Treatment in the context of confinement

– understanding the barriers and possibilities for facilitating change in at-risk youth

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Abstract

In this article the authors present a meta-synthesis of their studies on secure institutions in Sweden and Denmark. The aim of the meta-synthesis is to explore how the context of confinement shapes the possibilities for providing treatment and positive change for at-risk youth. Drawing on meta-synthesis methodology the authors extract content from nine studies published in 20 articles. We highlight three dimensions, which are a) treatment practices and behavioural regulation, b) the carceral materialities and sociomaterial practices, and c) relations. We argue that while treatment is curtailed by confinement, improvements can be made to support more successful change among at-risk youth and smooth their transition into adulthood.

Artiklen præsenterer en metasyntese af ni studier om sikrede institutioner i Danmark og Sverige. Formålet med metasyntesen er at undersøge, hvordan frihedsberøvelse rammesætter behandling og forandringsarbejde med unge i udsatte positioner. Forfatterne analyserer 20 artikler fordelt på ni studier, de selv har gennemført. Analysen har fokus på tre centrale forhold; a) behandlingsarbejde og adfærdsregulering, b) materialitet og sociomaterielle praktikker, og c) relationer. Vi argumenterer for, at behandling påvirkes af frihedsberøvelse, men med forbedringer kan behandling på sikret institution bidrage til at skabe positiv forandring og sikre de unges overgang til voksenliv.

Key words

youth, confinement, treatment, risk, meta-synthesis

Unge, frihedsberøvelse, behandling, risiko, meta-syntese

Introduction

In Denmark and Sweden, children and young people can be placed in secure institutions if they are assessed to be a danger to themselves or others, or for surrogate custody. The purpose of these placements is mainly rehabilitation, assessment and treatment, however young people often experience confinement as punishment regardless of these purposes (Vogel 2018a; Henriksen & Prieur 2019). This article explores the possibilities and constraints of providing treatment for at-risk youth in the context of secure institutions.

Confinement of young people is a contested issue, and a recent UN report proposes that the confinement of children should be abandoned because it is harmful to their health and development (Nowak 2019). However, confinement is used for protection and for enabling treatment in both child welfare and in child and adolescent psychiatry, which calls for a more nuanced discussion. Children and young people living in secure institutions often have multiple and complex adversities such as childhood trauma, poor mental health and psychiatric illness, criminality, abuse of alcohol and/or drugs, and experiences of living in multiple out-of-home institutions and on the street (Walker et al. 2005; Vogel 2012; Henriksen & Refsgaard 2020). Short-term secure placement may hold a potential for improving young people's lives if the institutions are designed based on what works and by reducing the elements that are experienced as harmful to young people (Walker et al. 2005; Souverein et al. 2013). This includes strengthening the staffs' ability to build treatment alliances, and encouraging them to show empathy, reliability, respect, and commitment (Harder et al. 2013; van Gink 2019; van Gink et al. 2020).

Treatment in the context of confinement has been questioned within prison research finding that hybrids of punishment and treatment potentially distort the good intentions of rehabilitation (Robinson 2008; Kendall 2011; Hannah-Moffat and Shaw 2000). This literature highlights multiple problems with treatment in a custodial setting such as prisoners' lack of motivation, disagreement on problem understanding, and the use of treatment as leverage or to obtain privileges or early release. These findings are echoed in secure care settings, where young people learn to 'do programme' rather than engage in substantial change, often strongly supported by systems of token economy regulating youths' behaviour to obtain privileges (See Cox 2011; Gradin Franzén 2015; Harder 2018; Sankofa et al. 2018). Token economy tends to make young people show desirable behaviours to satisfy external demands rather than result in durable changes (Tompkins-Rosenblatt and VanderVen 2005). On a more structural level, treatment interventions today are strongly linked to the notion of risk and legitimized through claiming utilitarian benefits (Robinson 2008). As a result, the wider community, and the potential (future) victims are put at the centre of the rehabilitative and treatment argument rather than the offenders themselves (ibid).

Research on treatment in secure institutions is limited, however studies document dynamics that are significant for understanding the barriers for and potentials of treatment in secure institutions. The risk of negative socialization is observed in several studies, where young people mimic other residents' criminal or oppositional behaviour (Ahonen and Degner 2012; Bengtsson 2012). There is also a risk of stigmatization or adopting a negative self-image (Nolbeck et al. 2020), and of being trapped in the 'deep end' of child welfare institutions (McAra and McVie 2007). Extensive use of coercion has been documented by multiple scholars such as the use of seclusion and restraints, which are often experienced as punitive and can result in mental and physical harm (de Valk et al. 2016; Roy et al. 2021). Youths experience high levels of emotional stress such as fear, anxiety, loneliness, and trouble sleeping (Schliehe 2015). Thus, the pitfalls of secure institutions are multiple, however youths can also be harmed by repeated restraints in open institutions (Ulset and Tjellflaat 2012) or failure to protect them from excessive drug/alcohol abuse, self-harm or exposure to violence or sexual abuse in the home or among peers (LeFevre et al. 2019), why secure care is sometimes in demand (i.e. Knorth et al. 2008; Steels and Simpson 2017).

This article presents a meta-synthesis of nine studies on secure institutions in Sweden and Denmark. The analysis centres on a) the practices and experiences of everyday treatment, b) the context of confinement by highlighting the materialities of locked space and the sociomaterial practices, and c) the relationships inside and outside of the institution. In the concluding discussion we identify key barriers and possibilities for improving the institutional practices and providing more durable change for young people in vulnerable positions.

Secure institutions in Denmark and Sweden

Secure institutions are permanently locked, which makes them significantly different from other forms of residential care. A young person can be placed in a secure institution for pedagogical observation or treatment (welfare placements), or for pre-trial remand or serving a sentence (legal placement). In Denmark, there are currently eight secure institutions with a total of 118 beds for young people aged 10-17. There are approximately 500 placements annually, of which approximately 55% are legal placements, mainly in pre-trial remand, and 45% are welfare placements (Danske Regioner 2023). In Sweden, there are 21 secure institutions with around 700 beds. There are approximately 1100 annual placements of children and young people up to age 21, of which 95% are welfare placements (Statens institutionsstyrelse 2021). The placements can be made in four different types of units: emergency units, assessment (and emergency) units, treatment units and units for those sentenced to youth

custody. In practice, youth are often placed in units depending on availability or proximity to home, rather than according to grounds of placement.

In both Denmark and Sweden, secure institutions are often rurally located and in the same buildings used for the upbringing of 'dangerous children' over a century ago. The institutions are organized in small units and all the daily activities take place within the institution such as school, leisure activities and treatment. The typical length of stay is between 3-5 months and during this time most of the young people only leave the institution for court appearance or health appointments, although there are also occasional field trips and home visits. The grounds are surrounded by fences or concrete walls (often with barb wire), there are surveillance cameras, and doors are locked also within the institution. In addition to restrictions on mobility the institutions can use physical force, place the young people in isolation, perform body and room searches, drug testing, and restrict their access to communication and contact (see more in Enell et al. 2022). Usually, access to phone and internet is restricted to designated times. Most of the young people are boys in the ages 15-17, and there is an overrepresentation of youths with minority ethnic background. (Statens institutionsstyrelse 2021; Danske Regioner 2023).

Evaluations of secure institutions in Denmark and Sweden show discerning results. Recidivism is estimated at 67% for young people who have been in Danish secure care (Center for Folkesundhed og Kvalitetsudvikling 2014) and in Sweden, three quarters had been prosecuted and/or readmitted to secure care (Vogel 2012). Studies report poor outcomes on key areas such as education, mental health, employment and dependence on welfare services (Vogel 2012; Vinnerljung & Sallnäs 2008; Ankestyrelsen 2016). Reports have critiqued the unlawful practice of the restrictive measures (mainly solitary confinement and restraints) (Ombudsmandens Børnekontor 2018), and in Sweden also physical and sexual abuse by staff (Barnrättsbyrån 2021; IVO 2023).

Methods

The article presents a meta-synthesis of nine qualitative studies on secure institutions in Denmark and Sweden conducted by the authors. A meta-synthesis aims at integrating findings from a select number of interrelated studies to provide in-depth understanding of a phenomena (Kinn et al. 2013). The authors selected 20 published articles (see Table 1) to provide a nuanced understanding of the barriers and possibilities for making positive change for young people placed in secure institutions. A few publications from the selected studies were omitted due to either repetition of findings or research questions that were not relevant to the focus of the meta-synthesis. More detail on the studies can be found in the table and in the methods section of the selected articles.

Meta-synthesis implies the interpretation of data, which has already been interpreted and a risk of decontextualizing findings. By including only our own published papers in the meta-synthesis, we were able to maintain a rich understanding of the context (see also Sankofa et al. 2018). The authors have collaborated in the network 'Youth in confinement in the Nordic countries' since 2018, which has provided opportunities to visit secure institutions in Denmark and Sweden, and multiple workshops on themes related to secure institutions. Based on our collective insights from international scholarship on youth in confinement we identified three topics that were relevant for in-depth analysis and synthesis: the treatment practices, the materialities and sociomaterial practices, and the relationships. After identifying these themes, the selected articles were read in-depth and coded according to these three themes for comparable or contrasting findings. The analysis highlights findings relevant for understanding and developing treatment in secure institutions in Sweden and Denmark.

Treatment in closed space

Treatment in secure care can have different meanings and as such different, and sometimes conflicting, implications in practice. In this section, we present treatment in secure care as it is practiced and experienced, from the perspectives of staff and young people.

Looking at how secure care treatment is presented today by the Swedish authority (NBIC), Vogel (2018b) found it to be firmly based in medical and psychiatric rhetoric. Treatment principles focus on identifying criminogenic needs, which are said to be followed by individualised treatment measures in combination with enabling young people's participation. Hence, the policy of the NBIC is to offer multi-professional assessments and a range of different measures, such as Aggression Replacement Therapy (ART), Relapse Prevention (RP), programs which include Token Economy (TE), measures based on social learning theory and cognitive behavioural therapy. In Denmark, there is no equivalent to the NBIC (National Board of Institutional Care), but according to a report on pedagogical practices at the secure institutions (Ankestyrelsen 2018), they provide assessments and treatment based on similar methods. Following this rhetoric, young people's problems are mainly understood as anti-social behaviour and behavioural disorders, which are conditions that can be addressed by assessing and targeting their criminogenic needs.

In secure care, individualised treatment and security aspects are supposed to simultaneously guide a group-based everyday life for young people with heterogenic problems and needs (Vogel 2018b). This complex task of integrating individual treatment and control in secure care is apparent in our analyses of how staff talk about treatment. Most of all, staff highlight the difficulty of providing treatment to a highly diverse group of young people (Henriksen

2017; Nolbeck et al. 2023). They express concerns about providing adequate treatment and care for young people with complex psychiatric needs and how to accommodate children with (neuro)psychiatric diagnoses together with older youths with advanced criminal activity (Henriksen 2017). Staff describe their work as, on one hand, about providing care for the young people by creating a sense of 'at homeness' (Nolbeck 2022), providing a 'break', providing structure in their otherwise chaotic lives (Enell 2017; Henriksen and Prieur 2019; Nolbeck 2022) and of being their 'parents in absentia' (Henriksen 2018). Staff also describe their work as constant risk management (Nolbeck 2022; Nolbeck et al. 2023). The risk of contagious peer interactions, potential escapes and violent behaviour must be handled before treatment can be provided (Nolbeck 2022).

Nolbeck (2022) shows that risk management is constantly converging with care/treatment practices in secure care, and staff often frame sanctions as pedagogic practice. For example, staff at a Danish secure unit describe their work as not being about punishment but about teaching consequences (Henriksen 2018). As an example, when a young person fails to clean his room, the consequence is exemption from unit activities or reduction in their daily allowance. Another example is when a Swedish staff member explains why young people, as part of their treatment, must work to gain privileges, »[...] it is a matter of building trust. Partly that they should be able to trust us more, and we should be able to trust them more to avoid ... yes, but escapes and relapses and so on.« (Nolbeck et al. 2023). By highlighting that their work is not about punishment or restrictions, but about fosterage and building trust, control seem to converge into talk about treatment.

In the narratives of the young people, treatment is often either absent or a question of alignment to institutional rules and to what they think is expected of them (see Enell 2016; Vogel 2018b; 2020; Enell, Mattsson and Sallnäs 2023). Young people also emphasize the controlling practices in their perceptions of treatment in secure care (Henriksen and Prieur 2019; Enell and Wilińska 2021; Nolbeck 2022). This is apparent when the young people's behaviour is regulated by means of token economy or principles of ART. For example, Henriksen (2018) shows that while ART teaches the young people to regulate their emotions, this is not always a lesson applicable to their lives outside the institution. Rather than appropriating the principles and logics, their behaviour is aligned with ART principles as a way for the youths to navigate the institutional space and handle conflicts with staff (see also Enell 2017; Enell, Mattsson and Sallnäs 2023; Vogel 2020).

Treatment is closely connected to assessments, and the young people's behaviour is highly regulated by how they will be assessed by staff. In several of our studies, young people talk about not sharing their worries with staff in fear of being assessed as not progressing (Enell 2016; Vogel 2018b; 2020), of being conscious about what they say or do around staff with the overarching aim of being let out (Enell 2016, Vogel 2020; Henriksen and Refsgaard 2021),

and applying self-control to avoid negative consequences (Nolbeck et al. 2022). The intense focus on behavioural change also affects how the young people feel about themselves, as explained by a 14-year-old girl in a Swedish locked unit: »When everybody just talks about the problems, then you are seen as a problem. [...] It's pretty hard to believe in yourself when no one else does« (Enell 2016, p 32). The analysis shows that the young people view treatment as being more about behaving according to the institutional rules and accepting a troubled identity than it is about actual treatment needs.

Young people often describe either a lack of treatment measures or an uncertainty of whether they are being offered it or not (Henriksen and Prieur 2019; Vogel 2018b, 2020; Enell, Mattsson and Sallnäs 2023). The pervasive critique of treatment expressed by young people in several of the studies in the meta-synthesis should be understood as a critique of the placement and the secure care itself, which is pronounced in many narratives (Vogel 2018b; 2020). However, as Vogel (2018b) points out, the critique verbalized as (a lack of) treatment, can also be understood as the young people adapting to professionals' way of talking about them and their needs; a talk often produced within a treatment discourse, in order to be taken seriously.

Some of the young people also express being helped. They experience, sometimes for the first time, that staff are engaged in helping them with their problems and that they are better prepared for life outside the institution. These young people find the treatment meaningful and present in their everyday life at the unit. A young man, age 18, at a Swedish secure institution, highlights the respectful approach by staff to him and his peers.

> [...] they show a lot of respect, they take you seriously, they do not see you as »well, he's placed here«, but they see you as, let's say ... my name is [Rickard], they see me as [Rickard], [...] They see you as the person you are, not from what it says in the papers. (Enell, Mattsson and Sallnäs, 2023, p. 31)

The secure care setting is one where different understandings of treatment converge and potentially collide. There are multiple structural and organizational barriers for carrying out treatment, which are present in the narratives of both staff and young people. However, there are also examples where treatment is experienced as beneficial to the young people. These examples indicate that a respectful and trustful relationship between staff and youths stand out as significant.

Materialities and sociomaterial practices of locked space

In the following section we identify key elements of the materialities and sociomaterial practices of the locked space of secure care and how this shapes treatment practices. The materialities affect everyday life and relationships by encouraging certain behaviours and preventing others. In this way, space

and materialities are intertwined with social aspects: they are sociomaterial (Orlikowski and Scott 2008; Gherardi and Rodeschini 2016; see also Nolbeck 2022).

To be placed in secure care is to be geographically and spatially relocated; locked up in a space often far from the places and spaces you are familiar with. The spaces and materialities are generally described by the youths as being prison-like and even scary, giving rise to emotions such as anger, fear, and frustration (Henriksen and Refsgaard 2020; Nolbeck et al. 2020; Enell and Wilińska 2022):

> I was just told that I was going to a secure institution and then I was taken there. I came here and I thought 'this is really bad', because it was dark and I couldn't really see anything, I could just see the fence and stuff. I mean, you are locked up and you have to pass through three doors and stuff. (Henriksen and Refsgaard 2020, p. 125)

In addition to the institution being an unfamiliar or even scary place, many youths do not know why they are placed there, or what will happen to them (Henriksen and Prieur 2019; Enell and Wilińska 2021). Staff generally express awareness of these sentiments and youths' experiences of uncertainty and displacement, and upon arrival it is often a key concern for staff to make the youths feel safe. This can include explaining rules and rights, reducing contact to only a few staff, reduced contact to unit peers, and introduction to the activities and benefits of secure care.

In addition to the visible carceral environment, life at the institution is characterized by rules and a structured everyday life. The young people experience multiple forms of loss of control; over their mobility, their everyday space, time, and relations (Nolbeck 2022). They cannot move physically as they wish; some of their personal belongings are placed in storage, and they are forced to stay in certain spaces (their room) at certain times and hindered to enter other spaces (for example the kitchen or go outside) at other times (Nolbeck et al. 2020; Henriksen and Refsgaard 2021; Nolbeck 2022). The loss of control also includes small material details, as the following citation shows:

> Small things, small changes, you can have control over [at the youth home] is all you've got. To decorate my room, if I could do that, it would be my resting place (. . .). I don't have control over anything, I cannot even decide where my bed should be, because it is nailed to the wall! (Nolbeck et al, 2022, p. 835)

Secure care implies a lived and embodied experience of spaces, materialities and time characterized by control (Henriksen 2017; Nolbeck 2022). The body is central to the experience of secure care; it senses the materiality, the limitations, and restrictions in a direct and inevitable way. The body is restricted access to spaces, lies on a plastic covered mattress, drinks from a plastic cup, and sleeps behind a locked door. The carceral materiality can trigger trauma by the way it looks, smells and sounds (Henriksen 2017; Nolbeck et al. 2020). Some young people experience boredom and repetitive stagnant time

brought on by routines and structured temporality, others express a sense of safety and stability in the predictability and slowness of locked institutional care (Nolbeck 2020; Henriksen and Refsgaard 2021).

The dressed down environment with visual security arrangements, locked doors, and beeping devices shapes relations between staff and youths. It conveys a message of not being trusted and of the institution being something other than an environment for care and treatment (Enell and Wilińska 2021; Nolbeck 2022). The spatial and temporal regulations together with the carceral institutional environment seem to contribute to a movement of the youths' overall experience of secure care: from (the expectations of) care to (the lived experiences of) punishment and imprisonment (Nolbeck et al. 2020; Enell and Wilińska 2021; Henriksen and Refsgaard 2021; Nolbeck 2022). Being in secure care can thus imply being in a place that is something 'other than care'- a distant place far from what other people can understand (Enell and Wilińska 2021; Nolbeck 2022, 2022), as illustrated by the following sequence:

> [...] It's hard to explain, you have to be there to understand. You cannot believe there are such places. I thought that this would be okay, I mean, it's care. But I was wrong. [...] It's not care. It's just hell. They made a hell for me (Enell and Wilińska 2021, p 38).

The carceral materiality and the heritage of secure institutions creates situations where staff feel compelled to resort to individual and collective corrective strategies leading to an emphasis on what could be referred to as socio-material control practices (Nolbeck et al. 2022; Nolbeck 2022). Put in other words, an environment with surveillance cameras, locked doors and fencing, requires correspondent social practices such as monitoring screens, locking and unlocking doors, counting cutlery, making risk-assessments; sociomaterial practices characterized by control rather than care and treatment (Nolbeck 2022).

Although a secure institution could be said to be a contradiction to a home, there are possibilities to create homeliness within the institutional setting. This includes the opportunity to personalize your own room, have access to personal belongings of emotional value, to participate in creating an environment characterized by a sense of at-homeness and to be trusted to move freely between spaces and places within the institutional area. Young people often ask for the opportunity to influence the environment, and to access more home-like everyday objects such as sofa cushions, blankets, and plants, to paint the walls in colours and set up cosy lighting. Small details such as photos, posters or paintings can contribute to creating a home-like space (Nolbeck et al. 2020; Nolbeck 2022).

According to both young people and staff, an environment characterized by inviting and friendly materials and colours signals a warmth and openness, as does the opportunity to move outside the ward (Nolbeck et al. 2023). By reconfiguring the environment and inscribing it with care and consideration rather than control, social distancing between young people and staff can be

reduced and treatment alliances and relationships strengthened. Materialities inscribed with care also encourage sociomaterial care practices among staff and support them in their care and treatment work (Nolbeck 2022).

Relations

The relations between staff and peers shape all aspects of everyday life, and treatment in particular. In this section we identify key elements of relations between staff, between staff and youths, between youths living in a shared unit, and youths' relational ties to family and peers on the outside. We include all these relational ties to provide a broad understanding of the relational concerns that impact treatment practices and the endeavour to facilitate positive change in the lives of young people in secure care.

A secure institution is an extremely emotional arena, with relationships being established between unequal parties and with a high risk of violence and conflict (Andersson 2022, 2021). Staffs' understandings of the youths as both vulnerable with complex care needs as well as dangerous with a need for control and safety measures, shape the relations and the extent to which the institutions can convey a sense of home (Nolbeck et al. 2023). Andersson (2022) stresses that staffs' day-to-day work at the unit is 'emotional work', highlighting the relational work as threefold, involving relationships with young people, with their colleagues, and an understanding of their own feelings.

People who work with youths in secure units inevitably encounter violence and threats (Andersson and Överlien 2018), and staff's perception of safety influences their ability to provide treatment and care for the young people (Andersson 2022). Andersson (2020) shows how staff need to manage the relationship with youths by moving from hardness and toughness to a more attuned, compassionate, and understanding position. This emotional transition requires being able to perceive the youths as vulnerable, which can be enforced in the pedagogical approach at institutional level and strengthened through specialized training in the needs of youths in vulnerable positions.

Youths in secure institutions are ambivalent in their relations to staff (Enell 2016, Henriksen and Refsgaard 2020; Vogel 2020). They sometimes find staff easy to talk to, available when they need them, and good at reinforcing their strengths and resources. A Danish boy, aged 15, explained,

> Those pedagogues are so good at finding something in people that they can't see themselves. They can find your confidence. They find something you are good at, and they praise you … all the time (Henriksen and Refsgaard 2020, p. 135).

Youths express that going outside the institution can build trust and strengthen the relation to staff by making room for other conversations, social roles, and performances than in closed space (Nolbeck et al. 2022). Some youths express

being policed or even bullied by their unit peers for talking too much with staff (Henriksen 2018).

Relations to staff are also shaped by a number of barriers, such as an awareness in youths that staff are paid to take care of them, that some staff are afraid of them, and youths struggling to relate to the many staff working in a single unit (Henriksen and Refsgaard 2020; Vogel 2020). Some youths experience that staff show little respect for their rights or personal boundaries, such as when they enter their room as they please, perform body searches or drug testing, and sometimes use their power or issue sanctions at random or excessively (Henriksen 2018; Mattsson and Enell 2023). A girl in Swedish secure care explained, »If you don't behave, you're in real shit, you don't get outside the doors« (Nolbeck et al. 2020, p. 8). Sanctions include different forms of exclusion from unit activities, sectioning in your room, loss of allowances or privileges in general. Many youths are acutely aware of being in a position of limited power, which makes them feel inferior and shameful about their placement in secure care (Henriksen 2018; Nolbeck et al. 2020). Some youths position themselves in opposition to staff, refusing to confide or talk to them. Such acts of resistance are often interpreted by staff as evidence of problem behaviour, which can result in increased control and behavioural regulation (Henriksen 2018; Nolbeck et al. 2020). Youths' relations to staff are complex and diverse; some youths distance themselves while others wish to stay in contact with their contact staff after leaving secure care (Enell and Wilińska 2021).

Youths are very oriented towards peer relations in the unit, possibly due to spending all their time with them and at the same time having limited contact to peers on the outside. However, youths are generally not encouraged to build relations with each other due to the risk of negative socialization (Henriksen 2018, Nolbeck et al. 2023). This results in strategies to create spaces of privacy and intimacy outside the gaze of staff, such as sneaking into each other's room to sleep or talking through the window (Enell 2016; Nolbeck et al. 2020). Vogel (2020) finds that the regulation of friendships is stigmatizing, because it positions youths as so troubled that they cannot be (good) friends or are not worthy of friendships. Some youths experience peer group marginalization based on gender, sexuality or age, which can result in feeling alone, a risk of being bullied or even being the target of violence (Henriksen 2017). In Danish secure care, which is gender integrated at unit level, girls can feel alone in a unit of all boys, where special rules apply that limit girls' interactions with boys due to the risk of sexual coercion or violence. They can also feel marginalized for wanting to do unit activities that the boys are against; preferring badminton over soccer, or preferring certain movies, games, or channels on the TV (Ibid).

Youths express concern about maintaining their outside relations to family and friends. These relational concerns relate to treatment in secure care in multiple ways such as producing emotional turmoil or becoming a centre of attention and frustration for the youths. Their use of cell phones is restricted

and often limited by a list of approved persons they can contact (Henriksen and Refsgaard 2020; Enell and Wilińska 2021). The restrictions on communication cause a lot of frustration among youths, as expressed by a young Swedish girl, aged 15:

> I think it was stupid to take your mobile and such stuff because it is a way to call you mum or dad when you feel bad and need to talk. Yeah, sure, you might contact people you shouldn't, and so on. [...] But then, you could have a phone on your own to call someone when you feel bad. Because it wasn't good, you could only talk for ten minutes each day and what can you say in ten minutes? (Enell and Wilińska 2021, p. 34).

Youths also express concerns about visits, such as difficulties getting visits approved, poor access by public transportation, or the limitation of sitting in a visitors' room (Henriksen and Refsgaard 2020). Visitors are subject to some of the same safety measures that the youths experience; bags are checked for illegal items, locked doors, and surveillance. A Danish boy aged 15 explained:

> It is hard to have visitors, because it takes place in a locked room, like you are seeing your parents behind bars. So, if one of us must pee, you have to ring a bell, then they unlock the door, and they are body searched, so it's like ... (Henriksen and Refsgaard 2020, p. 131).

Relations on the outside can be the cause of many concerns, frustrations, and a fear of 'social death' especially towards the end of the stay (Henriksen and Refsgaard 2021). Being far away from home and having restrictions on communication has enduring effects on the vulnerable family relations for many of the young people (Enell and Wilińska 2022). A young man who is interviewed eight years after his secure placement explains, »You lost a lot of relations then. But you still knew who they are, and you still know them, but you lose the connection you had« (Enell and Wilińska 2022, p. 2222). While in secure care, the young people's existing social relations are restricted, while they are also prevented from establishing new ones during their placement (Enell and Wilińska, 2021).

Concluding discussion

The meta-synthesis brings forth the multiple limitations of providing treatment in a closed institutional setting. The materialities of fences, locked doors, plastic wrapped mattresses etc. are coupled with sociomaterial control practices such as staff handling alarms and keys, counting cutlery, and structuring the institutional space to provide safety for staff and youths. This conveys messages to the young people about being dangerous and unreliable. Practices aimed at providing a home-like space and materialities conveying messages of care and protection rather than control can be advanced. Inhospitable materialities made of steel and concrete can be replaced with softer, transparent, or

colourful materialities; allowing personal belongings, and inviting the youths to personalize their room and the unit. The analysis also highlights a potential in blurring the boundaries between locked and open space, allowing young people to leave for leisure activities, school, or treatment, and enabling professionals to come in to provide specialized treatment or activities.

The institutions have a clear understanding of the treatment they provide and how it contributes to create change for the young people. At an everyday practical level, the treatment plans and purpose of placement seem to collide with safety concerns and multiple tensions between individual and collective needs. Based on the analysis, it appears that secure care can benefit from being more explicit about the treatment plans and measures, and awareness regarding congruence between the treatment that young people are promised and the treatment they get. Above all, treatment needs to be perceived as meaningful by the young people and be provided with an interest and respect for who they are and for their human rights.

Confinement results in the deprivation of multiple freedom rights (Nowak 2019) and can be necessary for providing care, protection and treatment. Evaluations show discerning effects on recidivism, school performance and mental health (Vinnerljung and Sallnäs 2008; Vogel 2012; Ankestyrelsen 2016), which calls for improved methods and a better understanding of young people's multiple adversities. In line with international scholarship, the analysis shows that young people accommodate to the institutional rules and expectations as a strategy to obtain privileges and freedom (see Cox 2011). Methods based on token economy may be effective for regulating behaviour 'inside' but seem less effective in producing durable behavioural change (see e.g. Harder 2018). Staff could engage with the young people in ways that focus on empowerment, building efficacy and autonomy (LeFevre et al. 2013), to provide tools for living outside closed space and social skills for interacting in a variety of youth spaces.

Relations are vital for promoting change and the analysis highlights the importance of relations between staff and young people based on respect, trust, and empathy -key issues that also have been found in other studies (Harder et al. 2013; van Gink 2019; van Gink et al. 2020). Safety concerns can impinge on these relations, but it remains important to focus on the care/treatment needs of the young people (Andersson 2021). It is vital to reduce restrictions on contact and communication and improve the conditions for visits by family and peers, such as providing transport for visits, creating a cosy space for visits and the possibility to engage in activities such as playing games, preparing meals, or going for walks. Building social skills and maintaining a strong network is important for young people's transition to life outside and to adulthood.

Overall, the analysis implies that the carceral materialities and the socio-material control practices constitute obstacles for treatment and building trustful relationships with staff. Safety concerns also impinge on the young

people's right to privacy and bodily integrity, and awareness is needed to prevent the violation of their dignity and basic human rights. However, the analysis shows glimpses of how to improve treatment in confinement. Our analysis provides three main messages. First, make care the fundamental concern when organizing secure care. Second, offer specialized treatment based on individual needs, drawing on outside resources when necessary. Third, professionals' understandings of young people in secure care must acknowledge their fundamental human rights, especially their right to dignity and respect. These priorities must be a continuous concern when organizing secure care, to prevent harmful effects on children and young people.

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Table 1: Studies and articles included in the meta-synthesis

Author/ study no.	Year	Gender/ age of residents	Interview sample size	Method	Articles/chapters/books
Henriksen, A.E					
Study 1	2014-2018	Male/ female 13-17	25 youths and 15 staf/ unit managers	Participant observation in 10 units/4 secure institutions. Interview with youths and staff.	Henriksen, A. K. (2017). Confined to care: Girls' gendered vulnerabilities in secure institutions. *Gender & Society, 31*(5), 677-698. Henriksen, A. K., & Prieur, A. (2019). 'So, why am I here?' Ambiguous practices of protection, treatment and punishment in Danish secure institutions for youth. *The British Journal of Criminology, 59*(5), 1161-1177. Henriksen, A. K. (2018). Vulnerable girls and dangerous boys: Gendered practices of discipline in secure care. *Young, 26*(5), 427-443.
Study 2	2018-2020	Male/ female 13-17	9 youths, 10 case managers	Interviews with youths living in secure care and their case managers. Case file data for 28 youths.	Henriksen, A. & Refsgaard, R.C (2020). Sidste udvej: om at anbringe og blive anbragt på sikret institution [Final option: on refering and being placed in a secure institution]. Akademisk Forlag. Henriksen, A. K., & Refsgaard, R. C. B. (2021). Temporal experiences of confinement: Exploring young people's experiences in Danish secure institutions. Young, 29(1), 45-61.
Enell, S.					
Study 1	2010-2015	Male/ female 12-18	16 youths	Interviews conducted at three (at time for placement, one and two years after) with youths placed for being assessed at a secure care unit.	Enell, S. (2016). Young people in limbo: Perceptions of self-presentations when being assessed in secure accommodation. *Nordic Social Work Research, 6*(1), 22-37. Enell, S. (2017). 'I Got to Know Myself Better, My Failings and Faults'. Young People's Understandings of being Assessed in Secure Accommodation. *Young, 25*(2), 124-140. Enell, S., & Wilińska, M. (2021). Negotiating, Opposing, and Transposing Dangerousness: A Relational Perspective on Young People's Experiences of Secure Care. *Young, 29*(1), 28-44.
Study 2	2018-2022	Male/ female 21-26	11 young adults 8 parents	Interviews with young adults, eight years after placement in secure care, and their nominated family members (parents).	Enell, S., & Wilińska, M. (2022). »My Whole Family Is Not Really My Family«-Secure Care Shadows on Family and Family Practices Among Young Adults and Their Family Members. *Journal of Family Issues, 43*(8), 2210-2233.

Author/ study no.	Year	Gender/ age of residents	Interview sample size	Method	Articles/chapters/books
Study 3	2020-2023	Male/ female 14-19	15 youths	Interviews with 15 youths living at locked treatment units (secure care). Analysis of legal frameworks and government decisions.	Mattsson, T. and Enell, S. (2023). State provision of resilience in social compulsory care. A vulnerability analysis of physical constraint of children and youth without consent. International Journal of the Semiotics of Law, 1529-1545 Enell, S., Mattsson, T. & Sallnäs, M. (2023). Rättigheter som token, egenansvar och egenvärde. Barn och ungas förståelse av rättigheter i låst institutionsvård. [Rights as token, self-responsibility and fundamental value – young people's understandings of their rights in secure care.] Nordisk Socialrättslig Tidsskrift, 35-36
Nolbeck, K.					
Study 1	2017-2022	Male/ female 14-19	32 youths and 31 staff members	Participant observation and ethnographic interviews with youths and staff in 2 secure institutions (3 units, outdoors, in the school and in the sports area) Photovoice (in-depth interviews and polaroid photos taken by the youths), 8 units/2 secure institutions Focus group discussions with staff at 2 secure institutions	Nolbeck, K., Wijk, H., Lindahl, G. & Olausson, S. (2020). »If you don't behave, you're in real shit, you don't get outside the doors«-a phenomenological hermeneutic study of adolescents« lived experiences of the socio-spatial environment of involuntary institutional care. *International Journal of Qualitative Studies on Health and Well-being. 15*(1). https://doi.org/10.1080/17482631.2020.1726559 Nolbeck, K., Wijk, H., Lindahl, G. & Olausson, S. (2022). Claiming and Reclaiming Settings, Objects, and Situations: A Microethnographic Study of the Sociomaterial Practices of Everyday Life at Swedish Youth Homes. *Journal of Contemporary Ethnography*. March 2022. https://doi:10.1177/08912416221082701 Nolbeck, K. (2022). Confinement and Caring. On sociomaterial practices in secured institutions for youths. [Doctoral dissertation], Gothenburg university. Nolbeck, K., Olausson, S., Lindahl, G., Thodelius, C. & Wijk, H. (2023) Be prepared and do the best you can: A focus group study with staff on the care environment at Swedish secured youth homes. *International Journal of Qualitative Studies on Health and Well-being, 18*(1).
Andersson, P.					

Author/ study no.	Year	Gender/ age of residents	Interview sample size	Method	Articles/chapters/books
Study 1	2017-2021	Male/ female	53 staff members (age 24-62)	In-depth narrative interviews (53), focus group interviews (5)	Andersson, P. (2022). Secure Units as Emotional Sites: Staff Perceptions of Fear and Violence at Secure Units for Young People in Sweden. *Residential Treatment for Children & Youth*, 39:4, 387-415. Andersson, P. (2021). Victims, perpetrators, scapegoats and Russian dolls: Narrating violence within secure units for adolescents from a staff perspective. *Qualitative Social Work*, 14733250211050675. Andersson, P. (2020). Handling fear among staff: Violence and emotion in secure units for adolescents. *Nordic social work research*, *10*(2), 158-172. Andersson, P. (2020). Emotional adjustments to violent situations at secure units for adolescents: a staff perspective. *Emotion, space and Society*, *37*, 100741. Andersson, P., & Øverlien, C. (2021). Violence, role reversals, and turning points: work identity at stake at a therapeutic residential institution for adolescents. *Journal of Social Work Practice*, *35*(4), 353-366. Andersson, P., & Överlien, C. (2017). 'If you take it personally you break'Neglected voices on violence in secure units for adolescent. *Social Work and Social Sciences Review*, *19*(3), 61-80.
Vogel, M.A.					
Study 1	2013	Female/ 14-19	10 youths	Qualitative interviews	Vogel, M.A. (2018) Endeavour for autonomy – how girls understand their lived experiences of being referred to secure care. *YOUNG. Nordic Journal of Youth Research*, 26(1), 1-16
Study 2	2015-2017	Female /14-19	14 youths	Ethnographic, data collected from two different units and consisted of field notes, individual interviews and focus groups	Vogel, M.A. (2018). Behandling i teori och praktik – organisatoriska förutsättningar och placerade tjejers förståelser. I S. Enell, S. Gruber & M.A. Vogel (Red.) *Kontrollerade unga. Tvångspraktiker på institution.* Lund: Studentlitteratur. Vogel, M.A. (2020). *Disciplinering, femininitet och tvångsvård. Tjejers vardag vid särskilda ungdomshem.* Lund: Studentlitteratur Vogel, M.A. (2021) Ensuring Failure? The Impact of Class on Girls in Secure Care. *Girlhood Studies*, 14(2), 80-96 Crowley, A., Schliehe, A. & Vogel, M.A. (2021). Girlhood incarcerated. Perspectives from Secure care. In M.A Vogel & L. Arnell (Eds.) (2021). *Living like a girl. Agency, social vulnerability and welfare measures in a European context*. New York: Berghahn books.