. They said that there were a variety of roles, named slightly differently dependent upon the actual setting. The groups of staff could be loosely grouped as care officers, interventions workers and senior staff/managers. The expectations of the work, what the role required of them and how they perceived their position influenced their perception of those they worked with but was not determining.

5.2.1 The right character

Irrespective of role, all participants said that working in SCHs was not for everyone:

> *"You must be crazy… You have to want to be here"* (male care officer).

Those who chose to work in SCHs could not just be *"good enough"* (male manager), they

needed to have the *"right character and right personality"* (male care officer) to do so. Elements of this included having a positive view about children, *"the right attitude"* (female manager), being confident and committed, *"interested"* (male manager), *"flexible"* (female manager) and *"resilient"* (male manager). Resilience was thought to develop through participants'own childhood experiences (5.1 Who I am) and had to be balanced with the ability to care and demonstrate empathy. This was key because:

> *"you need to be of a character that you can put up with being sworn at"* (female manager).

The extent to which this resilience could be tested, though, was questioned:

> *"when you have an intense situation going off for quite a long period you then, you can become a bit disgruntled"* (female care officer).

Participants spoke at length about the interview process to work in the homes. They said that this aimed to tease out the required characteristics of new staff, for example a 'child first' ethos. They felt that on the whole the right individuals were recruited although on occasions they got it wrong and this led to having the wrong people in the job. Internal candidates for roles within SCHs were described by participants as being *"home grown"* (female manager), bringing with them relevant skills and experience. Despite this, external candidates for applications in SCHs were also welcomed; they were felt to bring new innovative ideas to the team and some *"objectivity"* (female manager). Judgements of some external applicants were almost automatic though; some groups were immediately ruled out as being unsuitable to work with children, for example, those who had worked in adult prisons or YOIs:

> *"We did have some prison officers but even their applications forms were 'very prison' and they didn't make interviews … That's not what we want"* (female manager).

Staff new to the environment were thought to come with expectations that would not be met. Participants thought that many new staff had perceptions at either end of a continuum:

> *"it's a child prison, there shouldn't be any sort of laughing and joking, they're here to be taught right from wrong … some of the people come in and think that they're children and all they should do with them is laugh and joke with them and actually forget that they're here for a reason"* (female care officer).

Initial fears or concerns regarding working with the population detained in the homes was notable. Participants thought that their perceptions had changed since they had commenced working in SCHs. They reflected upon past perceptions, how they had felt prior to working in their current roles:

> *"if you'd asked me … if I could have worked with murderers and rapists, I'd have run out of the door"* (female manager).

> *"When I first came to this type of work I thought 'oh my God, you know that's quite nasty'"* (male manager).

5.2.2 I'm a carer first

Participants identified that their roles were diverse, varied, difficult to describe and very complex. Most reported that their jobs had developed by several roles being *"mished"* (male intervention worker) together and becoming *"bigger and bigger"* (female intervention worker). Being *"Jack ofall trades"* (male manager) led to a lack of clarity in their aims, which on occasion left some participants wanting or needing more direction:

> *"[I wonder] how you could do such a complex task without having some sort of … manual"* (male care officer).

Despite the complexities of a wide-ranging role with varied tasks and competing agendas, the main tenet of the work, a driving principle, was to be caring. Participants unanimously said that their focus was to care:

> *"I'm a carer first and everything else comes after that"* (male intervention worker).

Caring was paramount and guided the approach for most who wanted to work directly with the children in their care. They wanted to *"work with children"* (female manager) because they *"loved being around the kids"* (female care officer). This was where the participants felt that they could make a difference. The caring role was strongly asserted to enable them to act as guides, to supervise, teach, maintain safety and promote positive development. Some said they would not want to be away from direct care of the children, working at a senior level or in an office-based role. They perceived that this would dilute their ability to care for the children but also that it might potentially bring *"extra pressure and stress"* (female intervention worker).

The role of caring exceeded any other aspect of work; participants were adamant that they were able to care because they did not make judgements of the children and nor was their role to punish:

> **"*not our job … we're not the judges"*** (female manager).

> ***"We're not here to judge. We're not here to punish"*** (male care officer).

Although this was a strongly asserted perception, there was stark contradiction within the same accounts and in further commentary. Participants said that some of the information they read about the children that they worked with did influence their perceptions, and lead to judgemental approaches. They spoke about reading negative reports and descriptions either of the child or of the criminal offence perpetrated by them. They said that the negativity and ***"horrific information"*** (male care officer) contained in the reports led to particular ways of perceiving, forming opinions and making judgements:

> ***"I've just read your file now. You're not so cute at all"*** (female intervention worker).

> ***"You think they're going to come with two heads, six arms, built seven-foot-tall"*** (female intervention worker).

> ***"If I sat here and said … 'I've never felt disgusted … about what crime that a [child's] committed', I'd be lying"*** (female care officer).

Although the participants generally stated that they perceived children more negatively when they read their histories, they also asserted that these negative perceptions could be skewed, largely due to what they felt were inaccuracies in the portrayal of facts in reports. They noted that many reports did not describe or ***"match up"*** (female care officer) with the children accurately and, in some cases, were blatantly ***"wrong"*** (female care officer):

> ***"they actually sound very scary erm, but then they arrive and within a matter of days they're not that scary person … you see someone on paper then meet them in real life, they're very often two completely different people"*** (female care officer).

> ***"I think that she'll be okay but that isn't what her referral says … I probably know more about her because I've read this report, which is a bit like 'This is** Your Life', Eamonn

Andrews[8]" (male manager).

"One of the [staff]… was like praising one of the boys and said, 'you're doing so well…if I'd gone by what was written on your paperwork, I would never have believed that you and the paperwork were the same child'. And he turned round and said, 'What am I worse?' and she said 'No, you're not half, I've not seen this side of you'. Straight away we could have been on the offensive with him, couldn't we?" (female care officer).

Participants thought that if they held preconceived ideas about children in SCHs their judgement could become clouded and thus impact on their ability to work positively. They were keen that, even in cases where they held negative perceptions, they would be able to keep a focus on caring because they believed that they could support and enable change. They were able to give examples of where they felt staying confident in the perception that people can change had actually brought positive results.

"There was a [child] I was working with … violence towards staff, dismissive attitude … I thought '… here we go'… and you know what? A proper top kid … I got on with him great but … he was kicking off at school. Constantly … trying to put fires out at the residential unit … in the end he got moved … new sheet, new life, and that's it. Loved it. Thriving. I was walking through [the] city centre, saw him, oooh God, got to be three years after me working with him and he's got a Missus, a little baby in the buggy … He needed to get out the area. New life, no history about what's gone on" (male intervention worker).

5.2.3   What do we actually do? Is it enough and/or in the right ways?

Some participants considered their perception of caring and the belief they could influence positive change as primary, almost intrinsic, aspects of themselves. Direct contact, caring and belief in change were usually demonstrated in face-to-face, day-to-day contact with the children. The importance of these interactions and interface with the children was highly valued by most. However, there was a minority view suggesting that some staff did not regard all interactions as important:

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[8] This is your Life Eamonn Andrews: This Is Your Life is a British biographical television documentary hosted by Eamonn Andrews from 1955 until 1964, and then from 1969 until his death in 1987 (This Is Your Life: Eamonn Andrews (bigredbook.info)

"I do get paid good money for doing very little ... I'll tell you what, when it's easy it's easy money. A lot of the time you just sit there and you're playing Monopoly or you're playing football or Xbox. And you're thinking, 'getting paid to hang out'" (male care worker).

This was, as already indicated, a minority view and did not, on the whole, detract from the recognition of a need to promote and utilise relationships as indicators of worthiness, mattering, feeling safe or learning to trust. Subsequently these relationships were recognised to set the foundation for more targeted intervention work. Participants generally recognised that this required particular skill sets to support delivery. They felt that this was important because:

"what we instil here could be imprinted in him for the rest of his life" (male intervention worker).

Those who provided interventions felt that they had skills to provide these. They demonstrated pride in what they did through a keenness to detail the frequency and volume of work that they delivered, what it involved and what the outcomes were. Their descriptions of interventions included individual and group sessions where problem solving, peer pressure and moral reasoning work were undertaken. Those who provided interventions spoke about how difficult this could be and that they drew on personal characteristics such as flexibility to be able to pitch sessions according to need:

"You have to be creative in how you're pitching your sessions ... You just got to kinda be smart in what your targets are ... It's just about being realistic about what you're going to achieve" (male intervention worker).

Participants who were in 'carer' roles were less positive about intervention work. They identified that very little work was done or that when it was it did not get to *"the nitty gritty"* (female intervention worker) or consider victims of crime:

"I don't think we do enough victim work, here... you know ... 'look how much you've hurt this person'... we should be doing more victim led work" (female intervention worker).

Similar frustrations were reported about the lack of educational approaches in interventions. For example:

"it doesn't really happen … you should be able to teach … sex education … the consequence of you forcing someone to have sexual contact with you … these kids they are not aware … they don't even know how to read" (male care officer).

There was some inference that interventions could be unhelpful or have unrealistic aims. An example of this was the rewards system. One participant was keen to add this at the end of the interview, when asked if there was anything else they wished to add. They asked the researcher why they had not been asked about the rewards system; they said they were surprised this had not been asked about when the staff held strong views about it. This participant went on to then state that:

"[the] rewards system ... it's not realistic. So, like 'well we've got SKY but now we want BT sports. We've got consoles, but we want PSP in our rooms' … they get really ridiculous amounts of money to go shopping with. They're gonna go out of that door and be smacked in the face with reality and they're not going to be able to have anywhere near the standard that they have in here" (female care officer).

Participants who were in senior positions accepted that direct contact with the children was not their main role and that they achieved their goals to care for the children through the work of others. Some found this particularly satisfying. Others felt they had almost the best of both worlds.

"As long as I love my job and I can deal with the business stuff I won't get bored of that I go and see the kids. The kids piss me off, so I come up here to do my job" (male manager).

5.2.4 Hierarchy matters in complex ways

Participants across all roles thought that managers perceived differently compared to those who worked directly on the units. This was driven mainly by the expectations of managers compared to other staff. Managers felt that staff expected them to know everything, have all the answers and to be experienced. They felt that they were looked at *"differently"* (male manager) and expected to *"fix everything"* (male manager). This was difficult for some managers or senior staff because although they felt more objective and less emotionally attached in their decision making about children, they also experienced anxieties, *"thinking 'shit' … crapping myself"* (male manager) about what they were doing.

Children were thought, overall, to behave better for senior staff than more junior ones. Managers,

intervention workers and care staff thought this. They also responded differently to senior staff and managers in order to meet their needs; this was sometimes seen as manipulative:

> *"she came in my office … I said … 'go away I'm busy'. She said, 'I want to have a word'. I said, 'look at those lovely people out there … go talk to them for a bit'. And she goes, 'why talk to the flippin' monkeys when I can talk to the organ grinder?' I thought to myself 'fffff, if I was you, I'd probably do the same"* (male manager).

Most senior staff and managers' perceptions were that their positions brought some power. Where this was poorly used this was noted to have a potentially serious influence on children and staff groups:

> *"I've been in a home where the manager actually [had]… a favourite child … no-one has access to his room … even if you can smell 'weed' in his room, no one can come in … he start[ed] running the home … the child is running the whole show … that child has been given enough liberties, 'cos I heard what he said, 'I've got [them] wrapped round my fingers'. If a child would say that then that means a lot of things ha[ve] actually gone wrong"* (male care officer).

Their roles yielded some respect for authority. There was also a belief from the children that managers held influence and would change or overturn decisions made by other grades of staff. Some reported that they attempted to ensure that they enabled other staff groups, such as the care officers and intervention workers, to make decisions and manage situations themselves:

> *"with my position comes … hierarchy … [to the child]. Because well, staff 'A' had said 'no'. 'I'm going to get the shift manager because 'they' can tell 'them' that they can do it'. My immediate thing will be, '… I'll listen to you, but I'm not going to change anything. Because in here we make team decisions'… There is a different view from the [child] to a … manager… if they don't get what they want … They will try and get to the top. And [the manager] will come down and… then the [child] will ask something and they'll … look at me and I go, 'No'. So [they] says, 'there you go, there's your answer'… The expectations are different"* (female manager).

5.3 Who they are

Participants were asked about which groups of children they preferred to work with and why. All participants identified that those they worked with were 'children first' and that the children were

vulnerable. This overrode any other descriptive factor of the children detained in the secure setting. Despite having asserted this unanimously and very strongly, they also went on to detail how some characteristics such as gender and age impacted upon staff perceptions. Most participants preferred to work with boys than girls but this was mediated by age. They identified young girls as vulnerable and older girls received less empathy. Young boys were perceived as problematic whereas older boys were identified as being vulnerable; this was largely linked to potential suicide risks (5.4 Mental well-being of children).

5.3.1   Children first

Data analysis revealed that participants identified the group they worked with as *"children first"* (female manager). This was strongly held across all roles, degrees of experience and sites/locations, overriding any other aspect of who the child was, what they had done or what they were doing now:

> *"They're children first. They break the law second"* (female manager).

> *"Children first and offenders and problematic behaviours second"* (male manager).

> *"The offences are hard … at the end of the day they're children and you've got to separate that offence from them … So, what I say to the children [is], 'You have done wrong. You are serving a punishment. But that doesn't mean it has to affect the rest of your life. You deserve like anybody to have a good life and be successful'… that's really important because they are children"* (female manager).

5.3.2   They're all victims

Identifying that the children were always "children first" also led participants to consider them as victims and that their offences could be framed by this understanding. Societal factors, family situations, deprivation, poverty and trauma were described by participants as having led to offending behaviours. Participants said that the children had experienced *"horrendous lives"* (female manager) and been failed by adults and services:

> *"They've … struggled with their backgrounds … not been cared for, not been loved"* (female intervention worker).

> *"These children's … lives are so complicated … difficult and disrupted … nobody's helped them"* (male manager).

"We had a boy here … twelve offences of theft… when we looked into it, his family were starving … he was stealing bread and milk. Is that a thief that needs to be locked up … or is that a child that's desperate?" (female manager).

The links between experience and subsequent offending were expanded upon by many participants. Although being a parent (5.1 Who I am) had been identified as a factor contra-indicating a positive perception of working with children who have harmed others sexually, participants still advocated on behalf of this group of offenders and recognised the likelihood of them being victims themselves:

"I mean you got a [child] of four years of age doesn't start … pretending to have sex with a teddy bear does it unless it's learned it somewhere" (male care officer).

"when you're talking about sex offenders, kids that have committed crimes, sexual crimes against kids. Didn't just start when they were ten or eleven or twelve, generally it will have started when they were five or six or seven, and it might be that they'll be getting abused themselves, and then it's just a learnt behaviour and they've gone on to become a perpetrator" (female intervention worker).

Past experiences were not always perceived as defining future outcomes. An example of positive outcomes was given earlier (5.2 What I do) where a child was seen to have moved on because of new opportunities. The importance of changing external factors to help support children to overcome troubled histories was identified:

"If you take a [child] out of an estate that's filled with crime and hate and aggression and violence, and you take them out for a period of time and put them back in … What's going to have changed? … If they were … put somewhere pleasant and were surrounded by pleasant people with influences maybe after a while they'd change" (male care officer).

However, there was a strong belief in the power of individual self-belief and change:

"Take control of it do the right thing … you've been dealt a shitty hand, that's behind you. Don't let it affect … the future" (male care officer).

Identifying justice-involved children as victims encouraged a sense that they were worthy of being looked after and cared for. Where participants could not identify the victim in the perpetrator, or

they were thought to use their histories as an excuse, this changed dramatically. Participants noted that some offenders did not come from what they perceived to be troubled backgrounds. Where the participants did not perceive the children to be victims they expressed decreased tolerance and less understanding or positivity toward them:

"[He] was in here for a … very serious charge … He came from a good family… There was money there. He didn't … want for anything … I couldn't get my head round why he did what he did. It was really hard to be empathic towards him" (male care officer).

"He just did not know how lucky he was … he lived in some five-bedroomed house … When he was admitted to us, he'd committed a quite serious offence … three days before that he was [on holiday] … you know our kids couldn't tell you [what a holiday is] … he could do whatever he wanted 'cos his family would fix it ... and you're thinking, 'really!! Come and live with your fucking child. Look what you've created'… That's probably the only time in my life I've felt really, I can actually feel it now arghhh … I can honestly say that I hated him" (male manager).

Participants generally reported that justice-involved children were vulnerable and, therefore, at risk from others. They also said that they were a risk to themselves but even more notably a risk to others. They felt that services outside of the home did not take the risks to others seriously:

"They're threatening, they're violent, they're abusive … you know that they are going to ruin some-one's life … they're going to do serious harm to someone … You can tell it a mile off … You can highlight the risk but there's nothing else you can do about it. No one's going to take that risk serious" (female care officer).

This was the reason for detention and being secure and required that staff be risk aware. Participants felt that they always kept risks in mind in order to keep themselves and others safe. They reported that they planned for the management of risks and had a structured approach, including imposing restrictions.

"We discuss what the risk is, and the behaviour and the action taken … what we should do next time" (male care officer).

"He did really enjoy boxing and going to the gym, but because of the risk he posed he couldn't go, no way we were going to take him to the gym to enhance his physique. No way we were going to take him boxing either to kind of enhance any kinda skills he'd

got there" (male intervention worker).

There were some mixed feelings about how risks were managed and concerns that divisions about decision making regarding risk management within the team and between different agencies (5.8.2 Agencies clash) often occurred. There had been significant difficulties managing risks in some settings and this had resulted in a high level of sickness through injury or stress.

Some participants felt that it was easier to see the victim in girls or children from younger age groups, although this was also influenced by levels of functioning (5.3.4 Age does not make a difference, but …). Some participants spoke about children who were detained on welfare grounds rather than criminal orders, based upon their vulnerabilities. They identified that many of these were girls who were defined as victims of CSE; there was some scepticism about this but many did feel "[protective] ***more towards girls"*** (male manager).

5.3.3 Girls are difficult and complex

Participants reported that they had no preference when it came to be working with girls or boys. They did not think there was a difference or that gender was an issue, although this was influenced by the gender of staff: Participants noted that it was helpful for female staff to work with the girls as this might better support relationships. They also noted that male staff face particular challenges in working with girls (5.6 Who we are together). Despite saying they had no preference, only a minority of participants had a positive perception of working with girls, with some expressing a preference for this. When this was the case there was a very strong interest in the specific needs of girls. Those who were positive expressed a passion for working with girls and the need to provide them with comforts:

> ***"I love working with the females … when they say they've run out of bubble bath it's sort of hard not to say, 'I'll bring some later with me'"*** (female care officer).

This was very much a minority view. The perception that girls were more complex to work with than boys, and therefore more demanding, challenging and harder to work with, was more common:

> ***"I've not worked with girls … I don't like the idea … they're much more challenging"*** (female care officer).

> ***"Girls are more complex than boys … you have to have something about you to work***

with the girls” (male intervention worker).

“Without the shadow of a doubt it’s harder… it’s more complex” (female intervention worker).

One participant demonstrated the complexity of working with girls through relaying a specific experience. The story identified perceived risks, complexities and challenges that girls brought but also indicated some compassion and recognition of gender specific needs:

> ***“I’ve had to adapt to and learn more about and how it’s constantly changing... One day they’re alright with their key worker the next day they’re not. My attitude was ‘oh my god’ what are we getting, I don’t want to work with her. There’s a lot of self-harm a lot of assaults. There’s a lot of violence … we did have some arguments … I would say to her, ‘you like me during the day… as soon as I get on nights you don’t like me… I know it’s ‘cos you want your own way on a night. You think you’re going to get your own way ‘cos there’s not a lot of staff. And you know I’ll say no to you.’ She said, ‘yeh, yeh, yeh, yeh’… She only assaults people, when she’s trying to hurt herself… to get staff to stop restraining her… she’s had a lot of incidents and a lot of restraints and I think one probably out of fifty… has been an actual assault on someone else because she was angry. Everything else is because she was harming herself. But yet she’s in for assault on the care staff… I genuinely think … that a judge has sent her down the YJB route because nowhere would have her on the welfare route”*** (male intervention worker).

There were negative and stereotypical views about girls. Participants thought that girls held grudges and that this posed a challenge because they did not always know where they stood with them. They compared the girls’ behaviours to those of boys by portraying them as more calculating:

> ***“If you get it wrong with a girl, she’ll never forget … with a boy, you can go down a couple of days later and be like, ‘sorry mate about that the other day’. The girls keep bringing it up for three or four five months later”*** (female intervention worker).

> ***“With the lads … you know they don’t like each other. It’s clear as day… there’s none of this quiet, contemplating, thinking it over, ‘I’m just going to sit and stare at you’”*** (male intervention worker).

Mixing gender groups was thought to be problematic. Participants overwhelmingly did not like working in mixed units, they thought it was a barrier to care and generally blamed the girls for issues that occurred between boys and girls when they were together:

> *"I don't like the fact that it's a mixed unit … You're going to have problems … I'd ratherwork with the boys … put a female in the mix and the hormones and the testosterone go off the planet. The boys are a lot easier to work with. Um females, there tends to be a higher level of competition … The boys will lock horns to get the alpha male in place,once that's done there's very little trouble with them … We don't have 'saucer of milk for table 9'. We don't have all the cat calls with the boys that we get from females"* (female manager).

The courts and CJS were thought to be biased against girls. This was largely thought to be reflected in sentencing. This perception was firmly held especially by female care workers and those who provided interventions:

> *"If you had a girl that was in for an offence similar to a young boy, and the boy would be more likely to get a community sentence, the girl would get a custodial if it was a 'male crime'… that's an attitude of the judges, … 'you're a young lady you shouldn't be doing this … 'laddish' behaviour, and I'm going to show you and make an example to other girls'"* (female intervention worker).

> *"There's a stigma within the courts … you're going back to the cave men about girls going out committing offences …' they shouldn't be doing that. They should be looking after family or having children'… 'you're a young girl … you should be having babies'"* (male intervention worker).

> *"Any female that's been involved in any significant offending whether it's been violent or sexual erm, offending, is portrayed much more negatively for females than it is for males … 'oh that's a female and they've committed a sexual offence' and like, 'that's not supposed to happen', type thinking"* (female manager).

They said that the court system was unfair and that this was reflected throughout services, including in the homes where they worked. Participants noted that services were male orientated in their approach and these needed to respond through fundamental changes to adapt to the client group.

5.3.4 Age does not make a difference, but …

Participants initially reported that they had no preference regarding which age groups they worked with. They said they did not make comparisons of children by age. They did not think age was of relevance to their relationships or ways of working, except for needing to adapt language for younger children or promote increased independence for older children. However, this was later contradicted in many accounts. A few participants said that they did prefer to work with certain age groups. Some preferred working with older children because of their own personal attributes and older children's abilities to comprehend:

> *"Their age definitely influences [my perspective]"* (male care worker).

> *"I'm very frank and they understand"* (female care officer).

A minority identified that older children sometimes received less support and were not seen as still being children:

> *"because one of the younger ones when he was struggling to go to bed, they would pick him up and take him to his room … but I said; 'would you do that with a seventeen-year-old who weighs fifteen stones?'"* (female care officer).

Generally, the view was that participants felt more nurturing toward younger children; this seemed to mean pre-teens and early teens. They perceived that these younger children had a greater capacity for change, they did not have "*entrenched attitudes*" (male intervention worker). Participants identified vulnerabilities more readily in younger children, felt more protective toward them and were more forgiving of them.

> *"I think it's more sad the younger they are, I just think it's more tragic"* (female intervention worker).

> *"You've got to remember they're only twelve and thirteen and some of the stuff they're saying that you find inappropriate, they're just being young teenagers… It's different when it's coming from a seventeen-year-old if they're being sexually and verbally abusive. I find that to be very different and that can influence me as well"* (male care officer).

Age and gender together made a slightly different picture. Young boys were not always seen so favourably yet there was generally a mixture of dismissiveness and some implied

forgiveness in the way they were described.

"He's just a naughty little boy" (male care officer).

If they were small in stature the negativity was increased:

"It's just the 'little 'uns … it's the size of them … They're like little whirlwinds … Little boys, little boys, I categorically do not like working with because they are so demanding… they use their size to their advantage. So, they think 'cos they're still little, staff are going to protect them … I literally shudder when little ones come … I look at them and go 'oh little!'… I'm like 'phphph little ones!!!!' … I've been assaulted by little ones … wriggly … pint sized … even [the manager] says 'don't just look at the size. Look at what the potential is, what they're going to grow in to" (male intervention worker).

"Little cheeky one, you know 'you are a bit sly', like a pack of kids if you turned your back on them, they'd smash a bottle over your head or somat" (female intervention worker).

Participants reported that chronological age did not necessarily indicate a justice-involved child's level of functioning and that, in SCHs, the average age of understanding was only *"eight years and nine months"* (female intervention worker):

"We might have a seventeen year who functions as an … eight-year-old … physically he's a young man, mentally he's a little kid" (male care worker).

There was a strongly held view that LD or learning difficulties increased the children's vulnerability toward offending and reduced the capacity to work on their offending. Participants overwhelmingly identified a need for better identification of LD and spoke about the detrimental impact of this not happening:

"We've had about four or five recently over the last five, six years that were only diagnosed after the offence. And the parents have been saying, 'There's something not right' … that's frustrating" (female intervention worker).

"[Children] will have slipped under the net … a [child] might come here, and maybe shouldn't have gone to court" (female care officer).

Whilst some participants felt that they were skilled in working with learning difficulties and disabilities, a large proportion said that they were very **"worried"** (male manager), about the group, that many staff **"struggle"** (female intervention worker) to work with them and had little understanding of their needs. They argued that more training and staff development were required to enable supportive and appropriate interventions. Where this had been the case staff felt better equipped not only to deliver one-to-one sessions but also in daily interactions:

> *"I did not know how to communicate with people with autism … I said to somebody, 'Get your head down and get on with it.' Well, when they got their head on the table I thought, 'oh dear … Very literal'. And I struggled greatly with that … one of my colleagues she said, 'right then, we're going on a course'. So, we went on a course and it made me feel better"* (male care worker).

> *"They are more vulnerable and more needy… in the understanding of their offence and their understanding of the licence conditions"* (female intervention worker).

5.4 Mental well-being of children

Participants spoke about the children's health. There was no indication of parity between physical and mental health services or needs because physical health was a given whereas mental health was a problem. Physical health was an automatic need and right; physical health needs were not raised as an issue by participants, there was no indication therefore that this would have any impact on how they would perceive the children. Mental health was seen as problematic. There was a strongly held perception that those with mental health needs, including those who presented with self-harm behaviours, were difficult to work with and increased anxiety, stress and negative feelings in staff of all grades and in all roles.

5.4.1 Mental health is challenging

Participants across all grades, roles and settings said that there were high rates of children diagnosed with mental health issues in the YSE. They said that the majority of children in SCHs had mental health problems and that they were the most challenging group that they worked with. It would follow, therefore, that most of the children were challenging, although this seemed to be dependent on degrees and presentation/symptoms of mental health problems.

There was a high prevalence/diagnosis of ADHD on the units. Participants said that this group could be difficult to work with because they were very active. They did not generally perceive this

group negatively. However, they did question the diagnosis, indicating some dismissiveness of psychiatric diagnostics in some cases:

> *"[H]e'd been diagnosed with all sorts. You know, psychotic and blah de blah de blah. But the simple thing was he was [bullied] … So, he's got two options you either curl up in a ball, fight or flight you know … where he came from … you didn't run away. So, it was fight … 'til it got to the point where he caused quite serious harm to some people. And yet he was diagnosed … psychotic … It was just a learnt behaviour you can unlearn. You don't need a medical diagnosis for … a coping strategy"* (male manager).

A large proportion of the children placed in a SCH were subject to Child and Adolescent Mental Health Services (CAMHS), which was perceived by some participants quite positively. Those who were positive considered that CAMHS were accessible and gave opportunities for children to talk about any issues they might have. A negative view was, however, more dominant. Some participants indicated that prior to the increase in CAMH services they had provided interventions and support themselves. A strongly held view was that there was a divergence in ways of working and expectations between LA employees in SCHs and healthcare staff (5.8 The importance of other agencies). This highlighted differences in opinion between how mental health issues should be defined, managed or treated and highlighted a scepticism about mental health needs and service response.

> *"None of these children ever get diagnosed with Post Traumatic Stress Disorder… I don't see how they can possibly have not suffered Post Traumatic Stress"* (male manager).

> *"Everybody … has got something. You know our kids rattle with pills, … if there is an increase in discovery of disorders or inabilities or abilities then it usually is commensurate with the increase in health services. So, the more health services you've got, the greater the levels of diagnosis"* (male manager).

> *"Sometimes I think really?! Is this just a naughty child who needs to learn a lesson but will learn it through natural growth? … if they were out in the big, wide world [would they] have all this intervention? The answer to that is probably not"* (male manager).

5.4.2 Self-harm is distressing

Self-harm was by far the most emotive topic for participants. Some described it as 'attention

seeking behaviour' and the majority perceived that there were two main categories of children who self-harm:

> *"the ones that were at risk of doing it or [those who] said they were going to do it which I've seen a lot of times when [children] come in from court, especially around Christmas: 'if you send me there, if you lock me up, I'm going to fucking kill myself … If you tell anyone they're not going to see their family at Christmas, bad thing there"* (male intervention worker).

They also said that girls were more likely to self-harm than boys and related this to the complexities and vulnerabilities of younger females (5.3 Who they are). Younger girls who self-harmed were identified as victims and received more empathy than did boys or older children.

> *"[Girls have] got the visible scars … when you first see the scars it's hard to not be so sad … her whole body was just, just desecrated … scars everywhere … it's just tragic for me, what has this poor girl been through in her thirteen years on this earth, to have to do that to your body? … it's hard to hide that emotion as well"* (female intervention worker).

They gave graphic accounts of what they had witnessed. They described dealing with ligatures, cutting, pulling out hair, biting self and ingesting dangerous objects. They all reported that they had been traumatised in some way, dependent on the type or degree of self-harm and their previous experiences of working with it:

> *"[He would] chew at skirting boards to get chips to dig in his eyes … [It was] stressful 'cos it was distressing"* (female care officer)

> *"She was going to hang herself … eat something … punch herself in the face"* (female intervention worker).

> *"Pulling hair out I can completely cope with. The destroying the room I can cope with. Biting the chunk out of the arm … not sure where to go"* (female manager).

> *"She had what I call 'corned beef face', eyes bulging, foaming from the mouth … horrific … brings you up to a dead stop … it's horrifying"* (female manager).

"I don't know if I forgot how distressing it was or how traumatic it was for you as a member of staff at the time if you haven't experienced it before … really difficult" (female manager).

Some participants identified that they would avoid working with incidents of self-harm and allow other staff to take over because they could not deal with it. For one participant the high levels of self-harm had led them to consider leaving the job:

"[it] actually puts me off … working here self-harm, to some extent" (male care officer).

Many felt that they had learned to cope in the main just by repeated exposure. The majority of these said that they had become used to it, just got on with it, switched off, went onto *"auto pilot"* (female care officer) or developed some skills over time:

"You don't get used to it. You learn how to deal with it. Very big difference" (male manager).

"If I've had to cut a lot of ligatures off or … mop up after cutting, at the time it does not affect me at all. And I don't mean to sound callous about that. I go in… get it done. I will then go off and I will have a very strong cup of coffee. And I will guarantee my legs are shaking … I'll have a few tears. And then I'll get a grip. Get back in there" (female manager).

"[You] just get used to it. And then when you get used to it, and you get your strategies you're better at it … I can do it because I'm confident … if your attitude is more positive, then you're likely to be better" (female manager).

Very few participants said they felt they had skills in working with self-harm; most said that they could not get their *"head round it"* (male care officer), did not understand self-harm or feel confident in working with children who harmed themselves. Some had limited conversations with those who had self-harmed for these reasons but also because of a fear they might say the wrong thing:

"What I don't understand about this self-harm which they do is that I feel like it's a way of easing your frustration…And the lad that was here …I said, 'come on why are you doing this? You are hurting yourself' … He said, yeah 'cos he's frustrated … I say, 'yes I know, but you're making it worse … but he [will] not listen" (male care officer).

"You know you have key phrases and statements in your head of what you say in certain situations. I think it would just be 'What you doing, doesn't that hurt, what are you achieving?' But it's … limited, it's a five second conversation. And obviously, what else are you going to do?" (male care officer).

5.5   What they did/do

Participants were keen to talk about the reasons children were in their care and how they felt about them. Whilst they all reported that what the children had done to bring them into the secure setting had no influence upon their perception, their accounts were riven by contradictions and there were many 'buts'. The offence types, victim types, when and where the offence had happened and length of sentence impacted upon how participants perceived the children.

5.5.1   I can work with any offence except ...

Participants said that offence types had no bearing on their perception of children or the ways in which they worked with them. However, when asked how they managed working with different offence types, this certainty disappeared. They spoke of specific cases that were hard to deal with or they felt were upsetting and, at times, offences that some staff did not want to work with:

"We have had [children] that we've said, 'Oh we don't know how we're going to work through' … 'I can't get past his offence'" (female intervention worker).

"There's some people … because of their offence that I don't think staff like them and they don't want to forget what they've done" (female care officer).

They identified different coping mechanisms such as forgetting or not thinking about the offence as they considered if they did, then it would make it harder to work with certain offences/offenders:

"[I] might be disgusted, but if that perpetrator comes here … it's not what they've done, it's horrific but I'm in a situation where I have got to be able to manage… if I don't then I think that's when … staff get negative [perceptions]" (female care officer).

There was a recognition that there was a hierarchy in terms of acceptability of offence types; generally, participants said that these were driven by the children themselves rather that the staff:

"[There's a] hierarchy about what's acceptable amongst the boys" (female intervention worker).

"You could see in quotations 'top dog' … Sex offenders … they're the bottom of the rung … if their offence is against a child, bottom of the rung … assaults on old people, bottom of the rung" (male intervention worker).

Despite attributing the hierarchy of acceptability to the children themselves, participants did go on to identify negative perceptions of those who had committed certain crimes. These were very individual to each participant but the commonality was that all participants had preferences, dislikes and opinions regarding different offence types. Sexual offences or HSB were the most commonly spoken about. Some participants had a particular interest in working with those who had committed offences of a sexual nature; those with this interest found the work *"fascinating"* (male manager) but their interest and tolerance was linked to the type of HSB. It was also dependent on the age of the offender and/or the age of the victim:

"adolescents having sex with a child under five you know, doesn't surprise me or shock me anymore. Which sometimes I do get a bit worried about; I have to be honest, because some are quite hard" (male manager).

"The thirteen, fourteen, fifteen-year-olds I think you would still see as children, they can still be helped … When you get to sixteen, seventeen, sexually harmful behaviour I think that's a bit more worrying" (female intervention worker).

An inability to identify the perpetrator as being a victim, the impact on the victim of the offence and the staff member being a parent all had an impact:

"He'd raped his sister … more than a few times … I was just saying to him, '… can you understand how it's hurt your mother?' and he said, 'yes but I've said sorry', and I said, 'but sometimes saying sorry's not enough … Imagine if you had a cup and you dropped it on the floor … it's all broken. Then imagine you've picked that cup up and super glued it all together. Well, it'll look like a cup, but it's still broken … if you pour water in it, it might leak … that's what offending does, and particularly your kind of offending'" (female intervention worker).

"If I had to pick somebody, I'd never want to work with again it would be sex offenders … they will push boundaries … they are doing it to be devious … they know you don't like it, they know it's making you feel uncomfortable" (female care officer).

Senior staff and managers readily identified that care staff struggled with perpetrators of HSB:

> *"They talk about their offences and stuff like that especially with sex offenders, when the victims are young. They go, 'so and so's that age. Like. Who? My daughter'. And they have that in their head"* (male intervention worker).

> *"They struggle with … kids who've committed harmful sexual behaviours … one member of staff, recently there was one [child] that admitted they'd committed rape with an under five … and they struggled to work with that person and went off sick"* (male manager).

Murder and gang related offences also figured highly in participants' concerns. For murder this was related to how the crime had been perpetrated or who the victim was (a sibling or a much younger child were most heinous):

> *"It was a murder charge … I was a little bit worried because of the nature of the offence … I didn't feel comfortable"* (male care officer).

> *"[She] probably knows everybody hates her for what she's done because she's killed somebody… a child"* (female intervention worker).

Gang related offences seemed to negatively impact upon participants because of the perception that gang related behaviours would continue in SCHs:

> *"[They bring] the gang culture into the unit … You could not sort of remove that sort of gang culture … which is really hard"* (female care officer).

The types of victims influenced how participants felt toward the offender regardless of the offence type. Some participants, as already indicated, reported that offences against other, much younger, children were difficult if they were a parent of a child of a similar age to that of the victim. Some also related this to other meaningful relationships:

> *"The … victim group that I would find the most hard … is the older group … because all in my mind I'd keep playing back is, is that my grandma?"* (male intervention worker).

> *"Who can do that to their… sister? … she's killed somebody. Not just somebody, a child … she's not a likeable … sort of person … she's cold, she's calculating, and she's manipulating, and she is dangerous"* (female intervention worker).

The majority of participants found cases geographically close to their home more difficult to work with than others. They thought it was difficult to work with children who had committed offences in their local area (regardless of the severity), especially if they knew the victims or if there had been a personal impact:

> *"I had met the victims … It affected some of the people I knew … That was very challenging for me … a bit too close to home"* (female intervention worker).

> *"A [child] was admitted for a burglary of someone who was working in the evening … the [child] was actually transferred twenty-four hours later because it was quite clear the member of staff was going to have difficulty with them"* (male manager).

The length of the child's sentence had an impact on perceptions around working with them. Overwhelmingly there was more positivity toward those serving long sentences, even though we can assume that longer sentences were given to more serious offences. This was, in the main, due to the belief that more could be achieved and changes could be made. Short sentences were generally deemed to be *"pointless"* (female intervention worker), although a few participants did say that they just had to be realistic about what they could achieve in short periods of time:

> *"[We] would rather work with the … long timers … Then you've got something to get your teeth in to"* (female manager).

> *"When you've only got them for two months, it's difficult to get anywhere … it's a pointless sentence because it's not long enough to make a difference … if you have them for a year you could at least really make a difference"* (female intervention worker).

5.5.2   It's what they do now

The majority of participants identified that current behaviours of the children had a greater impact upon their perception of them than did offence types or their characteristics. They stated that this was by far the biggest factor influencing how they felt toward a child, their perception of them and overall perceptions of working with children. Being helpful, caring or funny endeared some of the children to the staff. Bullying behaviours, aggressiveness and violence were seen negatively, although perceptions of these could be mediated by other factors such as gender, age and vulnerability.

Participants, in the main, said that they liked all the children that they worked with, although this

was contradicted in other things they had said. They also detailed how they made judgements about the children based on the behaviours that they displayed. They noted that they had a **"soft spot"** (female manager) for some. However, they were keen to stress that this would not be identifiable by the children or other staff. They liked and got on with children who showed humour, were warm, switched on and could have a bit of **"banter"** (male care officer):

> **"He was funny, he was cheeky, he was easy to get on with"** (female manager).

There was a perception that more vulnerable groups, described as **"underdog[s]"** (female care officer), such as those who had LD, were more needy and deserving of increased attention and support. Defining 'underdog', though, was linked to very particular circumstances: A child coming from a deprived background might have been seen to be a victim and deserving of care, however if that deprivation meant his personal hygiene was poor or his victimhood had resulted in infection/ infestations, then there was some suggestion that he might be ridiculed:

> **"people didn't like it because when he came, he'd got pubic lice … and they're all scared of catching pubic lice … [They said] 'you're his key worker get on with it'… people wouldn't go near him because they didn't want to catch it"** (male manager).

Participants expressed a dislike for children who they thought exhibited bullying behaviour, selfishness, defiance or a lack of care for others. These traits, when combined and exhibited in negative, abusive or uncaring behaviour toward their peers, were seen as particularly awful:

> **"[It's] really hard is when … there's no consequential thinking in terms of 'how is he?' ask everybody else. 'Well I don't care. I don't care. Why, why should I care? I don't, I don't give two fucks"** (female intervention worker).

There was often a collection of behaviours or particular traits that culminated in negative perceptions. Participants sometimes found this difficult to describe but they were clear on how they made them feel:

> **"He was so brash so wide … His dad was an abuser … he didn't want to be like his dad, and he was like his dad … obnoxious … My first thought was 'I can't work with him'"** (female intervention worker).

> **"I couldn't stand the way he spoke. There was something about him … There wasn't much to like about him … Luckily, he wasn't here for very long … he'd be speaking to**

people like a piece of shit … I couldn't stand that side of him … From looking at him, to the way he walked, to the way he spoke to people, to his attitude to his demeanour. I couldn't stand him" (male care officer).

"I wouldn't piss on him if he was on fire" (male manager).

5.5.3 Dealing with verbal abuse and its impact

Most participants had experienced verbal abuse, this included males and females. Some identified that staff could feel targeted, they could get offended when they were sworn at and tolerance could suffer. For this group there was an acknowledgement that verbal abuse was potentially harmful:

"He'd come and seek me out, target me. Quite aggressively … I came to not like him to be honest" (female care officer).

"When kids are saying, 'oh … fuck you, you pig, whore' and everything … you put it in your memory, push it down, you don't want to come back to this place to work" (male care officer).

On the whole though, participants thought experiencing verbal abuse was the norm, it was expected. They thought that this was why staff needed to be resilient to be able to deal with this:

"[They're] challenging … [we] need people who are not gonna sort of wilt at the first time somebody's going to 'shag your mum'" (male manager).

Name calling and its impact on staff was minimised by the majority and some almost seemed to feel a degree of pride when novel terms were used against them or when derogatory nicknames had been earned. Some of this appeared to be a means of coping but others indicated potential goading:

"A kid called me a 'peado'. My response was, 'yes! At last!' I've been called everything but never … a 'peado'… my daughters been shagged by kids. My father's been shagged by kids. I can't think of anything that would upset me" (male manager).

"When they say, 'you're a fucking bitch …' then I say, 'Mrs Bitch to you', it takes the sting out of it … 'say something to me I've never heard before, then I'll be offended. And I'll give you a golden credit because you've impressed me'. I'm actually [some evil film character] … I find some of them quite endearing" (female manager).

"[If they're] trying to wind me up I enjoy it because it has the opposite effect … winds them up, because they didn't get the reaction they want!" (female care officer).

Racial abuse was only raised by participants from BAME backgrounds; there were different feelings about this, one perspective indicated a form of tolerance whereas another demonstrated what a negative and distressing impact this could have. Racial abuse, therefore, was perceived differently by different participants:

"If somebody calls me a fat black bastard ten times a week, and the next week they're calling me eight, and the next week five … at the end of the day their behaviour is improving."

"[I wanted to] withdraw myself because [he]… was being verbally abusive and threatening towards me … racism is something that could actually weigh me, bring me down."

Many participants reported being *"emotionally abused day in and day out"* (male manager). They felt that this increased the risk of the development of hostile and abusive reactions from staff members and teams. At the extreme an abusive culture might develop:

"You become hostile, it affects you … you want to respond the same way as they to you" (male care officer).

"Some people become almost abusive because of their experiences of being abused by children day in and day out. And then the transference occurs and then they start treating other people in that way … They're not willing to work with the children … you have to constantly battle against that" (male manager).

Participants felt that they were exposed to information and challenging behaviours with such frequency that this became normalised. There was a clear risk of de-sensitisation and normalisation of inappropriate or abusive behaviours:

"What you see every day is really traumatic … It's really not normal … most people would be horrified, wouldn't they?" (female manager).

"It's such an everyday thing. So, this job desensitizes you …, you'll watch somat on the news and your friends'll go, 'oh that's disgusting.' And you're like, 'Oh. Yes, yes.'

because you forget they lead a normal life, and they don't put up with any of this sort of stuff" (female intervention worker).

There was also the potential for dismissiveness, a 'so what' type of attitude:

"I'm absolutely totally desensitised. When we get a … high profile case … you think to yourself, 'mmmmmmm well, sorry about that'" (male manager).

A marginalised but alternative view was that staff are not necessarily desensitised. This was rationalised in the following statement:

"if you become desensitised then you'd be going home and when my four-year-old just shouts for example, that's wrong, … 'I don't want you swearing at Mummy like that, that's wrong don't shout at your Mummy'… if you become desensitised, you'd just sit there watching SKY sports" (male intervention worker).

5.5.4   Being assaulted is part of the job, it is expected and sometimes welcomed

Participants reported threats of violence and actual violence toward themselves and others at work. A few participants reported low levels of tolerance for violence and aggression but it was generally accepted as part of the job and they felt that this did not, or should not, deter them from working with the child. Indeed, some participants felt that they actively sought to work with cases where there were extreme challenges or behaviours. They reported multiple threats happening with high frequency:

"I'll smash you all over the place. Come on let's have a fight'… If you didn't get threatened to get stabbed on a shift, then you probably weren't working … If it wasn't stabbed it was getting punched … you just judged them, and you worked with them on the behaviour they demonstrated" (male care officer).

Some reported that they could see the benefits of working with violence and aggression more readily because changing such behaviours was immediately evident. They thought that this marked success. Others indicated a competitive element and therefore some kudos in managing particularly difficult and violent children:

"they said, 'oh … you'll like [jimmy] …', I said, 'why's that? Because he's difficult?' I quite like difficult kids" (male manager).

"I am less inclined to want to work directly with them if they're not that challenging … really violent and aggressive" (female manager).

"If the staff are finding somebody difficult, I will go over and above to try get in there … it's a competition thing … The more challenging the better … really rude, abusive and threatening, the first time you get a "please" you think somebody's given you the lottery" (female manager).

Overall, the tolerance of violence did not appear impacted on by being actually physically assaulted or hurt in an incident and there was little fear displayed. Male staff stated that they did not have an issue with managing violence and aggression; some female staff reported similarly:

"[I'm] happy to go in, headfirst into a restraint 'cos I'm not bothered about being punched in the head" (male care officer).

"I was very badly assaulted … You come back after that and you look at it in a different light … No it's. No. No. It's not difficult … No. No. No. Not at all. That's well in the past … I honestly don't know!!! … My view … is, and actually what I say to the [children], if they are threatening me, 'Well could you do it so I could get a couple of weeks off. Don't just pinch me'… I'm not afraid of being hit … we wear an alarm system: They're only ever going to get one in before you get support there" (female manager).

5.5.5 Seeing others assaulted changes you

Although there were high levels of tolerance reported with regard to concerns about assaults on self, participants held a particularly negative perception of children when their colleagues were assaulted by them. Some participants were concerned about their colleagues following incidents of violence. One described how an assault had left a colleague *"very delicate, she's very fragile"* (male care officer). Participants felt conflicted but indicated a need to help each other.

"One of my favourite staff members would have said to me, 'Can you stay?' I'd have said 'No. Because it's shit. I don't want to be here. I want to go home'… I would have been absolutely distraught if that incident occurred and I could have been here" (male care officer).

Emotions relating to witnessing colleagues being hurt in incidents of violence were strongly emphasised:

"We had [a] staff member who I absolutely loved … during a restraint he was quite badly hurt … I was really angry with the little lad who'd done it … pissed off with him … I found it difficult to see people sitting in a room laughing and joking with that kid, knowing what he'd just done" (male care officer).

Witnessing their colleagues being hurt was thought to *"change … something inside you"* (male care officer), it had an impact on how participants felt towards the children they worked with. They reported feeling negativity and that there was a risk of subsequently becoming abusive themselves:

"Some people become almost abusive because of their experiences of being abused by children day in and day out … they start treating other people in that way … They'renot willing to work with the children" (male manager).

"I did work my way to wind him up, annoy him, make him angry … After not many shifts, it was kind of like if I carry on like this it's going to make it harder for everybodyelse … [and] myself. I sort of need to move forward, so I just did" (male care officer).

A positive reflection on violent incidents was that teams could work through these together, become stronger, develop and learn lessons.

5.5.6 It's the worst case ever

Despite their comments about violence and aggression, many participants asserted their preference and ability to work with what they or their colleagues perceived to be difficult cases. Similarly, they described what was perceived to be the *"worst [case] ever"* (male intervention worker). They gave descriptions of the 'worst cases' as being ones they had enjoyed the challenges of working with and contradicted previous statements about behaviours they also did not like to work with:

"I'd a girl who everybody viewed as … one of the most dangerous girls they'd ever seen … breaking people's legs, arms, and … intimidated … the staff. A lot of the staff wouldn't go near her … I can't see why people were scared of her" (male manager).

"You'll always think somethings harder, 'cos everyone always says it, 'this is the worst person I've ever worked with, the worst offence' … people are thinking it's the

worst ever. I say, 'it is for now'" (male intervention worker).

"Every time we have a new admission now they'll say, 'in terms of difficulty … how difficult?' and I'll say, 'well, remember [Sam]?' and they say 'yes' and I say, 'well if [Sam] was a nine, this kids a two'. And they'd go, 'I don't think so'" (male manager).

5.6   Who we are together

Participants detailed how their relationship with the children was critical; the *"most important tool"* (male intervention worker) used in their work with children. Although some participants felt that it could take some time to build relationships, they all felt that being able to do their job relied heavily upon doing so. There were occasions when participants felt that they knew at the point of meeting a child if they would be able to get on with them or not. They said that they would immediately identify cases where they would find it *"difficult"* (male care officer) to build relationships but noted that this 'difficulty' was not commonplace and, where it existed, they would work harder to do so. Participants were adamant that instances of disliking any of the children theyworked with were rare:

"I've probably come across [thousands of] kids. And when I think of that he's the only kid … one out of six hundred odd, … six hundred and fifty thousand or there abouts" (male manager).

Despite this there was evidence that where children were disliked, this dislike could be strongly felt. The evidence for this came from the use of emotive language and graphic descriptions and memories of particular children. Many of the reasons were linked to who the children were (5.3), and what the children did and do (5.5). Overwhelmingly, however, they did not like the children who were identified as being more privileged than was the norm (5.3.2):

"I can remember his flipping blue adidas 'cos I'm thinking, 'I've got a pair of them'. And I'm thinking, 'God I don't even want to wear 'em now 'cos he's wearing them'" (male manager).

Participants maintained that such strong feelings would not be overtly evident, that they were able to put on a professional 'face' and others would not be able to identify their preferences or dislikes:

"[Staff say], 'but you're alright you get on with everybody' … 'Of course, I don't get on

*with everybody. You tell me the ones I don't get on with.' And they can't name them …
'The day you can tell me which ones I don't get on so well with I'm finished'"* (female
manager).

*"People would never know it, I'll be pleasant to him and I'll work with him when I need
to"* (female care officer).

5.6.1   Choice trust and respect

All participants said that they worked with all the children on their units, that there was not, and
should not be, any choice in this. They all identified scenarios where others declined or refused to
work with some of the children. In the main this was frowned upon. It was also evident, however,
that some staff members did make choices because of personal likes and dislikes. In these cases
some managers supported the choices by giving alternative work rather than challenging the staff
on the presenting issues:

*"'Cos it's like ['I can't stand Mary'] … Just 'cos you can't stand Mary … there's eleven
others round here that you can work with"* (female manager).

Making choices and defending them was generally viewed negatively; a means by which to do less
work or less challenging work and to not address issues. On occasions staff were thought to
devise stories in order to avoid certain children:

*"You might as well not work here at all if you have preference yeah, I feel like its
discrimination against that person. That's a crime … you are supposed to work with
anybody, no matter what"* (male care officer).

*"[it's] unfair, people shirking … anyone in the office could say 'I'm not going to work
with him tonight because he was targeting me yesterday, he was threatening me'…
It's quite easy to walk in and say, 'I can't work with that [child] today'. I'm tired, I'm
not in the mood today. Please don't put me with … It happens"* (male care officer).

According to the majority of participants there were no acceptable reasons to choose with whom
they worked, with the exception of direct experience of assault. Where a staff member had been
assaulted by a child they might find themselves in conflict because of risk issues or criminal
proceedings. This was felt to be a justifiable reason to choose not to work with someone.

Many felt that the gender of the staff might influence their choices with regard to working with girls.

Girls were thought to be difficult and more complex than boys were (Who they are 5.3.3). None of the participants, male or female, made any negative comment about choices to work with boys based on gender alone. Male staff argued that female staff might be better placed than them to work with girls because they thought they would understand girls better and be able to attend to female specific needs because of their gender. They did not assert the same arguments for men working with boys. Female participants did not argue this either. Both genders of participant sympathised with male staff perceptions of working with girls:

> *"There are certain subjects that are more difficult to sort of broach with a girl than a boy if you're a man … you know the sexual kind of things … you've to be really, really careful in the way you're working with them"* (male care officer).

> *"One of the girls used to try getting male staff to feel embarrassed … she'd be full on, 'I'm on my monthlies … I need some stuff' … 'Cos she thought we'd be embarrassed by it … She was always … on her monthlies"* (male intervention worker).

> *"we've had a couple of female residents historically that have taken their clothes off … [males] would be worried about restraining a female child when they were naked … that obviously does impact on how you work"* (female manager).

> *"The female staff would rather have a unit full of males …'Cos they're bitches. The [female staff are] bitches themselves maybe"* (male care officer).

Trust and respect were particularly important in managing relationships. Trust and respect were reciprocal, enabling communication and better outcomes. It was seen as imperative to get this right early after reception, although there were limitations:

> *"You've got … on average a hundred and five, a hundred and ten days … you've got to trust and respect people automatically rather than earn, because by the time you've earned it, they'll have left"* (male manager).

> *"I take the Micky out of them appropriately, they take the Micky out of me, and that's fine… when they cross the line, I'm able to pull it back. And say 'er, we're going too far' … you can get along with me in person but don't think you're my mate, you don't ever trust them"* (male care officer).

5.6.2 We are like family

There was a sense that staff in SCHs had:

"… a unique opportunity to try and give them different parenting" (female care officer).

This extended further to what could be described as familial relations between participants and children in their care. Participants reported that 'parenting' was an aspect of their role and explained that they were often seen by children in their care as parents or siblings:

"Older staff … can parent better… some of the older females can be like a mother figure … fathers" (male intervention worker).

"I don't know whether you call [it] appropriate or not … she kind of sees me as an older brother" (male care officer).

"She's attached herself onto one person almost like a mother role … She saw me as a bit of an older sister a sort of role model for her" (female care officer).

"'Can you be my dad?' and I said, … 'no'… she says, 'no?'. I said, 'I've already got two muppets of my own. I don't need a third one'" (male manager).

The closeness and depth of relationships resulted in extreme emotions; feeling upset and experiencing a sense of loss when children moved on was not unusual:

"When he left it was like losing my own child" (female care officer).

There was some reflection on this issue and a recognition by some that getting too close could be problematic:

"I make it perfectly clear that it's a professional relationship" (female care officer).

"I don't live with her. There's some things that she gets up to that I'm glad I don't live with her" (male manager).

"You've got to be careful you don't get too close … you're not a family member … I care, because that's … what I do but, I'm not your dad … I'm not your brother, I'm not your sister" (male manager).

"I decided to myself I would not get too emotionally attached … you want to go in and do so much more than you're allowed to … it's sort of like just pulling back all the time" (female care officer).

5.7   Where we are: The context

Where participants worked, the setting, the context and who they shared it with (their team and those outside of the home) seemed to influence the perceptions of participants. They all detailed that these things impacted upon how they could do their work, how they felt whilst they were at work, how they related to the children and, overall, how they felt about working in their teams.

5.7.1   We are a children's home

Participants held the view that they were a children's home as opposed to a prison. This was linked to the notion of 'children first' (5.3.1):

"We're not a prison for children. We're children's home first, and a secure unit second" (female manager).

They largely avoided mentioning the custodial aspect of the environment, although this was modified to some degree by participants who reported that some children needed a secure environment. They noted that the environment kept children safe; some identified that this could also keep others safe, therefore recognising the risks to others:

"We do what it says on the tin ... We're a secure environment … we contain, that's our job" (female intervention worker).

The settings were different in their décor and layout. There were differences in opinion on what was appropriate for the settings in order to support the children. Those in newer settings recognised improvements in design, the technology that came with it and the positive impact of that on care:

"The design of these places is better now … you've got three hundred odd cameras. You've got en-suite … the design of secure children's homes has improved in that aspect, so I think the potentials for abuse and things like that is less" (male manager).

"The building's … modern … it's designed better. So, it's easier for the [children] to live in as well as the staff … better to live in" (male intervention worker).

Participants thought that the home itself impacted upon their perceptions. Where homes were described as having comfortable furnishings, they were seen as more relaxed and conveyed an image of greater calmness for the children, as well as the staff. Homeliness seemed to matter to most participants and where the home was deemed too clinical, this was perceived as uninviting and negatively influencing the care and management of children in the home:

> *"Behaviour management … is not just about people but about the environment you're in … Kids behaviour changes depending on the environment"* (male manager).

> *"We can't have sofas in the day room and stuff for obvious reasons, they get thrown around but … we were trying to watch a film a few weeks back and we were all fidgeting … it's so flipping uncomfortable … Can't we just have some cushions and things to put on the chairs?"* (female care officer).

Working in a SCH was thought to be potentially lonely for staff. This was reported with regard to the isolated feel of the environments despite most being in close proximity to communities. The nature of being physically locked in the buildings and the obvious fences defining the boundaries could give a sense of isolation and increase the institutionalised identity and ways of perceiving:

> *"If you're not careful you come a bit sort of, not institutionalised, but a 'little house on the Prairie[9]' here"* (male manager).

In addition to the physical environment / the actual setting, participants thought that the environment was affected by policy and procedure. They said that it was important that these enabled, structure, routine and *"clear boundaries"* (male intervention worker). Where there was flexibility in application of procedure or policy this was seen negatively. Participants were clear that there should be absolutes in directives and responses to situations. This was most notably asserted by care staff who demonstrated either some reluctance in decision making or a concern about which policy or procedure would be supporting the decision:

> *"Some of the procedures can be the downfall … some of them have got so many little grey areas and sometimes the way they're worded you can adapt them"* (female care officer).

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[9] Little House on the Prairie: "A long-running drama based upon the "Little House" series of books by Laura Ingalls Wilder, "Little House on the Prairie" follows the lives of the simple, farming Ingalls family who settle into a quaint little house on the banks of Plum Creek near the small town of Walnut Grove during the late 1800s" (Little House on the Prairie (TV Series 1974–1983) - IMDb).

5.7.2   The team

Participants unanimously said that they belonged to strong supportive teams. They identified this as being a positive in terms of the ability to undertake challenging work with children and also for personal support:

"I can phone this place and talk to somebody" (female care officer).

"If things affect me … I would discuss it with … my team" (female manager).

The sense of working together, being able to rely on others, was strong. Participants said that staff members cared about each other and the team as a whole and ensured that together they were available to provide what the children required:

"I'm not one to go off sick … If you call in sick here, you're letting people down. And I know what it's like to be on shift and then have one person turn up … it affects the whole shift. 'Cos you're already a man down and everything's going to be that little bit tighter" (female manager).

This positive portrayal of healthy teamwork and the togetherness of approach for the children was important to the participants. The healthiness of the team seemed to rely to some degree on retaining good staff. It was also evident, however, that low turnover of staff could reduce the ability to consider new ideas that might enable service development to best meet children's needs.

At some settings there had been little change in the staffing and this itself caused some concerns about team relationships and therefore negative impact on the children. Conversely, a high turnover was also perceived as negative; a *"revolving door with staff"* (male care officer) left participants feeling frustrated with staffing levels and lack of experience. The positivity initially portrayed was not maintained when participants started to talk about individual colleagues and how individuals could impact upon the journeys of justice-involved children. They contradicted their portrayal of belonging to healthy teams by identifying particular staff members who they did not value as part of their team. In some cases this was linked to an appraisal of how others worked, forexample, feeling that some staff did not work in the ways they should. This related largely to a perceived lack of commitment to working with some children, inconsistent ways of working or, more seriously, to misconduct and harm of children. This appeared to be linked as strongly to personal likes and dislikes as it was to professional views:

"I don't like the way she works. In fact, she's borderline as a person" (male care officer).

"[his] tolerance is not as it should be … he seemed to be totally detached and not really interested in the kids … this person's … got a kid at a nursery and if he thought that the staff at the nursery were not really interested in his kid, I think he'd have something to say about it" (male manager).

More pertinently, they identified staff members who they just did not like or did not want to work with. This evoked strong feelings and impacted upon staff mood and, they said, spilled over into their own behaviours:

"You walk in, look at the board and you think, 'I don't like him … her …, it's going to be shit tonight'… then I'll have a nightmare of a shift [and] I'll shout at people because I'm tired" (male care officer).

Despite their direct negative observations of individuals or the concerns that they raised, very few volunteered any means of managing or dealing with this. They noted that their own behaviours at work could reflect feelings associated with colleagues and raised their concerns about safeguarding of vulnerable children. Some did say they would challenge other staff members where required. However, they also reflected that this was difficult to do. Only one participant actually volunteered having reported an instance of something they were concerned about because this had adversely impacted upon a child. Another reflected on the need to do so, this being based upon experience of having worked in the past with staff who had since been held to account through the CJS for abuse against children they had worked with in the past; this influenced current expectations:

"When I hear cases now of child abuse in kids' homes and things like that it doesn't surprise me at all … I start thinking about some of the people I've worked with here and I think (sharp intake of breath), I wouldn't be surprised if in a few years' time something crops up" (male manager).

5.7.3   Support and supervision

Support and supervision were key enablers in working in a SCH. Most participants described feelings of isolation and limitations in terms of outlet for their thoughts, feelings and experiences. They felt strongly that those outside of the settings (even where they were in similar lines of work)

Page **118** of **219**

could not understand their experiences or how they perceived the children they worked with; this included friends and family. They detailed at length and with emotion how others reacted to the type of work they did and to their experiences within it:

> *"No one really knows, and nobody understands. Friends just don't get it … my husband is totally, 'well they don't deserve this; they don't deserve that. Don't do that, and just shoot them'… I have to battle that … that's quite difficult 'cos I don't have an outlet"* (female intervention worker).

> *"My husband['s] a very intelligent man: Wouldn't last five minutes in here … He cannot cope with [children] committing crimes of the severity, that we deal with in here"* (female intervention worker).

> *"[My friend's] don't get it … If one of them's like, 'aww I've had a really shit … week …' I'm like, 'my shit week looks like this: Boy that I work with has ligatured for the fifth time, and he was very near death, he was purple when we went in … to cut him down. One of the [children] … tells me his girlfriend's been gang raped and she's in hospital, but he's on a five-year sentence and he can't get out … there's been an eight on one assault and people being stabbed at work.' Every-one goes, 'yeah that's a pretty shit week'… How do you actually understand how awful that is? … I don't think you can replicate it to people in a way they can understand … that is hard"* (female manager).

There were very limited exceptions; where they did exist they were held as particularly important sources of comfort:

> *"A lot of my friends… get it. When you've had a shit day all you have to do is ring 'em up and say, 'I've had a shit day' … and they just know"* (female intervention worker).

For these reasons participants stated that they tried, sometimes unsuccessfully, to divide work life and home life:

> *"You separate your home life and your work life … you don't have conversations about work outside of work and you don't really have conversations about your home life in work"* (male care officer).

> *"I like to divide 'that's work and that's personal'… obviously you are going to take bits a bobs home with you"* (female care officer).

"I don't think you ever switch off totally" (female manager).

"[My boss] … put it in layman's terms and said 'look, just leave it at the door when you leave … when the day ends it ends'. You come back, and you start again" (female intervention worker).

There was a definite need identified for staff to have somewhere to discuss challenges, difficulties and concerns. Supervision was thought to be the place for this. Participants did not define supervision clearly but asserted that they used it to talk about how they felt about cases and particular situations. They reported that they needed to discuss complex cases and associated feelings in defined supervision sessions but, more importantly, on an ad hoc basis as issues aroseand after specific incidents. In the main this was thought to enable them to cope with the pressuresand difficulties experienced within their work. They felt that this was key to their well-being; this was the main rationale for supervision: to mediate the impact of things on themselves. Recognitionthat supervision helped staff to deliver better care was noted by very few, even fewer identified their own responsibility in seeking appropriate support or taking responsibility for doing this:

"Supervision is actually key in here … we have official supervisions, but I have … many supervisions a night. Where if somebody's getting themselves wound up, or I pull them off and make them a cup of coffee, 'What's going on?'" (female manager).

"After the [major] incident … they had counsellors and everything to talk about it and debrief … that was fantastic" (female care officer).

"Your management's really important … you've got to take responsibility yourself" (female care officer).

5.8   The importance of other agencies

Participants were keen to detail the importance of their role in facilitating care in SCHs and pathways out of it. They understood that they were located in a broader system where other agencies were also directly or indirectly involved with the children. Participants overwhelmingly reported difficulties in working with other agencies and that this negatively influenced outcomes forthe children that they worked with. The system was thought to be affected by the media portrayal of youth crime and significant historical cases.

5.8.1 The system

Participants perceived a change in offending across time; they felt that this had become more serious (What they did/do 5.5). When this was explored further it appeared that the severity of offending was considered to relate to a political perception of seriousness:

"… the sort of the offences that you were getting, it was when the mobile 'phones were first coming out … and the government said, 'everyone that steals a mobile 'phone will be locked up'. So, we'd have seven [children] who'd stolen mobile 'phones … Now if you steal a mobile 'phone there's no way you'll come into a secure unit unless you'd stabbed somebody while you did it" (male manager).

The perception was that the way the legal system responded to children who offend had changed. The system was thought to have been influenced in more recent times by a view that children should not be criminalised if at all possible. This move from a punitive to a protective approach was identified as being applied depending on pressures in the system:

"We never used to get many [children] on um welfare … because once they were remanded the justice board paid for it … I honestly believe that social care will let the child … carry on until they commit an offence; he'd be locked up and be kept by the state rather than take it out of their own budget …You might call me cynical but that's what I believe. And incidentally since the funding for um remand has gone back to the local authorities, we seem to get more welfare" (male manager).

Application of a system aiming at non-criminalisation of children was seen as problematic:

"They tried to get her secured under the welfare grounds. We said, 'no' 'cos we didn't think we could meet her needs … she then went to court because of assault and came through the YJB system and we couldn't say 'no' … it's just almost like a bit of paper" (male intervention worker).

Participants thought that this impacted upon referrals; welfare cases had risen and pressures for these beds had resulted in services constructing referrals in a way that enabled admission:

"It's so hard to get a place now … what people, social workers, and professionals are beginning to do, is to give you that really horrible challenging picture. But not too challenging because if it's too horrible people will say 'no'" (male manager).

There was a perception of a lack of control over management of beds in SCHs. Participants felt that the homes were disempowered because of contractual arrangements with the YJB, although on occasion there was some ability to challenge decisions.

> *"The YJB are looking at the [children] that they're sending to us … we were having [children] who should have been getting STCs or YOIs … kids that we couldn't technically manage"* (male care officer)

> *"You've already placed three [children] with ADHD with violence, you're then asking us another and it wouldn't work'… [however] It's not often we get to say 'no' 'cos the YJB obviously have our contracts"* (female manager).

5.8.2   Agencies clash

Participants said that routes through and transitions from services required different disciplines, professionals and agencies to work with each other. This was seen as problematic, mainly because of pressures in the system, different ways of working and personality clashes. Legal orders were important because they determined time scales for transition; for welfare cases timescales were said to be very short and to demand plans and placements be arranged within a matter of days or almost immediately. Staff found this frustrating and perceived that children were particularly upset by last minute changes or having been given the wrong, or purposefully misleading, information:

> *"If they go back to court and the judge says, 'no, you know what you don't meet the criteria' they have to leave"* (female intervention worker).

> *"The first thing she did when she got out of the car, … 'this isn't fucking Cumbria'… she was told she was going to Cumbria by the staff where she came from, but no, she was coming here"* (male manager).

This research specifically focused upon criminal justice cases. Where transitions into the adult secure estate were needed the participants felt that this was well planned for and that, despite the settings being different and the change being difficult, there was a clear process to enable this.

Transitions to the community were felt to be somewhat easier for YJB cases than welfare ones but only in terms of timescales for planning. Participants thought that planning for children was paramount to their care and futures but remained frustrated because of perceived difficulties in

working with other agencies and across geographical boundaries. They said that, from a systems perspective, the source of the issue started at the point that children were placed in a SCH out of their local areas. This was said to be a frequent issue because resources were not located in areas of need; this impeded transition back to the community, largely because of a lack of contact from the LA:

> *"So, in London for instance … there were six secure children's homes, now there are none. So, if you're a kid in London you're, you're going nowhere near home which means that reintegration, transition, resettlement stuff is going to be a nightmare"* (male manager).

> *"They won't send someone from London up here every week to maintain that contact … That's one of the things that's really difficult in terms of resettlement"* (female manager).

All participants reported a focus upon resettlement and their desire to ensure that children were prepared well for this. There was a lack of preparedness to work with welfare cases though because of the difficulties in moving children on. There were very few positive stories about successful resettlement and there was a strong and overwhelming sense of concern that children were not equipped to move on:

> *"They're gonna go out of that door and be smacked in the face with reality and they're not … prepared for it"* (female care officer).

On the whole though, participants felt that they worked hard in preparation for children moving on and they were prepared to remain involved with the children where this was deemed helpful. They wanted to *"replicate here in the community"* (female manager) but thought that the resources and staff in the community were lacking and could not meet this aspiration. This made them despondent at times and therefore a reduced interest could be noted in involvement with the work. Participants said they were frustrated and annoyed with other agencies about the lack of consistency in care delivery. They reported that children frequently did not know their social worker and that this furthered the chaos already experienced by the children. They blamed poor community resources or the way other agencies worked as failing the children; they said this led to repeat offending and return to custody, clearly blaming the system not the child where failures occurred:

> *"It doesn't matter how much good work you've done in secure, if transitions not right*

… their needs can't be met" (female manager).

"Seven out of ten kids we have problems with discharge arrangements … When they leave the vast majority dip down because that level of input, that intensity of input isn't there: it's not the same as it is in here … if there's one area that really and it does annoy me. I don't mean frustrates me, I mean it annoys me" (male manager).

"We've had kids that have been here four times … You can predict it … like a revolving door" (male care officer).

The LA and health services were viewed in a particularly negative way. For the LA this largely related to transitions and lack of services in the community. This negativity appeared motivated by wanting to support the children. However, this became personalised and extended to social workers as individuals and as a group. In the main the participants described frustrations in their relationships with social workers:

"You're constantly on the 'phone to social workers … you're banging on their door saying 'look you need to get a placement … it's just awful. Imagine being fourteen years old and not knowing where you're going to be … you're banging your head against a brick wall sometimes. … What you find is that social workers … just don't listen … social care just don't listen" (female intervention worker).

Participants thought that LA staff in the community, and especially social workers, did not understand what mental health services could offer. They indicated unrealistic expectations:

"Social workers just think, 'oh, psychological assessment'… [they] can sometimes be a little bit unrealistic about what answers it might provide" (female manager).

Despite some positive comments about CAMHS there was also some scepticism around diagnoses and treatment (Mental well-being of children 5.4). This scepticism was exacerbated by differences of opinion in the approach to care. Participants felt that differences in approach andaim could be problematic for children:

"We had a boy here a few weeks ago who … was just trashing the place, … too high risk to be … with the children … CAMHS were looking at it from the point of view of he needs to be around us to calm him down … it can become sort of stalemate. You've got …two correct perspectives, but two completely different" (female care officer).

"You can see a split between how … operational based staff work with children ... Their opinions on … children compared to like additional services; it's completely different" (female manager).

Participants felt that staff usually conformed to suggestions and advice from health colleagues, however at times this was because of hierarchies and expectations that people should **"listen to the doctor"** (male manager). This was thought to lead to resentment because of differences in opinion, probably a feeling of being undervalued compared to clinical opinion. What followed was criticism, resentment, splits in teams and divides between agencies. Agencies were thought to clash and issues became personalised and children were caught in the middle of this:

"[There are] lengthy and difficult conversations around some of the decisions that are made. You know like 'well she needs to be on a two to one'. Well, I think, 'why? She's on a two to one anyway' … What's the benefit of that? Or not having conversations around changing the medication. Or the kid says I can't sleep, so right give him some melatonin … The night staff will tell you when their head hits the pillow 'they're dead 'til the morning'… I'm saying, '… if it was your own kid, you'd expect a conversation'" (male manager).

"The agencies clash, and it becomes about personalities rather than the joint working arrangements … we've clashed with them and that caused issues ... Some staff can reflect on … it and … others … pull up the drawbridge and start doing it their way… And 'I'm not going to listen to this CAMHS team'" (male manager).

5.8.3   The Media

The media were felt to have an impact on how the general public viewed justice-involved children. This was largely related to current affairs and the negative portrayal of those in the CJS. Some, but very few, participants directly spoke about the historical or political climate impacting on their perceptions. Where this was mentioned in any way it was done so by longer serving staff members who reflected on how systems and expectations had changed over time and with regard to infamous or well publicised cases. Participants thought that currently reported cases had a particular impact on people's perceptions of youth crime. They also noted the impact on themselves:

"You go home and you're watching the news and … you think, 'God, my God that really is awful' because it just is" (female intervention worker).

"You seem to forget until [you] see them on the news … You know you think 'wow' I've been working with that [child] today" (female intervention worker).

The experienced, longer serving participants reflected on historical ways of working, past approaches and American influences and identified how serious cases in the past had influenced the system and themselves. One participant was keen to detail how media influence did not solely relate to news or the portrayal of the news. This participant noted that film and television also played a role through their portrayal of and responses to crime and violence. The sensationalism associated with this was said to raise thresholds in terms of what was acceptable:

"People say that whatever happens in America ten years later happens over here … we're a country that [used] to set the standard, but then I don't know something happened … Tele programmes were American and our own 'Dixon of Dock Green[10]' was crap compared to 'Starsky and Hutch[11]' you know ... we started watching that, that and that. People were copying, mirror things. So, you know you've got gangs, you've always had gangs but not to the stage they are now … but I think the threshold for everything … has gone up. You know … if you murdered a child … you could be given a, well literally a life sentence. Now if you murdered a child you might get fifteen years … Your life sentence doesn't often mean a life sentence anymore whereas in America you know its three strikes and that's it you're finished aren't you… you've got no chance! There's no point in sentencing is there?" (male manager).

The media was thought to have raised society's *"tolerance"* (male manager) of offending behaviours by reporting cases of serious crime perpetrated by children. This tolerance was more likely meant to mean a reduction in shock at occurrences of crime but not necessarily a greater acceptance of the crimes themselves:

"I can remember as a kid … if there was a murder on the tele it was like shock, outrage.If it was a child who was murdered it was like horrendous. Whereas now you just don't bat an eye … society has changed" (male manager).

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[10] Dixon of Dock Green is a BBC television series about daily life at a fictional London police station, with the emphasis on petty crime, successfully controlled through common sense and human understanding. It ran from 1955 to 1976 (Dixon of Dock Green TV Series 1955–1976) - IMDb)
[11] Starsky & Hutch is an American undercover police action television series (All Starsky and Hutch Episodes | List of Starsky and Hutch Episodes (100 Items) (ranker.com)

They reported some direct relationships between current political or societal expectations, norms or values. These more mature participants, those who had worked in secure services for many years, also recalled significant, high profile criminal cases, cases that they felt had impacted upon society. Participants felt that some cases had significantly influenced the public's view of children. They also recognised the impact on their own perceptions:

> *"You can't be exposed to that in the community and not walk through the door and have a slightly different opinion … Some might think the children are terrible. Some might think, 'Oh gosh these children must [be] really damaged and need help'… We've had … several with that profile … and similar cases"* (male manager).

> *"[They're] fed by … the media's language … they've caused and continue to cause so much harm"* (female care officer).

A shift in how society understood and responded to youth crime was partly attributed to social media. Social media was seen as a particularly important aspect of children's daily lives, one that potentially influenced their actions. Participants also felt that social network sites could increase reactivity to crime, encourage negative public responses, fuel revenge or vigilantism. The potential for inaccurate reporting was also noted to be problematic, however staff were keen to show how they resisted these influences:

> *"You only need to go on Facebook … they shared this picture of this bloke who's allegedly committed a sex offence, 'he's now on the sex register' and like share it round … so everybody knows … it horrifies me … I've got in to many an argument about it with people and they say, 'well you know what if you was a victim?' What! No I still wouldn't … it's dangerous, even if they're guilty it's extremely dangerous, and what if they're innocent? So, I just think the media social media is just very, very, very dangerous and very divisive as well"* (female care officer).

5.9 Conclusion

Direct quotes from participants in this chapter have portrayed the real world perception of staff. This has brought to life an otherwise closed world and shown that perceptions of justice involved children are influenced by staff histories, by others and are context dependent. I will move on to Chapter Six where these insights are discussed with reference to literature, as provided in Chapter Three.

6   DISCUSSION

In Chapter Five I presented the research findings, this included verbatim quotes bringing to life the world and perceptions of the participants involved in the research. Making sense of the data and the findings was a challenging task. Interpretation of the data and the following discussion acknowledge the social constructivist underpinnings of the study and the subjectivity of the insider position of the researcher. This undoubtedly influenced the capturing and analysis of the data but also sets it within the culture and context of SCHs and those who work within them. The social constructionist approach recognises perception as a social construct, that 'reality' is contextual, defined and understood culturally. This position, as applied to this study, therefore accepted that participants' stories were constructed within these realms, including in the environments and institutions in which they worked. Similarly, my interpretation of these would be likely to be influenced or constrained by my own understandings.

As an insider many understandings may have been shared, however the many facets of professional, manager, clinician and researcher undoubtedly influenced my questioning during analysis (see reflexive section 7.3). Such interplay required a caution, not only in the beliefs about the 'realities' of the participants but also about how a co-constructed reality between them and I would be drawn. This was referred to in Chapter Four where the need to apply 'hypo-realism' (Alderson, 2016) was asserted. Here the caution involved lengthy periods of immersion in and with the data, returning to discuss with other researchers and re-examining the findings. This allowed me to piece together a 'bricolage' (Weinstein & Weinstein, 1991 cited in Denzin & Lincoln, 2003 p.5), a sort of patchwork made from the stories, the realities and my understanding of the data.

Each of the themes and the sub-sections within them come together to create a whole picture of the rich diversity of factors that influence the way in which participants constructed their perceptions of the children they work with. The understanding and knowledge revealed, therefore, are forms of complex representations that have been pulled and pieced together in response to the research questions. The discussion is presented here under the subheadings of the findings, revealing the rich interplay of participants' truths and realities with comparative literature but with acceptance that this is only one version of a 'truth'. This discussion chapter will now outline the findings of the research. It will then move on to answer the research questions under subheadings that are named by the themes of the data.

This research commenced with the aim of exploring staff's perceptions of working with children in SCHs. In doing so it asked the questions:

> What are staff perceptions about the children they work with?
>
> What influences staff perceptions about the children they work with?

Overall, the co-constructed findings indicate that there are varied but also shared perceptions and a myriad of factors that influence them. Participants' perceptions were that the children they work with were 'children first', above and beyond anything else. These 'children' were vulnerable, victims of their histories and complex. Their needs were complicated, with identified LD, mental health and self-harm needs. Whilst they identified their perception of the children as being dominated by the notion of 'children first' and denied making any judgements, there were 'buts'.

Perceptions of age, gender, crime type and current behaviour mattered, so did their job role, staff team and other agencies such as CAMHS and social work teams. For instance, the staff had preferences. They preferred to work with boys rather than girls, younger rather than older children, those they perceived as vulnerable, those serving longer sentences rather than those serving shorter ones, and had views about specific criminal activities or current behaviours.

Participants held views about children depending on the type of offence they had committed. They perceived the perpetrators of crimes differently, depending on the type of crime and the victim of the crime. Despite this, the current behaviours of the children were said to have the biggest impact on how participants perceived them, more so than offence type. Current behaviour, such as violence and aggression, had a notable impact. Verbal and physical assaults were largely accepted, although participants did feel aggrieved by witnessing assaults on their colleagues. Mental health issues and self-harm were perceived negatively, as were the responses of other agencies in supporting mental health needs. This negativity was expressed as a frustration. Frustrations with CAMHS were evident but also with other agencies including social care and social workers, this being mainly related to the work on transitions for children into the community. There was a perception that services outside the homes were not adequate to provide what was required and this could lead to despondency or reduced commitment to the children.

There was a strong perception that staff in SCHs had characteristics including resilience, an ability to work under stressful conditions and to absorb and deflect verbal and physical abuse. They felt that those who did not work in the SCH environment (including their own family

Page **129** of **219**

members) could not understand the requirements or impact of the job. They needed support through training, supervision and team relationships in order to cope with and deliver their work.

6.1 Who I am

National and international surveys and polls of the general population indicate clear associations between demographic factors and perceptions of crime, prevention and rehabilitation. As described in Chapter Three, much of the research literature is from the US and attempts to explain public perceptions and attitudes by focusing on demographic variables; for example, age and gender (Johnson, 2009). Research on this subject in secure settings is sparse and where it does exist it is also predominantly from the US, where there have been studies on gender (Harnett, 1997; Johnson, 2009; Moak & Wallace, 2000; Woodall, 2007), age, education and race (Moak & Wallace, 2000). In summary, these studies suggest that personal characteristics have an impact upon perceptions of crimes and those who commit them. This suggests that perception is an inherent quality and lacks contextualisation. This study found that staff did not think that their personal characteristics such as age or gender influenced their perceptions of the children they worked with. They did, however, acknowledge that parenthood did. This resonated with research into public opinion, where a higher number of children in a family was associated with an increase in punitive responses (Allen et al., 2012). Staff who were parents certainly reported that this impacted upon their perception of children who had offended. This finding clearly corroborates that of Vozmediano et al (2017) who also noted specific associations between parenting and perceptions of HSB. My findings also included that being a parent related specifically to more negative perceptions of certain types of offence and victim type (6.5). This reflects research which identifies how participants construct their perceptions through purposeful, socially directed behaviour (Wetherell & Potter, 1988 cited in Burr, 2015 p.149). As parents they needed to identify with a role as protector. In particular, this was significant in cases of HSB where the victim of a crime was of a similar age to the participants' own children. The abhorrence of these crimes sits firmly at the top of the hierarchy of offending; I discuss this further in Section 6.5 but it remains unclear as to whether this is purely related to the offence type, the victim or the personal role of parenthood.

Parents may identify with other parents because they have broadly comparable feelings such as protectiveness and love toward their children. This is certainly what is 'expected' of mothers and in keeping with studies as identified in Chapter Three which assert the importance of maternal affection as critical to a child's development (Røseth et al., 2018 p.1). Women generally conform

to this socially and culturally defined identity (Cunliffe, 2008) and, in most cases, therefore explicitly express expected emotions regardless of whether they feel them or not. It follows that they also appreciate the experiences and responses to events concerning other mothers; fathers likewise (Snedker, 2006). When parents hear of other children being hurt they can imagine the loss, pain and impact on that parent. This has been asserted in the portrayal of some cases, for example, where parents have spoken out about the impact of serious crime against their children. This was discussed in Chapter Three with consideration of the Bulger case. High profile cases of child murder were recalled by participants in this study, especially where, in those cases, a victim's parents recounted events and associated emotions. Cases where the emotional impact on a family had been highly publicised had a significant impact on staff in SCHs and comparative cases without the portrayal of family impact had less effect. These cases stood out in comparison to those where parents' experiences were not publicised, indicating a socially constructed 'reality' of what is acceptable and what is not. It was apparent that staff echoed the public's position of ignoring murders of children by children unless they had been highly publicised in the media.

In this study participants spoke about specific murder cases, most of which had been in the media. They largely defended the 'child first' position although this was dependent upon the context of the murder. One participant said, about a female in custody for murder of a child, that '***everybody hates her for what she's done***'. This honesty reflected the participants' adherence to an idealised state of childhood innocence and assumptions of the child's "failure to be human" (James & Prout, 2015 p.12) and, in this specific case, failure to be a 'girl'. Staff were able to express views as a parent; this would not usually be accepted for staff in the SCHs. They could express disdain for certain perpetrators because their sense of protection for their own children exceeded their desire to care for others. This, however, also demonstrates that the principles of care associated with constructs of childhood innocence and victimhood (James & Jenks, 1996) are contextually owned. Owned as a parent but not necessarily always as a member of the public or indeed as a professional.

Being a parent meant, according to staff in this study, that they were able to use enhanced nurturing qualities and develop age-appropriate care; this was more in line with developmental constructs of childhood and based on biological immaturity or development (Jenks, 1982) than with recognition of the child's place in the world. This also increases identification of children as vulnerable, a state that is promoted through images of childhood innocence and dependency (James & Jenks, 1996). This is in keeping with the literature that identifies children in secure settings as particularly vulnerable and especially so in SCHs (Gyateng et al., 2013).

Being a parent may have increased perceptions of children they worked with as victims; I will explore this further in Section 6.3. Here the children's histories are identified and the relationship between these and staff perceptions are drawn.

It is acknowledged that histories shape futures. This was noted in the literature review where it was noted that histories influence perceptions even after controlling for variables such as age and gender (Jensen & Olsen, 2019 p.156). It should be recognised that these histories are also situated in time (Cunliffe, 2008) and imbued with socially constructed views of the world and those within it (Gielen & Chumachenko, 2004 cited in Zevulun et al., 2019). Childhood histories of staff were generally reported in a matter-of-fact way but these historical events were perceived to have had a huge impact on choosing to work in the area of child-care. This is also in keeping with literature that suggests that childhood (and adult) experiences influence routes into work, for example, victims of childhood abuse choosing work to empower self and others later in life (Dodsworth, 2015).

This study found that many staff had their own histories of trauma. Participants spoke of their own negative experiences in childhood and their own childhood behaviours. They argued that these childhood behaviours could have brought them into contact with the CJS ('there but for the grace of God') but did recognise that expectations of children may have been different then. This indicated a realisation that responses to children are located within the context of time and political climate. The participants' work choices appeared to come from an intention to support children. There was a desire to promote positive outcomes for children and, potentially, to challenge a punitive CJS by bringing elements of understanding and care. The welfare approach adopted here is of interest when contrasted with other jobs and roles in criminal justice such as, for example, in the police, where family continuity is thought to influence job attraction (Phillips et al., 2010). Research noted in Chapter Three identifies that one attraction to policing is the influence of family members who also work in the police force (McNamara, 1967 cited in Phillips et al, 2010 p.462). This study illustrated that few staff had family members working in the same roles and, moreover, that family did not understand their roles or perceptions of children in SCHs. Few felt 'understood' outside of work at all. This contributed to intra and interpersonal conflicts for staff as they struggled to reconcile how they perceived justice-involved children dependent upon the setting (home or work) and who they were with (staff, friends or family). This highlights the situational and contextual complexities of the perceptions of justice-involved children where participants recognised a conflict between different social groups and institutions.

There was a perception that staff working in SCHs needed to have the right character to undertake their roles. They thought that they had to have specific qualities with strength in resilience. This was defined in Chapter Three as "a universal capacity which allows a person, group or community to prevent, minimise or overcome the damaging effects of adversity" (Grotberg, 1995 cited in Palma-Garcı & Hombrados-Mendieta, 2014 p.381). The requirement to have resilience is in keeping with the view of HMIP (1999 cited in Rose, 2002 p.106) and is also reflected in job adverts for roles in SCHs where they specifically state that "successful candidate[s] will have high levels of emotional intelligence, self- awareness and psychological resilience that will enable … cop[ing] with difficult and challenging situations, and be able to respond and manage [children] with complex behavioural and criminogenic profiles" (SCH, 2016).

Staff perceived that they brought resilience from past experiences and jobs. However, they also indicated that resilience was enhanced in SCHs by experiences with the children. This supports insights from the literature that highlight that resilience is a dynamic process which may be nurtured within the context of the setting and team (Luthar et al., 2000 cited in Palma-Garcı & Hombrados-Mendieta, 2014 p.381 & p.543). There is also a danger that resilience becomes equated with a form of institutionalisation where there is a potential numbing to certain situations. This form of socialisation, as viewed from the perspective of the institution, is not dissimilar to that of a rite of passage from childhood to adulthood, as argued by Weisner (2014 cited in Zevulun et al., 2019). The passage to acceptance in a SCH seems to require the demonstration of certain attributes or the acquisition of skill sets, especially in coping. This indicates a belief that they are different or special in some way, part of a group who are the only ones who can understand the needs of the children they are working with. This impacts on their view of others. Staff had a sense that those working beyond the perimeter of SCHs could not deliver care in an effective way (see 6.8), no-one else would be good enough. No-one else constructed their views of justice-involved children or could meet their needs in the same way.

All staff had roles critical to supporting children in custody. They described their roles as multifaceted and complex, this reflecting the point made by Rose (2002) that staff undertake a wide range of roles in their daily duties. Despite this variety and complexity, staff were clear that the overall principle of caring in their roles was paramount and they showed pride when positive outcomes for children could be demonstrated. This reflects the assumption that adults should nurture and protect children (Garlen, 2019). It also mirrors findings in the literature where LA

secure units define the work of staff in terms of their role as carers and through their relationships with the children (Rose, 2002). Governing and inspecting bodies also promote this in their expectation of staff to be able to demonstrate the qualities needed to deliver individualised care and support (Ofsted, 2019). Despite asserting their overarching care role, the findings did reflect the argument that this was sometimes in conflict with managing or challenging offending behaviour (Rose, 2002). This conflict was exacerbated by organisational requirements and policy, corroborating the argument by Timor (2011) that these demand the implementation of both punitive and rehabilitative approaches. The competing approaches fail to capture the nature of judgements about moral wrongdoing here and subsequently result in the shifting of blame between adults and children with no realisation of their distinct social worlds or the interplay between them.

Staff stated that it was not within their remit to make moral or legal judgements of the children they worked with. They linked this to their own childhood histories and also to current service expectations. In terms of systems, it was considered the role of the courts to determine guilt and designate a sentence proportionate to the crime. Despite assertions that it was not their place to do so, staff did make many judgements. These were verbalised based on characteristics of the children (6.3), the crimes they had committed and the way they behaved (6.5). This suggested that staff perceived there to be a difference between children who are in SCHs and those who are not. It indicates that staff perceive that those in SCHs are part of a distinct social group. It is not surprising that staff made judgements. Attitudes, perceptions and judgements are involved in all we do. As identified in Chapter Three, some of these are immediate and some are more considered (Kahneman, 2011). The expectation that they do not judge or make immediate appraisals and evaluations can cause difficulties for themselves and the children they work with and does unravel in their accounts when, for example, thinking about offences (6.5) or behaviours or in how they perceived girls (6.3). Staff did realise the internal conflict that this raised. They knew they held some perceptions that were more readily accepted in social groups outside of SCHs. They carried these perceptions into the workplace but attempted to keep them secret where they were not acceptable. The unravelling of this indicated that not only are the constructs of childhood contextually and socially determined but staff will declare their perceptions dependent on the audience and immediate setting, constantly wrestling with their perceptions and where they can be appropriately located.

The position of staff in the hierarchical or grade structures of SCHs was reported to have no influence over how staff perceived the children. The children were described as recognising the

hierarchy in terms of staff seniority, revealing an expectation that children understood adult worlds in the same way as did the staff but they were perceived to exploit this, maximising opportunities to take issues to senior staff wherever possible and so utilising this to their advantage. In the main this was seen as manipulative behaviour, a means to gain favour or achieve a goal. Here it is notable that the staff situated children as understanding the adult world but did not afford them the same privileges of it. This led to negative connotations and did not factor in the developmental theories of childhood that staff usually applied in their constructs of the child. Had this been applied they might have observed the children's egocentric position (Piaget, 1929 cited in Butterworth & Harris, 1994 p.166) and use of exploitative skills as growth. There is an obvious disparity between what staff perceived children to understand, what they should understand and how children can acceptably transition to the adult world.

Although roles and hierarchy were perceived as having different functions and uses for children, the same roles and hierarchy were not felt to overtly influence the way that staff perceived the children. So, there were no clear distinctions between different grades of staff in their perceptions of the children. It was noted, however, that some roles brought some staff into contact with detailed information about offences. They spoke about how this adversely influenced their perception of children because of the nature of the crimes. There is evidence that says that where the full story is known then the public makes more empathic appraisals of criminal actions (Varma, 2006). This is discussed further in Section 6.3 in terms of the difficulties it may cause for staff in SCHs where they may be caught between both knowing the full story of the children and their backgrounds and also the full details of what they have done.

In this study I found that staff working in SCHs perceived their work with children as critical yet some underestimated their roles in supporting children day to day. Direct contact and relationships were appreciated (6.6) but specific interventions not necessarily so. There was a stark difference in perception between care staff and interventions workers with regard to the relevance and amount of intervention offered. Care staff did not think enough was done with the children but those who delivered interventions were passionate about this and felt that the work they did was necessary to support positive outcomes. This is supported by all professional bodies that argue for the importance of evidence-based intervention work, for example the Health and Care Professions Council (HCPC) and NMC. As indicated in the literature this favours either a bio-medical model of pathology (Ryan et al., 2008, cited in Fenog & Denov 2018 p.301) or a risk-based approach that understands only one element of a child's behaviour (Case & Hazel, 2020). This position is further bolstered in target and standard setting by inspectors aiming to reduce

reoffending rates. However, it is noted that there is a scarcity of intervention work (Gyateng et al., 2013).

It follows that this demands the delivery of work within a traditional offence-focused approach (Case & Hazel, 2020), which could be deemed specialist work and furthers the need for trained professionals to deliver it. It would stand to reason that the training would enhance intervention workers' sense of the worthiness of interventions but does not make any attempt to place it within a broader context of 'child first'.

Where risk-based approaches are traditionally maintained and favoured, this would offer a reason as to why those not in receipt of intervention training might feel less worthy in their work. There could be envy of those who are deemed 'specialist' or anger towards them for not undertaking enough work. Certainly, this is something that extends to other agencies, where scepticism and dissatisfaction are evident (6.8). A decreased belief in the value or volume of intervention work being undertaken invites a fracture in teams within the service. This is informed by either an over-reliance on its merits or a view that its importance is over-inflated and does not capture the needs of the whole child.

6.3 Who they are

The way staff perceived children detained in SCHs changed over time. There is no literature on this other than that relating to 'burnout' over time and periods of exposure (Devilly et al., 2009). Time, in this sense, did not necessarily relate to the 'era', although it is possible that current events of the time or how they were being portrayed or perceived generally could have had an impact. As Bateman (2014) argued, responses are dependent upon how 'hot' the topic is at any given time. The issue here appeared to relate more to 'time served', the length of time as a member of staff, the type of experiences and acceptance in the SCH group. Belonging to the group required adopting institutionalised views and, in this manner, staff became as much part of the institution as those who were detained (Goffman, 1961). Other factors may also be at play, for example it is worthwhile considering the research that indicates how detailed knowledge of offending directly impacts upon public perception. This has already been noted in Chapter Three and in Section 6.2, identifying that when the public is given detail about offenders' backgrounds, they are less punitive (Varma, 2006). This suggests an acceptance that justice-involved children are vulnerable. This position was strongly asserted by staff in SCHs.

There were, however, strong fluctuations and tensions between the emphasis on the child and the

emphasis on the offence they had committed. This perception was brought into conflict by increased and detailed knowledge of the offending alongside the increased knowledge about the child's background. Staff unsurprisingly experienced conflicts of emotion when identifying a child, a victim and a perpetrator in one person. Despite this expected conflict, the staff perception of the children they worked with was reported overwhelmingly as "children first" but this is also a demand and expectation of working in a SCH. For example, Towler (2013 p.42) states that children at risk of offending or who are in the YJS should be "treated as children first and offenders second". This meets the parameters of the CFOS model that adopts a whole childperspective and recognises adult responsibilities towards them (Haines & Case, 2015a). The notion of 'child first' being verbalised, or even being a firmly held belief, could not be fully extrapolated from the expectation of the social group. However, individual reports about perceptions of children with regard to certain offence types indicated versions of different expectations or degrees of acceptability that were not held in the social group. This indicated differing applications of 'child first' principles rather than these principles underpinning team and service delivery.

The concept of adult responsibility and childhood as a space where victimhood and vulnerabilities are located was to be found clearly in this study. Staff identified those they worked with as children first and, overwhelmingly, as victims. This is in keeping with the presentation of children in an archetypal image of innocence but is in stark contrast to the offence-based intervention approach that staff had also seemed to idealise at different points in their interviews. The public's perception of children as victims of dangerous people, for example being at risk from sex offenders (Finkelhor, 2008), also sits in contrast to their responsibilisation promoted by punitive attitudes. Nonetheless, in cases where children are sentenced to custody there is an even greater sense of vulnerabilities and victimology, at least as far as professional and academic views are captured. Detained children are regarded as highly vulnerable with traumatic histories (Goldson, 2006; Rose, 2002). This research identified that staff working in SCHs generally corroborated this view. They spoke about disadvantaged groups from families with histories of abuse and trauma, demonstrating a protective role but not recognising how the children could subsequently be burdened with unachievable adult ideals of 'innocence'.

Traumatic events in childhood are seen as having implications for the future; they have been identified as having a significant effect on long-term cognitive development, which is evidenced by negative associations with IQ scores and learning difficulties (Pechtel, 2011 cited in Enlow et al., 2011 p.1005). This does potentially indicate a relationship with the high incidence of LD and learning difficulties identifiable in secure settings, as discussed in Section 3.7 where I noted that

one UK study reported that five to thirteen percent of justice-involved children had IQs in the LD range (Hall, 2000 p.279).

It is important to note, however, that although vulnerability was perceived as a characteristic of the group and staff conformed to what was required of them in this regard, they were immediately able to dismiss this when they could not identify a child's vulnerability or tolerate an offence. The CFOS ideal was much reported and desired but the underpinning philosophy not realised. Maintaining children's rights was at the fore of their professional roles and staff certainly recognised the need for child-focused systems and approaches, rather than adopting adult models. Despite the reported understanding of the framework of the CFOS model, staff did not develop any discussion on the child's situation in society, how their place was socially constructed or where their voice had relevance. Their approach was very child-friendly, with concern for welfare and development being paramount. They were keen not to criminalise children, however this only applied when they could recognise their behaviours as a necessity, a response to histories of abuse or being victims. The CFOS approach was context dependent. Staff found it difficult to apply childhood status or a child first approach to a child with perceived 'options', for example, where a child a came from a financially stable home or where abuse was not immediately evident. This suggested a perception that abuse does not happen in privileged or wealthy families or that only obvious and evidenced abuse could be believed. In these cases, although they were few, perception of vulnerability changed and therefore their 'childhood' status quickly dissipated or they were responsibilised. As identified in Chapter Five, these children were often disliked intensely ("I hated him") and the responsibilisation echoed the "no more excuses" approach taken by the Home Office in the late 1990s (Home Office, 1997). Whilst there is now a stronger tendency in the criminal justice and welfare systems towards a model of CFOS, it is possible that competing approaches have influenced those working in the system, bringing confusion about what is 'excusable' and what is not rather than enabling them to consider the foundations upon which the approaches have evolved. Some staff noted that children's histories of trauma were also worsened by detention, reflecting the point made by Hollingsworth (2014 p.125) that detention is potentially contrary to children's interests and increases their vulnerability.

Staff recognised how their own interactions with a child could impact on the child, although they all denied that any personal feelings or beliefs ever showed themselves whilst at work. They saw that the difficulties of distance from family, custodial sentences and experience of the system might impact on behaviours. Despite this, they also felt that the detentions often served to allow for the protection of a child by creating distance from abuse or neglect, although they felt some children

needed more protection than others.

Girls were generally seen as more vulnerable than were their male counterparts and, in the main, this related to the notion of risks from sex offenders, which is also identified by Finkelhor (2008). However, it is interesting that in interviews with girls in secure settings they generally reject the notion of vulnerability, tending to feel that they have demonstrated strength and independence by surviving their experiences rather than feeling that their difficult experiences prove their vulnerability (Ellis, 2018 p.161). This is a contradictory position between staff and girls in SCHs where girls (as indicated in Ellis's research) frame their self-perception outside of the socially constructed norms as victims.

The perceived increased vulnerability of girls did not mean that staff felt positive about working with them. They were actually perceived more negatively than their male counterparts, apart from where there was overtly known and proven CSE. The negative perceptions of girls may have been linked to gendered expectations but also possibly to assumptions of their criminal activity being associated with individual pathology and therefore having predictive elements of complexity. Victims of CSE were readily supported. This position highlights an abhorrence of sexual assault and promotes the 'pecking order' of offending, where crimes of a sexual nature are deemed the worst offences (Smith, 1995). Herein lies another conflict for staff working to protect children from such abuse but also working with those who may abuse others. Children may be detained on welfare grounds, for example if they require protection from CSE. This is a potential concern where a link between experiences of the care system and selling sex is well documented in the literature (Coy, 2008 p.1408). This study did not consider those who are detained on welfare orders. However, it was apparent that there were mixed views on the subject. Most who mentioned it supported the view that some girls were at risk of CSE. They agreed with the evidence and literature that identifies that exploited girls require support to overcome its impact.

At the time of the interviews a three-part television drama had been aired based on the stories of victims of grooming and sexual abuse in Rochdale[12]. Many of the participants mentioned this and demonstrated empathy for the victims. However, there was also some scepticism about the prevalence of CSE and some evidence that workers thought that naming certain behaviours as CSE was unhelpful and being used to excuse girls' behaviours or to gain access to the welfare

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[12] Three girls: Drama based on the true stories of victims of grooming and sexual abuse in Rochdale (BBC One - Three Girls - Episode guide)

system to avoid their criminalisation. Although the overall suggestion was that children should not be criminalised, staff did think that welfare approaches sometimes excused the behaviour of girls.

Despite the largely negative perceptions of girls, staff reported the negativity of others on the same matter as unacceptable. It was commonly perceived that the court system was more punitive towards girls, especially where their crimes were typically 'male crimes', another factor indicative of gendered expectations. Ranking crimes in terms of a hierarchy, as discussed in Section 6.5, appears to be applied differently to females and males. For example, girls were viewed more negatively than their male counterparts if they had committed crimes against children. Although staff reported the gender bias in the system, they felt this was mainly the fault of other agencies or the courts. However, they also made stereotypical and gendered comments that indicated ownership of stereotypical views and a bias against girls. As identified in the literature, these assumptions and stereotypes are embedded in the CJS where, with regard to sexual activity and, most specifically HSB (Green & Masson, 2002 p.158), females are culpable and boys are excused. Female staff may have reproduced such biases in order to cope with the nature of the crimes but also potentially to deny the possibility of themselves as women being capable of such actions. This risks the vilification of girls by women.

I noted in Chapter Three that the needs of females in secure care have been recognised to be different to those of males (Howard League for Penal Reform, 1997) and there is a well-developed consensus that female offenders need to be treated differently (Corston, 2007; Heindensohn & Gelsthorpe, 2007 in Hughes et al., 2012 p.520). Girls are said to benefit from a greater focus on relational support andspecific interventions framed within trauma-focused models and, for example, self-esteem (Youth Justice Board, 2004; 2009). This is linked to the view that girls form closer bonds (Stattin & Kerr 2000 cited in Nilsson, 2017; Svensson, 2003) but also that they are likely victims by the nature of gender. Whilst this was largely accepted by the staff in SCHs and was done so with a desire to indicate care and understanding, it was also considered hard work and requiring more skills. This was potentially the reason that staff also demonstrated a general dislike for working with the group and a view that girls were problematic. They blamed girls for causing difficulties and issues in SCHs and described them not just in stereotypical ways; *"If you get it wrong with a girl she'll never forget"*, but also in derogatory ways; *"'saucer of milk for table 9'. We don't have all the cat calls with the boys that we get from females"*. Such stereotyping assigns individuals to categories (Brown, 2010 p.68) and therefore, in this study, was noted to remove the identity and individuality of the girls in SCHs.

Few staff reported girls in a positive light but, where they did, there was a preparedness to challenge the norms and seek to understand their stories and contextualise them within gender expectations, norms and male dominated systems. Even in these cases it was hard for them to move away from traditional 'mothering' or 'fathering' of girls or traditional concepts of what might make girls feel better, indicating how embedded socially constructed norms for girls are. These views raise concerns about how well equipped staff are to work with girls and what services need to do to restore some balance in a male constructed and male dominated system.

The needs of girls, then, were seen to pose some challenges. Implementing a 'gender-blind' approach would not necessarily be helpful or reduce the issue, in fact the literature argues that it would be likely to exacerbate their oppression (Hughes et al., 2012 p.520) by missing the underlying assumptions and expectations of them as a group and with no recognition of their individuality. So, there is a need to address differences but beyond offering stereotyped activities (Goodkind, 2005).

Chapter Two noted the settings in which children are detained. Here it was identified that in terms of current practice, 15 to 17 year old girls are no longer accommodated in YOIs, they are now contained within the smaller discrete units of SCHs (Bateman, 2008 cited in Hughes et al., 2012 p.521). They remain, however, in a male orientated system (Gelsthorpe & Worrall, 2009), one that staff recognise as negatively impacting on girls to some degree and one that they perceive the system, but not themselves, as maintaining. Even where staff were positive about working with girls, they held gendered assumptions. Where they readily reported disliking working with girls, they identified socially constructed ideals and norms. They also sometimes maintained or upheld negative perspectives associated with or attributed to girl/womanhood.

Younger boys were forgiven more readily than girls. This is noted in Chapter Five. Whilst it was not specifically stated, there was an inference that 'boys will be boys' and that gendered expectations were present in perceptions (*"He's just a naughty little boy"*). This would be supported to some degree by studies that argue that males are more likely to be impulsive and to take more risks than their female counterparts (Reniers et al., 2016). Research indicates that these characteristics are associated with childhood, during which children's ability to manage impulses and appraise consequences and long-term outcomes of their behaviours is not comparable to that of adults. Indeed, as noted in the literature review, planning and impulse control may not be fully developed until as late as 30 or more years of age (Sowell et al., 1999 cited in Johnson et al., 2009 p.216). This relates to the developmental model but without the usual 18 year-old cut off point and with a

more flexible approach. Nonetheless, these attributes of childhood seemed applicable to boys but not necessarily to girls, who were seemingly expected by staff to demonstrate restraint and 'maturity' sooner. In terms of age more generally, there were some mixed views but, overall, staff felt more positive and nurturing towards younger children, this being linked to identification of vulnerability, potential for effecting change and also, arguably, to the parenting aspect of their roles.

There are no studies that specifically identify staff perceptions of working with different age groups within SCHs. However, it is apparent that age-appropriate settings and developmental stages are identified in the YSE as being of particular importance when working with children. This is realised in the crude splitting of secure services by age group, with some reference therefore to child development models. The settings offer different approaches and degrees of restriction. Some specialist units identify particular groups of offences as warranting particular approaches but, on the whole, age is a strong factor in terms of placement. Younger children were identified in this study as needing more looking after and requiring different kinds of care to older children. Those working in SCHs had specifically chosen those sites in order to work with the younger age group (generally older children are placed in STCs or YOIs although this is not always strictly the case). This potentially made it easier for staff to see the 'child first', especially if they were constructing childhood within parameters of age and developmental stage. If this were the case, though, the staff may have valued their interactions differently, for example, where they reported doing *"very little"*, or getting paid to *"hang out"*, when actually this interaction yielded opportunities for engagement, relationship building and giving value to the child. Other services stratify their provision in a similar way, by age. This is identified in mental health services where there is very clear articulation of the need for child-specific services but with age defined thresholds (age 18) for transition to adult services (NHSE, 2020) and, therefore, the point at which children are expected to have transitioned to adulthood.

In terms of age, studies indicate that younger children report being less likely to understand the terms of their sentences or orders than do older children (Bateman, 2019). This is suggestive that the language and knowledge base is outside of the children's worlds, and it is therefore questionable how they could conform to these adult social rules. This is similar for those with LD, although presented in a different way, with a reduced capacity to articulate themselves because of language difficulties or a reduced functional capacity to understand legal issues (Hollingsworth, 2014 p.112). The high incidence of LD in SCHs is identified in other studies (Hall, 2000; Mental Health Organisation, 2020; Young et al., 2009) and was corroborated in this study. The recognition

by staff of these issues was reassuring as it highlighted their awareness of the needs of the LD population. The frustrations of staff in SCHs about other agencies was evident again here (6.8). Staff noted the late diagnosis of LD for some children in their care and how this had detrimentally impacted on the child's route through the service. This seemed most closely linked to how cases were dealt with through court disposals despite the literature which indicates that, to some extent, the police and courts have tried to ensure the well-being of children and appropriate support through the system (Taylor, 2016 p.20). It is unclear how these services individually perceive the child or contextualise their behaviours. It would be fair to consider that the different roles, procedures and processes could be complicated for children. All, if not most, utilise forms of assessment to formulate their opinions or support levels for the child. In the YOT this is via the Asset, an actuarial measurement tool to assess risk (Baker, 2004 cited in Bateman, 2011) and this continues in custody. Here there may be an intention to capture and respond to the needs of the child, however, there is an obvious justice or risk-based approach, consequently only touching on child first principles by way of a child-friendly delivery. Continuous assessment throughout the CJS is expected to inform decisions in the courts and regarding placement by the YCS but on receipt into custody, more assessment continues. Custodial assessment commences with screening. Screening on receipt into custody is much more robust than it used to be and could arguably be less justice-informed and more focused on holistic health and well-being. The CHAT screening tool offers a noticeably clear framework for health professionals to use in their assessment and allows access to general medical and psychiatric input, if deemed necessary. The application of the screening immediately assumes a need in justice-involved children, one that is clearly evidenced in the literature (Bryan et al., 2015: Callaghan et al., 2003; Lennox et al., 2013a; 2013) and observed by staff in SCHs. The benefits of screening will be as reliant on the systems of referral and service delivery as they are on the assessment and the way the assessment has been conducted. The CHAT considers all aspects of health and development, which gives a much clearer picture of the child's health needs (Lennox et al., 2013a) and almost certainly increases the identification of LD. This is probably why the staff in SCHs have such specific information at their disposal. The literature review noted that the prevalence of LD can increase the risk of normalisation of the issue so that it is not so easily recognised (Bryan et al., 2007). I did not find this to be the case: Staff readily identified LD to be an issue that warranted assessment and interventions, in keeping with justice-involved children's needs. Some felt they did not have the appropriate skills to work with the group or they identified that this was lacking in their colleagues. However, they all recognised the need for some adaptation of information and intervention sessions for those who had language skills below the expected level for their age and

most were open to training. In this scenario it was almost possible to identify that LD superseded the CFOS model and certainly reduced punitive approaches, interesting if we concede that the LD formulation attributes functional age ranges under the child's chronological age, relating back to the staff preferring to work with younger children.

6.4   Mental well-being of children

The health and well-being agenda for children housed in a SCH is led by NHS England and described in the 'Five Year Forward View for Mental Health' (NHSE, 2016). This is a relatively recent development. SCHs used to manage their own funds and buy in services according to their perceived need. The current commissioning strategy demands parity between physical and mental health and has resulted in provider models whereby physical and mental health are delivered in a joined-up way. In this study I did not aim to collect data specifically on these areas, however, as a mental health nurse and NHS manager, I do have a personal interest in this, so it was interesting to note the emphasis in staff accounts on mental health. No views were proffered on physical health, possibly indicating that provision for this is a given, an expectation and the norm readily accepted within a medical model. By contrast, staff spoke at length about mental health.

Research across all areas of criminal justice and particularly in the secure estate has highlighted the prevalence of mental health issues as defined within the bio-medical model. Reports referred to in Chapter Three, suggest that 90 percent of prisoners have a diagnosable mental health problem including depression[13] and psychotic disorders[14] (Office for National Statistics, 1998) and, in studies of justice-involved children, they have been identified as having particularly high incidences of psychiatric morbidity (Bryan et al., 2015) including personality disorders and neurotic

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[13] The DSM-5 outlines the following criterion for a diagnosis of depression. The person must be experiencing at least five or more symptoms over the same 2-week period. A minimum of one of the symptoms should be depressed mood or loss of interest or pleasure.

1.   "Depressed mood most of the day, nearly every day.
2.   Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3.   Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
4.   A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5.   Fatigue or loss of energy nearly every day.
6.   Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7.   Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8.   Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition (DSM-V (2013) cited in Depression Definition and DSM-5 Diagnostic Criteria (psycom.net)).

[14] Psychotic disorders are a group of serious illnesses that affect the mind and make it hard for a person to think clearly or understand reality. They can make it hard to communicate effectively, make good judgments, respond emotionally, and in some cases to behave appropriately (Psychotic Disorders: Types, Symptoms, Diagnosis, Treatment (webmd.com)). Psychotic disorders include Schizophrenia and Schizoaffective Disorder, more information on these can be found in the DSM-V (2013) or online @ Psychotic Disorders - PsychGuides.com or @ Types of psychosis | Mind, the mental health charity - help for mental health problems.

disorders (Lader et al., 2003). This is particularly reflected in the YSE where the children have extensive mental health needs (Bateman, 2020, Callaghan et al., 2003, Lennox et al., 2013). This study noted that mental health problems were particularly challenging to work with, indicating recognition of their existence, yet despite these assertions and the corroboration of literature, I also found that there was some scepticism about the prevalence and diagnosis of disorders. Some research around mental health in YOIs has raised concerns that there is a degree of oppression and abuse that characterises life for those with mental health needs; they are stigmatised (Almond, 2012 p.197). This stigma and scepticism were linked to how participants felt mental illness was constructed and raised the question as to how they perceived mental well-being compared to mental illness. There was clearly some disagreement here with the medical model of psychiatry, in keeping with some of the arguments by Klerman (1977) and Shah and Mountain (2007).

The literature in Chapter Three indicates that staff in SCHs lean towards social constructs of mental illness (Bowers, 2005 p.2). This is not surprising given that these staff are employed by the LA and work predominantly in a setting where social workers tend to be the registered managers. Staff perception, in this study, seems to corroborate this. Given their assertions that psychiatric diagnoses were used to explain behavioural issues, it seems probable that staff only identified mental illness in its most severe form or associated severe distress with mental health. Developmental disorders are more readily diagnosed but in child and adolescent psychiatry there is a tendency to avoid diagnosis of serious mental illness because this does not take into account developmental influences; the DSM-V and ICD-10, for example, clearly give age ranges for diagnosis (APA, 2013; WHO, 1992; WHO, 2019).

The potential forever-diagnoses are a concern for child and adolescent psychiatry and there are other ways of viewing problem behaviours in children. In keeping with this, and contrary to evidence that medication may support those with ADHD (Hodgson et al., 2012), there were strong feelings among the staff that medication was given to children when other interventions would have been preferred; *"our kids rattle with pills"*.

I considered that a lack of collaborative understanding and negativity toward diagnoses and treatment of mental health problems and illness negated the potential to meet mental health needs. This is recognised in other research that identifies that needs are unmet due to a skills deficit and a lack of understanding of the needs of children moving through the YJS (Callaghan et al., 2003). Where mental health skills could be drawn on, for example from CAMHS, it was evident that this did not always work well. Some staff welcomed and appreciated the work of

CAMHS teams but others demonstrated annoyance at the dominance of a medical model and it followed that they had a lack of respect for workers' skill sets and identified divergent practices and conflict. Where this is the case, there are risks of care becoming fragmented or practices working in parallel rather than together. The need for working relationships between CAMHS and other teams is discussed further in 6.8 where I note how relationships between agencies are key to multi-agency working and are negated by differences in belief systems, opinion and ways of working.

As discussed in Chapter Three, there is a high incidence of mental health problems and self-harm in the secure estate. Certainly this is recognised in the adult estate, where self-harm rates are high, disproportionately so amongst the UK female population (Short et al., 2009). In the adult secure estate prisoners may present with suicidal intent and, at other times, self-harm may have a different function; they may present with both suicidal intent and self-harm as a coping strategy. This would also be true of children where we see similarly high statistics (Appendix 9.14) (Gov.UK, 2019). The literature identifies that where children have died in custody, they had not received the levels of support and protection they needed (Prison Reform Trust & INQUEST, 2012 p.1). There are fewer deaths in SCHs than in YOIs or STCs (Howard League for Penal Reform, (n.d) p.6) though, which potentially indicates that higher intensity staffing and the environment support risk management or promote safer coping strategies.

This research identified that staff in SCHs did not understand why children presented with self-harm, nor did they necessarily link this to bio-medical models of mental health. They explained self-harm by dividing it into two categories - those who said they were going to do it and those who actually did it. This finding mirrors the adult estate where prison officers also found it difficult to understand why prisoners self-harmed and felt that prisoners who self-harmed could be categorised as genuine or non-genuine (Short et al., 2009). This non-genuine self-harm has been sharply differentiated from genuine self-harm in adult studies on the basis of the severity of injury, with less serious injuries being more likely to be viewed as non-genuine (Short et al., 2009). This contrasts with the findings of Pannell et al. (2003 cited in Short et al., 2009 p.418) who found that low-severity self-harm was seen by most prison staff as being significantly related to prisoner distress; the findings of my study are overwhelmingly supported by literature that suggests that superficial injuries are not seen as genuine or legitimate signs of distress: "It won't be a real attempt at … or anything, you can tell, just superficial scratches and things like that" (Short et al., 2009 p.414).

Furthermore, the potential this view has for increasing staff cynicism is clear as it feeds into and promotes perceptions of those deemed non-genuine as rational decision makers who manipulate situations. In contrast to this, Dockley (2001, cited in Short et al, 2009 p.410) identified that self-harm in prison was seen by staff as a means of situational/environmental coping and not viewed as a rational response to the situation. However, given the generally negative perception of self-harm, it would follow that there would also be a reduction in staff support, something only afforded to those deemed genuine (i.e., those where there were associations with serious mental illness, a reduced ability to stop themselves self-harming or imported or real problems (Short et al., 2009)). If staff have a negative perception of self-harm, as this study found to be the case in SCHs, they may also experience feelings of resentment about caring for those seen as non-genuine. Self-harm could fuel antagonistic relationships, a finding proffered by Liebling (1992, cited in Short et al., 2009) who described staff feeling personally manipulated and blackmailed by the self-harm and pressurised to carry out actions that they considered to be 'giving in' to demands.

The development of negative perceptions in the adult secure estate is, arguably, unsurprising given the occupational environment as portrayed in the literature. The security functions, and difficulties in reconciling these with their welfare role, lead to staff having to maintain humane standards whilst also maintaining institutional efficiency and security (Goffman, 1961 p.71). This conflict of custody versus care can make dealing with detainees who self-harm a problematic issue, especially where staff feel a lack of expertise, unguided or uncertain or where welfare work is less readily "owned" (Liebling, 1992 cited in Short et al., 2009 p.220).

Interestingly, in a setting where the environment is more homely, where staff perceive the focus of their role to be caring and where there is a strong identification of vulnerabilities in the population being served, the negative perceptions of self-harm also prevail. It could be argued, therefore, that the setting and the job role are not the only factors influencing the perception. The similarities regarding the expectations of working with self-harm, tasks that have not traditionally been 'given' to or uncritically accepted by prison officers (Short et al., 2009), are also notable in SCHs. It is possible that the current commissioning process removes the ownership of delivery; this is something that some of the home managers articulated outside of the interviews (not identified here for confidentiality reasons), although the inspections do consider this as part of determining ratings (Ofsted, 2018; 2019). This certainly relates to the importance of agencies, as discussed in Section 6.8.

Immediately apparent in this research is the degree of distress elicited by witnessing self-harm. I found that staff experienced this to be the most distressing aspect of their work. They struggled to support those who self-harmed because, in addition to not understanding it, they also did not have the skills to work with it and did not feel equipped to manage. This is corroborated in studies in the adult estate where the majority of staff commented that dealing with this issue was challenging and frustrating (Marzano et al., 2015 p.242).

Witnessing and supporting others in distress and harming themselves impacts on the observer and, therefore, it is worth noting vicarious trauma here. This is widely recognised in the literature as impacting negatively upon professionals who witness traumatic events (Devilly et al., 2009; Geller et al., 2004). There is a minority view that exposure to trauma cases has little impact on the development of vicarious trauma or burnout but this runs counter to most research (Devilly et al., 2009 p.382). In this study it was evident that staff did feel traumatised by some of what they had witnessed and their coping strategies, in the main, were to not attend to the associated feelings. As with the verbal abuse discussed in Section 6.5, this could be a risk, leading to problematic emotions playing out at work or elsewhere.

6.5   What they did/do

There was an expectation in SCHs that staff would not be judgemental and that they would work with any child who was admitted to the setting. As already highlighted in Section 6.2, staff explicitly subscribed to this CFOS view but, as also indicated, this was not at all consistently upheld in their accounts or the ways in which they described children. The professed non-judgemental approach of staff was contradicted in their accounts in a number of ways. Whilst staff arguably managed their judgements in terms of 'hiding' opinion or preferences, they demonstrated some perceptions akin to those found in the general public, albeit influenced differently and mediated or moderated by the context of the setting, their colleagues and their work. Public perceptions, as already noted, are influenced by demographic variables and by the experiences of childhood and parenting. As discussed in Section 6.1, childhood and parenting also influence the perception of staff in SCHs. There is also a shared picture with regard to perceptions when looking at offence types. I have already noted that the general public tend to perceive crime in terms of degrees of harm caused and seriousness of the crime (Horai & Bartek 1978, cited in Ghetti & Redlich, 2001 p.45; Kirby & Jacobson, 2014).

The hierarchy in relation to class of offence is identifiable in custodial settings too, where a system

is followed "according to which the highest social class is considered the most dangerous and is highly feared within the prison walls whereas as class decreases the social status of the prisoners also decreased" (Prison Hierarchy Website. n.d.). This was also identified in SCHs, where staff expressed perceptions of particular crimes in more negative ways than others, although this was not always just about the type of crime. For example, if the crime was committed close to their home then it was seen more negatively. This is acknowledged in the literature where the closer (in time or physical distance) an individual or group is to an incident of crime, the more likely it is to affect them. Interestingly though, the concept of social distance also increases attention to crime if there is an identification or some affinity between themselves and the crime or the victim (Innes, 2010 p.369).

Staff in SCHs did describe a hierarchy of offending, the most heinous to the least, but stated that this hierarchy was ascribed by the offenders themselves, absolving themselves of ascribing any hierarchy or maintaining it. This hierarchy is acknowledged in UK prisoner statements, supporting the staff assertions that prisoners themselves make this 'rule' or determine the 'pecking order' (Smith, 1995). It is argued that the treatment given to prisoners by other prisoners depends upon which class the prisoner belongs to or which crime he/she has committed (Prison Hierarchy Website. n.d.), and, again, this is reflected in prisons where different status is ascribed, wholly determined by the type of crime committed with sex offences being the most heinous (Smith, 1995).

This 'pecking order' was described by SCH staff; ***"Sex offenders … they're the bottom of the rung … if their offence is against a child, bottom of the rung … assaults on old people, bottom of the rung"*** and generally seems to be maintained by justice-involved persons, systemsand staff in keeping with public perceptions, highly indicative of a widely well-embedded socially held concept of severity of crime. Public perceptions in terms of the actual offence also fall into categories of offence, the offence type and the outcome of the offence but as research identifies, are complicated by the victim type and the age of the offender (Ghetti & Redlich, 2001; Kernsmith et al., 2009; Kirby & Jacobson, 2014). In SCHs, how heinous an offence was considered to be largely appeared to be linked to the outcome of the offence and the victim. This finding is in line with the literature where it is reported, for example, that the actual killing of another person holds more gravity than an attempted killing (Ghetti & Redlich, 2001). It would seem, therefore, that the motivation or desire to kill is not perceived as negatively as the actual event of killing, either for the public or for staff in SCHs. Similarly, where a victim is considered particularly vulnerable, offences are deemed far more heinous by

the public (Smith, 1995; Wood & Viki, 2001) and also by staff in SCHs (although this was also linked to being a parent or particular ties to elderly relatives, for example).

Most notably, HSB crimes stood out in this research, not surprisingly given the already described hierarchies and the media portrayal of such offenders (Bailey, 1996; Berry et al., 2012; Ghetti & Redlich, 2001). A significant proportion of sexual abuse of children is perpetrated by other children and child perpetrators are predominantly male adolescents (Green & Masson, 2002 p.150). There is debate about what is deemed sexually abusive behaviour compared to sexually inappropriate or sexual experimentation in youth (Green & Masson, 2002 p.151). This study identified in Chapter Three that sexual acts undertaken by children become criminal when they cause harm and when the perpetrator is of an age that the law deems culpable (Gov.UK, 2020). This criminalisation based on the age of criminality (ten years of age) and harm done does not adhere to child first principles or take into account any child developmental stage or model that might have otherwise aimed to address sexual development or behaviours. The issue here seems to be the absolute position in the hierarchy of offending and, therefore, a subsequent reliance on a risk-based approach and a potential pathologizing, labelling and punitive management.

I found that where children had been convicted of HSB they ranked highly in the hierarchy of seriousness for staff in SCHs and many staff found such offences difficult to work with because of the nature of the offence. For others it was linked to the age of or impact upon the victim. This was also linked to whether the staff member was a parent. Parents with children of similar ages to the victims of sexual crimes found the work particularly problematic. Here the parenthood role and expectations of this reigned above the work role, the emotional status of this being openly shared and fully socially endorsed. Regardless of these risks and the strength of emotion associated with HSB, I still found that staff advocated on behalf of justice-involved children. This could be linked to the identification of traumatic histories that staff associated with HSB. This would be corroborated by studies that have found high proportions of children who have been convicted of committing HSB having been victims of sexual abuse themselves and presenting with social skills deficits, educational and behavioural difficulties (Green & Masson, 2002 p.150). This provides an option to see the idealised innocence of childhood but also reflects the building of the child's story to a different form of understanding; there may be a connection with the offender developed "through the client's personal story" (Elias & Haj- Yahia, 2017 p.1166). So, the perception of vulnerability or details of the child's history may be identified as decreasing punitiveness or negativity and increasing nurturing, even in some cases of HSB; this unless the child is a girl, in which case expectations and perceptions are different. There is relatively little research on HSB in girls and it

could be argued that, given the accepted construct of girls as more vulnerable and more likely to be victims, it is difficult to understand them as abusers (already discussed in Section 6.3).

The sentences that the children received for their offences were of varied length and this study identified that staff found short sentences particularly frustrating and they preferred to work with those who were serving longer sentences. The rationale for this was largely argued to be decreased opportunities to complete necessary work with children, although this was not always indicative of a reliance on specific offence-related work and, for many staff, was more about having the time to parent, demonstrate care and provide some protection. Gyateng et al. (2013 p.5) found similar frustrations about sentencing across the YSE, identifying concerns among staff interviewees that short sentences often meant that there was insufficient time to build strong relationships. However, they did also note the time restraints on provision of appropriate and effective interventions. It is interesting to note that the Centre for Social Justice (2012) suggests the need for community sentences rather than short sentences where possible. Of course, where custody is only used for longer sentences it would follow that these would be for the most serious of crimes, lending this position to more punitive perceptions and potentially exposure to and demands from the most complex cases. With this complexity comes challenge, some of this in the form of violence and aggression. I will now move on to discuss the findings on behaviours of children including violence and aggression.

Current behaviours of children in SCHs were identified in this study as having an even greater impact on staff than those that had brought a child into custody. Where this related to behaviour that could be seen as a form of offending, this is reflective of the immediacy of impact of crime (Hough & Roberts, 2013) but also linked to judgement in a form of "thinking fast" (Kahneman, 2011). Staff reported having favourites but also that there were children they did not like or that they were challenged by. One of the challenges they faced was dealing with verbal abuse, which has been argued to be hurtful and insulting (Spector et al., 2015 p.326). Evidence would indicate that repeated verbal abuse can cause anxiety, low self-esteem and, for nurses in mental health settings, severe psychological impact (Inoue et al., 2006 p.35). Research identifies that rates of abuse are a persistent problem in UK prisons (Howard League for Penal Reform, 2009, cited in Cregg & Payne, 2010 p.172) and this study found that there was also frequent experience of verbal abuse in SCHs.

Such challenges increase the complexity of occupational demand with the potential for advancing the disciplinarian aspects of the role. The behaviours of the children did influence the staff's

perception, yet at the same time a 'normalisation' of the behaviour moderated some of this potential. The prevalence and frequency of the abuse led to an acceptance of it, at least in the perception of this being the norm and expected. In this way most staff seemed de-sensitised and to accept this as part of the job, although this was not the case for all. The acceptance indicates a contextual and institutionalised culture, one that staff recognised as 'normal' in the setting but not normal outside of the setting, suggestive of an association between offending and verbal or physical aggressive behaviour and therefore a negative construct of justice-involved children.

Certain types of abuse were less accepted than others, for example racial abuse was specifically noted to cause distress, although staff did not report this as 'hate' crime[15] and, in general, there was a dilution of the nature of racial abuse as just another mode of aggression. Despite the normalisation of verbal abuse there were consequences and notable implications for staff who absorbed and sometimes internalised this or numbed themselves as a coping strategy. Some felt they should challenge the behaviour, however this challenge could become punitive or argumentative, a result of what some thought was transference (McCartney, 1996). This behaviour was apparent in some staff who tested children out, were sarcastic or goaded children purposefully to raise their level of abuse to a degree beyond what was accepted as the norm, an action that demonstrated an abuse of staff power; *"say something to me I've never heard before, … and I'll give you a golden credit because you've impressed me"*. The use of sarcasm can be identified as a means by which staff can abuse their power or humiliate a child (Rose, 2002), and it is of particular concern that both sarcasm and goading still happen in SCHs, especially given the abusive nature of this behaviour (Holden et al., 2016; Plomin, 2016).

In addition to verbal abuse and threats, there was actual physical violence. Again, this was perceived as the norm, ultimately accepted and even expected when working in a SCH. The literature suggests that incidents of workplace violence in healthcare result in a possible decrease in job interest, lower productivity, a decrease in confidence and, in some cases, the mental health of workers can also be affected (Nowrouzi-Kia, 2017 p.675). In health settings there is an approach to this that encompasses reducing restrictive practice[16] and, in the YSE, this is also seen in limiting periods of seclusion and minimising restraint (Ofsted, 2019).

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[15] A hate crime is any criminal offence which is perceived by the victim, or anybody else, to be motivated by hostility or prejudice towards someone's race, religion, sexual orientation, transgender identity or disability. These aspects are known as 'protected characteristics'. A hate crime can include verbal abuse, intimidation, threats, harassment, assault and damage to property.

[16] The Reducing Restrictive Practice (RRP) collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) that was established by NHS Improvement (NHSI) in partnership with the Care Quality Commission (CQC) in response to the Secretary of State. https://www.rcpsych.ac.uk/improving-care
https://hatecrime.campaign.gov.uk/

This is challenging when faced with threats or actual violence, which naturally brings about a fight or flight response (Peterson & Peterson, 2010). What is being asked of staff is to manage these human responses, and control in the least limiting but safest way possible. Contrary to the expectation of violence, staff reported feeling ill-equipped to manage it; they made hardly any reference to training in the management of violence and aggression and said that the procedures they were expected to implement were unhelpful. They reported that children who presented with violent behaviours were inappropriately placed in their care. They said that these children should be placed elsewhere, reminiscent of James and Jenks' (1996) provocative questions associated with the eviction of children who do not fit idealised constructs or environmental contexts.

The placement of children in the YSE is governed by the courts and YCS; these placements are determined based upon age, offence and vulnerability (Ofsted, 2019) but staff reported that this was not always the case and felt that they were often left dealing with children who would be better served in different environments such as STCs or YOIs. This contrasts with suggestions that SCHs are better placed to manage children's needs (Byrne, 2017) and indicates that staff believe that only certain children should be cared for in them.

Current procedures for dealing with physical abuse have emerged from historical events, investigations and case reviews. The most notable of these are the investigations into Medway (Holden at al., 2016) and Rainsbrook (Inquest, 2007) where abuse or inadequate care of children resident in care homes was found. Prisons have been troubled by the unprofessional behaviour oftheir own staff for many years (Stohr & Hemmens, 2000 p. 123), however SCH staff consistently felt that they provided good care despite pointing out the failings of colleagues. They did not discuss their views on the well-publicised investigations in this study but spoke of their difficulty in implementing recommendations for practice, because of a perceived sense of disempowerment that this brought around being able to manage violence. A key concern, in this regard, was the witnessing of others being assaulted and this appeared to have more impact than experiencing assault oneself. Research notes this may be a particular issue for men who want to protect female staff (Duan et al., 2019), which maintains the gendered assumptions about the need to protect female staff. Interestingly, this was not necessarily extended to justice-involved girls in SCHs, which raises a tension between colleague or child first.

Staff stressed the importance of building relationships with children. This was a major theme. Research on relationship building in the residential treatment of justice-involved children is very limited despite the general finding in research that such aspects have a significant bearing on engagement, supportive environments and outcome (Holmqvist et al., 2007). In this study staff recognised the importance of relationship building and considered that they worked with all children to develop these in a consistent way. They emphasised the building of trust and respect to enable working relationships and interventions with the children but this was not necessarily associated with their application of the CFOS model. It was, however, always supportive of the justice or risk-based approach. The accounts highlighted that relationships were not always positive and were influenced by judgements, preferences and dislikes. As already noted, these may be related to their own personal childhood histories and experiences of parenting (6.1), the child's characteristics, behaviours or offence type, as indicated in previous sections, so relationships were contextualised and ultimately value laden, with little appreciation of how their feelings toward justice-involved children might play out in their own subsequent behaviours. There were occasions, albeit few, where there was actually a sense that they did not care.

The gender of staff was not considered important (except for the need to protect female staff) until it related to working with girls. Staff felt that women were best placed to work with girls, in keeping with gender-specific care and the need to support, promote and maintain privacy and dignity for this group (Corston, 2007). The same concerns were not expressed in relation to boys needing privacy and dignity. However, in a system built to serve boys (6.3), one could argue that their needs are assumed to be at the core of service already. This does, however, raise the question about the gender mix of workers within the YSE and levels of gender awareness. This study interviewed 15 participants, seven males and eight females: The men expressed no views about the need to work with boys in particular ways or, indeed, to address aspects of boys' behaviours that might have been getting them into trouble or bringing them into custody, nor did the women. Gendered assumptions and practices were therefore maintained by both male and female staff alongside the designation of childhood status being afforded to the children if they were deemed to deserve it. The assumptions that women will take on caring roles with all children in SCHs is a gendered division of labour and could heighten female staff's sense of internal conflict when working with girls who do not fit gender stereotypes. They adhere to expectations of femininity in their own roles but then also apply this to girls, resulting in blame and punitive approaches. Both female and male staff tended to blame females rather than males for issues in the homes, they

identified that girls caused problems and constructed their behaviour in different ways to those of the boys, almost forgiving of boys and blaming of girls if both genders were engaged in conflict. Any behaviours that were considered sexual in nature were similarly construed, reflective of the literature on HSB where females are seen as acting outside the parameters of femininity and being provocative, whereas boys are merely immature and sexually incontinent (Green & Masson, 2002 p.158).

Familial roles were assumed by staff regardless of their gender, highlighting a child focus but not necessarily a professional focus. Some of these roles fostered sibling-type relationships while others were described as parental. Conceptually, children have a right to be parented and, where a child is deprived of his or her liberty, then the State assumes responsibility for this right. Although impossible to 'legislate for love' or provide the type of parenting and home that the best families provide, the State assumes responsibility to parent when it detains children (Hollingsworth, 2014 p.124). This study identified a strong commitment to the principle of parenting in SCHs but this was complex and seemed to go further than fulfilling an obligation gap by assuming a parental role and then becoming emotionally involved at that level.

As other studies have found, I found that the development of feelings of closeness to particular children by staff could result in finding separations difficult. It is of interest in this context that some children do not always prefer staff who like them (Holmqvist et al., 2007). The optimal staff attitude was considered, in one study, to involve limiting emotional involvement and in them having a clear focus on the work (Holmqvist et al., 2007). Such findings pose a challenge to the wealth of literature on the importance of building relationships and, moreover, highlight the difficulties for staff working in environments such as SCHs. These 'homes' present environments in which staff engage in daily activities with children; they often eat together, watch TV, play together, and then they engage in formal work or structured intervention.There is the potential here to blur boundaries in extremely complex ways.

6.7   Where we are: The context

Evidence suggests that detained children, their rights and well-being, are better supported in SCHs than in other criminal justice institutions. SCHs are less institutional, more child-centred and better resourced environments than STCs or prisons (Hughes et al., 2012 p.529). These care-based institutions are the exception not the rule. Only those children who fit an appropriate image of 'child', that is one who is vulnerable, needy or particularly young, are placed in a SCH as opposed to a STC or YOI (Hollingsworth, 2014 p.101). Staff felt that whilst some children in their

view were inappropriately placed in SCHs, the system should make these distinctions in placement allocation. This does not afford all children the same child-first status and indicates that some are more worthy of certain types of care than are others. Hughes et al., (2012) concur with Hollingsworth's observations (2014) that children in SCHs benefit from their surroundings and are looked after in more positive settings, small bespoke units with higher ratios of staff, than in other settings. They argue that this enables better opportunities for making important relationships (Hollingsworth, 2014; Hughes et al., 2012). What is not considered is how staff can manage the difficulties of professional and parental relationships, both of which are nurtured by the settings but are sometimes in conflict with each other.

Staff described the SCHs they worked in as 'homes'. This terminology was used rather than others such as 'secure settings' for example. This is strongly associated with the concept of 'child first' (6.3) and the provision of care rather than punishment. This is in contrast to a competing sense of justice-based approaches evidenced through screening, assessment and intervention work, on occasion the 'home' and how it was conceived of almost obscuring or denying the notion of offending or the need for security. One assertion did identify that the home provided containment and, where security was identified as a need, this reflected a balanced position between providing safety and minimising risks to children; this was quite holistic in its application. So, for example, the provision of calming environments was particularly key for some staff who acknowledged that this in turn brought about calmer behaviour rather than environments focused on punishment. Research would support this; for example, environmental conditions are thought to be a significant precursor of aggressive behaviour (Duxbury, 2005). Staff in the settings were keen to be able to draw a balance between having safe environments and ones where children could feel a sense of comfort. Providing furnishings that allowed this appeared problematic in communal areas. However, they were noted to be used to good effect where children could personalise their rooms, promoting individuality and awareness of the comfort and reassurance that this may bring. The environment could be used punitively if a child did not meet expectations though; this could be part of a risk management strategy but also to identify degrees of 'worthiness'. For example, the best room could be reserved for the best-behaved child.

Aside from the size, furnishings, decoration and personalisation of rooms and units, this study found that the geographical location of the homes had a particular impact on staff, their perceptions and care provision. In the main this was related to the ability to support continuity of care and planning for transitions back to the community (6.8). Another interesting finding was that perceptions of crime were influenced by their proximity to the home, for example when a crime

took place in the local area or affected people known to the staff members. There is evidence to suggest that political leaders of local communities that are affected by criminal activity express a more punitive approach to the law (Maffei & Markopoulou (eds), 2013 p.143), highly likely to be influenced by their need to assert the communities' concerns on the matter. For staff working in SCHs this was no different; if a crime impacted upon a local community in which staff lived or were working, then the impact was also felt and owned by those staff. Staff personalised this and perceived the perpetrator less favourably than his peers.

The geographical separation of the homes from the rest of the community was found to lead to feelings of isolation. Whilst most staff did not acknowledge the risks of institutionalisation, some did and reported a sense of disconnectedness from others beyond the home. The separation was often not great in terms of actual distance; some homes were in residential areas, shielded by trees, for example. All were separated by fences, possibly acknowledging that a group not necessarily accepted within the community was placed here. Staff are managing a physical boundary and their multi-faceted roles every time they are at work, and probably sometimes when not. The seminal work of Goffman talks about this at length in his appraisal of working in prisons. Staff are as much part of an institution as are those detained there and develop a way of doing things that only that team recognises (Goffman, 1961). This phenomenon furthers dependency between staff members who overwhelmingly identify the importance of the team and its function in how they work. The need for a common purpose in teams is supported in the literature (Katzenbach & Smith, 1993), however a balance with the ability to question routines and practices is also suggested (Schippers et al., 2007 cited in Buljac-Samardžić, 2012 p.17). The findings of this study indicated that there was a strong sense of wanting to adhere to and convey the image of an ideal team, with group owned and constructed ideals. This somewhat protected individuals from owning otherwise unpalatable personal perceptions or, conversely, it could have allowed them to identify non-conformist and therefore disagreeable perceptions within other individuals. The frustrations of some staff with others were very evident and indicative of a desire to care and protect children from harm. This being said, it was also noted that staff identified institutional cliques in some homes and found these hard to challenge, clearly highlighting the difficult power relations in some settings. Given the severity of possible consequences for children in cultures where there is no challenge, this should be a concern.

Support from the team and its members was considered especially important and staff members expressed a strong desire to belong. There was a feeling amongst staff that no-one else, including families, really understood their experiences and they relied heavily upon relationships at work as

means of support and coping. Some staff reported 'switching off' to cope and many equated the informal support that they received from other staff as supervision. However, supervision is usually understood as a structured activity (Saltiel, 2017) provided in a one-to-one supervisee and supervisor dyad (Kadushin & Harkness, 2002 cited in Bogo & McKnight, 2006 p.53). Group supervision might also be provided (Bogo & McKnight, 2006 p.53). Very few staff spoke about their supervision within this framework and seemed to use a form of peer consultation, which "at times is incorrectly referred to as peer supervision" (Bogo & McKnight, 2006 p.53). Those who did use a more structured format tended to be the ones who delivered focused interventions; their supervision was more focused on the utilisation of tools and adherence to guidelines, highlighting the importance of treatment and intervention within a justice-based or risk management framework. It is possible that training in intervention work supports the application of clinical supervision to critically evaluate the work, its delivery and outcomes. Whether this considers CFOS principles or not may be another matter.

Where intervention work is recognised as requiring supervision and other work is not, then there is a reliance on the justice-based approach and a devaluing of the 'child first' principles. This indirectly constructs a hierarchy of the needs or importance of staff, suggesting that non-registered professionals have less complex or important work. This does not acknowledge the extremely difficult work of front-line staff, an approach that 'Schwartz rounds' in healthcare do: The Schwartz round is a session that offers an allocated time and a place for discussion of the emotional and social challenges of the job, where staff can explore difficult cases, associated challenges and the feelings they evoke (Goodrich, 2014).

Whilst I have focused here on what could be described as the antipathy of some staff members towards formal supervision, I have also noted the number of systems that do not drive the need for structured supervision at all, for example 'switching off' or using only informal support. This could negatively impact on work with children. If a healthy and respectful perception of children and justice-involved children is to be achieved and maintained, then supervision that supports all staff in their multiple roles and aims is an absolute necessity.

6.8   The importance of other agencies

A change in the nature of offending was noted by staff in this study. This links to the routes that children take into custody (6.5). Staff perceived that children who were coming into custody and SCHs had committed more serious offences than hitherto. Statistics identify a reduction in custodial sentencing (Ministry of Justice & Youth Justice Board, 2016) but, although this is also

linked to recorded reduced rates of crime, it is not necessarily related to a real reduction in offending. Indeed, what is perceived of as offending or what alternatives to custody are in place may be more pertinent here. It would stand to reason, however, that where policy allows for alternatives to custody and thresholds for detention are raised, then those who come into custody are likely to be those sentenced for the most serious crimes, thus adding weight to the staff's perception. The increasingly complex needs and situations of children in custody could influence staff perceptions; mental health issues, violence and aggression certainly stand out, as previously discussed. If these are areas that foster negativity toward justice-involved children, then their increased prevalence may compound the associated issues. De-criminalisation of children was generally supported by staff, however they sometimes wanted to be able to hold children culpable and wrangled with legal constraints and welfare options.

This study did not aim to consider welfare cases, which do make up a portion of beds used in SCHs, although it is of note that staff did report that the welfare group was more complex and difficult to work with than justice-involved children. Over the period of the research the percentage of overall beds used for welfare versus youth justice has changed. There has been an increase in welfare beds, indicative of a systems shift from criminalisation to a greater recognition of child welfare and vulnerability. The CFOS model tries to deal with this with a focus on the child's needs but without reducing them to a non-participant, a 'being done to' object. Staff strongly defended the CFOS model and promoted the children's involvement in their own care but often constructed the children as victims, defending them and any actions that had been criminalised. This prevailed over the need for responsibilisation, usually until the children's actions became constructed as unpalatable. Having noted the thread of vulnerability and who was deserving of being constructed as vulnerable throughout this research, it can be assumed that increasing welfare beds and reducing justice beds would bring an even greater shift towards this going forward. The competing welfare and justice agendas of systems and staff, alongside the associated demands of increased complexities within the children, may challenge the current workforce and require different skill sets or ways of working in SCHs.

These developments are likely to increase the need for multi-agency working, which currently staff do not rate positively. There were many factors involved here. The most easily identifiable issue related to a lack of planned or joined up working practices to enable transitions and pathways for justice-involved children through the system. This is noted in the literature where placement and proximity to home for children is problematic. The literature identifies that the distance of many detained children from family and friends exacerbates problems. This is because visits, continuing

relationships and the support that comes with them are made more difficult (Hollingsworth, 2014 p.104). Staff repeatedly raised this as a frustration, especially in terms of resettlement, which is also recognised as being problematic and a key factor in high re-offending rates (Hollingsworth, 2014 p.105). Distance also increases the complexities of working with other agencies. As Hart (2009) points out, responsibility is transferred across geographical boundaries to other agencies, which can mean that children leaving custody are faced with new networks of people at a particularly vulnerable point in their lives. But this was not the only concern. How other agencies and individuals work together was the subject of much commentary in this study. Staff reported that they worked hard in SCHs to enable children to move on and that, basically, their good work was undone by a lack of support and resources in the community. They also reported that they were not involved in the process enough despite the framework that sets out the need for this. This is corroborated by Roesch-Marsh (2012 p.468) who states that agencies outside of SCHs make decisions about child placements with only occasional involvement of SCH staff. This was noted in this study and is considered frustrating for SCH staff (Gyateng et al., 2013 p.53) and an especially important issue given the importance of transitions (Forrester-Jones, 2006 p.228). There appears to be a gap in the assessment and planning systems in relation to the contribution that can be made by SCHs.

Not only do external assessments not necessarily follow the child into the setting but the work undertaken by the establishment does not necessarily inform what happens to the child after they leave (Hart, 2009). This was certainly highlighted in this study and could be seen to lead to decreased motivation in working with the children and verbal attacks, for example, on social workers who, SCH staff felt, did not even have the basic relationship with children required in helping them to move on. This is corroborated to some degree by children themselves (Hart, 2009 p.16).

This study echoed themes from the literature that identify that staff working in secure settings experience huge frustration in engaging and working with other agencies. The fracturing of the multi-agency focus may be linked to different perspectives and identities. However, these may also be exacerbated by the strained relationships and can impact on subsequent perceptions of the child caught up in the middle of this. This extends further than the relationship between the SCHs and community LA social work, it includes education and mental health services (Hart, 2009).One study in the YSE in the UK found that a particular concern was the lack of communication between professionals outside and within the YSE, which resulted in fractured provision and poor continuity of interventions (Gyateng et al., 2013 p.5); if the system is difficult to

navigate for children then this can only compound negative experiences. The CFOS approach is adhered to here theoretically but not necessarily owned or, where it is owned, is unable to be implemented.

Considerable frustration was expressed with mental health services. I have already discussed thisin Section 6.4 but, in terms of multi-disciplinary and multi-agency working, it is worth pointing out here the negative impact of fractured or silo working, especially in cases where such high risks are involved. Serious case reviews frequently identify this (Jones, 2012; Warner, 2013) but the lessons of joined-up working between agencies do not appear to transfer into custodial settings and are an ongoing challenge.

6.9 Conclusion

The findings of this research are unique; the methodology and theoretical underpinning have not been applied to gain understandings of staff perceptions in SCHs before, indeed, there has been extraordinarily little research in the area at all. It has therefore been difficult to draw comparisons with other research or from like-for-like settings, however there are some notable comparisons with other types of secure estates and issues raised in other forms of practice with children, the CJS and the YJS. I have brought a form of understanding of staff perspectives and outlined a versionof their reality that highlights a complex range of factors influencing them. Overwhelmingly, the staff viewed justice-involved children within a 'child first' frame. However, this was at odds with tensions between justice and welfare approaches. The socially acceptable perspectives that the staff portrayed were situated within how childhood is constructed but contextually defined depending on which aspect of self-dominated. For example, there was a conflict of the 'protective parent versus the carer' in the SCHs. The SCH staff perspectives were littered with contradictions, based on gender assumptions, team identity and systems approaches. Within these parameters staff generally held 'child first' values with 'buts'; this depended on the age and gender of the child,the offence (type, severity, and outcome), the victim type, current behaviours and the realm of whothey were working with or the setting they worked within. The following chapter will draw some overall conclusions and offer recommendations with these in mind.

7.   CONCLUSIONS AND RECOMMENDATIONS

It is apparent from this study, viewed through a lens of social constructivism, that working in a SCH is challenging. It raises conflicts for staff about their concept of childhood and their perceptions of children in SCHs. Participants initially wanted to portray themselves and report their perceptions in a way that was expected of them. They presented versions of socially accepted attitudes, for example seeing children as vulnerable. They also portrayed their perceptions within institutional norms and with the requirements of their employment at the fore. An example of this was maintaining the 'child first' position above all else. These standpoints were not, however, always fully held and came with 'buts', with increasingly unguarded views being expressed as the interviews progressed. The participants were supported to engage in honest reflection by the interviewing technique, which had the advantage of an 'insider' connectivity. The willingness of participants to open up an otherwise unknown world and reality is testimony to the commitment of those who took part. Their honesty has allowed deep insight into their world and indicates a strong commitment to justice-involved children, self and service development.

A further indication of this openness was the finding that perceptions were almost certainly changed from the point that a person went from being a member of the public to becoming a member of staff in a SCH setting. What was abhorrent as a member of the public was not usually so for staff members, although there were exceptions and conflicts especially where staff were working with cases that were reported in the media. The change across time was portrayed by participants in terms of awareness and development of their skill set but may have also been linked to increased understanding of children and their histories or place in society. The flexibility and reflexivity required for this was evident and is a positive aspect of the staff who contributed to the study, potentially also a marker of the SCHs' commitment to developing positive and helpful services.

Staff perceptions, as discussed in Chapter Six, show that ways of perceiving could not be attributed to one factor and were based upon socially constructed values, norms and realities. There is an interplay between different factors based within the construct of childhood, some factors moderating, some strengthening and some causing conflicting portrayals, all contextualised and constructed within their multiple roles and setting. Staff generally recognised this too and, overall, demonstrated insight into how their perceptions were influenced; they did not always see how these influenced others.

The valuable roles that staff in SCHs perform are undoubtedly difficult, complex, stressful, demanding, at times frustrating and sometimes challenging on a personal, team and family level. They are faced with emotive situations and competing agendas and experience interpersonal conflicts. Despite this, and in the face of challenging situations and direct contact with serious criminal behaviours, they commendably remain committed to providing and maintaining an ethos of child-centred care.

Where there was evidence of a less positive perception of children, this was largely aimed towards specific groups or behaviours. In this study there was notable negativity pointed, for a variety of reasons, at:

- Those who are not seen as typical victims, most specifically those who are wealthy and seem to have no reason to offend

- Those who have assaulted staff, especially if witnessed by a colleague

- Girls, mainly due to stereotyping

- Those with poor mental health who self-harm

- Those convicted of sex offences

- Those who offend geographically close to where staff live

- Those who offend against a member of staff.

They also identified factors that could negatively impact upon them as professionals and their perceptions such as:

- Their teams and support levels

- Other agencies

Even where negative perceptions are in the minority they are a concern, especially when looked at in the context of the issues highlighted in the investigations of Medway and Rainsbrook STCs. If other such scandals and damage to children are to be prevented, then recognition of these issues is imperative. These negative perceptions are likely to be held in different ways and in different forms in STCs compared with SCHs because the teams, settings and context are different.

However, knowing about them and acknowledging their potential impact and what is done about them is key. The fact that staff interviewed were able to voice perceptions that are not readily acceptable in SCHs is testimony to the participants' ability to engage in honest dialogue. This is a base upon which progress can be built. This does also suggest it is possible to challenge the institutional approaches where threads of negativity become pervasive or the accepted culture. Systems, service and staff approaches therefore need to work transparently and collaboratively.

In order to advance in knowledge and practice, it is imperative that further academic research is undertaken in these settings, exploring the complexities and focusing in more depth on what promotes negative perceptions and how they can be dealt with. Additionally, this further academic research should form the basis for further exploration, to promote evidence-based care in practice to meet the complex needs of justice-involved children in SCHs. Recommendations then are twofold, relating to research and relating to practice. I will now discuss the recommendations for research in Section 7.1 and move on to practice in Section 7.2.

7.1.　　Research

This has been the first research of its kind in SCHs and there are limitations (for example sample size) as identified in Chapter Four, Section 4.8. Further research is recommended to support and develop knowledge in the field. Areas to consider would include contextual understandings; the perception of CFOS approaches; research on the voices of children; girls and how they perceive the issues of gender bias; and staff/child relationships. The findings of this study would also support research using observations in SCHs to explore if the reported perceptions are demonstrated in actions and provision of care.

7.1.1　　Contextual understandings

The social constructivist position of this research recognises the contextual nature of the findings. The apparent differences between the general public, those in other secure settings and those in SCHs, support this. Further understanding of the complexities of this could be enhanced through a return to participants for their appraisal of the data analysis and interpretation. This study was unable to access the participants again within timescales for completion of the research, however this would be likely to be possible in the future. Another option would be to ask the SAN or staff who did not participate in the research to appraise the findings.

7.1.2 The perception of CFOS approaches

The literature around CFOS is relatively new, however it is promoted in the YJS and has been adopted as the way of working in the YSE and, specifically, SCHs. The 'child first' philosophy was strongly echoed across all participants in interviews, however there were some 'buts' and it was evident that whilst this was reported, it was not strongly held in every situation or for every child. Research with participants focusing more on this specific area would enhance knowledge of how the CFOS philosophy has been adopted in SCHs, what it means to staff and, therefore, how it plays out in practice. Children's involvement in, and interpretation of, the implementation of CFOS approaches would also offer insight into how they construct this, meaningfully or otherwise.

7.1.3 Research on the voices of children

There is a need for research on the perspectives of justice-involved children and discussion in relation to the findings of this study. Their voices are paramount in systems where the CFOS philosophy should be adopted. Qualitative interviews with justice-involved children could tease outtheir perceptions of staff. It would be interesting to determine if staff are perceived as they think they are. This form of research could reveal if children recognise how they are perceived or how they interpret this. This type of study would require a strong safeguarding and ethics framework to ensure safety and support for children who participate.

7.1.4 Girls and how they perceive the issues of gender bias

The findings of this research note strong feelings towards girls in the YJS, many of which were negative, indicating that staff held a gender bias and adherence to socially constructed norms for females. Gender focused research on attitudes towards girls in SCHs and the impact of this would be recommended. Girls detained in the system should be consulted on how this could be sensitively supported.

7.1.5 Staff/child relationships in SCHs

The importance of staff/child relationships is noted in the literature but there is evidence that children prefer task-orientated staff as opposed to emotionally engaged staff. Further qualitative research is required in SCHs to explore children's perception of staff and any preferences in relationship types. This type of study could be formulated within a social constructivist position to consider the child's perspective on relationships and if this differs from what adults expect it to be. It could consider the position of children in society, how they perceive relationships generally,

how their usual relationships outside of the YSE are supported and how they manage relationships in a setting where they cannot choose their peers and carers.

7.2. Practice

Whilst further research is needed, there is evidence from this study that could influence current practice. The literature and data identified the complexity of the needs of justice-involved children in SCHs. To deliver meaningful services it is imperative that systems and environments are appropriately structured and resourced. There need to be the right persons, with the right skill set, and the staff require the right management, support and development to carry out their roles effectively. Recommended actions around service/staffing structure and roles, recruitment and development, culture of critical enquiry and professional challenge and staff support (including supervision) are suggested here.

7.2.1 Service/staffing structure and roles

The development of institutions that are most likely to provide 'care' and 'home' in a positive way isneeded. SCHs compare favourably to other custodial settings and this should be recognised in any plans to develop the estate further. Wherever possible children and staff should be involved inplanning.

The negativity of staff regarding other agencies was particularly apparent in this study. Stronger multi-disciplinary and inter-professional working is required to support transition work and collaborative care in the homes. The development of a specific focus on transition within the LA or YOTs is required to support moving on; this could be bolstered by training for social workers in the community who may very rarely come into contact with justice-involved children or SCHs.

The lack of connectivity with different teams and different professionals should be considered as abarrier to providing care. Staffing models that encompass staff from different disciplines should be considered, for example integrating healthcare workers and occupational therapy staff with care staff providing care on the units rather than relying on referrals to 'expert' service provision, which negates an approach to holistic care in day-to-day provision. Whilst the process of transitions appears to have a huge impact in this area there was also evidence that staff personalised the issues. Meaningful partnerships could be hindered if staff do not acknowledge the views of others and those they work with. This study has revealed the perceptions of a range of staff and, as such, has demystified and explained some of the reasons why things and people

work in a certain way. Multi-agency networking days or events where staff from different agencies can come togethermight support the building of relationships. Understanding the stressors on each system and recognising how others see their 'reality' may be particularly key.

7.2.2   Recruitment and development

Recruitment of the 'right' people is paramount. Ensuring the ability to relate to the children and to the environment and team is critical. Assessment of this can be done, for example, through group 'interview' undertaken as an environment 'walk round' (physically touring the SCH and visiting the children), to assess ability to adapt to the setting and ability to relate to others and to encourage questions from applicants. Introducing or maintaining interviews that are values and skills based can support the appointment of the right staff for the service. Interviews including complex and challenging scenarios or role play may be helpful. A clear, robust induction programme should be in place for all new staff. This programme should include policy and procedural learning, however this could be enhanced by offering opportunities to learn how this relates to practice. Inductions could offer 'real life' scenario discussions with experienced or senior staff to enable constructive and reflective working practices.

Skills deficits and negativity toward some children were apparent in some areas and should be combatted through targeted training. Specific training on gender related issues, LD and mental health, with a multi- disciplinary approach, is required. This may encourage multi-disciplinary ownership of issues with recognition of when specific 'expertise' is required. Training on self-harm should be systematic and delivered to all staff with regard for their levels of input with children and potential vicarious trauma. This training should have some emphasis on addressing the stereotypes and misconceptions associated with self-harm. Packages of development that allow for exploration of the hierarchy of offending and specific offence types should be offered. These need to respond to the current population needs, such as those who present with HSBs.

Relationships have been clearly identified as being critical to the work that is undertaken. It therefore follows that understanding and being able to contextualise the issues of offending would be helpful. Training should support this. In addition, it would be advisable to work specifically on relational aspects of care, an example would be the provision of boundary training (Mental Health Association, n.d.), a tool that could be used to support the building and maintenance of appropriate safe relationships between staff and children.

7.2.3 Culture of critical enquiry and challenge

The contextualised position of the data recognised the culture in SCHs. The findings that bore similarity to the abusive cultures of STCs were a particular concern, albeit there were no immediate safeguarding issues. Nonetheless, the issues of goading, bias and, therefore, the risk of less than professional treatment of justice-involved children were apparent. A culture of transparency, reporting and ability to challenge others should be fostered to reduce risks and enable safe environments for all. The findings of the Medway review should be revisited by all SCHs for shared learning. These should be utilised as 'real life' examples in induction programmes and updates for all staff.

Incident reporting should be monitored to ascertain levels of reporting and actions that fall out fromtheir review. Action logs should be shared with staff teams to engage them with the process of embedding any changes in practice or learning from incidents. 'Learning lessons' events should be held in teams, units and across the sites. The SAN is a collaborative network of secure children's home staff (mainly managers) and already has the forum to enable this. Robust safeguarding and disciplinary procedures should be in place with audit process to check implementation and effectiveness. A peer review system against markers within these proceduresshould be set up to critically and continuously evaluate service provision.

7.2.4 Support (including supervision)

It is evident that negative feelings and perceptions of some children impact on the delivery of care.A supervision structure with a clear, supportive and challenging agenda should be introduced to minimise the impact of this and to enhance appropriate relationships. Management supervision should be regular and cover expectations of the role, how someone is coping, their well-being andtheir strengths and weaknesses.

Clinical supervision needs to be offered by trained supervisors who are able to constructively challenge and the introduction of Schwartz rounds would enable the exploration of feelings around the cases or incidents where particularly negative views are held. Shwartz rounds are sessions that offer allocated time and a place for discussion of emotional and social challenges of the job, where staff can explore difficult cases, associated challenges and the feelings they evoke (Goodrich, 2014). For those delivering clinical, therapeutic intervention or offending behaviour work, there should be specific identified supervisors who have experience and/or expertise in that area. Accessing supervision from those beyond the immediate SCH base would support a more

open, transparent approach that breaks down the barriers of the environmental constraints. A first step would be to develop a network of supervision across SCHs where staff can come together as a collective to discuss challenges and ways of working. A second step might be to invite a speaker or consultant on particular matters. Thirdly, multi-agency and multi-disciplinary supervision might enhance collaborative working. This challenges the norms of supervision, however it can be particularly meaningful, especially for senior staff.

A well-being agenda should be promoted to offer staff access to occupational health resources and signposts for specific support, for example counselling. The management of sickness and absence should be robust to ensure that issues are picked up early and the right support or action can be offered. The well-being agenda should be balanced with accountability for actions.

This study has yielded data, included analysis and, subsequently, resulted in the conclusions and recommendations made above. The study was a personal journey for me as a researcher. I will now offer some insight into that journey through provision of a reflexive section (7.3), before moving on to the contribution section (7.4) and finishing with a conclusion (7.5).

7.3. Reflexive section

I have been preparing to do this study for many years. I emphasise preparation and not readiness because I had no idea how to start and I now also realise that I was not ready even when I did. The rather painful journey of realisation on this matter was a consequence of a lack of understanding of research methods, a tense relationship with the underpinning philosophy and my fluctuating personal, professional and researcher positions. These multiple positions can be referred to as a fluid rather than static state and they inevitably affect the 'insider outsider' position or emic-etic balance in the research project (Eppley, 2006 cited in Berger 2015 p. 231). I did not initially identify these issues but, once I did, I then wrestled with them throughout the study. A process of reflexivity introduced to me by my third supervision team (the changes of team ultimately being a positive influence) helped to make these internal wranglings more tolerable.

Reflexivity is a process that imbues the whole research effort (Dodgson, 2019 p.221). It supports intentional and conscious effort to be aware of the self and one's own reactions to participants, the way in which the research is conducted and how findings are constructed (Mason, 1996; Porter, 1993 cited in Berger, 2015 p.221). This helped me to establish and rationalise potential influences on the study. These influences included me.

7.3.1 Reasons for and planning of the study

My professional background as a mental health nurse was initiated following study placements in adult prison settings. I had been aiming to work in probation but the dominance of mental health issues I saw in the prison challenged my assumptions that hospital wings in prisons would be filledwith broken bones and physical ailments. I changed path and went on to become a mental health nurse but returned to prison care and care of prisoners in other settings, including secure hospitals. I was very quickly conflicted by care versus control elements of the work but saw stark differences between how I approached my work and how prison officers did. I promoted well-beingand care whilst many officers seemingly warehoused and punished prisoners. This was a simplistic appraisal and I did recognise that the context of our roles and the setting influenced us. For example, two officers on a busy wing managing 50 prisoners were likely to have low thresh-holds for any disturbances, whilst I had the comfort of individual appointments, albeit intense and emotive ones. I viewed their low tolerance negatively and wondered if they perceived me as too tolerant and I tried hard to bridge gaps to work with them even when I was unhappy with their approach. I started to wonder how they perceived the prisoners, in what ways and why. I was working in a women's prison and specifically wondered how gender was perceived by the officers. I hoped that if I could try to understand this that I would feel less conflicted about how I worked with the officers and the prisoners. However, in my mind, this became intolerably complicated. As a woman and a nurse, it was all too challenging and I felt a need to defend those personal positions rather than to pick them apart. The time passed and I moved to work with children in secure settings, an intentional decision to work with trauma closer to its point of experience and with an aim to help children out of what I noted could be damaging environments, and, therefore, in the hope of providing more positive futures. This was a naïve and somewhat arrogant move, thinking I could make change regardless of systems, legal constraints or others who worked in the setting. I encountered more differing views and most evidently different perspectives of justice-involved children and so I was compelled to think again and wondered if there was a way to study this. I initially considered a very specific piece of work relating to experience of changes from male only to mixed gender sites. Girls were being moved out of the YOIs and SCHs were moving to provide beds for them, a potential opportunity I thought. However, this change was actualised before I could get a proposal accepted and it morphed to encompass perception of all justice-involved children in SCHs. I would set out to explore what staff perceptions of the children they worked and what informed them. At that point I had no recognition that my own status, multiple identities and pre-knowledge would play such a

significant part in the journey.

7.3.2 The insider position.

The researcher's positioning includes personal characteristics, experiences and beliefs, which all influence a study (Berger, 2015 p.220). As a white, middle-aged woman, a mother and divorcee, I bring a mixture of experiences contextualised within these characteristics and experiences. I had children at a young age, leaving school to have my first baby and not returning to education until my late twenties and, subsequently, nursing at the age of thirty. This influenced my thinking; I found challenge in adversities and a strong desire to prove that what others pointed out to me as being 'bad decisions' were not necessarily so. They did not have to be that way for me, nor did they for others. Nursing in forensics, prisons and secure settings would demonstrate this, for those I worked to care for, for myself and to others. I was transparent in my focus on histories of trauma underpinned by the concept of childhood vulnerability. I found as many tensions in welfare versus justice in my work as do SCH staff and, in my clinical role, leant on risk-based assessments to determine associated interventions. I would articulate these in court reports and advice to YOTs or SCHs or I might provide the interventions myself. As a nurse and then as a manager in these settings, my experiences led me to want to understand others who worked there too. I wanted their voices spoken and heard. I did not realise at the time but I was potentially aligning myself with Lynch (2008 p.714) who argues that researchers often purport to give voice to marginalized groups but tend to study social groups whose identities overlap as well as differ from their own.

At the beginning if the study I chose to adopt the position that perceptions were internally driven and measurable through mixed qualitative and quantitative methods. On reflection, it is now obvious why this would be problematic; none of this sat with the leaning I had towards social constructionism but I could not name this and so carried on. I carried on until, two years later and with a change in supervision team, my stance began to crystalise. My positionality, especially the insider position, came to the fore and then, with the third and final supervision team change, I began to work through the conflicts I held between professional and researcher positions. In terms of ethical consideration, I had already withdrawn from clinical practice (although I did retain some management of services into a SCH), hoping to reduce conflict and making my researcher position more dominant. The physical distance from my clinical role supported a more robust engagement with the research as a researcher. In supervision I explored my own views and perceptions; this enabled naming of the theoretical position and identification of ideological presuppositions with recognition of how these were matched with the methods and data

collection. It is vital that this matching incorporates the positionality of the researcher (Davis, 2018 cited in Davis 2020 p.4) and that it is not separated from the research procedures or results (Lynch, 2008 p.711).

"Positionality is determined by where one stands in relation to 'the other'" (Merriam et al., 2001, cited in Bourke, 2014 p.5). I held various positions notably marked by the insider aspect. The 'insider' position allowed me access to an otherwise closed world. I had extensive experience as aprofessional working in the adult and YSE; this gave me contextual insights, sensitivity to the area and staff and the ability to recognise implied content in the interviews. However, this experience had also shaped and reinforced beliefs about how staff within the YSE and SCH worked. So, whilst I felt self-assured in that I had a good basis to build on, what I actually found was that the assumptions I held threatened to challenge the validity of the study. Self-doubt tested me and the initial confidence that the insider position had brought soon dissipated and I became conflicted by trying to attain an unachievable objectivity. With clarity of the philosophical underpinnings and method I slowly began to work through my multiple positions and assumptions. I moved from professional to researcher, intermittently returning to professional as my place of safety and what I know. This was a tension throughout the research process and at times brought an emotional weight in forms of self-analysis. This has been described as:

> having to negotiate the 'swamp' of interminable self-analysis and self-disclosure … [where it is easy to] fall into the mire of the infinite regress of excessive self-analysis and deconstructions at the expense of focusing on the research participants and developing understanding … intersubjective understandings … are invariably difficult to unfold, while confessing to methodological inadequacies can be uncomfortable.

> (Finlay, 2002 p.212)

7.3.3   Collecting the data

All data was collected on SCH sites through recorded interviews. This was largely done to ensure access to participants but also to promote the contextualisation of participant involvement. Qualitative research is contextual; it occurs within a specific time and place between two or more people (Dodgson, 2019 p.220). This space is more than just physical (Rabbidge, 2017 p.964) and it is shared and shaped by both researcher and participants (England, 1994 cited in Bourke, 2014

p.1) within social and institutional contexts. The influence of this on the interviews was considered to enhance immersion in the data with the sense of surroundings and the culture of the setting. Whilst this contextualisation was immediately recognised and planned for, considerations of other constructs had not been clearly thought out.

Status, gender and race most specifically stood out here. I realised that my shared insider experience allowed participants to view me with some credibility; this is likely to have been one of the reasons they opened up so much. This seemed to promote some attempts at comparison regarding perspectives and cases. But there were some negative aspects to this: In one case it seemed to evoke a degree of competitiveness. One participant was keen to identify their educational attainment and seniority in the service, although I also wondered if this was related to gender, the participant asserting his power as a male professional over a female researcher. Another informed me of the likelihood of one participant not being able to engage so well because his English language was poor. I was incensed by this, felt anger toward the participant who said it and gave the participant with 'poor English' far more time and interest. The assumption that a white woman saying this to another white woman was completely acceptable disturbed me and I used a series of supervision sessions to work through many of the things she had said. This was one of the issues that returned me to my professional management position. I wanted to hold her to account. I had to put the researcher hat firmly on, not to accept what she said but to acknowledge how she situated her understandings in her world, her role and in terms of her perceptions of the children. This was extremely challenging for me, not just in this example but in others too, such as gendered assumptions and the stereotyped and derogatory comments about girls. None of this surprised me, sadly such negative perceptions only served to corroborate experiences working in these settings. I was surprised that participants' perceptions unravelled in this way; their adherence to expectations of the system might have been assumed, for example in CFOS, but they went beyond these parameters, shared their own constructs, multiple contexts and situations and demonstrated how complex their perceptions were. I was limited as a researcher, not able to challenge any perceptions, and had to accept the participants' contextual and socially constructed realities as their realities. I found this highly challenging but did this to get as close to their truths as possible, to record their perspectives as honestly as possible. Despite this I recognise the dilemma and decision making within this that other researchers also describe as a challenge in fieldwork (Finlay, 2002 p.210).

The gathering of data can be seen to have required sensitivity, which was challenging because of my position, my beliefs and the tensions between professional and researcher. However, the

sensitivity was upheld, as evidenced through the openness of the participants in the interviews; they were not closed down or avoidant of emotive issues. This sensitivity refers to the rapport, disclosure and empathy (Mann, 2016 cited in Rabbidge, 2017 p.964) and developed within what can be referred to as co-construction (Rabbidge, 2017 p.964). This co-construction was enabled and enhanced through some contextualised understanding, common language and, I would argue, a keenness in participant engagement. As researcher I was a central figure, actively constructing the collection of data but in a collaboration with the participants. This recognises that research is co-constituted, a joint product of the participants, the researcher and their relationship (Finlay, 2002 p.212).

7.3.4 Analysing and discussing the data

Immersing myself in the data was an enjoyable aspect of the study; I could situate myself back in the setting, hear the intonation in voices and the background of doors and alarms. This resurrected the atmosphere and reasserted some voices and my associated feelings. I tried hard to achieve some objectivity by divorcing myself from the relationship. This resulted in an analysis of data through allocation of pre-determined headings and shoe-horning text into them. I had developed headings to fit my pre-understandings. Following lengthy reflexive sessions I determined to start again, re-immersing myself in the data and sharing my perceptions with those of the participants, allowing them to talk to me and subsequently allowing our interplay to come to the fore. This clearly outlines the contextual intersecting relationships between the participants and myself which "not only increases the creditability of the findings" (Berger, 2015) "but also deepens our understanding of the work" (Berger, 2015, cited in Dodgson, 2019 p. 220). I accepted that the research findings might not naturally or easily emerge and that the process would shape them. This turned what was becoming tricky and testing into an easier analysis: The data seemed to start talking to me, or with me, and this resulted in new coding, themes and subsequent discussionwith relationships to the literature, accepting that the data could be understood, associated or contrasted with other texts (Yarrow, 2016, cited in Lynch, 2008 p.710).

7.3.5 The thesis

I started writing the thesis at commencement of the study, almost as soon as the research proposal had been accepted. I thought I was making good headway with this, reviewing the literature and devising my interview guides. Two years in I had to restart. The change, or at least the identification of the philosophical positioning, the direction of travel and decisions on methodology were significant. I felt that I had wasted time. On reflection, this was a learning

process, teasing out what was not relevant mattered as much as deciding what was. I took a different approach to the thesis and wrote the whole paper as 'my journey'. It detailed the starting point to the end point (prior to recommendations and conclusions). This became a template to work to and has morphed across time to become the thesis. This is now finished with a section on contributions: I am proud to have finally got to a point of contributing to knowledge.

7.4.   Contributions

This research has brought a closed world into view. It has uncovered an understanding of the perception of staff working within SCHs, enabling new voices to be articulated and to be heard by multiple audiences. The research has shown how staff in SCHs can perceive of justice-involved children, recognising the social construct of childhood and the multiplicity of factors including self, others, social expectations and environments. Most notably, this research makes contributions to knowledge regarding how violence and aggression are not just perceived as traumatic but how they influence perceptions of the children negatively, regardless of their perceived vulnerabilities and victimhood, the offences for which they are detained, the context within which this behaviour occurs or the expectations of a CFOS model. The conflicting demands and related complexities of roles challenge staff in their application of the CFOS model and principles. Over and above everything else, they aim to retain this focus but punitive attitudes remain, especially where children do not fit the desired social constructs within which they are expected to fit.

The study has also contributed to how assumptions and stereotypes of girls are sustained within SCHs, often with strong negative comments from staff. This was shown to be the case despite desires to promote child-friendly approaches and professional 'parenting' of children. The extreme impact of this on staff and, subsequently, on the treatment of girls, has been brought to the fore in stark juxtaposition to what expectations may have been. That staff sat on opposing ends of a spectrum on gender issues is only one area that indicated differences in perception between staff.

I have shown that, although there are team and institutionalised ways of perceiving, there are also strong and deep divides between staff and agencies involved with justice-involved children that have not moved forward, despite serious case reviews and investigations. Despite this, the participation of individual staff and of each of the homes showed courage in sharing very personal and closed institutional realities with a purposeful willingness to reflect and address any learning. This is humbling and the study is wholly indebted to all the participants and settings for allowing the research.

7.5. Conclusion

This novel exploration of an otherwise closed world of the 'realities' of staff who work in SCHs has revealed rich insights about staff perceptions and how they are constructed and contextualised. The study has been an enlightening journey. The learning has not been confined to that of the findings, discussion and conclusions of the study but has also been in the process and journey. I have had to recognise my own positionality within the research and have been challenged along the way to revisit assumptions, question my own understandings and accept that there is more than one truth; there are many realities. The philosophical underpinning and methods of the study enabled access to a rich, textured story and portrayal of a 'reality' otherwise hidden from view.

This story, this 'bricolage', leaves "the reader with the truth as I see it with the participants…" (Davis 2018 cited in Davis, 2020 p.11). Within this 'truth' is the finding of the importance of the CFOS model and the recognition of the staff's alignment with some of its principles, albeit with many 'buts', and a realisation that when this was not upheld there was the potential for abusive staff behaviours. The study has yielded a contribution to knowledge regarding how violence and aggression are perceived within SCH settings and has identified the negative perceptions of girls. These insights and new knowledge offer real opportunities to see things from the viewpoint of those involved in the day-to-day care of justice-involved children in SCHs and to consider further research and practice implications. The ability of the staff who participated is a positive indicator that a staff-driven approach that promotes embedding of practices could be effective. I am indebted and honoured to have been afforded direct contact with those whose honesty has enabled the gathering of their realities and the forming of a co-constructed one, to make subsequent recommendations for research and practice.

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9. APPENDICES

9.1. Age of criminal responsibility across the world

Minimum age of criminal responsibility, years, at March 2017

No minimum age ■ 7-9 ■ 10-11 ■ 12-13 ■ 14-15 ■ 16 ■ No data

Scotland
8 years

Luxembourg

United States
No minimum* / 11 years for federal crimes

Cuba

Sudan

Nigeria
7 years*

India, Pakistan & Bangladesh
7 years

Mozambique
16 years

Timor-Leste
16 years

Philippine
15 years
Proposed amendmen would redu age to 9 or

Malaysia
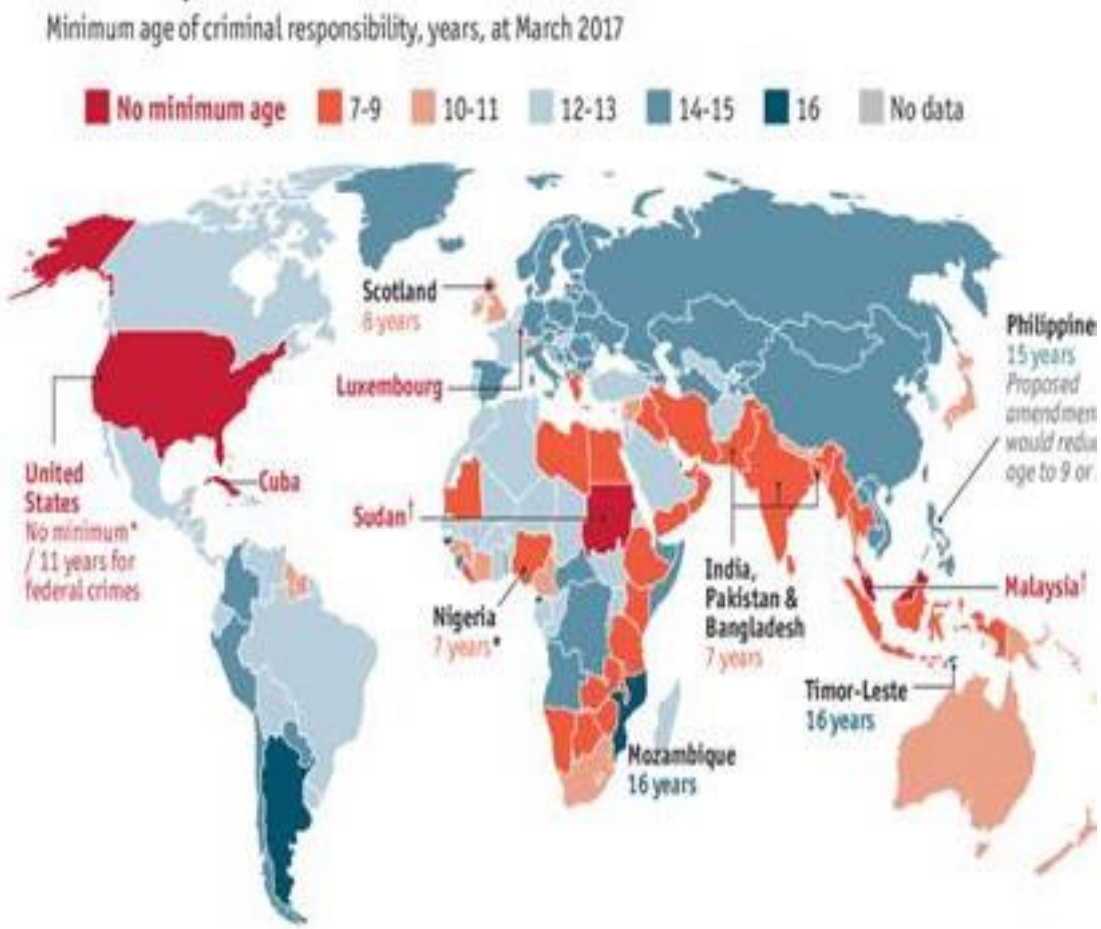
https://www.reddit.com/r/MapPorn/comments/6046vv/minimum_age_of_criminal_responsibility_around_the/

9.2. Sentencing

Discharge – absolute or conditional. These are the same as those for adult offenders.

Fine. This is the same as for adults. Fines reflect the offence committed and the offender's ability to pay. For offenders under 16, paying the fine is the responsibility of a parent/guardian and their ability to pay is taken into account.

Referral order. A referral order requires the offender to attend a youth offender panel (two members of the local community and an advisor from a youth offending team). They have to agree a contract, containing certain commitments, which can last between three months and a year. The aim is for the offender to make up for the harm caused and address their offending.

Youth rehabilitation order (YRO). This is a community sentence which can include up to 18 different requirements that the offender must comply with for up to three years. Some examples of the requirements that can be imposed are a curfew, supervision, unpaid work, electronic monitoring, drug treatment, mental health treatment and education requirements.

Detention and Training Order (DTO). A Detention and Training Order can be given in youth court or in Crown court. This order can be given to someone aged between 12 and 17. They can last between four months and two years. The first half of a Detention and Training Order is served in custody, and the second half is served in the community.

Custodial sentences. In serious cases justice-involved children can receive custodial sentences. The aim of these is to provide training and education and rehabilitate the offender so they don't reoffend. Sentences can be spent in the secure estate: SCH, STC or YOI.

Violent or sexual crimes. For severe crimes – usually violent or sexual – children can get what is referred to as an 'extended sentence'. They could spend a long time in custody, and when released they are put under supervision for specified periods. They may be tagged on release.

Murder. For murder, the court sets the minimum amount of time to be spent in custody. The child is not able to apply for parole before this time. When released, the child is be kept under supervision for the rest of their life. A mandatory life sentence (with a minimum time served stipulation) will be imposed when an offender is convicted or pleads guilty to murder: Detention during Her Majesty's Pleasure. Schedule 21 of the Criminal Justice Act 2003 states that the starting point for determining the minimum sentence where the offender is under 18 years of age,

is 12 years as opposed to 15 years for those over the age of 18.

Other serious crimes. Sometimes the sentence for a child can last as long as the sentence for an adult for the same offence (but not longer).

This includes life sentences. For very serious offences in the Crown Court, longer term detention is available where the offence committed carries a maximum sentence of at least 14 years imprisonment or is one of the offences listed in section 91 of the Powers of Criminal Courts (Sentencing) Act, 2000.

Where the child presents as a risk to others. If a child is convicted of a specified offence and the Crown Court considers that there is a significant risk of serious harm to members of the public from the child committing further specified offences, then the court may pass a sentence of **detention for life** or an **extended sentence of detention**.

(Sentencing Council, 2017)

Flows through the Youth Justice System, year ending March 2018

Notes on flow chart:

1. Includes adults as well as children. Age of offenders is unknown when crimes are reported to the police.

2. The number of diverted from formally entering the Youth Justice System through Community Resolutions (a type of informal out-of-court disposal) or schemes such as Triage is not currently known.

3. Excluding Lancashire police force. Lancashire police force could not provide data for the year ending March 2018.

4. Information covering the year ending March 2018 is not currently available.

5. Average custodial sentence length is for indictable offences only. It refers to the full custodial term imposed (for sentences of a fixed length only), not just the period actually spent in custody.

Police Recorded Crime[1]:
4,877,000

Children diverted from formally entering YJS[2]
(not collected centrally)

Arrests of children[3]:
65,833

Criminal Behaviour Orders
(not available[4])

Children proceeded against at court:
31,509

Cautions given to children by the police:
10,999

Sentences given to children at court:
22,996

Community sentences given to children at court:
15,635

Custodial sentences given to children at court:
1,585

Other court sentences given to children:
5,776

Average monthly population in youth custody:
894

Average custodial sentence length[5]:
16.7 months

(Youth Justice Board & Ministry of Justice, 2019)

Chart 11. Average Secure Estate for Children and Young People Population, 2000/01 - 2020/21*

(Youth Custody Service, 2020)

9.5. Average monthly custody population by sector (YOI.STC.SCH)
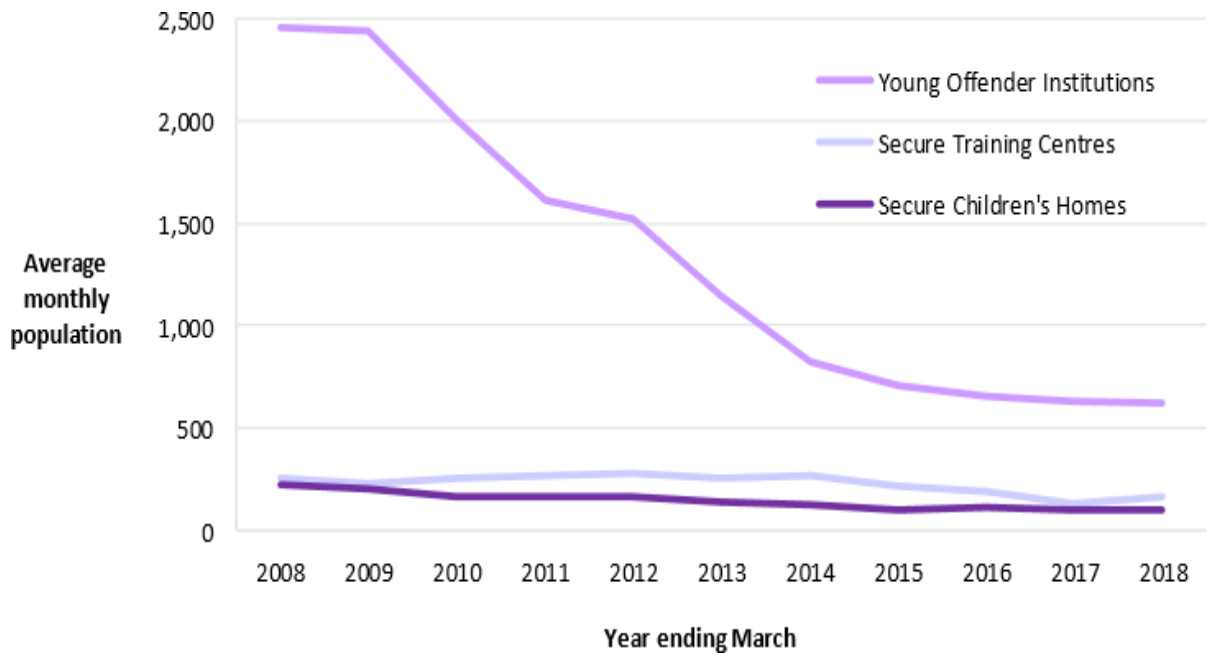
(Youth Justice Board & Ministry of Justice, 2019)

Flows through the Youth Justice System, year ending March 2019

Notes on flow chart:

1. Includes adults as well as children. Age of offenders is often unknown when crimes are reported to the police.

2. The number of children diverted from formally entering the Youth Justice System through Community Resolutions (a type of informal out-of-court disposal) or schemes such as Triage is not currently known.

3. Excluding Lancashire police force. Lancashire police force could not provide data for the year ending March 2019.

4. Information covering the year ending March 2019 is not available.

5. Average custodial sentence length refers to the full custodial term imposed (for sentences of a fixed length only), not just the period actually spent in custody.

Police Recorded Crime[1]: 5,179,038

Children diverted from formally entering YJS[2] (not collected centrally)

Arrests of children[3]: 60,208

Criminal Behaviour Orders (not available[4])

Children proceeded against at court: 27,352

Cautions given to children by the police: 8,552

Sentences given to children at court: 19,316

Community sentences given to children at court: 12,810

Custodial sentences given to children at court: 1,287

Other court sentences given to children: 5,219

Average monthly population in youth custody: 859

Average custodial sentence length[5]: 17.7 months

(Youth Justice Board & Ministry of Justice, 2020)

9.7. Youth secure estate in England

Name of setting	Type of setting	Number of places (1 April 2016)	Number of places (1 July 2019)	Gender of children
Cookham Wood	YOI	188	188	M
Feltham	YOI	240 (temporarily reduced to 180 since April 2014)	160	M
Werrington	YOI	142	118	M
Wetherby	YOI	240 (+48 Keppel, 48 Anson)	288 (+ Keppel 48)	M
Sector Totals		906	802	
Medway	STC	76	65 (39 beds available)	M/F
Oakhill	STC	80	80	M
Rainsbrook	STC	87	76	M/F
Sector Totals		243	221	
Aldine	SCH (with YJB places)	5 YJB (+3 Welfare)	5 (+5 Welfare)	M/F
Aycliffe	SCH (with YJB places)	24 YJB (+18Welfare)	8 (Welfare beds not determined)	M/F
Barton Moss	SCH (with YJB places)	24 YJB	27	M
Clayfields	SCH (with YJB places)	14 YJB (+4 Welfare)	12 (+8 Welfare)	M/F
Adel Beck	SCH (with YJB places)	25 YJB (+2 Welfare)	14 (+10 Welfare)	M/F
Lincolnshire	SCH (with YJB places)	10 YJB (+2 Welfare)	11 (+1 Welfare)	M/F
Swanwick Lodge	SCH (with YJB places not used)	16 (Welfare only)	16 (Welfare only)	M/F
Vinney Green	SCH (with YJB places)	21 YJB 3 Welfare	24	M/F
Atkinson	SCH (Welfare)	14 (Welfare only)	12 (Welfare only)	M/F
Beechfield	SCH (Welfare)	7 (Welfare only)	0 (Decommissioned)	M/F
Clare Lodge	SCH (Welfare)	16 (Welfare only)	16 (Welfare only)	F
Kyloe	SCH (Welfare)	12 (Welfare only)	12 (Welfare only)	M/F
Lansdowne	SCH (Welfare)	7 (Welfare only)	7 (Welfare only)	M/F
St Catherine's (Charity run)	SCH (Welfare)	12 (Welfare only)	12 (Welfare only)	M/F
Sector Total		113 YJB & 116 Welfare	101 YJB & 111 (+38 potential Aycliffe) Welfare	
Overall Total		1262 YJB	1124 YJB (this discounts Hillside and Parc which would increase total beds to 1190)	

(Twitchett, Children's Quality Lead. Health and Justice Commissioning. Personal Communication 7.7. 2019)

9.8. Secure estate population by age

Under the age of 18

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
						Secure Estate Custody Population (under 18's)						
2000/01	2,610	2,804	2,825	2,929	2,968	2,868	2,815	2,812	2,704	2,741	2,789	2,821
2001/02	2,661	2,698	2,805	2,968	2,928	2,832	2,878	2,947	2,735	2,788	2,931	2,996
2002/03	3,094	3,124	3,087	3,195	3,104	3,145	3,200	3,137	2,919	2,862	2,872	2,882
2003/04	2,798	2,810	2,805	2,839	2,833	2,795	2,799	2,748	2,587	2,663	2,727	2,850
2004/05	2,775	2,809	2,763	2,768	2,785	2,792	2,828	2,803	2,617	2,646	2,692	2,677
2005/06	2,693	2,768	2,827	2,892	2,930	3,031	2,962	2,893	2,644	2,761	2,763	2,815
2006/07	2,785	2,868	2,922	2,963	3,067	3,052	2,999	3,000	2,796	2,832	2,851	2,839
2007/08	2,840	2,898	2,909	2,964	2,991	3,010	2,999	2,980	2,795	2,846	2,953	3,004
2008/09	3,012	3,006	3,072	3,006	3,019	2,934	2,905	2,905	2,715	2,726	2,648	2,625
2009/10	2,595	2,541	2,596	2,546	2,504	2,536	2,528	2,432	2,178	2,196	2,187	2,180
2010/11	2,149	2,136	2,113	2,083	2,099	2,086	2,046	1,986	1,862	1,892	1,996	2,027
2011/12	1,955	2,014	2,041	1,959	2,066	2,044	1,991	2,022	1,871	1,919	1,873	1,803
2012/13	1,829	1,741	1,707	1,678	1,622	1,578	1,575	1,529	1,349	1,349	1,291	1,279
2013/14	1,263	1,254	1,228	1,261	1,232	1,245	1,234	1,217	1,150	1,184	1,164	1,157
2014/15	1,078	1,069	1,100	1,111	1,051	1,044	1,033	1,040	956	976	988	1,002
2015/16	999	988	995	1,003	970	977	997	988	927	921	877	881
2016/17	906	868	889	857	880	876	872	855	829	862	863	858
2017/18	910	923	909	914	882	870	898	895	866	874	865	922
2018/19	938	892	885	882	872	861	853	828	831	806	827	832
2019/20	795	825	812	811	797	809	791	758	717	751	770	737
2020/21 *	664	613	598	563	571	536						

Including 18-year-olds

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
						Secure Estate Custody Population (inc 18 year olds)						
2000/01	2,647	2,877	2,884	3,051	3,130	3,153	2,984	3,107	3,015	3,048	3,090	3,148
2001/02	2,984	3,067	3,202	3,331	3,305	3,172	3,241	3,277	3,063	3,090	3,241	3,310
2002/03	3,379	3,503	3,517	3,654	3,548	3,554	3,608	3,566	3,300	3,219	3,286	3,283
2003/04	3,190	3,209	3,194	3,240	3,216	3,186	3,169	3,128	2,949	3,033	3,078	3,216
2004/05	3,142	3,199	3,161	3,163	3,172	3,178	3,205	3,178	2,996	3,008	3,065	3,038
2005/06	3,043	3,121	3,172	3,277	3,295	3,401	3,327	3,210	2,929	3,059	3,110	3,180
2006/07	3,161	3,242	3,299	3,160	3,324	3,365	3,312	3,300	3,102	3,145	3,213	3,199
2007/08	3,176	3,209	3,247	3,311	3,312	3,237	3,204	3,232	3,051	3,112	3,185	3,218
2008/09	3,200	3,199	3,228	3,139	3,173	3,086	3,062	3,034	2,888	2,920	2,842	2,816
2009/10	2,827	2,788	2,825	2,783	2,799	2,785	2,786	2,697	2,452	2,448	2,453	2,399
2010/11	2,361	2,353	2,304	2,269	2,258	2,262	2,226	2,162	2,035	2,074	2,167	2,194
2011/12	2,149	2,207	2,219	2,137	2,250	2,233	2,174	2,186	2,020	2,073	2,057	1,984
2012/13	2,014	1,938	1,885	1,857	1,801	1,748	1,747	1,670	1,500	1,499	1,424	1,408
2013/14	1,389	1,358	1,337	1,366	1,340	1,346	1,339	1,315	1,236	1,276	1,258	1,255
2014/15	1,174	1,172	1,198	1,206	1,146	1,141	1,123	1,128	1,066	1,076	1,091	1,097
2015/16	1,085	1,076	1,079	1,086	1,054	1,049	1,074	1,062	1,024	1,008	992	995
2016/17	1,011	957	984	944	967	963	964	942	917	960	957	954
2017/18	991	1,018	1,011	1,027	983	975	982	971	948	963	960	1,004
2018/19	1,017	988	966	966	964	936	931	899	915	891	908	920
2019/20	879	890	885	875	854	876	865	835	802	836	852	815
2020/21 *	749	708	675	657	655	620						

(Youth Custody Service, 2020)

9.9. Ofsted inspection of Secure Children's Homes: Evaluation criteria

Services will be graded: Good, Requires Improvement to be Good, Inadequate, Outstanding against each standard and then be given an overall grading. The inspection criteria document also includes benchmarks of what 'good' looks like.
The criteria that inspectors use to make judgements are as follows:

The overall experiences and progress of children and young people
The judgement on the overall experiences and progress of children and young people takes into account the judgement on children's education and learning and children's health.
Areas of required evidence are:
- the quality of children's experiences on a day-to-day basis
- the quality of individualised care and support provided and the influence and impact of the home on the progress and experiences of children
- the quality of relationships between professionals, carers and children and their parents
- the extent to which staff are sensitive to the impact of living in a secure environment for children
- how well children's views are understood and taken into account and how their rights and entitlements are met
- how well the home ensures that the needs of children and young people who live far from their home area are met
- the timeliness and quality of the home's initial assessment of children's prior attainment and their learning needs
- the quality of teaching provided, its impact on children's learning and the progress they make from their starting points
- how well children are engaged in learning
- the effectiveness of support to children with special educational needs and disabilities
- the extent to which teaching staff actively promote equality, tolerance and diversity
- whether children have good access to the health services that they need, at the intensity required and for as long as it is required
- the progress children make in relation to their physical, emotional and mental health
- how well children and young people are prepared for their futures and how well transitions are managed

Children's education and learning
Children's health
How well children and young people are helped and protected
This judgement will take account of how well children are helped and protected by education and health staff as well as care staff.
Areas of required evidence are:
- how well risks are identified, understood and managed and whether the support and care provided help children and young people to become increasingly safe
- the response to children who have absconded or may be at risk of harm, including exploitation, neglect, abuse, self-harm, bullying and radicalisation
- how well staff and carers manage situations and behaviour and whether clear and consistent boundaries contribute to a feeling of well-being and security for children and young people
- how the use of restraint, single separation and searches of children are managed and minimised
- whether safeguarding arrangements to protect children meet all statutory and other government requirements, promote their welfare and prevent radicalisation and extremism

The effectiveness of leaders and managers
This judgement will take account of the effectiveness of all leaders and managers across education, health and care.
Areas of required evidence are:
- whether leaders and managers show an ambitious vision, have high expectations for what all children can achieve and ensure high standards of individualised care, health and education
- whether leaders and managers have a clear understanding of the progress children and young people are making in respect of the plan for them and take effective action when necessary
- whether leaders and managers provide the right supportive environment for staff through effective supervision and appraisal and high-quality induction and training programmes that are tailored to the specific needs of the children and young people
- how well leaders and managers evaluate and promote the quality and impact of teaching, learning and assessment through performance management and appropriate professional development
- how well leaders and managers know and understand the home's strengths and weaknesses, prevent shortfalls, identify weaknesses and take decisive and effective action
- whether the home is achieving its stated aims and objectives
- the quality of professional relationships to ensure the best possible all-round support to children and young people in all areas of their development
- whether leaders and managers actively challenge when the responses from other services are not effective
- the extent to which leaders and managers actively promote tolerance, equality and diversity
- the impact of children's views and participation

(Ofsted, 2019)

Table 4. Secure population of children and young people in England and Wales by sector, from 2015/16 to 2020/21*

	Secure Children's Homes (SCHs)											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	112	108	118	116	103	110	116	114	106	105	102	103
2016/17	106	97	107	116	118	114	108	112	115	113	101	98
2017/18	99	97	110	116	105	105	116	114	102	108	106	107
2018/19	102	100	92	93	96	98	91	89	89	74	76	74
2019/20	78	74	75	68	69	74	73	65	72	91	95	81
2020/21 *	78	63	55	48	56	54						
	Secure Training Centres (STCs)											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	196	204	212	205	205	193	218	214	210	195	184	171
2016/17	174	151	155	117	121	119	128	119	123	147	158	147
2017/18	156	160	169	172	176	172	170	172	174	166	167	174
2018/19	169	160	157	163	161	160	153	138	143	143	141	134
2019/20	140	151	162	165	157	164	160	149	141	122	120	115
2020/21 *	107	107	107	105	103	92						
	Young Offender Institutions (YOIs)											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	777	764	749	765	746	746	740	734	708	708	706	721
2016/17	731	709	722	711	728	730	728	711	679	700	698	709
2017/18	736	761	732	739	702	698	696	685	672	689	687	723
2018/19	746	728	717	710	707	678	687	672	683	674	691	712
2019/20	661	665	648	642	628	638	632	621	589	623	637	619
2020/21 *	564	538	513	504	496	474						

(Youth Custody Service, 2020)

Table 6. Secure population of children and young people in England and Wales by ethnicity, from 2015/16 to 2020/21*

	Asian & Other											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	110	107	105	107	107	105	107	110	113	110	114	115
2016/17	111	105	99	97	97	94	96	96	95	93	92	85
2017/18	97	93	84	93	96	95	97	93	97	88	89	91
2018/19	95	87	88	88	86	76	79	82	81	82	84	86
2019/20	91	100	100	99	85	92	90	87	85	86	91	88
2020/21 *	84	82	67	66	60	57						

	Black											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	227	233	244	234	216	216	225	222	215	212	210	210
2016/17	212	210	229	229	222	226	239	219	207	227	226	232
2017/18	241	238	239	253	244	244	253	251	244	236	247	265
2018/19	278	276	267	263	269	256	264	255	259	255	247	250
2019/20	236	236	265	256	242	253	244	223	204	217	222	214
2020/21 *	206	197	188	192	184	171						

	Mixed											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	104	102	102	113	104	103	97	107	94	93	92	103
2016/17	117	112	123	109	104	107	102	97	93	103	105	102
2017/18	109	117	110	104	93	90	87	85	98	102	107	120
2018/19	123	118	107	106	102	108	106	105	109	111	111	106
2019/20	103	106	105	106	102	106	102	107	107	101	109	105
2020/21 *	93	89	90	90	90	88						

	Not Known											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	2	2	2	3	6	7	6	8	8	8	8	7
2016/17	6	5	6	8	9	12	9	5	3	3	2	4
2017/18	5	6	6	6	6	6	7	7	6	7	8	9
2018/19	10	7	7	8	8	10	8	9	10	14	13	16
2019/20	11	15	16	5	4	4	4	4	8	7	8	6
2020/21 *	4	8	8	9	10	7						

	White											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	642	632	626	629	621	618	639	615	594	585	568	560
2016/17	565	525	527	501	535	524	518	525	519	534	532	531
2017/18	539	564	572	571	544	540	538	535	503	530	509	519
2018/19	511	500	497	501	499	486	474	448	456	429	453	462
2019/20	438	433	399	409	421	421	425	414	398	425	422	402
2020/21 *	362	332	322	300	311	297						

	BAME (Asian, Black, Mixed and Other)											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	441	442	451	454	427	424	429	439	422	415	416	428
2016/17	440	427	451	435	423	427	437	412	395	423	423	419
2017/18	447	448	433	450	433	429	437	429	439	426	443	476
2018/19	496	481	462	457	457	440	449	442	449	448	442	442
2019/20	430	442	470	461	429	451	436	417	396	404	422	407
2020/21 *	383	368	345	348	334	316						

(Youth Custody Service, 2020)

Table 9. Secure population of children and young people in England and Wales by age, from 2015/16 to 2020/21*

Age 10-14												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	50	49	47	42	34	40	46	43	33	31	26	33
2016/17	38	34	33	38	35	36	39	31	37	40	42	42
2017/18	39	36	39	45	43	43	52	50	43	36	43	47
2018/19	47	46	41	37	41	43	39	40	43	37	37	38
2019/20	38	36	31	25	26	31	28	26	22	28	29	25
2020/21 *	22	18	14	5	11	7						

Age 15-17												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	949	939	948	961	936	937	951	945	894	890	851	848
2016/17	868	834	856	819	845	840	833	824	792	822	821	816
2017/18	871	887	870	869	839	827	846	845	823	838	822	875
2018/19	891	846	844	845	831	818	814	788	788	769	790	794
2019/20	757	789	781	786	771	778	763	732	695	723	741	712
2020/21 *	642	595	584	558	560	529						

Age 15												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	117	127	130	119	116	119	132	131	127	126	117	98
2016/17	112	100	105	106	109	109	98	95	91	101	97	97
2017/18	100	102	107	105	96	97	103	108	115	123	120	126
2018/19	120	117	125	119	119	118	124	112	112	106	103	105
2019/20	101	108	113	104	100	99	98	77	73	81	91	82
2020/21 *	72	61	60	55	62	64						

Age 16												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	297	292	299	304	297	287	292	287	266	260	250	272
2016/17	271	248	254	228	242	249	267	271	271	297	271	277
2017/18	314	315	294	291	269	274	262	257	233	229	230	246
2018/19	260	254	241	253	244	227	232	230	223	226	241	239
2019/20	242	243	239	253	251	266	271	248	242	255	241	211
2020/21 *	178	166	163	157	144	132						

Age 17												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	535	520	519	538	523	531	527	527	501	504	484	478
2016/17	485	486	497	485	494	482	468	458	430	424	453	442
2017/18	457	470	469	473	474	456	481	480	475	486	472	503
2018/19	511	475	478	473	468	473	458	446	453	437	446	450
2019/20	414	438	429	429	420	413	394	407	380	387	409	419
2020/21 *	392	368	361	346	354	333						

Age 18												
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	86	88	84	83	84	72	77	74	97	87	115	114
2016/17	105	89	95	87	87	87	92	87	88	98	94	96
2017/18	81	95	102	113	101	105	84	76	82	89	95	82
2018/19	79	96	81	84	92	75	78	71	84	85	81	88
2019/20	84	65	73	64	57	67	74	77	85	85	82	78
2020/21 *	85	95	77	94	84	84						

(Youth Custody Service, 2020)

9.13   Children in custody by gender, 2015/16 to 20/21

Table 8. Secure population of children and young people in England and Wales by gender, from 2015/16 to 2020/21*

	Male											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	1,041	1,032	1,040	1,049	1,021	1,016	1,041	1,024	982	967	955	967
2016/17	977	928	956	917	933	931	932	916	892	936	935	929
2017/18	960	987	973	985	946	939	946	933	915	932	930	972
2018/19	984	957	937	933	933	904	903	874	887	864	877	890
2019/20	849	857	858	850	824	846	832	804	775	807	826	790
2020/21 *	721	682	654	640	637	603						

	Female											
Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	44	44	39	37	33	33	33	38	42	41	37	28
2016/17	34	29	28	27	34	32	32	26	25	24	22	25
2017/18	31	31	38	42	37	36	36	38	33	31	30	32
2018/19	33	31	29	33	31	32	28	25	28	27	31	30
2019/20	30	33	27	25	30	30	33	31	27	29	26	25
2020/21 *	28	26	21	17	18	17						

(Youth Custody Service, 2020)

Rate of self-harm incidents per 100 young people in custody, and average number of incidents per month, by ethnicity over time

	White			Other than White		
Time	Rate	Average Population per month	Average number of self harm incidents per month	Rate	Average Population per month	Average number of self harm incidents per month
2010/11	5.5	1,911.4	105.3	1.3	971.2	12.9
2011/12	7.3	1,727.7	125.9	1.6	1,039.8	16.9
2012/13	7.8	1,381.3	107.5	1.3	860.8	11.4
2013/14	9.5	1,025.9	97.0	2.0	628.3	12.7
2014/15	10.5	866.1	91.0	3.2	549.8	17.8
2015/16	12.4	766.4	95.3	3.8	524.0	20.2
2016/17	12.8	653.7	83.6	4.4	509.0	22.5
2017/18	19.8	656.9	130.3	3.4	527.1	17.9

(Gov.UK. 2019)

9.15 Interview process and questions

Interview Process and Questions		
Item	**Purpose**	**Examples/prompts**
Introduction	Put participant at ease. Clarify rational for research and participants role. How we will spend the time.	Who I am… why I'm researching this and what for.
Consent and Data protection	Confirm that informed consent has taken place and forms have been signed.	Check that the participant is aware of what the data will be used for. Give rights to withdraw at any stage.
Confidentiality/anonymity	Revisit confidentiality agreement.	Give information re confidentiality (boundaries).
Interview	Semi structured interview	Open questions and dialogue.
Opportunity for supplementary questions	To provide an opportunity to explore and capture an experience the participant may have had that will provide further information	Are there any other aspects of your work you would like to discuss? You mentioned .... Can you describe this a bit further please?
Debriefing.	Ensure the participant feels they have been listened to and their contribution is respected and valued.	Ask the participant how they found the interview and how they feel talking about this topic (offer appropriate support or referral if needed).
Reflection	Review of the process so far	Ask the participants how they felt about the process.
Opportunities for support	Ensure participant has appropriate information and can seek support after interview.	Ask where the participant can get support. Ensure participant knows who to contact if dissatisfied/ has queries with research.
Conclude the recording	Formally mark the end of the interview session.	Tape off
Thank you	Inform participant that they have made a valuable contribution to the research, thank them for time and effort.	
Ending	To ensure the participant is clear that the interview process has now ended and that they leave the room safely.	
Research Questions: What are staff perceptions of the children they work with? What Influences staff perceptions of the children they work with?		

Item	Purpose	Example
Role	Identify place in organisational structure and contact with children.	What is your position, role and responsibilities?
Background	Demographic information can be compared for influence on perception.	Why do you do this job? How long have you been in this post? What did you do before this job? What has changed about your job since you started? Good/Bad? What are your qualifications? Gender? Age?
Children	What influences staff perception of the children they work with? Perception of children as a group, as individuals.	Which groups do you like to work with? Why? Which groups do you dislike working with? Why? What challenges if any do the children bring? How do you manage that? How does that make you feel? What offence types do you work with? How do they make you respond to the perpetrators of those crimes? Can you give me an example of a child you liked working with? Why? Can you give me an example of a child you didn't want to work with and why?
Secure setting	External Factors/ Context: How the environment influences staff	Has your perception of children you work with changed over time? What is the staff team like? What are the procedures like? Do they help you do your job? What is the environment like? What would you change?

9.16   Participant information sheet

Research title: Original: Working with Children And Young People In Secure Children's Homes: An Exploratory Study Of Staff Perceptions.

Changed to: Working in Secure Children's Homes with Justice-Involved Children: An Exploratory Study of Staff Perceptions of Children and Their Offences

What are you being asked to do?

You are being invited to take part in a research study. Before you decide whether or not to take part it is important that you understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please do feel free to talk to colleagues, contact the researcher or supervisors (noted on the bottom of this information sheet) if you wish to clarify anything or discuss this any further.

What is this study about, what is the aim of the study?

This study is about staff perceptions in children's secure settings. The aim of the study is to capture what influences these. Previous studies in the area predominantly capture demographic information however there is a gap in the literature regarding influences of detained children on staff.

Why have you been asked?

In this study I will be interviewing staff in secure children's homes. You have been asked because you are a member of the staff and have experience of working with children in one of those settings.

Do you have to take part?

No. There is absolutely no obligation on you to take part. Participation is voluntary and if you choose to participate you can withdraw without consequence to you at any time prior to analysis of the collected data.

What will happen if you decide to take part?

Complete the consent form and return to me. I will then arrange to carry out an interview for about an hour with you at a time and place of your convenience. To ensure accuracy I will record the interview.

Either myself or a confidential secretary employed by me will transcribe the information. At this point, your name, the names of other people mentioned in the interview and any other information that might identify you will be anonymised. I may wish to use quotes from your interview in articles and talks arising from this research. Again, I will ensure that these are anonymised.

All information will be stored in a locked cabinet that meets the information commissioner's office (ICO) standards and will be accessible to the researcher and supervisors only.

What are the advantages and disadvantages of taking part?

If you choose to participate, I hope that you will find the experience interesting and enjoyable. It is possible that you will find this a good opportunity to be heard. You should be aware that the subject matter may be sensitive.

It is possible that there will be some benefit to you from taking part in this study. The information may help inform staff, managers and policy makers of the future in considerations of working practice and staff needs.

This study will require some of your time however this would be negotiated with your employer. If you prefer, this can be planned for outside of the workplace. Anonymity will be maintained however there is always a minimal risk of identification; this can be discussed prior to actual use of your information.

How will your information be used?

You will receive a summary report at the end of the study. You can also request a full copy of the final report if you wish. The findings of the study will be shared with my supervisors and I may use material from it for presentations and publications.

No names of people taking part will be mentioned in any reports, articles or conference presentations about the study. Your anonymity will be maintained, you will not be identified. All information provided will be treated as confidential. The only exception to this will be if any abuse or serious malpractice is described. In this instance, this will be reported to line managers and dealt with in line with the host organisation's accepted organisational policy.

Contacts:

Researcher: Ms. Paula Phillips (PhD Student/Researcher University of Huddersfield): paula.phillips@nhs.net

Supervisors: Professor Brigid Featherstone (Lead Supervisor University of Huddersfield) and, Mr Ben Raikes (Supervisor University of Huddersfield)

Thank you for taking the time to read this.

9.17　　　　Participant consent form

Staff Consent Form

Title of study: Original: **Working With Children And Young People In Secure Children's Homes: An Exploratory Study Of Staff Perceptions.**

Changed to: Working in Secure Children's Homes with Justice-Involved Children: An Exploratory Study of Staff Perceptions of Children and Their Offences

Researcher: Paula Phillips Name of participant:

Participant Identification Number:

Please read this sheet carefully and initial each box

1) The researcher has been through the information sheet with me. I understood the information sheet. I have had time to think about the study and have had the time to ask the researcher any questions about the study.

2) I understand that my participation in the study is voluntary and that I am free to leave the study at any time, without giving any reason, and my legal rights will not be affected.

3) I understand that information collected during the study may be looked at by supervisors of the research. I give permission for these staff to see this information.

4) I understand that the results of the study will form part of a PhD which is being overseen by the University of Huddersfield. Parts of the PhD will most likely be published. I agree that my anonymised responses from the interviews can be in the PhD thesis and publications.

5) I agree to take part in the above study.

Name of researcher Signature

Date of signature Name of participant Signature:

Date of signature:

When completed 1 copy for participant and 1 copy for researcher.

9.18 Participant demographics

Participant Demographics		
Characteristic	**Characteristic type**	**Number of participants**
Gender	Male	7
	Female	8
Age group	20-29	1
	30-39	7
	40-49	4
	50-59	3
Ethnicity as described by participants	Black/ African	1
	White British	12
	Mixed	2
Declared highest Education and Qualifications	GCSE/ O' Levels	1
	NVQ	1
	Cert/ Diploma	4
	Professional Certificate in Effective Practice (Youth Justice)	2
	Degree	4
	Higher Degree/ Post Grad	3
	Professional Registration	2
Role	Care Officer	6
	Intervention Worker	4
	Senior staff/Managers	5