

**Placing Children in Care at Centre Stage: Exploring the Experiences
and Perceptions of Children in Care about their Pathways into
Offending Behaviour**

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Abstract

The disproportionate representation of children in care in the youth justice system remains a significant challenge to academics and policy makers. Despite this, there is an absence of research and literature concerning the relationship between care experiences and the onset of offending behaviour that focuses on the perceptions of children in care themselves. This is the first study to focus solely on the perceptions of children in care whilst they are still in care and subject to youth justice supervision. The findings are based on semi-structured interviews with 19 children in care attending various Youth Offending Teams in the North West of England.

This thesis approaches the research problem by bracketing the dominant risk paradigm and adult-framed theories during project design and analysis in order to allow the voices of the children to be heard. Adopting a broadly interpretivist methodological approach, thematic analysis of the data is grounded in the children's own perceptions of their pathways into the justice system.

The themes presented by the children are understood in terms of an interaction between the children's existing personal narrative and their care context. The interactions are constantly taking place whilst in care and the children negotiate their identities as a way of making sense of who they are whilst in care. How their identity is negotiated impacts on the child's response and subsequent behaviours. Some of these behaviours are challenging, and are later constructed as offending by carers and professionals.

The identity focused model, derived from the perceptions of children in care themselves, challenges the dominant explanations in the adult debate established by the risk factor paradigm. However, it related to both the concepts of identity disruption in the care literature and identity shift in the criminological literature. As such, examining the perspectives of children in care offers a previously unrecognised insight into why this group is disproportionately represented in the criminal justice system, and potentially why that

disproportionality continues into adulthood. The thesis concludes by examining the implications of these findings for policy and practice and makes a number of recommendations.

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I am writing this section while my husband has taken the children out so that I can make the final finishing touches to my thesis. So, I have to start with thanking him. The support, patience and love of Adam has kept me strong, focused and determined to complete one of the biggest challenges of my life to date. My three children, Abi, Annabel and Jack (who arrived in the first year of the PhD!) have kept me grounded, laughing and given me a sense of perspective when the work has at times got overwhelming. I love you all very much. My mum and dad have given me so much support in so many differing forms. From providing regular childcare, through to asking me how everything is going, you have shown me that parenting never stops, and I thank you for being my mum and dad!

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Chapter One: Introduction and Policy Overview

Introduction

Background

The disproportionate representation of children in care in the youth justice system raises important questions about fairness and equality for children in care themselves. It is also a problem that has confronted policy makers for several decades. Despite this, there is an absence of research and literature concerning the voices of children in care about their pathways into offending. The use of contemporary sociological approaches to understanding childhood can enable us to make sense of a child's world, and thus for implications for practice.

On 31st March 2016, there were 70,440 children in care in England and Wales (Department for Education, 2017), reflecting an increase of 7% since 2011, and at its highest point since 1985. 62% of children in care are aged ten years and over, compared with 56% in 2012. 5.6% of all children in care (looked after for 12 months or more) in England and Wales had been convicted or subject to a reprimand or final warning during 2013 - 2014. This is compared with 1.2% of all children, making a looked after child 5 times more likely to become involved in the criminal justice system than their peers (Department for Education, 2014). This has increased over the past 11 years, with reoffending rates in 2002 suggesting that a looked after child would be 3 times more likely than all children to receive a conviction or caution (Department of Health, 2003).

Further, these children in care are entering one of the most punitive youth justice systems in the Western World (Sands, 2016). We have one of the youngest ages of criminal responsibility at 10; and many calls for this to be increased have been ignored. A report commissioned by the Standing Committee of Youth Justice found that:

'the treatment of childhood criminal records in England and Wales is the most punitive of all the 16 systems examined in this report, in terms of the extent to which it ties children to their past.' (Sands, 2016: 5).

This issue of the over-representation of children in care in the criminal justice system has had Whitehall's particular attention since the Children's Commissioner's Accelerated Report into Child Sexual Exploitation (Firmin, 2012). Subsequently, the Government has made a concerted effort to improve outcomes for children in care and care leavers, but the challenge of over-representation in the youth justice system persists. It is, however, critical that we address this issue as statistics show that less than 1% of all children in England and Wales are looked after at any one time, yet the most recent Her Majesty's Inspectorate of Prisons Survey found that 37% of children in young offender institutions and secure training centres had been in care (HMIP, 2016).

The Department for Education have recently been subject to heavy criticism by the House of Commons Public Accounts Committee. They found that:

'Although the Department is clearly best placed to provide the leadership required in many cases, it shows an alarming reluctance to play an active role in securing better services and outcomes for children in care. It chooses to limit its role to passing legislation, publishing guidance and intervening after Ofsted has failed a local authority service' (House of Commons Public Accounts Committee, 2015: 4).

They went on to comment that the outcomes for children in care continue to be poor, and despite the Department sitting on a wealth of information about the potential causes of these outcomes, *'it is too passive and leaves responsibility to local authorities, failing to understand that responsibility to act to achieve better for children in care should be shared'* (House of Commons Public Accounts Committee, 2015: 4)

A number of recent reports have considered the financial cost of care. In November 2014, the National Audit Office found that out of the £2.5 billion spent on children in care, £1 billion was spent on residential care. This is despite just 25% of all children in care being in residential care. They also found that 14% of the children in foster care were placed more than 20 miles from home and 34% of all children in care had more than 1 placement in the year 2012-13 (NAO, 2014:6). When one considers this in the context of the Joint Inspection by HMI Probation (Her Majesty's Inspectorate of Probation), Ofsted and Estyn (HMI Probation, 2012) of children in care who are supervised by youth offending teams, they found that 98% of their sample lived in residential homes, which would suggest an association between being in a residential setting and commission of offences (or at least their processing as offences). Other findings included that nearly one-third had received more than three placements outside their home area and 18% had more than five (that were recorded); 63% were living more than 50 miles from their home and 24% more than 100 miles (HMI Probation, 2012: 6). This is compared with 19% of all children in care in England and Wales who were placed 50 miles or more away from the local authority boundary (Ofsted, 2016), suggesting that a child in care is more than 3 times more likely to be placed 50 miles or more away from their home area if they are in trouble with the law. This indicates that the financial cost of care is significantly higher for children in care who offend: nearly all of them reside in a residential home, which suggests that the type of residential care received can impact on whether you offend (HMI Probation, 2012).

Despite the disproportionality outlined above, the perceptions of children in care have not been given centre stage, and when they have been focused on, they have been framed within adult discourses and concerns. Drawing on methodological approaches that consider the child as an important and credible social actor, this research examines this crucial issue by seeking to offer the perspectives of the children themselves.

Research Questions

The research will ensure that the voices of the children are given centre stage, and that it will offer new and differing perspectives on pathways into offending. Given this, the research questions for this project are:

1. What are the perceptions of children in care about their pathways into offending behaviour?
 - a) What do these tell us about why children in care are disproportionately represented in the criminal justice system?
 - b) How do these perceptions compare and contrast with existing conceptualisations about why children in care enter the criminal justice system?
2. What implications do these have for policy and practice?

A Note on Terminology

In this thesis the terms 'child' and 'children' will be used to refer to *'every human being below the age of eighteen years'* in accordance with Article 1 of the United Nations Convention on the Rights of the Child. A deliberate decision has been made not to use the term 'young person' or 'young people' due to its connotations with viewing children as 'mini-adults' and the adulterisation of youth justice.

Social services for children are provided under the Children Act 1989. Under this Act a child is 'looked after' by a local authority if s/he is placed in their care by the court (for example, under a care order) or provided with accommodation by the authority's Social Services Department for more than 24 hours.

Looked after children fall into three main groups:

- (i) children who are accommodated under a voluntary agreement with their parents (section 20);
- (ii) children who are the subject of a care order;
- (iii) children who are compulsorily accommodated. This includes children on remand, committed for trial or detained and those subject to short term emergency protection orders.

The care provision for looked after children and young people discussed in this thesis includes foster placements, placed with grandparents, and residential care (children's homes). Although the Children Act 1989 introduced the term 'looked after' as a less stigmatising replacement for the term 'in care', children generally refer to themselves as 'children in care'; placing emphasis on them being a child before being in 'care'. I use the term 'child/ children in care' to stay true to the principle that they are children first. Therefore, the term 'looked after' is only used when in reference to an official use of the term; or as part of my findings chapter in reference to a child's identity. The term 'children in care' or 'child in care' is used in all general discussion and analysis.

Thesis Structure

This thesis is divided into seven chapters.

Chapter One contextualises the research within policy and considers what steps have been taken by policy-makers to address the disproportionality of children in care. It also seeks to establish the importance of hearing the perceptions of the child. Finally, this chapter will consider the potential impact for those in practice.

Chapter 2 contextualises the research within existing academic literature on children in care and youth justice; and highlights a number of gaps that currently exist, and how this research addresses some of these gaps.

Chapter 3 explains how I went about my research, focusing particularly on methods of data collection and analysis. Consideration is given to the methodological basis for the chosen approaches and contains some reflections on the success of the research and data analysis.

Chapters 4 and 5 are a presentation of the findings of the interviews with the children. Their perceptions have been analysed and arranged into a number of sets of themes. Chapter Four discusses the first two thematic groupings. The first relates to the context of care, and focuses on specific aspects of the care environment such as care not feeling like a home, and the children having a lack of space whilst in care. The second thematic grouping focuses on the children's personal interactions with others and how the carers and professionals treated the children all in the same way as one 'whole', rather than as individuals. The children also discussed the lack of information from professionals about their future time in care. Combined, the two sets of themes suggest that the children's personal interactions and their interactions with the care context are challenging and disrupting who they are and how they view themselves (their identity).

The third thematic grouping, which forms the basis of Chapter Five, is around how the children negotiate their identity in response to the challenge and disruption of it in Chapter Four. The responses of the children have been organised around the four thematic categories of compliance, frustration, defending identity, reinforcing identity and developing an alternative identity. Each of these categories points to a way in which the children attempted to negotiate their identities. The negotiation of identity led to a number of different behaviours, including those that were constructed as offending behaviours.

Chapter 6 considers the themes that have emerged in the previous two chapters and places them within the wider academic literature. In summary, it focuses on how the children's existing narrative (including their pre-care narrative) interacts with the context of care. These interactions are constantly taking place, and require the children to negotiate their identity as a result of the interaction. The identity that is negotiated is dependent on the interactions with the care context, and produces various responses, including some challenging behaviours. Some of these challenging behaviours are later constructed as offending behaviour when they are reported to the police, and criminalised. The core of the thesis is that the children's interaction with the context of care is leading to the negotiation of identities that are conducive to offending. Clear parallels with symbolic interactionism and desistance theory are illustrated in the discussion chapter, as this thesis seeks to bridge the gap between the criminological and residential care literature.

Chapter 7 synthesises the themes, relates them to policy concerns, and seeks to make a number of recommendations for policy makers and practitioners.

The Current Policy Landscape: why do we need to know about children in care's pathways into offending?

The over-representation of children in care in the youth justice system

The over-representation of children in care has been a long-standing challenge to practitioners and policy makers. As demonstrated above, this problem is worsening. Despite this challenge, the Government has never conducted an inquiry, report or review specifically into the over-representation of children in care in the criminal justice system. In 2000, as part of the Quality Protects Initiative to improve outcomes for children in care, a work strand entitled 'Reducing Offending Among Looked After Children' was developed which set a target of reducing the over-representation by one third (Department for Health, 2000). However, this project appeared to fail, as the over-representation of children in care had increased since the early

2000s. The Government has, instead, chosen to focus on improving generic outcomes for children in care; rather than focusing solely on the over-representation of children in care in the criminal justice system. Such reviews and legislation (e.g. The Laming Review 2003, The Children Act 1989) have made powerful statements such as *'care matters'*, *'every child matters'*, *'the welfare of the child is paramount'*, *'time for change'*. However, despite the rhetoric, reviews and reports and legislation; the outcomes, including offending, for children in care remain poor.

In addition, since its inception, the Youth Justice Board has not conducted an Inquiry/ Review/ Report into the over-representation of children in care in the youth justice system. This is particularly concerning, given that their remit is:

'To reduce the number of children and young people entering the youth justice system; to reduce reoffending from children and young people in the youth justice system; to improve the safety and wellbeing of children and young people in the youth justice system; to improve the positive outcomes of children and young people in the youth justice system' (Youth Justice Board, 2016).

A potential reason for this failure to conduct a specific review into the over-representation of children in care in the youth justice system is offered in a recent Youth Justice Board response to a call for evidence by the Prison Reform Trust, who were seeking to consider whether the care system criminalises children in care. The response stated that children in care share many of the same risk factors as children who offend and concluded that:

'Based on the above, it may therefore not be the fact of being in care in itself that increases the risk of being drawn into the youth justice system, but rather the type of childhood experiences. Furthermore, considering the complex needs identified with looked-after children, a degree of overrepresentation could be expected' (Youth Justice Board, 2016: 4).

The Department for Education has sought to consider why children in residential care have particularly poor outcomes, and within this, they included a consideration of rates of offending. It is apparent that the outcomes experienced by children in residential care are far worse than for those in foster care. For example, according to data provided by the Children's Homes Data Pack children in residential care (2012 – 13) are more likely to:

- go missing more than once than children in foster care (48% and 35% respectively).
- under achieve at Key Stage 4 than children in foster care (9.7% achieving 5 A* - Cs compared with 42.7% of children in foster care).
- have offended in the last 12 months aged 13 – 15 than children in foster care (19.2% and 3.2% respectively).

In addition, the child sexual exploitation scandals in various parts of England, and the subsequent inquiries that followed, all pointed to a clear link between children in residential care, and child sexual exploitation (Firmin, 2012).

Given the apparent links between residential care and poor outcomes for children in care, in 2016, the Government commissioned Martin Narey to conduct a review into residential care in England and Wales. Within this, he considered the steps taken by local authorities, residential care and the police to address offending within homes and concluded that the problem had been addressed, and then re-stated the above Youth Justice Board assertion that children in care have complex backgrounds and that it is therefore expected that they will offend at a higher rate than the general population (Narey, 2016). The Government response to the Narey Report was to '*welcome*' (DfE, 2016: 12) his assertion that all had been done to address offending in residential care; and metaphorically swept the challenge of the over-representation of children in care in the criminal justice system under the rug. This is despite a report published by The Howard League in March 2016 that suggested that there are systemic failures within residential care which criminalise children, and lead to the police being called, often for minor incidents or offences. They also cited a specific problem with private children's homes which '*lack*

transparency.....meaning that homes are not accountable, bad practices are hidden and children suffer' (Howard League, 2016: 1). This report is key in that it has once again shone a light on the failures of the care and youth justice system, rather than seeking to individualise and blame children.

However, despite the limited focus from key Government departments and bodies; the issue of poor outcomes remains an issue of public concern. For example, in 2006, the Government's Green Paper 'Care Matters' sought to address the issue of poor outcomes for children in care. The main focus was on education; with a small discussion focusing on children coming into contact with the criminal justice system. In 2013, the House of Commons Justice Committee considered the over-criminalisation of children in care and found that:

'We were shocked by evidence we heard that vulnerable children across the UK are effectively being abandoned by children's and social services'.

The Committee sought to make a number of recommendations, few of which have been acted upon. The Magistrates Association have also expressed concern at the over-representation of children in care in the criminal justice system during their written submission to the above Committee. They stated that their concern is threefold. Firstly, magistrates are seeing children in care in court for offences which would certainly not reach court if the children lived in conventional families. The second concern related to unaccompanied children in court; and finally, concern was expressed about the frequency and quantity of placements for children in care (Magistrates Association, 2013). Further, the issue of poor outcomes for children in residential care was also raised during a Parliamentary debate in 2012.

Where the perceptions of the child could have been sought to offer insight into why outcomes remain poor, their voice has been silent or has been framed within adult concerns. Given the child's role as the central figure in the challenge of over-representation in the criminal justice system, and that this issue remains a matter of public concern, it is surprising that the voice of

the child is limited within the current policy debates. This is a gap within policy and practice and will be addressed as part of this research project.

The Prison Reform Trust attempted to address this gap in 2016 when it published its findings following a 12-month inquiry into the criminalisation of children in care. 'In Care, Out of Trouble' (Prison Reform Trust, 2016) sought to identify the reasons for the over-criminalisation of children in care and make a number of recommendations on this basis. At the outset, it stated that it intended to hear the voice of the child, and that this would help inform the findings. Therefore, as part of the consultation group, several children in care and care-leavers were invited to attend and contribute to discussions. I observed these meetings, and found the contribution of the children and care-leavers to be tokenistic. Sat in a room of national 'experts', the children and care-leavers appeared inhibited and reluctant to offer their 'true' opinion and perceptions. The 'experts' led the discussion, and the subsequent recommendations reflected their concerns.

The dichotomy between child welfare and youth justice

Children in care, who are disproportionately represented in an increasingly punitive youth justice system, have also been subject to a number of policy developments which has sought to promote the welfare of all children in care. This has been a dichotomous feature of policy development within England and Wales since 1989 (Taylor, 2006). Indeed, this dichotomy was recognised in Scotland in the late 1960s following the Kilbrandon Report (1964). The Social Work (Scotland) Act 1968 disbanded youth courts, and replaced them with Children's Hearings, a lay tribunal, which brought together issues of welfare and youth justice. Kilbrandon's reasoning was clear: the criminal justice system as it stood could not manage the contradictory focus between individual responsibility for the criminal act and meeting the needs and addressing the welfare of children. As such, he proposed the separation of the criminal process into two distinctive processes: the adjudication of guilt, and the sentence/ sanction to be received. Therefore, the criminal court retained the ability to determine the guilt of a child, but

then the matter was passed to the Children's Hearing to decide on an appropriate outcome, which cannot be based on punishment. The underlying aim of this was to ensure that a child's welfare needs were considered, and also with a view to the eventual decriminalisation of the child. Bruce (1985) described this shift in Scottish policy as a fundamental shift in paradigm. Whyte (2014) suggests that this also reflected a determination that Scotland demarcates itself from the English/ American focus on youth courts and punitive solutions to youth crime. Although the Children and Young Persons Act 1969 attempted to move England and Wales in a similar direction, key provisions were not fully enacted, meaning that the focus on punitive solutions to youth crime remains.

Following widespread allegations of abuse in children's residential care, the Government published a Review of the Safeguards for Children Living Away from Home in November 1997. The review, conducted by Sir William Utting:

'presents a woeful tale of failure at all levels to provide a secure and decent childhood for some of the most vulnerable children. It covers the lives of children whose home circumstances were so bad that those in authority, to use the jargon, took them into care. The report reveals that in far too many cases not enough care was taken. Elementary safeguards were not in place or not enforced. Many children were harmed rather than helped. The review reveals that these failings were not just the fault of individuals - though individuals were at fault. It reveals the failures of a whole system.'
(words of Frank Dobson, then Health Secretary in 1997).

The Utting Report led to a renewed focus on improving the care and welfare of children in care. Both the Quality Protects programme, and The Children (Leaving Care) Act 2000 signified a shift in Government policy, placing clearer and much stronger responsibilities on local authorities as the corporate parent to meet the needs of and improve outcomes for children in care and care leavers. However, during the same period, a more punitive Youth Justice System was established, which had the danger of undermining the above provisions, with the introduction

of The Crime and Disorder Act 1998. Again, this is further evidence of the dichotomous nature of policy development, which sought to strengthen welfare provision for children in care; whilst also taking a punitive approach towards children in the criminal justice system. This meant that for children in care, who are also subject to criminal justice proceedings, their welfare needs came secondary to ensuring a punitive response to a criminal act.

One of the main reasons for this relates to the murder of James Bulger in 1993 by two boys aged 10. The crime shocked the nation and led to an increasingly negative portrayal of children who commit offences both within the media and the legislation that followed (Jenks, 1996). Many writers (e.g. Scraton, 1997) have discussed the Bulger case in terms of a moral panic, and assert that the case has led to a sustained view that children should be viewed fearfully.

Two key reports contributed to the moral panic. The first, a 1996 Audit Commission Report, was entitled 'Misspent Youth', which critically analysed the Youth Justice System. It concluded that the current system was too expensive, inefficient and ineffective. The second report, which was informed by Misspent Youth, was entitled 'No More Excuses: A New Approach to Tackling Youth Crime'. The loaded language in the title is perhaps clear in its intentions – the Government will not accept any more 'excuses' for offending and seeks to establishing a new approach towards youth justice. Muncie and Hughes (2002) note that this led to the 'adulteration' of youth justice, which undermined the principle of welfare in favour of responsabilisation of the child.

From the 1990s rising crime rates, particularly amongst children, led to a public demand for politicians to get tough on crime (Joyce, 2006 and Roberts and Hough, 2005). However, one of the consequences of this was that it created the perception that crime rates were rising because offenders were not being punished enough. This led to New Labour attempting to make good on its promise to get 'tough on crime, tough on the causes of crime', through the creation of the 1998 Crime and Disorder Act.

The Crime and Disorder Act 1998, and to a lesser extent the Youth Justice and Criminal Evidence Act 1999, established a new system for managing youth justice. The key focus was on responsabilisation of the child for their criminal behaviours. As a result, new bodies to regulate and manage youth justice were created, including the Youth Justice Board and Youth Offending Teams. Children were responsabilised by reframing their welfare needs into 'risk factors', which needed to be managed and reduced, as a means of reducing rates of reoffending amongst young people (Farrington, 2002). The responsabilisation of 'youth offenders' was extended down to the age of 10 by abolishing *doli incapax* (the rebuttable presumption that children aged between 10 and 14 do not know the difference between right and wrong and are thus incapable of committing a crime), and establishing the age of criminal responsibility in England and Wales as one of the lowest in Europe. Finally, a swathe of new orders were created which placed the focus clearly on prevention of offending. To prevent offending, the focus was on the decisions, motivations, lifestyle, needs and influences around the child. The creation of various 'prevention' orders (eg ASBOs, Parenting Orders, YISPs, YIPs, Final Warning and Reprimands) was to try and equip a child with the necessary skills to ensure that they make the correct decision to stop offending.

The Crime and Disorder Act established, in legislation, that the child was responsible for their offending. Therefore, understanding a child's reasons (or 'risk factors') for offending became the central focus. The punitive shift within youth justice, emphasised the importance of hearing, and listening, to the child. Hearing their perceptions about why they offend was given central importance within legislation; yet since 1998, their voice within youth justice has remained silent.

The above changes shifted the primary focus for children who offend from safeguarding the welfare needs of the child and onto punishment. For example, following the enactment of the Crime and Disorder Act 1998, the number of children in custody significantly increased to 3006 in 2008, and then fell to 870 in May 2016, when a less punitive approach to children committing offences emerged (Bateman, 2016). Indeed, the Crime and Disorder Act ensured that children

were viewed fearfully, youth crime was being taken seriously, and child offenders were being punished for their actions. For example, the focus on risk reduction and management meant that unless a welfare need was also identified as a 'risk factor', it was effectively sidelined (Pitts and Newman, 2010). The dichotomy between safeguarding the child, and punishing the criminal act of the child exists to the present day.

The above legislation presumes that two distinct groups exist: child offenders in need of punishment who should be feared, and children in care in need of care and protection. In reality this is not the case, and the '*crossover youths*' (Bilchik and Nash 2008) continue to be the victims of these two competing value systems. It is for this reason that a confused and contradictory landscape has emerged. The voices of '*crossover youths*' will be heard during the research project, and given centre stage.

Youth justice policy from the 1990s onwards was marked by an increased focus on the 'responsibilisation' of the individual, and 'death of the social' (Rose, 1996: 327). The increased focus on individual responsibility ensured that blame for a child's offence rested firmly with them. The creation of youth *offending* teams, rather than youth *justice* teams, in the 1998 Crime and Disorder Act reflected this shift in focus onto offending, and led to the critique that the CDA is an example of '*institutionalised intolerance*' (Muncie, 1999: 147). Another, perhaps unintended consequence of the increased focus on individual responsibility, is that it appears to absolve parents, the family and wider society of any blame that may be apportioned to them for the commission of a crime by a child. This has particular consequences for children in care, who are singled out as solely to blame for their offences, and thus removing the focus from the corporate parent or local authority as a potential cause of the criminal act. Again, this is at odds with UNCRC guidelines which state that there is a collective responsibility for the whole child, including those who have committed a criminal act (The UN Guidelines on the Prevention of Delinquency, 1990). And yet, despite the focus on responsabilising the child for their actions; it is ironic that this same child who is deemed by policy makers to be fit and able to take responsibility for their actions, has been denied a voice throughout this whole process.

The proposed research project will hear the children's perceptions about pathways into offending. This is crucial, given that children are framed as responsible for their offences; but are not able to offer their perceptions about why they get in trouble with the law.

Why is it important to know the children's perceptions?

The voices and perceptions of children in care have, in effect, been ignored by practitioners and policy makers for many years. This is evident when one considers the ongoing child sexual exploitation cases. For example, Fitzpatrick (2014) notes that the voices of children in care as victims were ignored for many years in the Rochdale and Oxford cases, leading to many more children being abused and victimised as a result. There are further reasons offered below about why it is important to know the child's perceptions.

The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (UNCRC), was drafted in 1989, and ratified by the UK in 1991. A number of articles within the Convention are relevant to the importance of knowing the child's perceptions in care and youth justice. Article 3 states that in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. The Sentencing Council Guidelines (Sentencing Council, 2017) for children and young people states that the principal aim of the youth justice system is to prevent reoffending. It then goes on to state that the court must also have regard for the welfare of the child. This appears to suggest that the welfare of the child is only considered when it does not contradict the 'principal' aim of the youth justice system, which is to prevent reoffending. The guidelines then go on to state that the seriousness of the offence '*is the starting point*' (Sentencing Council, 2017: 4). Therefore, although the welfare of the child is an aim of the Sentencing Council; the offence is the '*starting point*' when considering a sentence; and the '*principal aim*' is preventing reoffending. This is further evidence of the

dichotomy facing the ‘*crossover kids*’ (Bilchik and Nash, 2008). This appears to directly contradict Article 3, which states that the child’s welfare should always be a primary consideration. Article 12 states parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

There appears to be a tension, which as yet appears unresolved: a clear balancing act needs to be achieved between the best interests of the child described in Article 3 and also in s1 of the Children Act 1989, and Article 12 which protects a child’s right to have their views and wishes given ‘due weight’. Decisions taken by social care and Youth Justice professionals, and the courts currently appear to give more weight to the provisions in the 1989 Act, and do not consider the views of the child and other fundamental rights contained in the UNCRC. Whyte (2014) states:

‘In this regard many, if not most, jurisdictions stand accused by the UN Committee on the Rights of the Child (UNComRC) of poor child-centred and children’s rights approaches to youth crime; and of high levels of criminalisation and detention of young people, many of whom have a public care background.’ (Whyte, 2014:12)

The House of Lords and House of Commons Joint Committee on Human Rights considered the UK’s compliance with the UNCRC during 2010 – 15 (Joint Committee on Human Rights, 2015). They expressed concern at the continued high rates of incarceration of children.

Although Article 12 seeks to give children a voice, and the 1989 Act seeks to state that the welfare of the child is paramount, there was no provision within legislation to ensure that the voice of the child is heard. Therefore, s1 of The Children’s Act has become a vehicle by which professionals can make decisions about what *they feel* is in the best interests of the child, but does not allow for the child to themselves express what may be in their best interests. However, if a professional listened to a child, this would help inform them of what is in the

child's best interests, as they would gain an insight into the child's concerns, motivations, and thought processes. This research project will hear the voices of children in care.

Goldson and Muncie (2012) highlight that the reason for the UK's persistent breaches of the UNCRC is that although it is probably the most ratified convention in the world, no sanction is attracted for breaching it. As such, the UN Committee on the Rights of the Child, listed a number of concerns with regards to UK compliance in their closing comments in 2016. These included that the UK continues to breach Article 3. They stated that:

'The Committee regrets that the right of the child to have his or her best interests taken as a primary consideration is still not reflected in all legislative and policy matters and judicial decisions affecting children, especially in the area of alternative care, child welfare, immigration, asylum and refugee status, criminal justice and in the armed forces' (Committee on the Rights of the Child, 2016: 5).

The Committee also highlighted their concerns that children continue to not have their voice heard as a general voice 'on policy making issues that affect them' and individually 'by their social workers, reviewing officers....' (Committee on the Rights of the Child, 2016:5).

Therefore, in line with Article 12 of the UNCRC, it is crucial that the UK begins to listen to both the individual and general voice of the child on matters which concern them. A clear example of this is to hear the child's perceptions about their pathways into offending.

Hearing the child's voice should form a key underlying principle of working with children

The tragic death of Victoria Climbié led to the publication of the Green Paper 'Every Child Matter's in 2003. Lord Laming established five key principles which, if followed, should ensure that every child matters. These include being healthy, staying safe, enjoying and achieving, making a positive contribution, and achieving economic wellbeing. These principles were then

firmly established in the 2004 when the Government published 'Every Child Matters: the Next Steps', and passed The Children Act 2004, providing the legislative spine for developing more effective and accessible services focused around the needs of children and their families. A key principle missing within this framework is 'Being heard'. If services are now to provide wraparound care to meet the needs of every child, then how do we know what the needs of the child are unless we ask them? Of course, there are ways to ensure that the needs of a child are met without asking them, especially for younger children. However, for older children, who have developed the ability to make their own choices and decisions that can directly impact upon their own welfare, it appears to be an omission to not include 'Being heard' as a key principle of the Every Child Matters Framework.

Despite this, the impact of the Every Child Matters agenda on youth justice was limited due to the publication by the Home Office of supplementary guidance entitled 'Every Child Matters. Youth Justice: the Next Steps' (2004). This focused on the current youth justice reform programme, and caused some to conclude that 'every child mattered unless they had broken the law' (Pitts and Newman, 2010: 56). This appears to suggest that the above framework only applied to children who had not broken the law, and for those who had, the punitive turn within youth justice legislation took precedence. It is therefore possible to conclude that if you are a child who does not follow the rules, you do not matter, and neither does your voice.

Understanding the perception of the child as an important social actor

The emergence of the child as a credible and important social actor in the late 1990s (James and Prout, 1997) would suggest that the child's views on whether the assumptions made by the YJB and Department for Education are both reasonable and justified. By viewing children as articulate informants about their own experiences; children are given the opportunity to offer an insight into their lived experiences and perceptions of these, which illuminates a previously unseen world. In doing this, children in care are able to help us understand, from their own perspective, what is relevant to their pathways into offending. Rapport (2003) considered whether institutions determine children's actions, by removing their agency and voice.

The importance of viewing children as credible social actors will be discussed further in Chapter Three; however, it is an underlying principle of the research project, and has framed the methods chosen for data collection and analysis.

Summary

This chapter has introduced the context and justification for the research project, and also provided an outline of the structure of the thesis and the research questions that will be answered. The research is primarily concerned with considering children in care's pathways into offending. A number of reasons are offered for this, including that children in care continue to be over-represented in the criminal justice system. The youth justice system as it stands places responsibility for offending on the child by seeking to identify risk factors that inform why a child decided to commit an offence, with the overall aim being to prevent further reoffending. It therefore follows if a child is to be responsabilised for their offending; gaining their own viewpoint on their pathways into offending is crucial. A further reason for considering a child's pathways into offending is that, currently, a dichotomy exists within UK policy between children in need of welfare and support, and children in trouble with the law. Children in care span both areas, and as the 'crossover youths' face the challenge of a primarily punitive response, as their deeds take precedence over their needs. Gaining the child's view on how professionals respond to them and frame their offending, and the impact that this has on their pathways into offending could offer an insight into how children in care who are also in trouble with the law should be responded to by those in authority.

A consideration of the importance of knowing the child's perceptions about their pathways into offending is introduced. Firstly, the United Nations Convention on the Rights of the Child states in Article 12 that a child's viewpoint should be gained, and expressed freely. Secondly, hearing the voice of the child should be a key principle underpinning all work with children in care. It is suggested that 'Being Heard' is missing from the Every Child Matters framework. Finally, the

methodological standpoint of viewing children in care as important social actors justifies the need to hear the voices of children in care, as the central figure in the care/ offending equation.

The next chapter will review how the academic literature has considered the issues introduced here, and contextualises my research question and aims.

Chapter Two: Literature Review

Introduction

This review seeks to contextualise the research study within the academic and policy literature about the pathways into offending for children in care. This will provide an overview of knowledge in this area, but also highlight where the gaps exist and how the research study will aim to address some of those gaps.

The review will firstly focus on the literature that considers the link between care and offending behaviour. Much of the literature in this area is framed within the adult framed risk-discourse. The review will then consider other challenges facing children in care, and they include placement stability and challenges to a child's identity. Much of the social care literature has focused on residential care, with a number of issues facing children's homes that are highlighted and require a particular focus. The review will then turn to the challenges faced by children in care and custody. Finally, a consideration is given to the importance of hearing the voice of the child within research. Key pieces of research have been conducted, but there are some gaps that remain, which fail to address specifically the needs of children in care who have committed offences and are aged between 10 and 18.

Methods for searching the literature

To undertake the literature review, searches were made of existing academic studies covering relevant areas of interest. The main search terms used are listed in Table 2.1 below.

Table 2.1: Primary search terms used for literature

Term 1	and Term 2	and Term 3
child*	Care	criminal*
Or	Or	Or
Youth	looked after	Justice
Or	Or	Or
young person	care leaver	Custody
Or	Or	Or
Juvenile	social care	offend*
Or	Or	Or
Minor	social services	Delinquent*

The search for relevant literature focused on 3 main sources including literature database and web searches, involving searches of the following academic library searches (including the University of Salford SOLAR, University of Manchester, Manchester Metropolitan University) in addition to overall mapping of the field using the British Library database; academic journal and book databases; research council and research funder websites from the UK and overseas (e.g. Economic and Social Research Council, Joseph Rowntree Foundation, Nuffield Foundation in the UK, NSPCC, Research in Practice database); and government literature. The review included government reports from evaluations, inquiries, and white and green papers. As stated, I also had access to unpublished material from my time in employment at the Youth Justice Board, and access to texts at The Ministry of Justice library. Reference lists and bibliographies from each collected text were examined, and where relevant, traced.

For reasons of policy and practice relevance, there was an emphasis in analysis on texts that were more recent and from England and Wales. However, strict criteria for inclusion were deliberately not set. Matters impacting upon children in care who offend have been overseen by several Government departments over the past 30 years (e.g. Department of Health, Department for

Education, Department for Children, Schools and Families, Ministry of Justice, and the Youth Justice Board), and cut across different academic disciplines (social sciences, health, criminology, law). The decision to search texts from the past 30 years ensures that key pieces of legislation, and the critical reaction to these is included; whilst also learning from policy mistakes of the past. The search also included texts from overseas, with a particular focus on the US, Australia, New Zealand and Western European countries. This allows for alternative policy and academic discourses to be considered in contrast to those in England and Wales (Hazel, 2008; Muncie and Goldson, 2006).

A second literature search took place which removed the third column of search terms (linked to offending) and considered a wider focus on children's social care. This ensured that the challenges facing children in care generally were also considered, and allowed an analysis to take place of whether there was any crossover between the children's social care and criminological literature. The review below, considers key pieces from both searches.

The link between care and offending behaviour

The link between care and offending behaviour has mainly been examined within the criminological literature. Much of this literature has been framed within the risk paradigm when examining the link between care and offending behaviour. A number of studies have sought to focus on identifying individual risk factors within the children themselves. Others have focused on identifying wider societal risk factors. For example, Hart et al (2011) considered whether care is a stepping stone to custody. Exploring themes from the adult debate with children (rather than the children's own), Hart et al found that some children in care agreed that there was a link between care and the onset of offending behaviour. Other children in the study disagreed, and felt that other risk factors such as peer influence or anger management as more significant. A small number of children who commenced care at an earlier age and had a more stable placement felt that care was a positive experience for them and reduced their chances of offending. Hart et al identified the features of care that contribute to offending as the loss of

contact with family/ friends, poor relationships with social care staff, difficult relationships with peers in residential homes, and multiple placements in residential homes. When discussing loss of contact with family and friends, Hart et al found that there was a direct link between the children's feelings about being taken away from their families, and their decision to commence offending. Many also planned to resume contact with or return to their families as adults. The children spoke about their poor relationships with social care staff in the context of feeling that they were not listened to, or that the staff did not even care about them. When discussing difficult relationships with peers in residential care, many discussed experiencing peer pressure and that they would nearly always be brought into contact with older, often offending peers. Although the children did not see the peer influence as inextricably linked with offending, none of the children interviewed cited peer influence as a protective factor (Hart et al, 2011: 4). When asked about the protective factors that reduced the risk of offending, children cited the opposite of the factors above, i.e. contact with family members, stable care placements, and positive peer influences. Hart et al (2011) concluded that the participant's relationship with the professionals they encountered was the most significant protective factor against offending. They concluded that if the children felt that they were listened to, and cared about by the professionals they encountered, this reduced the risk of them offending in the future.

Schofield et al (2012) also sought to examine the link between care and offending, and framed their research within the risk paradigm. They sought to identify the risk and resilience factors for children in care who offend. Schofield et al (2012) made a number of findings, including that the care system can provide good care to children; most children in care experience the same risk factors that also lead to offending; and early entry into care with a stable placement minimises the risk of offending. They also found that if children in care come from backgrounds of abuse, do not have stable placements, and do not have appropriate professional support, then they are at an increased risk of poor outcomes, including offending behaviour. The study also found that the inappropriate criminalisation of children in care as a response to challenging behaviour/ minor offences in their placements was continuing to occur. The findings were based on a

comparison of the answers of children in care who offend with the other control groups described in the above paragraph, case file searches and surveys with staff.

Schofield et al (2012) identified a number of 'risk of offending' factors for children in care. They included impulsivity, mental health issues, conduct disorder, substance abuse, experience of abuse or neglect, negative parental influence, placement instability, special educational needs (SEN) and poor engagement with education providers (Schofield et al, 2012). There are a number of similarities between the factors identified by Schofield et al, and the list of dynamic risk factors used within generic youth justice assessment tools. This highlights two potential weaknesses with studies that are framed within the risk paradigm: firstly, by identifying a list of risk of offending factors that are similar to those already used within youth justice, one has to question whether this study tells us anything new about why children in care are disproportionately represented in the care system. Secondly, by focusing on adult framed discourses, the children's perceptions are sidelined and their concerns are not prioritised.

The 'risk factor prevention paradigm' has been the dominant discourse across criminal justice since the 1990s. It emerged following important criminological studies such as 'The Cambridge Study' (West and Farrington, 1973), which claimed to be able to identify a series of risk factors that increase the probability of a person committing a criminal offence. Therefore, by identifying and addressing these key risk factors, it was concluded that a person's risk of reoffending could reduce. A more general critique of the risk paradigm has emerged within the youth justice literature in recent years. The risk paradigm emerged in tandem with a general rise in actuarialism across public services (Smith, 2006). Actuarialism is defined as:

'An approach to crime control and management which dispenses with concerns about the meaning or motives behind offending and replaces these with an emphasis on 'technologies' of 'risk minimisation' and the elimination of potential threats to social order' (Smith, 2006: 93).

The actuarialist perspective seeks to identify 'causes' within the context of 'risk factors', without seeking to explain why the link is there or a theory of change. It also focuses firmly on controlling the crime 'problem' through risk management, and reducing a child's risk assessment score. Children are therefore identified as being 'at risk' of committing an offence, and the assumption is that if they engage with and receive an intervention designed to address this risk factor, their risk of reoffending will reduce (Farrington 2000, 2007). The risk paradigm has been heavily criticised in recent years for its flawed methodology (Case and Haines 2009) and its labelling effect on children (Bateman, 2011).

Haines and Case have launched a scathing attack on the youth justice system's focus on risk and responsabilising children. In their book *Children First, Offenders Second*, they state that:

'The aim is not to see children as trainee-adults or to make children fully responsible as mini adults in a mini adult criminal justice system' (Haines and Case 2015: 15).

'Privileging a risk-based youth justice agenda allowed the government to demonise children in conflict with the law and youth justice system, using net-widening, punitive, labelling, responsabilising measures, while simultaneously controlling the central-local relationship and the practice of YOTs and their staff via prescriptive and technicised responses to restricted conceptions of offending behaviour by children' (Haines and Case 2015: 29).

A number of other studies examining the link between care and offending within the criminological literature have focused on the broader policy setting in which children in care get a criminal record. For example, Hayden and Graves (2018) considered the patterns of offending for children in care and found that the way that the care system operates and the children's experiences with their birth family were key themes in explaining this pattern. Hayden and Graves identified a number of systemic factors which increases the risks of children in care committing an offence and these included; placement instability, poor after care services, greater

adult surveillance and negative police attitudes, and the concentration of the most damaged and behaviourally challenging children in residential care. They also found that residential care homes had inefficient policies for responding to problematic behaviours. This study confirmed earlier findings by Darker et al (2008) who found that a previous admission into care, exclusion from school, conduct problems, truancy and drug misuse were all strongly correlated with offending behaviour and interlinked. Offending behaviour also associated with a higher number of placements.

The Prison Reform Trust also sought to consider the wider policy setting surrounding the disproportionate levels of offending for children in care in 2016. 'In Care Out of Trouble' spoke with a number of children in care and also professionals and policy makers in the field. The recommendations were based on the gathered evidence; which included 220 written submissions from professionals, academics and children; and discussions from a national panel of experts which included children in care and those who have recently left care. The recommendations included: strong and determined central leadership to tackle this ongoing challenge; consistent early support for children in care and 'good parenting by the state' (PRT, 2016:3); an investigation into how to address the needs of children who are from black or minority ethnic groups; improved joint working between the child, family and other agencies involved in their lives; and that all children in care are vulnerable and deserve consistent support. The Prison Reform Trust Review, with Lord Laming at its helm had an opportunity to seek out potential solutions to the over-representation of children in care, and hold 'the system' to account. However, the Review did not highlight any specific systemic failures, despite the findings of Hayden and Graves, above. This could be due to the sources of evidence; which were overwhelmingly from professional agencies and practitioners. Although children were involved in the panel discussions; upon observing one of the discussions, it was evident that the children felt inhibited and unable to have their voice heard within an adult-centric environment.

A further paper which sought to identify systemic factors for the link between care and criminality was Herz et al, (2012). They sought to pull together all available research on 'crossover youths'

(those open to welfare and youth justice services), and asked the question: can welfare services identify children at risk of 'crossing over' and intervene before offending occurs? The following characteristics were identified as indicating a risk of 'delinquency' in looked after youths and included that a child often experienced: physical abuse and neglect prior to being placed in care; group home placements (e.g. residential care); multiple placements; and out of area placements. Out of the four characteristics that indicated a risk of '*delinquency*' on children in care, three referred to the structure of care and the care system as increasing the risk. Therefore, a study which seeks to illuminate the perceptions of 'crossover kids' about their pathways into offending would offer potential reasons for this. Given Herz et al's findings that key features of the care system can increase a risk of 'delinquency', the remainder of the report focused on effective structures and interventions for working with this group of children, and advice for practitioners.

Goldson (2002) also found that children who cross both the welfare and justice areas are viewed as either in need or as an offender. He concluded:

'Children within the welfare and justice constituencies are first and foremost vulnerable children and should be regarded and treated as such. Moreover, the conditions that create and sustain such vulnerability have to be systematically and comprehensively addressed.'
(Goldson, 2002: 161).

Goldson is suggesting that a 'crossover kid' (Bilchik and Nash, 2008) should be viewed primarily as vulnerable, rather than as an offender, as this will allow their needs to be met. In addition, Goldson went on to state that the structures that perpetuate this vulnerability should also be addressed; such as the care and youth justice systems.

Virtually all studies examining the link between care and offending behaviour have been framed within the adult-based risk paradigm. Some have focused on identifying individual risk factors within the children themselves (Hart et al, 2011; Schofield et al, 2012). Others have focused on identifying systemic risk factors (Herz et al, 2012; The Laming Review, 2016; Hayden and Graves,

2018). However, all have used the language of 'risk' when seeking to understand why there is a link between care and offending. This is problematic as it sidelines the unframed perceptions of children about why the link exists, by prioritising adult concerns. This is a significant gap within the current research, and is one that this thesis seeks to address. By prioritising the perceptions of children in care, and grounding the findings in their perceptions, this will allow potentially new understandings to emerge of why children in care are disproportionately represented in the youth justice system.

The challenges facing children in care

A number of challenges within the care system are highlighted in the above section on the link between care and offending. Much has been written on these challenges across both the criminological and social care literature which will now be explored in more detail below.

Placement stability

A number of academic studies have focused on the outcomes faced by children in care, with many considering the link between placement stability and poor outcomes. A study in Denmark found that as many as 38 – 54% of all teenage care placements break down (Andersen, 2014: 1545). The House of Commons Committee of Public Accounts (Children in Care, 2015) found that the choice of placement appears to be driven by finance, lack of information on what is available locally, and regional disparity in the availability of local placements. The Committee were concerned that, in 2012-13, 34% of children in care had more than one placement during the year and 11%, or 7,000 children, had been in more than three placements. Children aged 10 – 18 will be the focus of this thesis, and it will be interesting to discover whether the children themselves consider placement stability as relevant when looking at their pathways into offending.

Norgate et al (2012) asked social workers for their views on what factors led to placement instability. The main factors were identified as lack of option, the problem of finding an emergency placement, and the need for more training for foster carers to enable them to manage challenging behaviour. Schofield et al (2007) found that a child is more likely to achieve permanence if a highly skilled social worker carefully plans the move from emergency placement to assessment to long-term/permanent placement. The perspectives of children in care are missing from this study; and although the data offer some interesting findings, they are based on the perspectives of professionals. As it is the children themselves who are living through the reality of multiple placements, it follows that their perspective on why this is occurring and the potential impact that it has should be sought. It is possible that this would offer an alternative perspective which has not been highlighted before about placement stability. A recurring theme throughout much of the literature on the challenges faced by children in care is that the children's own perspectives on why these challenges occur is not prioritised or framed within adult concerns.

A further US study found a clear link between placement stability and achieving permanence and suggested that each additional prior placement increased the chances of a negative outcome in the current foster placement by 6% (Price et al, 2008:16). Research by Ryan and Testa (2005) found that being in an out of home care placement increases the risk of delinquency and that more than two placement changes increased the risk of offending in boys from 11% to 23%. It is interesting that when exploring placement instability, the language of 'risk' is again used to frame the findings.

Bollinger (2017) found that placement instability was linked with emotional and behavioural problems as a child; and then as an adult, further poor outcomes including increased anxiety and depression, and difficulties forming trusting relationships. Bollinger suggests that attachment theory is a useful lens through which to understand why placement stability is important for children in care to achieve positive outcomes. A key theme from this study was that children who experienced instability felt that they had a lack of belonging and poor attachment security.

The importance of a child's relationships to achieving placement stability has been explored in the literature. For example, Selwyn (2015) found that having positive relationships with carers as the key to a positive care experience. However, they stated that they felt that their long-standing relationships with their own families and friends were not prioritised or given consideration (Selwyn, 2015). Other studies have considered the impact of relationships for children in care with poor outcomes (Winter, 2015). For example, a number of serious incident reviews into the deaths of children in care has revealed that the professionals working with a child did not form a 'meaningful' relationship with them. Winter (2015) also found that children in care are particularly at risk of being sexually exploited; due to their lack of strong friendships and appropriate relationships with adults and care givers. They also found that strong and meaningful relationships aids the transition process to adulthood (Winter, 2015: 4). Wigley et al (2011) also emphasised the importance of stable and positive relationships with caregivers. They found that young people viewed foster carers differently to residential workers. They were aware that foster carers received an allowance but viewed this as different to paid work in residential homes as there was no shift pattern or uncertainty over who would be looking after a child on a particular night. These factors appeared to impact on the ability to form stable relationships with carers and peers. Finally, Wigley et al found that the experience of powerlessness was widely reported by the children, and in particular that they felt that they had very little input into their placement, and did not feel listened to. From the literature, it is therefore apparent that there is a link between placement stability, achieving stable relationships and a positive care experience for children in care, with children highlighting the need to prioritise existing ties.

Further elements of a positive care experience for children in care were explored by Selwyn (2015) and all also point to the importance of the quality of the relationship with professionals. Selwyn (2015) identified respect as one of these features which meant, for the children, that their views were taken seriously, and that their birth families were spoken about with respect by professionals (Selwyn, 2015: 9). They also discussed the impact of negative labelling and stigma, and that when people found out that they were in care, they generally responded with sympathy,

or viewed the children as one group of 'troublemakers' (Selwyn, 2015: 10). The children also discussed their desire to be treated as an individual, and wanted professionals to respect their identity beyond that of a looked after child (Selwyn, 2015: 13). The children also identified having their rights recognised in particular over health and placement decisions as important to a positive care experience. Linked to this was giving the children an element of choice and control about their care journeys, which they felt that they did not have. Finally, the children identified responsibility as significant to a positive care experience. By this they meant being given second chances when they make mistakes, being given the necessary life skills as they move towards independence, and being equipped with the skills and education to find their place in the world as an adult (Selwyn, 2015: 21). The features of a positive care experience identified by Selwyn link closely with a child feeling that their individuality is recognised, acknowledged and respected to ensure a positive care experience. Where a child's individuality is not recognised in this way, the impact on a child's behaviour was not explored.

However, the link between a child's identity and their care experience was explored by Colbridge et al (2017) and Ward et al (2011) who considered the impact of placement instability on a child's identity formation. Some have focused on whether care impacts on a child's sense of self, and the disruptions to this that can negatively impact on a child's identity construction (Colbridge et al, 2017; Ward et al, 2011). If a child has a continuing sense of self this means that they can, despite facing a number of challenges throughout life, claim a confident ownership of their past and a strong commitment to their future (Ward et al, 2011). Essentially, a continuing sense of self means that a child knows their place in the world, based on their attachment to and knowledge of their past, meaning that they also feel confident about their future. This, in turn, impacts on their incoming narrative when entering a changing care context. Erikson framed this as a person's history and background (Erikson, 1968), which is crucial for a person to have a continuing sense of self (Colbridge et al, 2017). Ward et al (2011) found that when children experienced multiple transitions, they engaged in self-destructive behaviours, including delinquent behaviour. Children in care experience accelerated transitions, which

impacts negatively on identity formation. Disruption narratives such as placement instability are ideal for exploring identity construction (Becker, 1997).

The social care literature has also explored the impact of place and space on a child's continuing sense of self, as home has an important social and emotional context, as well as a physical one (Clark et al, 2014). Home materialises a child's identity (Young, 1997), meaning that it is therefore important that a child has time to develop a deep-rooted connection with a space to in turn develop a continuing sense of self. As stated above, this means that a person has a strong connection to their past and future. This would therefore suggest that the children in care who experience multiple transitions, placement instability and disruptions may struggle to develop a continuing sense of self which can impact upon identity construction. The social care literature has established an important link between a child's care experience and their identity construction. It does not, however, discuss a link between this and subsequent behaviours or reactions from the children.

Challenges to identity

As stated above, the social care literature has explored how placement instability and accelerated transitions can disrupt a child's identity construction whilst they are in care. The challenges to a child's identity generally whilst in care has been explored in more detail within the literature, which will now be discussed. At the outset, it would therefore be useful to understand what is meant by 'identity'. 'Identity' can be difficult to define, and on its own is an unhelpful term (Jenkins, 2008). Jenkins changed the title of the third edition of his book to 'Social Identity', from 'Identity' because he wanted to emphasise the importance and significance of the 'social' element of identity formation. Jenkins therefore also asserts that rather than seeking to define 'identity', one should focus on the process of identification, which is based on one's social interactions with others. This has clear links to Cooley's (1902) early formation of the 'looking glass self', in which one's identity develops based upon how they are seen by others and how they see themselves. Therefore, identity formation is viewed as a social

process, which develops with one's environment and interactions with others. The Youth Justice Board (YJB, 2018) have recently adopted the definition of identity offered by the Beyond Youth Custody literature as how 'they make sense of themselves within their life story (their 'narrative')' (Hazel et al, 2017). How a child makes sense of themselves is based on their interactions with others and their environment.

For the purposes of this thesis the development of one's 'personal identity' is understood as a social process, which is ongoing and shaped by one's interactions with others. The idea that an identity is socially produced through social relations has been considered by others. Eriksson (1968) established the contextual nature of identity development, by stating that youths are facing an identity crisis. He proposed that adolescents explore different roles, personalities and behaviours in their search for 'me-ness'. In addition, one's identity cannot be separated from the surrounding environment, as identity develops within the environmental context and is therefore socially bound (Harter, 1990). Both desistance theory (Maruna, 2001) and symbolic interactionism (Blumer, 1969) support this theoretical premise, as the individual's conception of self emerges from their interaction with others.

Identity is a widely recognised concept within the social care literature, and the impact upon a child's identity when taken into care has been explored. For example, Swain and Musgrove (2012) found that when children are taken into care, they lose their connections with their family, friends and home, and thus a core part of their identity.

Stein (2008) focused on the importance of developing a positive sense of identity and achieving stability as key resilience factors for children in care and young people leaving care. Research into young people leaving care has shown that the key to helping them achieve a secure sense of identity, in addition to instability, is the failure of those entrusted with their care to help them understand why their parents had abused or neglected them or were unable to care for them and how this had influenced subsequent events (Biehal et al 1995). It is interesting that

the impact of losing or understanding a child's connection with their family on a child's identity is a consistent theme to emerge in the literature.

Linked to the importance of the absence of a child's family on their identity, Emond (2014) focused on how other relationships may influence a child's identity development. Emond (2014) considered how a child's peers whilst in care may impact on their identity formation and found that relational discourses define and redefine a child's sense of place and self. Central to children's experiences of everyday life are peer relationships – they can serve as a buffer to stress and change, provide support and advice, and an antidote to adversity. Children therefore have to navigate their way through the 'rules' of relationships, which in turn produces embodied beliefs about worth, belonging, intimacy, and exploration and alteration of self-identities (Thorne, 1993, Corsaro, 2005). School and home are everyday places. For all children, their experiences of these two social spaces shape their identities and lives (Christensen and James, 2001). Many of children in care's significant relationships were with other children and their sense of belonging and identity is closely linked to how they are seen by and responded to by their own peers (Emond, 2014). This literature is significant in that it emphasises the importance of identity and how being in care can shape a child's identity as they attempt to manage their time in care.

Identity formation is therefore understood to be fluid and based on one's interactions with others. The social care literature draws on symbolic interactionism which focuses on how an individual sees themselves, how individuals interpreted how others saw them and the use of symbolic gestures in communication with others (Mead, 1934; Blumer, 1969). There are also a number of parallels with desistance theory, which considers how one's interactions with others impacts on their identity and subsequent behaviours (Maruna, 2001). Both of these concepts are discussed in further detail, towards the end of this chapter.

The Challenge of Residential Care

Residential Care has specifically been the focus of much of the social care and criminological literature for a number of years (e.g. Shaw, 2014; Emond, 2014; Stein, 2008). This is due to the significantly higher proportions of children living in children's homes at the time when their offending either commences or escalates. Government data also links many other poor outcomes for children in care specifically to residential care, when compared with foster care. Much of this data was discussed at the start of Chapter One. From both the academic literature and Government data, it appears that this is because there are a number of specific challenges for children who are placed in residential care. There are a number of reasons for this. Firstly, the nature of residential care has changed a lot over the last 30 years. This is due to a number of reasons, including a number of scandals within the media about the abuse of children by staff at residential homes, staff not having the appropriate training and skills, and the relatively high cost of residential care (Kilpatrick et al, 2008). We already know from the limited data available that children in care who offend are most likely to be placed in residential care (HMI Probation, 2012). There have also been studies which document that offending behaviour is more likely to take place in residential care than other forms of care (Taylor, 2003). Other concerns such as child sexual exploitation, and children going missing from residential care have led to both academics and policy makers focusing on how to improve the quality of service provision for children in residential care. Other challenges faced by residential care is that it is frequently viewed as the provision of 'last resort', which is common across many European and English speaking nations (Courtney and Twaniec, 2009). Its use as a 'last resort' means that the most troubled and vulnerable children are often placed in residential care. This is backed up by the Children's Home Data Pack which confirms that the average age of young people entering residential care is 14 years and 6 months, with an average of 5 failed foster placements prior to entering residential care (DfE, 2013). Studies show that placing children together can mutually reinforce behaviours, including offending behaviour (Polsky, 1962; Millham, Bullock and Cherret, 1975), and that placement instability can contribute to offending behaviour. Therefore, how to reduce

reoffending within residential care has become a specific focus of research and policy concern in the last 30 years.

There are a number of specific challenges to residential care, some of which have been listed in the previous paragraph and have become the focus of much of the academic literature in this area. These include the stigma of residential care; children's rights and participation in residential care; the tension between care and control in residential care; the institutional features and identity in residential care; and finally, the criminalisation of children in residential care.

The stigma of residential care

The stigma associated with being placed in residential care as a placement of last resort has been extensively discussed in the academic literature (eg Kahan, 1994; Frost, Mills and Stein, 1999). It is generally accepted that the roots of this stigma are found in The Poor Laws of the mid-nineteenth century. Stein and Frost (1989) traced the history of child welfare and note that a combination of The Poor Laws and the establishment of a number of charities tasked with 'rescuing' children from poor, immoral surroundings led to the increased segregation of poor children in the workhouses. They refer to a statement by Barnardos at the time:

'If the children of the slums can be removed from their surroundings early enough, and can be kept sufficiently long under training, heredity counts for little, environment counts for everything' (Stein and Frost, 1989: 26).

The Poor Law Amendment Act 1834 created workhouses where 'paupers' were housed together, and this was based on the principle of 'less eligibility'. From 1849 separate residential schools were established for 'pauper' children. Such charities and Poor Law schools argued that poverty and destitution were caused by lack of morality. Social work should be concerned with the deserving poor, leaving the undeserving to the workhouses.

Frost, Mills and Stein (1999) note that the other major impacts on the stigma associated with residential care occurred during the second half of 20th century. Bowlby's attachment theory, anti-institutional research (eg Goffman, 1961), and various scandals regarding child abuse in the 1980s all served to confirm residential care as a placement of last resort in the minds of the public.

Frost, Mills and Stein (1999) take their discussion of the historical stigma related to children's residential homes a step further and argue that the present context of residential care has been constructed by the historical past. They note that a recurrent theme throughout the history of residential child care is that because of the issues of power and politics, a tension between control, care and resistance are present within the care system. Kahan (1994) notes that the two main methods of housing children in groups are residential care and boarding schools. The marked differences in how they are perceived are based on the construction by the historical past, which finds its roots in class, power and politics. Despite this stigma, many have found that children prefer residential care to foster care for a number of different reasons:

'Residential care does not have to be the second or last option for young people, although it is often used this way.....Many young people, particularly teenagers, do not want to live with foster carers because of their loyalty to their own families.....' (Willow, 1996: 13).

Children's rights and participation in residential care

A further challenge within residential care is the extent to which children's rights and participation are recognised. Carolyne Willow (1996) addressed this challenge directly in a report for the National Children's Bureau. She found that within residential care, a child's respect, dignity and rights was secondary to the issues of behaviour control, restraint and violence towards staff. This essentially meant that the rights of staff were taking precedence over the rights of children.

When addressing the issue of children's rights in residential care, Willow (1996) found that the themes commonly raised by children the past 20 years were to be heard, be treated as an individual, be given privacy and respect, be treated with fairness and consistency, make choices, and be seen and treated as 'normal'. However, she acknowledges the challenge that giving children their rights in residential care may pose for staff, as she notes that children who are empowered by having rights will be more likely to assert themselves and question adults' power. It can be difficult for staff to be challenged by children, especially in front of others, which is likely to occur in a residential home. However, she asserts that if staff are feeling vulnerable and unsupported, the solution is not to take away a child's rights.

'This would be like taking away black people's rights because white people feel threatened' (Willow, 1996: 69).

The assumption is that young people are valued more than staff; yet young people felt that the needs of staff took precedence. Berridge and Brodie (1998) also found a similar concern from staff about children's rights when they revisited a number of homes. They found that staff expressed concerns about children's rights and that they 'knew too much' (Berridge and Brodie, 1998: 134) and that this empowered children at the expense of staff. More recently, Shaw (2014) found that when exploring why children offend in residential care, professionals pointed to children having too much power within the home and placed a great deal of individual responsibility on the young people for the resulting behaviours.

One of the ways to ensure that children's rights are exercised within residential care is to increase their participation in care in a meaningful way. Willow (1996) addressed this and defined participation as being involved or taking part. For Willow, this meant that a person should be able to make decisions about their own life; groups of people should be able to take action and make decisions together; or members of the community can take part in an activity or project with a common purpose.

When considering the level of participation that a child should have in their care, Willow suggests that two fundamental questions have to be answered – do young people have the competence or ability to participate? And what are the benefits of promoting participation in young people’s homes?

Willow then finally explores the arguments for and against children’s participation in children’s homes. She states that one of the key arguments often used against participation is that children should be allowed to be children, and decisions should be made for the adults. However, this denies a child’s skills and competencies and fails to recognise them as social actors with agency. Willow therefore notes that the consequences of denying children participation can be disastrous. However, facilitating a child’s participation in residential care can be harder as individual decision making can be restricted by the rules and routines of homes.

The tension between care and control

A strong theme to emerge in the academic literature related to the tension for care staff between care and control. More generally, the complex and difficult task facing care staff is recognised in numerous studies. Willow (1996) notes that the huge range of skills and commitment required by residential workers has been recognised in major reports on the care system (ie Levy and Kahan, 1991; Utting, 1991). Berridge and Brodie (1998) note that the difficulty of this task commences as soon as the children arrive at the home. They found that staff are poorly informed about a child’s background and experiences prior to arrival due to scant information being provided in case files. Where a child was placed ‘very often boils down to whoever has an empty bed’ (Berridge and Brodie, 1998: 131). They also found that the case files were often not read, and that the significance of reading a child’s file was unappreciated by care staff.

Given that residential care is viewed as a placement of last resort, one of the consequences of this is that children’s homes are dealing with a smaller, but much more complex group of children. As stated above, the average age of a child on arrival into a residential care home is 14, with around 5 failed placements before residential care (DfE, 2013). Berridge and Brodie (1998)

found that 60% of the children in their sample had experienced placement breakdown of some sort. Therefore, behavioural control was a 'major preoccupation' (Berridge and Brodie, 1998: 99) for all the homes they visited. They found that control was greatest concern of staff and an area where they received the most training. Where control problems emerged, it related to the children's desire to leave the building, rather than direct conflict with staff.

Kendrick (2013) more recently explored the tension between care and control in children's residential settings. He discussed the tension between the professional distance expected in the role and the need for positive relationships with the children. This tension is exacerbated by the 'institutional' nature of residential care and the relative 'normality' of a family placement. Despite the decline of the traditional nuclear family in the UK, its symbolic significance continues to influence perceptions about residential care. Kendrick, however, notes that this difference can actually be helpful for children who prefer residential care to foster care for a number of reasons including that the child's own experience of family life may be distressing or that they are concerned that they will be seen to be rejecting their own family by settling in a foster placement (Anglin, 2002). Given this, the distinction between the two settings can be a positive. However, the carer should still prioritise the quality of their relationship with the child over the professional expectations of the role. Kahan (1994) notes, however, that this does not mean that residential staff should be expected to take the role of a parent.

The Department for Education has recently sought the views of children on residential care. It found that relationships with staff were key to whether a child settled into a home. Some reported positive relationships, whilst others reported negative relationships. The report listed the features of a 'bad' member of staff as described by the young people which included; staff bringing their personal issues to work with them, staff who bully children, staff who have favourites or who seem 'down' on particular children, and staff who use restraint when they should not (Department for Education, 2015: 82).

It found that high staff turnover and staff training contributed to poor relationships with staff, noting that Southwell and Fraser (2010) found that children under the age of 12 and those who had 4 or more placement breakdowns were least positive about their care providers. Importantly, children discussed how the home must feel like a home and less like an institution for them to settle. Features such as locks on doors, kitchens, the existence of an office, and many rigid rules all contributed to children's negative feelings towards a home (Department for Education, 2015).

Kahan's 'Growing up in Groups' (1994) is considered to be one of the most influential publications relating to the quality of children's residential care. Within it, she directly addresses the tension between care and control and, whilst recognising the many challenges faced by a workforce that is often poorly managed and lacking in training and qualifications, states that the care of a child must take priority. She notes that when settling into a home, the over-emphasis on bureaucratic procedures can make children feel that their individual needs are secondary to those of the organisation. A child's need for continuity and trusting relationships with their carers is crucial to them becoming independent and self-confident adults. Kahan states that proper care cannot be provided unless a child's welfare is protected and promoted. Kahan notes four 'common care factors' for residential care to be good. They are good quality care for a child; constructive use of time; access to activities; and good behaviour management. Kahan links behaviour management with good quality care and states that one tends to follow the other. Kahan suggests that where children have complex, longstanding problems, they need a 'total therapeutic environment and help' (Kahan, 1994: 115).

Despite the apparent tension that exists, the literature concludes that care should take priority over the professional expectations of a role, and that it is possible to deliver good quality care to complex and challenging groups of children in residential homes (Kahan, 1994; Berridge, 1998). The key to the quality of the care is for the children to achieve consistent and trusting relationships with carers (Kendrick, 2008).

Institutional features and identity in residential care

A strong theme to emerge in the literature relates to the prevalence of institutional features in residential care. Berridge and Brodie (1998) note that older children's homes are renowned for their outwardly stigmatising features such as the large number of staff cars, and a scratched and battered front door. They also note that the interior can also be stigmatising and gave examples such as entrance lobbies with office hatches, locking and unlocking of doors, staff with keys, video players bolted to the floor, and that the children felt that they were living in a goldfish bowl. A number of tensions around the office existed, and often led to confrontations due to attempts by staff to keep children out of the office, an area that staff viewed this as their space. Kahan (1994) also discusses the importance of a comfortable and homely physical environment for the staff to carry out their work. If it is unpleasant, she states that it gives children the impression that they are not respected as individuals, which could have consequences for behaviour and discipline. A home would feel more like home to the residents if they felt in control of their immediate environment.

More recently, Mazzone et al (2018) defined a residential care setting as 'generally closed environments with specific organisational characteristics and sub-culture. They vary from large institutional care facilities to small family-like care services' (Mazzone et al, 2018: 102). They note that there have been numerous social policies which have contributed to the de-institutionalisation of children living in children's homes. The United Nations Guidelines for Alternative Care of Children specifies that residential settings should be small and organised around children's rights and needs, in a family-like setting.

As noted above, the social care literature explores the impact of being in care on a child's identity. There has been a more specific focus on the impact of residential care, given its different environment and dynamics to foster care. Within the children's residential care literature, there has been a focus on the environment when considering the social context of identity construction. Coleridge et al (2017) referred to adverse environments when in

residential care, and Kools (1997) found that children in care had to actively construct an identity to survive 'dangerous and abusive' environments.

The role of relationships within an institutional environment, and its impact on identity construction has been a consistent theme within the children's residential care literature. Identity is shaped by relationships (McMurray et al), and McKinney (2011) found that a child's foster carer constructed a totalising and durative 'institutional identity' that they tried to impose on the child. A tension existed between the identity that the carer was trying to construct, and the identity that the child was trying to construct. Stockholm (2009) described welfare institutions as a 'civilizing project', with the aim of shaping a child's identity. Neilsen and Kolind (2016) found that institutions aim to identify and fix 'troubled persons' and that two processes are operating. The first is that institutional practices and constructions of troubled persons are related to larger practices such as the welfare state. Secondly, they found that the construction of troubled selves related strongly to context. This means that institutional identities are understood in terms of how institutional responses transform the problems of the client into troubled identities.

Earlier in the literature review, it was noted that being in care can negatively impact on a child's identity development, given the many transitions and separation from their family and friends. Stockholm (2009) found that the identity that the child constructs therefore depends on how they manage the figurative world of being in care. Thomas (2014) found that children in care constructed 3 different identities – a victim, a survivor, and a victor. She found that where a victor identity had been created, the child's individual agency outweighed institutional structure. However, where a survivor/ victim identity was constructed, institutional structure had outweighed individual agency.

Gubrium and Holstein (2001) and Loseke (2007) have explored the construction of institutional identities within the context of custody. Hacking (1999) stated that an institution will 'make up' an institutional identity. This appears to be based on a wider perception of what an individual's

challenging or difficult behaviours are that match the working logic of the intervention or treatment system. For example, Jarvinen and Andersen (2009) found that treatment institutions 'make up' their clients by transforming their personal experiences of substance misuse into distinct troubled identities make sense within their treatment system. This is achieved through the development of 'formula stories' (Loseke, 2001). A formula story is a narrative about social troubles, in which a specific plot and main characters are identified. The 'troubles' are conceptualised and transformed by collective processes of explanation and categorisation (Jarvinen and Andersen, 2009: 867). Troubled activities are understood and reconceptualised into workable categories that complement the organisation or field that is working with those clients. Therefore, for children in care who are in trouble with the law, this would be about reconceptualising their activities so that they can be viewed as dangerous or delinquent, and in need of risk management and control. This mirrors the stigma attached to being in residential care (discussed above), and finds its roots in the Poor Laws (Hanlon, 2007).

It is from the formula story that the institutional identity is constructed. For professionals to work with you, you have to behave in a way that displays 'institutionally preferred personas'. Loseke (2007) points out that services have an image of their 'typical' client and have an 'idea' of what their client needs and what their problems are. Formula stories sort out troubled, complex, messy lives into 'manageable' categories that are consequential and ultimately seek to shape and construct an identity for an individual based on this conception.

However, as Jarvinen and Andersen (2009) state:

'There is never a perfect match between the institutional narratives and the concrete experiences and expectancies of individual clients. Some clients fit into the profiles set up by the formula story, while others challenge it. Hacking (1999) used the term 'looping effect' to describe the processes by which people either adapt their identity and behaviour in response to institutional definitions or challenge the categorisations' (Jarvinen and Andersen, 2009: 867).

The criminalisation of children in residential care

Children's behaviour within residential care has also been a focus within academic literature. A number of studies have sought to discover whether residential care is a criminogenic environment. For example, Hayden (2010) considered data from 10 children's homes across 1 local authority area relating to police callouts and incident reports over a 7-year period (2001 – 2007), as well as a 1-year study on 46 children (2006 – 2007). The data were used to map overall patterns, rather than focus on the individual stories of children. Hayden looked at how behaviour was managed in residential homes and found that although protocols existed between the police and care homes, and that many staff had been trained in de-escalation techniques:

'The police were called out on very numerous occasions.....The local authority and police perception of these callouts often focussed on behavioural and control issues, when in reality, the most common reason for these callouts related to children going missing' (Hayden, 2010: 465).

The challenge related to this is that if a child is reported as missing, it raises the profile of them with the police, which can in turn criminalise them. Shalev (2010) examined the previous literature on the links between being missing from care and offending, which produced strong evidence linking the two (ie Abrahams and Mungall, 1992). Shalev also found that once missing, the children were most likely to commit an offence of violence or theft. She suggested that the violent offences could be linked to their heightened emotional state as a result of running away, and that the shoplifting offences could be a 'survival offence'. This suggests that the emotional and physical state of a missing child in itself increases the risk of offending. A report by Taylor et al (2014) identified 4 themes following their interviews with children about why they go missing from care. These were authority and power; friction; isolation; and environmental issues.

'Young people were critical of a lack of support of return and a lack of boundaries. They stressed the importance of being heard, being treated with respect, being able to exercise autonomy, and feeling that someone cares' (Taylor et al, 2014: 387).

The children also reported that the mix of children within a home could be problematic, leading to increased conflict, and potential police call outs to manage this. Some of the consequences cited for going missing included being grounded and having their shoes removed (to prevent further running away) (Taylor et al, 2014). When considering police callouts, Hayden found that the perception of some care staff was that they were under significant pressure not to call the police when challenging or violent behaviour occurs, and that this can send the wrong message to a child that this type of behaviour is acceptable. Analysis of the one-year cohort study produced some interesting findings, with two thirds of the total cohort offending during the twelve month period. Hayden concluded that although residential care is viewed as a last resort which concentrates the risk and vulnerability of residents, and there is a lack of choice regarding placements and apparent consequences for unacceptable behaviour; residential care homes do provide a set of risks which can increase the likelihood of a looked after child offending. Morgan and Ashford (2008) refer to this as 'double jeopardy', stating that many children who offend share the same risk factors as those who enter care but that if they are also in residential care, the children are exposed to more risk factors associated with offending.

Sekol (2013) focused on the factors that contribute to violence and bullying in 22 residential homes in Croatia and found that 4 themes emerged including residential peer culture; vulnerability at the beginning of the placement; deprivation, stigmatisation and frustration; and poor relationships with staff. Shaw (2012) examined both the professionals and children's perspectives on the factors that make them more likely to offend in residential care. From the interviews with 31 professionals, a number of themes emerged including that the offending within the home was often a continuation of what had been happening in the home/ family environment. Nevertheless, Shaw went on to cite research by Packman (1986) who found that responses to children are often dictated by whether they are viewed as a victim or villain. This

was supported by Shaw's interviews with social workers, who appeared to take the view of a child in care as a villain and often expected them to 'sort out' their own problems and accept the help offered to them, whilst at the same time having a poor relationship with the child as a basis for such expectations. A further factor in the view of social workers that contributed to offending in the residential home was peer pressure. Shaw also found a distinction between the views of court staff and social workers/ residential staff on the issue of police callouts, with court staff feeling that the police were inappropriately called to manage minor behaviours, whilst social care and residential staff often felt that the police callout was justified. Staff also spoke about the damaging impact of multiple moves and placements upon children's behaviour. It is apparent from Shaw's research that social care and residential staff appear to place a great amount of responsibility for the criminal behaviour upon the individual child.

McLean et al (2015) sought to examine the issue of behaviour management from the perspective of the residential worker, and found that a number of tensions exist in their role including; a different kind of parenting, consistency in approach, control and connection, a desire for normality, and inconsistency in relationships. Underpinning all of this was the staff feeling torn between caring for the child as a 'parent' or carer, and the need to fulfil the role of a professional, thus distancing themselves from the child through this role and creating tension. The main tension appeared to be between control and connection; with staff stating that maintaining the overall control of the home often had to take priority over connecting with an individual child.

Shaw (2014) compared the viewpoints of professionals (above) with those of children in care. She interviewed 22 young people aged between 15 and 22 to explore their views on how care may have contributed to their offending. Note that a significant number of contributors falls within the adult category of care leaver, suggesting that the views are not of children in care, but are of adult care leavers. This PhD seeks the views solely of children under eighteen, who are still in care and subject to youth justice supervision. Shaw's results of the semi structured interviews revealed that all but 2 of the young people had already offended prior to entering residential care. Young people stated that the main reason for this was the desire to belong to a

peer group, which often escalated upon entering residential care. Kilpatrick et al (2008) also found that upon entering a residential home, a hierarchy often exists, in which some children will want to assert their power and dominance over the group, in an attempt to avoid being a victim of bullying (Kilpatrick et al, 2008: 35). They also found that the impact of the group and peer influence could lead to children refusing to go to school or running away, in an attempt to 'fit in' (Kilpatrick et al, 2008: 36). The relationship with residential care staff and the culture and ethos of a home was also cited as potential reasons for offending in the home. Young people felt that unnecessary confrontations could arise, which may have been de-escalated in other settings. Finally, the disempowering effect of residential care was given as a source of frustration for young people, which could lead to confrontation. By focusing on the voices of adult care leavers and professionals, Shaw is operating within adult frameworks and professional discourses. This thesis seeks to take a different perspective and avoid triangulation with adult discourses, or pre-determined adult themes. For this reason, case files were not analysed. This has ensured that the themes in this thesis have emerged from a child-formed framework of understanding.

The literature highlights a number of features of residential care that appear to contribute to children in care committing offences. From being treated as a 'villain' (Packman, 1986), through to having a poor relationship with staff, it appears that how a child is treated by professionals in residential care can impact on whether children in care offend. Shaw (2014) also found that the desire to belong to a peer group; or to assert your power over a group (Kilpatrick, 2008) could influence whether a child becomes involved in offending. A link between going missing from care and offending is also suggested (Shalev, 2014).

Given that Taylor (2006) and Hayden (2010) has found that residential homes can be a criminogenic environment, a number of studies have sought to explore which interventions may decrease the risk of offending in residential homes. Littlechild (2011) has focused on the impact of restorative approaches in residential homes, picking up on Taylor's (2006) assertion that the use of rigid responses to problematic behaviour can increase a risk of children being criminalised

within a residential home. It is suggested by Littlechild that the use of restorative approaches can encourage staff to move away from the application of rigid rules and build up relationships with children to resolve challenging behaviours and conflict.

Based on a series of interviews and focus groups with residential care staff, children and senior managers, and an analysis of police callout records pre-and post the implementation of restorative training; Littlechild (2010) found that there had been a 23% decrease in the number of police callouts in the three year period following the implementation of restorative approaches. The qualitative data revealed that restorative approaches can have a positive effect on the relationship between children and staff, and allowed the children to develop their relationship and communication skills regarding the resolution of conflict and challenging behaviours within the residential environment.

Many Youth Offending Teams in England and Wales have approached residential homes with an offer to train their staff in restorative approaches. Whilst working at the Youth Justice Board, in June 2013 I conducted an informal snapshot survey in an attempt to capture how many Youth Offending Teams have trained their residential homes in restorative approaches. Of the 160 Youth Offending Teams approached, 45 responded and all confirmed that they had been involved in contributing to the training of residential care staff within the last 3 years.

Several US studies have considered other forms of intervention which may decrease the risk of offending within a residential home. For example, Ryan and Yang (2005) found that increased family contact during residential care decreased rates of reoffending amongst youths. They did not explore the potential reasons for this, but suggested that increased family contact, where safe and appropriate, should form a key part of an intervention with children in care. This begs the question, therefore, whether decreased contact with family can increase the rate of offending? If so, what specifically about having decreased contact with a child's birth family can lead to offending. By illuminating the perceptions of the children in the PhD study, it is hoped that this question will be explored.

Residential care has therefore received the attention of Government and policy makers. As outlined in the opening chapter, the Department for Education has made a number of amendments regarding out of area placements, a commitment to overhauling the qualifications structure of care home staff and risk assessing the location of children's homes. In addition to this, a new set of Quality Standards has recently been published, and the Government appears committed to improving outcomes for children in residential care. However, there continues to be a gap in exploring the views of children in care about their perceptions regarding pathways into offending. This will be fully explored and given centre stage in the research study.

The Challenge of Custody

Custody is a specific challenge for children in care as the disproportionate levels of offending for children in care increase as they progress through the youth justice system. Latest data suggests that 37% of all children in custody have or had contact with social care services (HMIP, 2016). Therefore, there has been a focus within the criminological literature both on why the disproportionality exists, and also on children's experiences of both custody and resettlement into the community. Her Majesty's Inspectorate of Prisons (HMIP) conducted two thematic inspections examining 'Resettlement provision for children and young people: accommodation and education, training and employment' and 'The care of children in care in custody' in 2011. Both inspections focused on provision in YOIs for 15 – 18-year olds. Summerfield and Cripps (2012) summarised the findings from both inspections and found that less than half of all safeguarding teams in establishments had a clear policy regarding the management of children in care, there was no central system to identify children in care at point of entrance into custody and ensure that they receive the necessary support, and that the needs of children in care in custody were a lot higher than the general YOI population. For example, a third of safeguarding teams within custody felt that social services no longer supported children in care once in custody as there was an impression that they have 'discharged their duty'.

HMIP also found (Summerfield and Cripps, 2012) that less than half of the children in care interviewed had ever received a visit from their social worker whilst in custody, and that less than half reported that they were receiving financial support from the local authority. When asked about resettlement, children in care thought that they would have more problems on release than their peers. The difficulties included education, training and employment and accommodation. This lack of access to social capital, and engagement with pro-social institutions is therefore likely to make it much more difficult for children in care, on release from custody, to form a pro-social or non-offending identity, and thus maintain desistance. This will be discussed further, below.

Stanley (2016) considered the trajectories of children from care to custody and found that the institutionalised environment of residential care caused children to 'internalise' custody and view eventual imprisonment as an adult as inevitable. Yet, 'prison is no place for vulnerable children' (Fitzpatrick, 2014; Goldson, 2001). The Prisons and Probation Ombudsman reported on the death of a 15-year-old boy who committed suicide whilst in prison in 2007. The young boy had previously been in care, and the report describes an intimidating environment, completely unsuited to vulnerable children (Shaw, 2009 in Fitzpatrick, 2014).

A number of studies have considered the impact of custody on identity construction, Nielsen and Kolind (2016) found that drugs counsellors constructed the institutional identity of 'client' rather than 'offender'. Prison officers constructed the identity of offender, which linked to their role of maintaining peace and order within the custodial environment. Being viewed as a client by drugs counsellors caused the inmates to feel like 'real people' with 'real problems'. Presser (2004) found that a prisoner's own narratives were used as frames for identity construction. This allowed an offender to construct their own identity and resist the designation of an identity linked to the social problem that they present with. Rowe (2011) argued that identities are imported into prison, shift in response to the experience, and are negotiated, projected and defended in social encounters. Rowe also found that prisoners referred to an erosion of the self and person whilst in an institution.

Resettlement and desistance

Summerfield and Cripps (2012) also focused on resettlement planning, and found that there was a lack of strategic management from within the YOI regarding resettlement planning, poor case management and sentence/ resettlement planning between the child and their case workers, planning for a child's accommodation was often delayed until later in the custodial sentence, children were returned to unsuitable family placements on release, and although many children received education, training and employment support in custody, many children felt that the training received would have little or no use in securing employment at the end of their custodial sentence.

Bateman et al (2013) found that there is a period around release from custody when the child is particularly vulnerable, but is eager to engage with resettlement services because they are hopeful for their future. However, this 'window of opportunity', is 'impeded by a lack of sufficient, relevant and timely support, leading to disillusionment and a return to offending' (Bateman et al, 2013: 2). Both Bateman et al and HM Inspectorate of Probation have recognised the particular vulnerabilities of children who will continue to be looked-after on release to the poor organisation of resettlement services. The geographical area that a looked-after child will live is sometimes not confirmed until the day of release, limiting plans for all other areas of support (HMI Probation, 2015). Nevertheless, Hazel (2017) has more recently asserted that resettlement support is better organised and more effective when agencies focus directly on guiding and enabling the child's 'desistance journey'. Hazel's (2017) conception of the desistance process is based on Maruna's (2001) observation that desisting from offending involves more than just an 'event', a 'turning point' or a decision to stop; it is a longer-term process. To achieve sustainable desistance, a person achieves a shift in their identity from a pro-offending identity to a non-offending or pro-social identity; a process termed 'secondary desistance'.

Desistance has typically been conceptualised as either an event, such as the last criminal act, or decision to cease offending. Others, however, view desistance as a process or journey, which starts with the decision to cease offending. Desistance is therefore the maintenance of the

termination, since one could argue that all offenders terminate in between each criminal act (Maruna, 2001), or that true desistance only occurs when an individual dies (Farrington, 1992). For the purposes of this thesis, desistance is understood to be a process (Maruna 2001). Maruna focuses on the shift in identity formation as a two-stage process in the Liverpool Desistance Study. The first stage, primary desistance, is where criminal activity ceases for a period of time. Then secondary desistance takes place, when the offending ceases completely, and the offender no longer identifies themselves as a criminal. Establishing a 'coherent prosocial identity' was key to maintaining desistance (Maruna, 2001: 7).

McMahon and Jump (2018) outlined three broad theoretical explanations for desistance: 'agency' theories, 'structural' theories, and 'integrated' theories (Barry, 2010). Each of these explanations considers the extent to which a change in social structure impacts on an individual's life and their ability to act freely within these structures. This is a useful way of considering desistance theory for children in care, who are interacting with social structures at an accelerated rate and frequently are unable to exercise their own will or act freely within those structures. Examples of early 'agency' theories include Rational Choice Theory (Clarke and Cornish, 1985). Using this perspective, offenders choose to desist from crime following a cost/benefit analysis during which they conclude that the costs of crime outweigh the benefits. McMahon and Jump then considered structural theories, which explain desistance as resulting from particular life course events, or turning points (Sampson and Laub, 1993), such as gaining employment, getting married etc. These turning points alter the socio-structural context of an individual's life, meaning that offending no longer fits with the new roles that the individual has, such as father, husband or employed.

Recent research on desistance therefore focused on theories which explain desistance in terms of an interaction between the individual and socio-structural factors, whereby desistance occurs when an offender's attitudes, values and decision-making change alongside a socio-structural context that is also changing. 'One cannot happen without the other and changes in both agentic and social domains are crucial for desistance' (McMahon and Jump, 2018: 6).

Therefore, if desistance involves adaptations to one's identity, which then impacts on a change in behaviour, and this takes place following an interaction with a social structure; it is argued that the same process can also apply to persistence or offending. McMahon and Jump note, however, that research is still needed on how desistance is understood from the perspective of the individual offender.

Therefore, when applying desistance theory to youth justice, McMahon and Jump (2018) found that the motivation and ability of the young person to desist was largely embedded in the other pro-social institutions with which they interacted. It is on these issues that persisters and desisters began to part, in that persisters (those who continued to commit offences) did not interact with 'pro-social institutions'. This links closely with the idea of social capital, and desistance theory states that the more social capital an individual has access to, the more likely they are able to shift their identity to a 'coherent pro-social identity' (Maruna, 2001: 7) and maintain the desistance from offending. Social capital has been defined as 'the values that people hold and the resources that they can access, which both result in and are the result of collective and socially negotiated ties and relationships' (Barn, 2010: 836). A number of studies have established that children in care have limited access to social capital and positive social ties, making it difficult to form a positive identity (Stein, 2006; Stein, 2008). It could therefore follow that children in care are more likely to offend, and less likely to desist from offending as a result of this limited access to social capital which enables the formation of a non-offending identity, which is linked to maintaining desistance (Maruna, 2001).

Understanding why some people 'make good' helps explain why others are 'doomed to deviance' (Maruna, 2001). This suggests that those who cannot stop offending are unable to construct a new positive identity not based on offending. Desistance theory has been criticised for not addressing the wider questions of structure and inequality that can prevent someone from desisting from crime, thus suggesting a link between persistent offenders and their increased exposure to structural inequalities throughout their life. Much of desistance theory points to the factors of access to social capital; engagement in social institutions and the

significance of social bonds to family and employment that are key in achieving desistance (Calverley, 2009). This shows that the more bonded you are to society, family, social institutions etc, the more likely you will be able to construct a non-offending identity.

The importance of hearing the voice of the child

Generally, many of the studies outlined above considering children in care and offending have been primarily focused on the voice of the professional or on the 16 – 22 age group. This is likely to be due to ease of access to the professional and care-leaver. However, it means that the voice of younger children in care is absent from many studies. The challenge remains to hear the voices of children in care who are subject to youth justice supervision that are not framed by adult concerns. As Williamson describes it, therefore ‘the task for the sociologist is to uncover the distinct views and abilities of children untainted by the views of adulthood’ (Williamson, 2008: 2). The methods employed by the PhD study will ensure that the voice of the child is illuminated and that they are able to articulate their ‘*distinct views and abilities*’. These will be outlined in the following chapter.

It would be naïve to assume that a piece of research on young adults would apply equally to children. For example, the child will still be ‘in care’; actively living the experience and will be offering a very different perspective from one who has ‘transitioned’ out of it. Goffman found that ‘*The sense of injustice, bitterness, and alienation so typically engendered by the inmate’s experience and so commonly marking a stage in his moral career, seems to weaken upon graduation*’. (Goffman, 1961:70). This would suggest that the views of care-leavers may ‘weaken’ upon graduation and thus not capture the strength of their perceptions about being in care and how it has impacted upon their pathways into offending. This is something that this PhD project seeks to highlight.

Where a piece of research has focused on under 18s, much of the data obtained have been from professionals and agencies, rather than working directly with the children themselves. Where

children have contributed to the review, this has been as an 'add on' to the main data obtained. One of the consequences of most evidence being obtained from professionals is that they tend to focus on the areas of a child's life in which they have had direct contact. For example, youth offending team staff have focused on the difficulties a child faces whilst in residential care, as this tends to be the stage of their care experience at which they encounter youth justice services. As such, much policy and research focus has been on how the residential care system criminalises children. There has been virtually no analysis of other key transitions and experiences in children's lives, such as moving into care, the impact of multiple care placements, significant friendships or relationships, and many other experiences that may have had an equal or stronger impact on offending behaviour than that of residential care.

Summary

The chapter has been organised around four areas: the link between care and offending; the challenges facing children in care; the challenge of residential care; and the challenge of custody. The criminological literature focused on the link between care and offending, and much of the literature is framed with the adult-based risk paradigm, seeking to identify either individual or systemic risk factors that increase the likelihood of offending. This revealed a key gap within the criminological literature for children in care; the domination of the risk paradigm meant that other areas that may also impact on criminal behaviour had been missed, including the importance of identity.

Other challenges facing children in care link to placement stability and identity. These were predominantly explored within the social care literature, where a clear link between disruptions to a child's care (such as placement instability) and identity was established. Securing a stable, positive relationship with a caregiver and positively valuing a child's existing ties and relationships was identified in the literature as key to ensuring placement stability for a child and a positive identity formation whilst in care.

Identity was a recurring theme within the children in care and children's residential care literature; it was, however, missing from the discussions on the link between care and offending. The negative impact of residential care on a child's identity formation was also explored in the literature.

Further themes were identified within the discussion of the residential care literature. These included the tension between care and control; the importance of children's rights and participation whilst in care; the stigma of residential care; and the criminalisation of children in residential care. The children's residential care literature appeared to focus on wider issues such as the stigma, children's rights, the tension between care and control, and the impact of these challenges on a child in care's identity formation. The criminological literature focused on the criminalisation of children in care, and how to manage this challenge.

The final area in the literature review was custody and following a discussion of the main challenges facing children in care, attention turned to resettlement and an emerging discussion within the youth justice literature around desistance theory.

A number of gaps have been identified in the literature. The first relates to the difference of focus between the children's care literature and criminological literature. The children's care literature has focused on some of the wider challenges facing children in care, with a recurring theme of identity emerging. The criminological and youth justice literature appears to have focused on identifying risk and resilience factors for children and criminalisation of children in care. There appears to be little research which seeks to bring together both areas of knowledge in a way that this thesis aims to do.

Chapter Three: Methodology and Methods

Introduction

This chapter outlines the methodological influences and specific approach to fieldwork and data analysis that formed the basis of this study. As stated in previous chapters, the focus of this study is on the perspectives of children in care, and how they perceive that being in care has impacted on their pathways into offending.

Chapters One and Two both argued that there is a lack of evidence to date on care and offending, which is based on the perceptions of children in care. Where studies have sought to consider the perceptions of a child in care; this has been confined to older children (aged 16+) or care leavers, and the methods utilised have meant that the child is responding to a set of adult-determined questions, usually within a risk assessment tool.

A consideration of the epistemology that has influenced the methodology and chosen methods for the research will be outlined. Then the chapter will move onto the specific methodologies that have informed the project, and finally the specific methods to complete the fieldwork.

Epistemology and ontology

It has already established that the nature of the research problem is that we have not heard the perceptions of children in care about their pathways to offending. It is important that we capture their viewpoint, and that this forms the basis of the research study. Therefore, my ontological position is that a child's views, perceptions and interactions with others are an effective way to explore the social reality of the over-representation of children in the criminal justice system (Mason, 2002: 63). The reason for adopting this stance is to ensure that the voice

of the child is prioritised throughout and given centre stage. Smith (1990: 25) explains that 'we may not rewrite the other's world or impose upon it a conceptual framework that extracts from it what fits with ours....Their reality...is the place from which inquiry begins'. Adopting an interpretivist approach allows one to capture the child's lived reality, and it is from this point that the inquiry begins. This ensures that one does not impose an adult centred framework onto the child.

The use of contemporary sociological approaches which recognise the child as a credible social actor (James and Prout, 1997), can enable us to see how children make sense of their world, and thus has implications for practice. Viewing a child as a credible social actor means that they are considered to be with agency, with and credible contribution to make to sociological understanding. The 'view from below' (Scraton, 2013: 25) is missing about children in care's pathways into offending and it is crucial that this is gained. Scraton (2013) discusses the importance of gaining the '*view from below*' by recognising that the powerless in society often do not have their voices heard, and that their role as important and credible social actors must be elevated by researchers. Scraton takes this one step further and states that there is a responsibility upon social science researchers to ensure that the 'view from below' is heard. Therefore, an interpretative approach allows for the views of the children to be forthcoming, and only when their views and subsequent themes have been identified, will a theoretical framework be applied.

Mason (2002) states that what is unique about interpretive approaches is that 'they see people and their interpretations, perceptions, meanings and understandings, as the primary data source' (Mason, 2002: 56). By seeking the children's perceptions, one is obtaining the 'insider view' (Blaikie, 2000: 115). Drawing on interpretivism allows the study to focus on how the children interpreted and described their experiences. It allows one to consider how the children make sense of their world, which then forms the basis of the study and subsequent findings. The aim for the researcher is therefore to see the world through the eyes of the participant, and to seek to develop this understanding through the interaction of the interview.

Only upon completion of data collection will analysis take place. This is to ensure that the data gathered is not skewed by the researcher who seeks to ask questions based on early data analysis. Strict adherence to Glaserian approaches (Glaser, 1978) would dictate that data analysis takes place throughout the collection via the constant comparative technique. However, this would carry the risk that early analysis of the data would guide the researcher's questions; thus diluting the voice of the child.

Methodology

Qualitative Approaches

Quantitative methods of enquiry often answer the what, where, when and who questions, but negate to answer the how and why a phenomenon is occurring (Silverman, 2000). Patton (2002) describes qualitative data as in-depth descriptions of people, circumstances, interactions, observed behaviours, events, attitudes, thoughts and beliefs and direct quotes from people who have experienced something. Very often, it suits the analysis of data in the form of texts (including interview transcripts). Qualitative methods have been used within criminology for over 100 years, such as the Chicago School of Ethnography and were selected for this thesis as they allow one to get close to the life-world of the children interviewed and capture their lived reality. Qualitative methods also allow one to discover how the child makes meaning, and how they interpret the impact of care on their offending. Qualitative approaches have been defined as:

'A qualitative approach is one in which the inquirer often makes knowledge claims based primarily on constructivist perspectives (i.e. the multiple meanings of individual experiences, meanings socially and historically constructed, with an intent of developing a theory or pattern) or advocacy/participatory perspectives (i.e. political, issue-oriented, collaborative or change oriented) or both.' (Creswell, 2003:18)

Creswell's definition of qualitative approaches links closely with the interpretative approach adopted in this study, as it is seeking to capture the child's multiple meanings of experiences, and how they construct these. This allows the 'inquirer' to analyse the multiple meanings (or interpretations) and make 'knowledge claims' on the basis of this.

Qualitative research focuses on the lived world of the participant. The focus is on meanings, perspectives and understandings (Creswell, 2003). This gives the interviewer an opportunity to probe and get the interviewee to expand on answers. Behaviours can also be visually observed from the responses, such as nervousness or anger, and these can be followed up in the interview. An emphasis is also placed on the process of trust and how comfortable a participant feels with the interviewer.

Researching Children's Lives

Much of the current literature exploring pathways into offending has not, to date, fully investigated the unique combination of structural challenges and personal agency for children in care during offending (Maruna 1999; McNeill 2012). In the 1990s, key academics (James and Prout 1997) began to change the view about how they understood children and young people's place in society:

'It signals a marked shift in the social sciences from viewing children as passive objects of research and policy making to research participants whose perspectives are not only important in their own right but whose accounts are taken as competent portrayals of their experiences (Qvortrup et al. 1994).'

Children are therefore not only important, but their own portrayal of their experience is deemed to be a 'competent portrayal'. Therefore, to further understand why there is an over-representation of children in care in the youth justice system, it is crucial that we know the

child's perceptions, which will be a competent portrayal of their experience and thus highlight new understandings as to why this over-representation may exist.

Absence of the child's voice

The previous chapter argued that the perceptions of children in care has been absent from most major studies exploring the disproportionate representation of children in care in the criminal justice system. Where the voice of the child has been sought, the sampling has been restricted to children and young adults aged 16+. This could be due to the challenges of recruiting younger children in care, or that the research project was not designed to focus on younger groups of children.

When children in care have been interviewed, the methods employed have produced restricted answers due to a structured interview technique, very often questioning in the style of conducting a risk assessment, (eg Schofield et al, 2012), or to address the concerns of adults about children in care (Holland et al, 2008), meaning that the child may have been limited in their opportunities to speak freely about their own views.

This relates to the dichotomy that exists within policy as the risk paradigm has produced a 'risk anxiety' (Holland et al, 2008) in which adults either fear for children or are fearful of children. Depending on the view of the child would dictate whether one takes a welfare-based response to vulnerable children in care; or a punitive response to children who commit offences. This view of the child as either 'naughty' or 'needy' exists within the wider discourse on childhood. Children in care are therefore presented in terms of their bleak future due to the risks surrounding them. Holland et al (2008) note that all children have traditionally been viewed in terms of their futures. For example, childhood was viewed as preparation for being an adult; rather than 'childhood' also being an equally important period in a person's life, in which they are a 'person' in their own right, and not a 'person in training'. This has been widely critiqued

by many (eg James and Prout, 1997; Jenks, 1992), and has now led to children being viewed as social actors in their own right within the sociology of childhood paradigm.

A recognition of the ways in which a child's life is subject to the control and regulation by adults, and the societal and cultural norms in which this has taken place has therefore emerged in the last twenty years. Hazel (2001) notes two main reasons or 'obstacles' to children being viewed as credible social actors. The first is 'cultural adult-centrism' (Hazel, 2001: 76), which is that one of the cultural influences on the reluctance to include children's voices in research, policy or decisions influencing their everyday lives is the adult-centric belief that they know what is best for children. This means that children do not need to be consulted on any decision which may impact on them; and, as Hazel asserts, stems from the idea that adults were children once, and therefore can refer to their own childhood and make decisions about what is best for the current generation of children. The second obstacle to children being viewed as credible social actors is the 'legacy of developmentalism' (Hazel, 2001: 77), which views children as both cognitively and emotionally deficient until adulthood, and therefore incapable of being viewed as a competent social actor in their own right. This has links with socialisation theory, which states that a child goes through a period of socialisation as a child until they can be viewed as a 'person'. Therefore, if children are not viewed as fully socially developed, 'the political voice of children is replaced by the protective and oppressive control of adults' (Hazel, 2001: 80).

The emergence of viewing children as credible social actors

Viewing children as credible social actors, in which the meaning given to a child in care's world will be uncovered and shared with the reader was referred to by James and Prout as the 'new paradigm' in 1997. The features of this paradigm include that 'childhood' is used to describe a structural feature of society, not just a biological phase, as previously understood. Therefore, children under the new paradigm were to be considered as articulate informants about their own experiences. Rapport (2003) takes this one step further and considers whether institutions determine the actions of children, by removing the child's individual agency and voice, and

replacing it with the language of the institution or the professionals that work within it. This is particularly relevant for children in care, who have had increased exposure to 'institutions'. Rapport concludes:

'individuals are not determined by prior or extraneous conditions but are always in active relationship with them.....the experience of these conditions is neither preconditioned nor passive' (Rapport, 2003: 67).

As Williamson describes it, therefore 'the task for the sociologist is to uncover the distinct views and abilities of children untainted by the views of adulthood' (Williamson, 2008:2). The methodology in the PhD project will give children in care centre stage and allow them to articulate their 'distinct views and abilities'. However, as all knowledge is constructed during an interactional process between the researcher and participant; the view that minimising a researcher's biases to ensure that a child's view is 'untainted by the views of adulthood' is unrealistic. Rather, recognising that the child is a competent social actor who contributes equally to the construction of knowledge during the interview transaction would be a more effective way to uncover their 'distinct views and abilities'. This will be discussed in more detail towards the end of this chapter.

The search within childhood studies for a child's perspective through their voice focuses on authenticity, and an assumption that a child's voice reflects the 'truth' (Spyrou, 2016). A child's 'truth' is their own interpretation of their lives, experiences and feelings surrounding this. Komulainen (2007) asserts that the notion of voice is a social construction which is subject to change. Therefore, knowing the 'truth' from hearing a person's voice is a challenge as 'voices' are social. This challenges the notion that a child's voice is individualised and rational, but rather is based on the social interactions with others and more complex than one may first realise. The interview is a social interaction through which the child's truth is constructed and is therefore also subject to change. It is therefore likely that multiple truths will exist depending on what social interaction is taking place and with whom. Therefore, one 'truth' will emerge when

recounting an event with an academic researcher. However, a different ‘truth’ is likely to emerge when re-telling the same event to a peer, or a carer. However, Maclure et al (2010) argue that methodologies for collecting data can often have a number of limitations:

‘Subjects might always have said something more, or something else, or something more true, or something deeper—if they had felt more at ease; if the researcher had asked better questions; or had refrained from asking so many questions; or had “shared” more of herself; or introjected less of herself; if the interview had been held in a less public place; or a more public place; if it had taken place in a group or had not taken place in a group; if subject and researcher had been of the same sex, or age, or ethnicity; and so on.’
(MacLure et al., 2010: 495 in Spyrou, 2016: 8)

Therefore, the assumption is that if one can identify the ‘ideal’ methods for obtaining the ‘truth’ from a child, then the child’s full voice can be captured. It also assumes that a single truth can be ‘discovered’. However, this fails to take account of other factors which may impact on a child’s ability to share their perspective freely and fully, such as the impact of power relations between the interviewer and interviewee; and obtaining ‘voluntary’ information from a participant in an involuntary environment. Each of these potential challenges will be discussed towards the end of this chapter. The approach adopted in this thesis is the the constructivist, interpretivist perspective outlined by Komulainen (2007), above, which states that multiple truths can exist as the knowledge obtained from a child’s voice is based on the social interaction taking place.

The case for child-centred participative research

It has been established that children are viewed as important social actors, meaning that they are considered to be competent and with agency, which is the approach adopted in this thesis. Further developments within childhood studies have therefore considered the role that children should have in research. A useful starting point to commence this discussion is the United Nations Convention on the Rights of the Child (UNCRC 1989), which outlined four universal rights for

children, the fourth being the right to participate fully in family, cultural and social life. This universal right fits closely with the view of children as important social actors and with the interpretivist, constructivist approaches in this thesis that view children as co-constructors of knowledge during the social interaction of an interview. The right for children to have their views given due weight is also protected within Article 12 (1) of the Convention:

'Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child' (UNCRC, 1989).

By giving children the status as 'rights-holders', the UK is required to give children safe and inclusive opportunities to express their views in a medium of their choice; and also for their views to be taken seriously and influence decisions regarding their lives appropriately (Lundy 2007). In 2009, The Committee on the Rights of the Child (2009: paragraph 134) published a general comment on Article 12 and outlined nine requirements to ensure that the child is heard. These included that child participation should be transparent and informative; voluntary; respectful; relevant; child-friendly; inclusive; supported by training; safe and sensitive to risk; and accountable.

Brostrom (2012) states that this has led to a new understanding of what a child's life should be like, and that this has three dimensions (Brostrom, 2012: 258). The first has already been explored and is that children are seen as competent and with agency. The second dimension is that researchers should take the child's perspective into consideration. When considering the meaning of perspective, Brostrom asserts that this generally means either that the adult reflects on what they perceive to be the children's perspectives; or that the focus is on how the children view their own world and themselves. A child's perspective, according to Brostrom, therefore includes both how adults perceive a child's view about their lives, and also how the child themselves experiences and views their life (Brostrom, 2012: 259). The third dimension views children as participants, in which they take an active role in society.

A consideration of the role that children should adopt within research and the extent to which they are participants is important. When considering the motivations of care-leavers to participate in research with policy makers, it was found that they had felt powerless as individuals to change their own personal circumstances whilst in care but hoped that they could change the circumstances for younger children in care in the future (Lundy et al, 2015: 366). Indeed, on the Information Sheet for Young People in this PhD study, it stated that:

'We cannot promise the study will help you but the information we get from the study will help to increase the understanding of why there are more looked after children in the criminal justice system and help us to make recommendations to Government departments about how to address this.' (see Appendices)

During the conversations with the participants before commencement of the interview, many asked whether their views will 'make a difference'. One of the questions that I asked towards the end of the interview related to whether the children had a key message for David Cameron (the Prime Minister at the time of the fieldwork). This allowed the children the opportunity to think specifically about what message they would like to send to senior politicians and policy makers. It could therefore be argued that Article 12 increases the involvement of children in research designed to inform policy and practice and 'makes participation a question of citizenship as well as of research' (Nolas, 2011: 1196). Yet, despite this, UN Committees have criticised the UK for not consistently implementing Article 12 (Kendrick et al, 2008). For example, research has found that children's perceptions are incorrectly interpreted by social work professionals, and that the 'rhetoric of participation needs to be viewed in the context of wider structures of power and control' (Kendrick et al, 2008: 81). Hill (2006) found that children were disappointed when the change that they sought did not result following them expressing their views. However, the impact of research can take time and be subtle (Steckley and Kendrick 2007). One of the key aims of the PhD research is that a number of key recommendations will be made to practice and policy makers

Roger Hart developed a 'Ladder of Participation' (Hart, 1992: 8), which outlines eight levels of participation, ranging from manipulation, decoration and tokenism at the bottom of the ladder (and classified as non-participation); through to child initiated and directed, and child initiated and shared decisions with adults at the top.

The 'ladder' metaphor is used to suggest that the higher up the ladder, the more child-led and free from adult interference is the form of participation. Although the PhD study has not sought to use purely participative methods that are child-designed, led and initiated; it is nevertheless important to consider where my methods fit on the 'Ladder of Participation'. This is important, given that the key underlying principle of this thesis is that the voice of the child will be given centre stage. The research methods chosen for this thesis appear to fit most closely with the fourth rung on the ladder 'Assigned but Informed'. Hart outlines a number of key requirements for this 'rung' including that the participant understands the intentions of the project; they know who made the decisions concerning their involvement and why; they have a meaningful (rather than decorative) role; and they volunteer for the project and the project was made clear to them (Hart, 1992: 11).

It is outlined, below, that the children were given an information sheet and had the project verbally explained to them on a number of occasions. They were also aware that they were put forward for the interviews by a Youth Offending Team Officer, and that their perspectives directly informed recommendations for policy and practice. They were also required to consent to the interview and were made aware that they could withdraw consent at any time. The elements of the PhD methods therefore fit with the fourth rung, and, according to Hart, are the lowest level of 'true participation' that exists. This would imply that I should have sought to use methods that are more child-led, to obtain a higher level of participation for the children. However, there were a number of challenges regarding the recruitment of participants for a one-off interview, which suggests that it would have been even more of a challenge to recruit children in care and ask them to be involved in the project in a more participatory manner. This would have required an

ongoing commitment from them, and also potentially placed them in the difficult position where they are asking their peers about extremely painful aspects of their lives. Given the above challenges, a decision was taken for a one-off in-depth interview with each participant.

Hart's Ladder of Participation has been criticised for creating a hierarchy that places a value judgement on each 'rung' of participation (Barber, 2007), and could explain why a justification has been given, above, as to why the methods chosen for the PhD project 'only' fall on the fourth rung. The Ladder also suggests that the more participation that a child has, the better. However, Heath et al (2009) note that the reality of running a research project is often far more complex and dependent on a number of variables:

'Different levels of involvement will be appropriate for different types of projects and/or young people and there can be no 'best fit' model for such research' (Heath et al, 2009: 64).

Lundy et al (2015) found that one of the most effective methods of communication with children was face to face engagement, and that 'even those with complex needs and from marginalised backgrounds.....exceptional methods were not necessary for direct engagement' (Lundy et al 2015: 18). This suggests that the chosen method for the PhD study, which involved face-to-face engagement, may be an effective method to facilitate meaningful engagement with the participants.

An Interpretive Approach to Data Collection

The research questions display that the study is seeking to understand a child's lived experiences through a grounded theory analysis of their interpretations of their pathways through care and offending. Focusing on the perceptions of the child, by conducting semi-structured interviews with children in care allows these deeper questions to be explored. Taking a grounded, inductive approach, it is therefore crucial that I am not constrained by prior theory; but that any theory

development is based on the themes emerging from the interviews with children in care. Charmaz and Bryant summarise the approach to collecting data as:

'Hence, they stressed developing or generating novel theories as opposed to verification of existing ones, and urged social researchers to go into the field to gather data without a ready prepared theoretical framework to guide them.' (Charmaz and Bryant, 2007: 11).

This has been the approach that I adopted during data collection to ensure that the perception of the child remains the main focus of concern and does not get tainted by theoretical frameworks. Therefore, the process of data analysis, and writing up the findings will be completed before theoretical frameworks are considered. This has been an incredible challenge and involved much discipline on the part of the researcher not to apply my own analysis or view the themes within a theoretical framework too early on.

Glaser and Strauss (1967) emphasised that analysis should take place alongside data collection, and coined the term 'constant comparison'. This research project has not taken the approach of constant comparison as there would be a danger that constant analysis could lead to the generation of early themes. This could then lead to the researcher seeking to verify those themes in subsequent interviews, rather than allowing the data to emerge as freely as possible. Charmaz and Bryant make the point that 'how researchers define, produce and record data remains unexamined' (Charmaz and Bryant, 2007: 12). Much of this emanates from Glaser's own standpoint that data exists in an external world, and researchers own preconceptions or backgrounds cannot impact on this in anyway. This is why a Charmaz's Constructivist Grounded Theory is applied in both data collection and analysis, as it allows one to recognise the construction of knowledge between interviewer and participant, whilst also ensuring that the themes identified are closely aligned to this construction, and are not influenced by the generation of early themes.

Methods

Interviews

The chosen method for data collection was in-depth, semi-structured interviews with children in care who were also subject to youth justice supervision at the time of the interview. Mason (2002) states that all interviews, regardless of structure share four common features which include the interactional exchange of dialogue; an informal style, which reflects Burgess's term 'conversations with a purpose' (Burgess, 1984: 102, in Mason, 2002: 62); a thematic, topic centred approach; and an ability to bring the correct context into focus to produce 'situated knowledge' (Mason, 2002: 62). The interview style that I aimed for contained all of these features. To ensure an interactional style of dialogue, which felt informal and more akin to a conversation, a structured approach was discounted and a semi-structured approach chosen. The semi-structured approach also allowed the thematic, topic centred approach to emerge, as the various topics contained on the interview schedule were discussed (see below). The schedule also allowed the care and offending contexts to come into focus to allow the 'conversation with a purpose' to take place and an exploration of the child's perspectives on their pathways into offending to be discussed.

An interpretivist approach fits well with the semi-structured interview style, as it allows an interaction to take place between the interviewer and interviewee, and, as Mason asserts, an interview is another form of social interaction. This therefore means that as an interviewer, you are involved in the construction of the data and must develop an awareness of yourself as active and reflexive in this process (Mason, 2002: 66). Reflexivity and positionality are discussed further, below.

Sampling and Recruitment

As this is an interpretivist study, I am not looking to generalise statistically to a wider population. For this reason, I am not attempting to create a large representative sample. Adopting a purposeful sampling technique will ensure a cross-section of children is interviewed that will allow rich qualitative themes to be drawn out that will answer the research questions. A purposeful sampling technique also allows information rich data to be forthcoming from limited resources (Patton 2002). Information rich data is defined as ‘those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling’ (Patton, 1990:169). A purposeful sample of information-rich cases also allows one to limit the number of interviews to 20 – 30. Further reasons for adopting a purposeful sample are that it allows for a fuller and comprehensive understanding of the challenges facing under-represented groups of children in care. As Bungay et al (2015) state, adopting this sampling approach seeks to address a social justice issue:

‘Research that privileges or silences specific groups.....might perpetuate power imbalances and inequalities by impeding actions to improve the situation of all members of society’
(Bungay et al, 2015: 966).

The literature review has demonstrated that where interviews with children in care have taken place, they have been focused on those aged 16 – 18. To date, I have not come across one study that obtains significant data from girls. As such, although I did not adopt strict quotas (I did not have this luxury), I aimed for the at least 10% of the interviewees to be girls.

By aiming for this quota, I have attempted to include the perceptions of girls, which has been largely absent from previous research. Lord Laming acknowledged the silence of the girls’ voice within research recently:

'There are concerns about the extent to which the needs of looked after girls are addressed in the criminal justice system because they represent a very small proportion of the whole. Negative stereotyping on the basis of care status and involvement in offending may be compounded as a result of their gender and girls have told us they feel they are not taken seriously as victims of crime.' (Prison Reform Trust, 2016: 15).

The Beyond Youth Custody Project considers the evidence that research on girls is absent from youth justice policy and also criminological research:

'It is not just in policy and practice that the resettlement needs of this group have been ignored. Until recently, the relatively limited nature of female offending has been associated with a tendency for researchers to overlook the position of girls and women in the criminal justice system.' (Hazel and Bateman, 2014: 15).

The limited nature of girls committing criminal offences also exists within the numbers for children in care nationally. It is for this reason that I chose to aim for a minimum proportion of girls across the study.

The demographic breakdown of the children interviewed is (based on their Asset risk assessment and self report):

Table 3.1 – Breakdown of the interviewed children

Child	Gender	Ethnicity	Age	Out of area	Private/ Local Authority home?
John	Male	Black British	16	Yes	Private
Paul	Male	Mixed Black British and White British	17	No	Private
Eric	Male	White British	17	Yes	Private
Lee	Male	White British	17	Yes	Private
Josh	Male	Black British	16	No	Local Authority
Louise	Female	White British	17	Yes	Private
Dylan	Male	White British	15	Yes	Private
Jason	Male	Mixed Asian and White British	16	Yes	Private
Julie	Female	White British	17	Yes	Private
Daniel	Male	White British	16	No	Local authority
Lucy	Female	White British	15	No	Family
Matthew	Male	White British	15	No	Secure Children's Home (welfare based, local authority)
Scott	Male	Mixed Black British and White British	14	Yes	Private
Ben	Male	Mixed Black British and White British	17	No	Foster care
Simon	Male	White British	17	No	Semi independent
Luke	Male	White British	17	No	Own tenancy
Mark	Male	Mixed Black British and White British	15	Yes	Private
Layla	Female	White British	17	Yes	Private
Jack	Male	White British	14	Yes	Private

Nineteen children were interviewed:

- 4 are looked after girls
- 7 children are from a black or minority ethnic background
- They are aged between 13 and 17.

Therefore, my initial target of the sample including at least 10% girls has been met.

Another question often posed when considering sampling and numbers of interviewees is: *how many interviews are enough?* Some guidance was given to this in a collection of papers (Edwards and Baker, 2012), and Mason's paper gave some useful guidance, stating that 'It depends!', but ultimately, researchers should ask themselves a number of questions, including (Edwards and Baker, 2012: 29) 'what are you trying to get at?' In this study, it is the perceptions of the child, and identifying themes that emanate from these viewpoints. Therefore, as I start to approach saturation point, and hear the same stories on a recurring basis, it is possible that I may be reaching 'enough'.

The second question to be asked is 'what would a greater or fewer numbers of interviews tell you about what you are trying to get at?' A greater or fewer number of interviews would offer me less or more perceptions of children in care, and as such, may offer up less or new themes that have not been covered in previous interviews. This is the danger of the notion of saturation: how do you know that one more interview will not tell you something completely new that other children have not discussed? Mason warns here about presuming that more interviews equals 'better'; rather it is the quality of analysis and being immersed in the data that is key and often offers up potentially new and exciting themes. This is why I put aside plenty of time for this stage, in the hope that many new and interesting ideas would emerge. The third question *is* 'what would a greater or fewer number of interviews do for the quality or strength of the explanation you will be able to offer? How will your decision underpin the kinds of claims you can make?' As the underlying approach to data collection and analysis is interpretative in nature, and from these themes will be identified, a greater or fewer number of interviews should not directly impact upon the claims I am making; rather it is the quality and depth of the interview, and subsequent

analysis that is key. This is why a specific number of interviews cannot be offered as an ideal number. I initially aimed for twenty – thirty as a rough guide but have never bound myself to this. Finally, one must ask ‘what resources do you have? How much time? What is the scale of your project? What do your funders expect or require?’ These are key considerations. To obtain nineteen interviews, I have set up and arranged over thirty. However, due to the often chaotic nature of children in care’s lives, there were many failed attempts to gain interviews. Balanced against this has been the good will of the YOTs as gatekeepers. I was reaching a point where they had exhausted all of their caseloads searching for suitable children to interview. This in itself led to the fieldwork reaching a natural conclusion.

Given this, there cannot be a firm answer to the question ‘how many interviews is enough’. The only answer I can offer is when it reaches its natural conclusion, which in this case was due to ‘running out’ of potential interviewees. However, there are many other variables to consider including the quality of the data analysis, the nature of your investigation and epistemological position, and finally the resources available to you. The resources available to me, in the end, was the determining factor in answering this question.

Access and recruitment

Access to the children was negotiated and discussed with their Youth Offending Team Officer, who acted as gatekeeper throughout the data collection process. The role of a gatekeeper ‘typically refers to adults who are able to control or limit researchers’ access to the participants’ (Coyne, 2009: 452). By having a gatekeeper, an assumption is made about children as vulnerable and therefore positions the researcher as ‘dangerous’ (Coyne, 2009). This is problematic and feeds the adult-centrism argument referred to above, that adults know what is best for children and thus can make decisions on their behalf. It is also problematic in that it positions the researcher as potentially ‘dangerous’, if a number of protections are not put in place to ensure that the ‘danger’ is reduced. By taking this view of gatekeepers, one could argue that the University Ethics Committee also acts as a gatekeeper, as they seek various

protections when working with 'vulnerable' populations before ethical approval can be granted. Such protections will be discussed further, below.

Generally, when relying on gatekeepers for access to research participants, Broadhead and Rist, (1976) note that the main goal of the gatekeeper is 'reciprocity', namely, what benefit will the research bring to the agency that is being approached? (Broadhead and Rist, 1976: 327). It is therefore beneficial for the researcher to highlight the potential benefits to the agency in an attempt to secure their involvement in the research. As a result of this, I promised to meet with the Youth Offending Teams at the conclusion of the project to feedback the initial findings and recommendations.

Initially, the children were approached through a Youth Offending Team Officer (usually the case manager), who alerted them to the study. I then discussed potential participants with the YOT Officer, and explored whether a pre-interview telephone conversation with the child was advised. By this point, the participant had read the information sheet, a copy of which had been provided by the YOT Officer. Other potential issues impacting upon the interviewee were also discussed with the YOT Officer, such as whether they have specific literacy/ numeracy difficulties which would need to be addressed as part of my interview preparation. Where advised by the YOT Officer, I then met the child to explain as fully and clearly as possible, and in terms easily understood by the participants, what the research was about, what being involved entailed, why the research was being undertaken, how confidentiality would be maintained and what would be done with the research findings. Once the child had fully understood what taking part involved and agreed to the interview, a location, date and time would be agreed between myself, the child and the YOT worker.

In reality, despite my good intentions to follow the above procedure for recruitment, it was often necessarily pragmatic in response to the unpredictable and chaotic nature of youth justice. Generally, the procedure was as follows:

1. I attend a youth offending team meeting, and introduce and explain the research to staff. I run through the practitioner information sheet and answer any questions.
2. A single point of contact is identified within the team to communicate directly with me by email regarding any potential participants.
3. The single point of contact would then email me with an identified participant, and we would arrange an interview date.
4. At this point, some youth offending teams would gain consent from the child and send it through. Others would have a chat with the interviewee, gain their verbal consent, and then allow me to run through the information sheet with them at the start of the interview.
5. I would attend the interview on the agreed time and date.

This meant that I was often meeting the child for the first time on the day of the interview. Rapport therefore needed to be quickly established within the interview, so that they felt that they could trust me. I would therefore ensure that I opened the interview by having a discussion about something of interest to the child; very often this was football. We would have a chat about the latest football news and then move onto the interview. The discussion about football/ music/ something else of interest gave the children time to 'weigh me up' and decide whether they wanted to disclose personal information to me. It also allowed me to demonstrate that I am 'OK' and a relatively easy person to speak to, setting the tone of the interview more as a conversation, rather than as something more formal and interrogatory. On one occasion, I spoke to a child on the telephone, and then met them in person before they agreed to be interviewed by me. This was due to a number of reasons that were offered separately by the YOT officer and participant, which included that they were mistrustful of 'new' people, and also that she wanted to ensure that she had a good night's sleep before I made the journey to interview her, as she wanted to be in the 'right' frame of mind. This was entirely understandable; given that children in care meet many professionals throughout their life and generally feel extremely let down by them (as my subsequent interview data will display), and also it was positive that she knew that the interview may be challenging in its nature and wanted to ensure that she was physically, mentally and emotionally ready.

Potential Recruitment constraints

An awareness of this of the potential recruitment constraints allowed contingencies to be put in place to address the potential challenges as outlined below:

First, the recruitment strategy relied heavily on the good will and help of practitioners. However, to mitigate this risk, I had commitment from several large Youth Offending Teams across Greater Manchester and Cheshire, who had access to large numbers of children in care. It was therefore hoped that this, coupled with my own personal good working relationship with the YOTs, ensured that I was able to interview my target sample. Commitment to the aims of the project and good working relationships with client groups played a role in how successful individual practitioners were in introducing the researchers to prospective participants. One of the potential pitfalls to relying on an adult gatekeeper to access children can be that the adult gatekeeper can exercise control over the access to information and resources (Collins, 2016). This impacts on which children are chosen by the gatekeeper, and could potentially disadvantage some children who are denied the opportunity to have their voice heard. This could be another layer of adult involvement and could lead to certain issues being missed within the project due to the potential controls being exercised by the gatekeepers. Heath et al (2009) note that some of the factors that could influence whether a gatekeeper selects a child to participate in research include 'pressures of time and institutional inconvenience, a reluctance to expose quasi-private worlds to public scrutiny, or even paternalism and over-protectiveness' (Heath et al, 2009: 31).

Second, unfortunately, not everyone who offers to talk to prospective participants about the research will remember to do so, and not all of those who do remember, will follow the procedure outlined in the information sheet. This could mean that a child attends an interview unaware of why they are there, or that they feel that they 'have' to complete the work due to being on a court order, thus leading to the children feeling implicitly coerced into the interview. I therefore ensured that when I met the participant prior to interview, I also ran through the

information sheet with them and ensure that they fully understood and consented to the piece of work. Genuine care needs to be taken to make sure that participants understand what is being asked of them, that they understand that participation is voluntary and that they can leave the interview at any time without consequence, which I had spoken to their supervising officer about and gained their reassurance that a consequence would not follow.

The standard to which gatekeepers informed children in advance about the study and sought their consent varied. On 6 occasions, I attended the YOT Office to interview a child, only to discover that they were not aware of why they were attending the office for an appointment. This put me in a difficult position, as I had to inform the young people about the project and interview, when they may already feel like they have been brought to the office under false pretences. This meant that the children had not given informed consent, and that I had to ensure that they were fully informed upon arrival. To ensure that they did not feel 'duped' into giving an interview, I would give the child every opportunity to refuse to complete the interview given that they had not had time to think about whether they would like to become involved. As a result of this, only 2 out of the 6 interviews went ahead. On one occasion, the YOT worker had arranged for me to collect one child from her accommodation and drive her to the office for their interview with me. However, as I was conversing with her in the car, it quickly became evident that she did not know why she was visiting the office, and did not know what was expected of her, as this was her first appointment. I therefore outlined the research and the young woman said, 'that sounds shit, I'm not going'. This perhaps displays that where a gatekeeper had not taken the appropriate steps as outlined in the practitioner information sheet, the chances of a successful interview were small. As the basis of the project is that young people's perceptions are gained, it is crucial that the correct process is followed so that they felt in control throughout.

In addition to the scenario above, where children were not appropriately informed ahead of the interview, there was another two situations where participants initially refused to see me, but then we rearranged and they gave an interview. On the first occasion, the child had attended the office for the agreed appointment, but immediately prior to my arrival, he had asked for a

bus pass as had lost his other one. His case manager refused to issue him with another bus pass, and just as I walked into conduct the interview, he was becoming very angry with his case manager, and walked out of the YOT office angrily. When he returned 15 minutes later, he explained that he was not in the mood to speak to me and we would have to arrange it for another time. It was arranged for the following week, and we completed the interview. On the second occasion, the child telephoned me on the morning of the interview to ask me not to attend as she had not slept the night before. Again, we successfully rearranged. These two examples display another challenge when interviewing any research participant: they may very simply be having a bad day, and need to feel able to tell the researcher this, so that they can rearrange. The fact that both children did, and then subsequently gave informative and insightful interviews displays that they felt well informed about the project and also in control enough to postpone until they felt they were more able to discuss the issues of relevance to them.

Third, there are limits in what can be done to increase participation. I did, however, always offer to interview people in the buildings where they were used to going, so the research is conducted in a familiar environment. I also offered to meet participants in advance, giving the children the opportunity to find out about the research and to ask questions before they commit to taking part.

Methods of Data Collection

The chosen method for data collection was face to face semi-structured in-depth interviews children in care attending various Youth Offending Teams in the Greater Manchester and Cheshire areas. The research used semi structured interviews to derive the child's perceptions about their pathways into offending. Interviews were transcribed and analysed thematically using broadly grounded approaches to identify key issues relating to the pathways into offending for children in care.

Collection of the Interview Data

One of the main practical challenges to completing interviews related to young people arranging to meet with me and then subsequently not attending. Of the 30 interviews arranged, 6 did not attend. For one child, the care home was to blame as they had taken him out on an activity when he was supposed to be attending the YOT office for an interview. This happened on 2 occasions before I successfully completed an interview. But for all other attempts, the child did not attend of their own volition. Generally, the YOT officer enquired further and it was because they had changed their mind and no longer wished to be interviewed. It is difficult for children to communicate this directly, and therefore to avoid a 'difficult' conversation is generally easier than to confront it. Although frustrating at times, on reflection I am pleased that they felt able to opt out of the interview freely. This is why it was emphasised to the child at all times that the interview was voluntary: it was not part of their statutory order and non-attendance will not result in further consequences.

Where the child was happy to take part in the study, I interviewed them at the YOT office. I also interviewed 5 of the participants in their home. This ensured that all interviews took place in a familiar environment. I then met the children to conduct the interview and ran through the consent form.

The plan was always to use an in-depth interview style, referring to the interview schedule for prompts, and using open and probing questions to explore the children's perceptions. By the time that I had conducted several interviews, I became familiar with the topics that I wanted to discuss and did not need to refer to the interview schedule. This made the interview develop a more conversational flow and feel less like an 'interview', which hopefully meant that they felt as comfortable as possible, and not that they were being 'interrogated'. Therefore, the children spoke about the areas that they wanted to cover, and I aimed to gently guide them throughout. The topics covered in the interview schedule were the young person's care story, offending and care, relationship with professionals, and future plans. A copy of the interview schedule is provided in the appendices.

Ethics

One of the major challenges regarding the ethics of accessing and recruiting children in care relates to who should provide consent, and how informed consent by a child can be gained (Powell and Smith, 2009). The British Educational Research Association define informed consent as ‘the condition in which participants understand and agree to their participation without any duress, prior to the research getting underway’ (BERA, 2004:6). Provision of a participant information sheet (see appendices for template) has been key to ensuring informed consent is gained. Written in accessible language, the information sheet covers matters such as a project overview, requirements of the participant, freedom to withdraw at any point, confidentiality, recording of the interview, and how the information will be used.

Dockett et al (2009) assert that being informed means that a child understands the nature of the study; what is going to happen, what will be expected of them, what will happen to the data and how the results will be used. Much of this information was contained within the information sheet. However, it is important that consent is sought on a continuing basis throughout the process, such as before, and during the interview. In all interviews, the children were asked immediately before and during the interviews whether they were happy to proceed, and consent was therefore viewed as a continuous process.

There are legal considerations when considering the issue of children providing consent to interview. In England and Wales, the capacity of a child to give consent is judged according to the concept of Gillick competency (based on the 1985 decision of the House of Lords in *Gillick v West Norfolk and Wisbech Area Health Authority*). Gillick competency assumes that a child with ‘sufficient understanding’ can provide consent, without relying on a parent/ guardian to provide this consent. I am applying these principles to the PhD project for a number of reasons. Firstly, Gillick competency holds true to the underlying principle of the project: the children are credible social actors in their own right who deserve to have their voices heard. Secondly, the cohort of children I am seeking to interview are looked after, meaning that accessing the

consent of a parent/ corporate parent is not a straightforward task, and may also be inappropriate. For example, Heath et al (2007) note a situation where a doctoral student planned to look at gay men's experiences of education, and planned to access young people at youth clubs for lesbian, gay and bisexual young people. The university ethics committee insisted that consent be gained from their parents first. Heath et al note the difficulties with this, including that the young people may not have 'come out' yet to parents. Williams (2006) explores the applicability of Gillick competency to a range of research projects, including those involving young offenders, and notes that:

'In disciplines specialising in research with children, such as youth work, there is an increasingly strong consensus that it is patronizing to seek parental consent as if this overrides children's own ability to consent to participate in research.' (Williams 2006:20)

Therefore, the Youth Offending Team workers across the nominated Youth Offending Teams assessed the children on their caseload, and whether they are Gillick competent. A definition of this has been provided in the Practitioner Information Sheet, and is available in the appendices. As the Youth Offending Team are the gatekeeper in this process; it is the child themselves that will provide consent. The Gillick judgement therefore means that if a child is deemed competent to give consent, the person with parental responsibility does not have the right to undermine their consent. However, despite the Gillick judgement, an information sheet for parents and carers was provided, should this be requested by the parent/ carer, and was subject to the child's approval (see appendices).

Once a child provided consent and an interview was arranged, participants were asked to discuss their perceptions about their pathways into offending in their own words, taking as much time as they need, and I promised not to interrupt while they were talking. While participants spoke, the interview was audio recorded, with the participant's consent, and I did not take any notes so that the participant felt that they had my full attention throughout. Generally, all children were comfortable with the digital recorder. I explained in advance that

only I will be listening to the recording and that all details relating to the identification of that child will be anonymised at the point of transcription. Some participants were initially a little uncomfortable at the start of the interview, and kept looking at the recorder out of the corner of their eye, but after around 5 minutes, they soon forgot that it was there and relaxed into the discussions with me. To break the ice, and check that the audio recorder was working, I asked all the children to sing a song, so that I could play it back to them and they could hear their voice. This worked well, as they then replied something along the lines of 'no way am I singing'. I then recorded this, and played it back to them, we laughed about it, and they relaxed a little about being recorded.

In research of this kind, it is critical to be clear with participants regarding any limits to confidentiality. In order to get people who have been involved in crime or violence to talk about what they have done, it is necessary to provide a degree of confidentiality. For this reason only data that is academically important was collected – for example, the surnames of the people to be interviewed will not be recorded neither will their dates of birth, phone numbers or addresses. Every effort will be made to anonymise the data. To ensure anonymity, any information which could be used to identify the child e.g. place names, their own names, names of family members and friends etc. was removed. This is particularly pertinent when working with children who have a criminal record (Stephen and Squires, 2003). Therefore, the process followed was that procedures applied to the collection and analysis of sensitive data, included that no identifying data was kept, including no consent forms with names on (verbal consent will be recorded, but with no ID). Anonymisation of transcripts was ensured by checking for and removing any identifying details as soon as a transcription is complete, and prior to analysis. All interviews were transcribed by myself, and at the point of transcription, all identifying details of the children were removed. Electronic data files containing sensitive data, which was anonymised at the earliest opportunity, are passworded at a minimum, and securely encrypted during any transfer. All data was only be held on university password protected computers.

The limits to confidentiality were explained to the participants. All participants were instructed that if they indicate that they or someone else was at significant risk of harm then I

would, at the very least, have to consider sharing that information with the service providers who had facilitated the interview. Should any other behaviour be disclosed which does not present a risk to the participant or others, this will not be disclosed and confidentiality maintained. The children will be used to this situation, as they are reminded of it during every interaction with their Youth Offending Team worker.

Data Analysis

As stated above, Charmaz's Constructivist Grounded Theory is adopted in this thesis, and the focus of the project is upon the perceptions of children in care, which will form the basis of the findings and subsequent analysis and discussion. Once an area of research has been identified, the researcher should enter the field as soon as possible (Charmaz and Bryant, 2007). This allows one to 'discover theory from data systematically obtained from social research' (Glaser and Strauss 1967: p2).

Strauss and Corbin (1990) argue that grounded theory is well suited to analysing the experiences of others. This is why I have guarded against formulating theories or hypotheses ahead of the fieldwork, once an area of research has been identified. The coding and categorising of recurring themes within the data also allows one to build new theory that can be applied to policy. This is a key underlying principle of the research study; and following the general process of grounded theory allows one to do this effectively.

The approach I have adopted is most closely aligned with Charmaz's Constructivist Grounded Theory which recognises that the production of data within an interview involves an interaction between interviewer and interviewee and it is this social interaction that produces the data; rather than the data existing externally to the social transaction that has taken place. This also recognises that multiple truths may exist for the child, depending on with whom the social transaction is taking place. Charmaz argues that her approach to Grounded Theory positions itself with interpretivism, and recognises the 'fluid, interactive, and emergent research process

of its originators but seeks to recognise partial knowledge, multiple perspectives, diverse positions, uncertainties and variation' (Bryant and Charmaz, 2007: 19).

Charmaz (2000) criticised Classic Grounded Theory, stating that data cannot be produced externally of the researcher, and therefore proposed a constructivist approach to grounded theory which states that data is constructed during the interactive process between researcher and participant. She states that Glaser's approach failed to recognise the role of the researcher and the potential for researcher bias.

The potential for researcher bias and the power dynamics within the interview as a social transaction, meant that a number of steps were taken to guard against my own pre-existing ideas informing the data analysis and subsequent identification of themes. Firstly, I did not commence any early analysis or coding until all interviews with participants were complete. This was to ensure that I did not conduct an early 'round' of analysis which may have then shaped subsequent interviews and questioning with the children. Secondly, all interviews were transcribed in full, and the analysis and findings were clearly evidenced by using quotations from the children. Thirdly, only once all data analysis was completed, and themes identified, was a theoretical framework developed. Therefore, opting to choose a 'bottom-up' inductive approach to thematic analysis, ensured that the themes were strongly linked to the data (Patton, 1990). Braun and Clarke (2006) identified 5 phases of thematic analysis, which they assert can also apply to grounded approaches:

1. Familiarisation – this involves immersing yourself in the data, which in essence means reading and re-reading the interviews, making notes and ensuring you are broadly familiar with the whole data set. Transcription of verbal data is an important element of familiarisation, and as I transcribed all 19 interviews myself, this allowed me to reflect on overarching themes which may be emerging from the data. Self-transcription is acknowledged as an 'excellent way to start familiarising yourself with the data' (Braun and Clarke, 2006: 17).

2. Generating initial codes – this process of coding involves organising the data into meaningful groups (Tuckett, 2005), or subject areas. Using NVivo, the transcripts were analysed and overarching ‘headline’ themes were identified, with around 20 subject areas identified. At this stage, they were not ‘themes’ that were identified, but were grouped subject areas to identify the general areas that were recurring in the data. Some examples of the initial codes included ‘Anger’, or ‘Identity’.
3. Searching for themes – this involves going through the data and codes, in fine detail; identifying emerging themes; and sorting the data into each of these themes. A ‘theme’ is identified as an issue/ subject matter/ area that has been discussed by the children within interview. Very often, ‘subthemes’ may emerge, which involves breaking down a theme further into smaller subcategories. An example is that the idea of a lack of space for the children emerged as a theme. This was then broken down into physical space, and emotional space. I found searching for and arranging the themes on NVivo to be too complex, and in the end opted to use NVivo as a tool to hold and organise the data; rather than the method to analyse and arrange it into themes. To do this, I relied on a more traditional method of multiple A3 sheets of paper spread across my living room floor, marker pens, and post-it notes to group and sort the themes together. Once I started this task, it was much easier to see the themes that were emerging, and to organise them accordingly.
4. Reviewing themes – This involves refining and reviewing the themes that have been discovered in phase 3. This could lead to themes merging, others may be broken down into further themes. By the end of this phase, you have a clear idea of what the identified themes are. Again, this stage formed part of the process of organising themes on paper with post-it notes. The constant refining and re-refining of themes has continued into writing the Findings Chapters, as I have found that sometimes the process of writing up the work can cause you to reconsider the grouping and order of the themes to emerge from the data.

5. Defining and naming themes – Once you have your list of identified themes, they can be mapped, named and defined. This will involve consideration of how to construct the findings and discussion chapters of your thesis, and consideration of how to arrange the identified themes. The mapping stage was conducted in a traditional way involving large sheets of paper, post-it notes and marker pens. This allowed the researcher to see how the themes grouped and move them around with ease.

Positionality and Reflexivity

Reflexivity involves displaying an awareness of how knowledge is constructed. Many feminist writers (eg England, 1994; Moss, 1995 and Rose, 1997) have criticised approaches to reflexivity which seek to minimise or make a researcher's 'biases' invisible. They argue that minimising bias is not possible, as a person's biases, like all knowledge, is constructed. Therefore, adopting an approach that embraces a person's subjectivities, and considering how they impact on the construction of knowledge between the researcher and the researched is a more realistic way of being reflexive in the research process. Rose (1997) describes this as 'transparent reflexivity' and states that 'overgeneralizing, universalizing claims can be countered by making one's position known, which involves making it visible and making the specificity of its perspective clear' (Rose, 1997: 308). This involves a detailed reflection on the internal impact of the self on the research, and also a consideration of the external relationship between the researcher and the researched, and its wider context (Moss, 1995). The inward reflection can lead to a process of self-discovery (England, 1994). The requirement is therefore for a researcher to make known and visible all of the potential reasons and motivations for the research. The outward gaze towards the researcher and context invariably involves a consideration of the power relations and how to address these. This form of 'transparent reflexivity...depends on certain notions of agency (as conscious) and power (as context), and assumes that both are knowable' (Rose, 1997: 311). Rose goes on to critique this approach, by stating that it is not possible for all knowledge about agency and context can be knowable. However, she concludes by discussing

how a researcher cannot possibly know everything; but by recognising and considering how such 'fallibilities and absences' can contribute to knowledge production can produce something more 'radical' (Rose, 1997: 319).

Marcus (1998) attempted to categorise reflexivity as confessional, intertextual and theoretical reflexivity. Confessional reflexivity is understood to mean that a researcher reflects on how their own subjectivity could impact on their own analysis and interpretations of the data. Intertextual reflexivity is concerned with the process by which researchers reach a 'truth'. Finally, theoretical reflexivity seeks to ensure that their account is as objective as possible (Foley, 2001). Within these 3 'types' of reflexivity, my own approach aligns itself with confessional reflexivity. Foley (2001) discusses his attempts to bridge the gap between academic language and the language of ordinary people. To do this, one has to be continually reflexive. This allows one to reflect on their own subjectivity, and the role that it has in the research. However, it has also allowed for theoretical frameworks not to be imposed, and for the voices of the children to take centre stage. St Louis and Barton (2002) discuss the difficult balance that must be struck between foregrounding the voice of the participant and imposing theoretical frameworks, and warn that the voice of 'marginalised others' can be over-represented in research. By 'essentializing' in this way, they warn that oversimplified conclusions can be reached that 'alienate the exact audience that it aims to reach' (St Louis and Barton, 2002: para 39).

It is therefore important that I am as transparent as possible about my own internal motivations for conducting the research, and that I am also transparent about the context of the research and my own relationship with the participant. This applies to every step of the research process, from initially approaching gatekeepers, through to analysis of the data and presentation of the findings. How I position myself at every stage is therefore of relevance. In reflecting on my own positionality, I find that I position myself in a number of ways. I am a white, working class, Mancunian woman, pursuing a PhD. However, these attributes do not define who I am, as I have life experiences, a culture and personality that also impact on my positionality. Positionality can be defined as 'the relational place or value one has that

influences and is influenced by varying contexts' (St Louis and Barton, 2002: para 4). Positionality plays a crucial role as it influences the subjectivity of a researcher (St Louis and Barton, 2002). However, I am aware of how my own background, life experiences and subjectivities have played a role in the way that I have positioned myself in this research, and the way that research participants have positioned me.

One of the key influencing factors behind deciding to focus on the disproportionality of offending for children in care is because my parents were foster carers for all my childhood. This has meant that I have two adopted sisters who come from backgrounds of neglect and abuse; and have also been raised with foster-siblings ranging from the age of newborn up to age six who have also experienced some form of neglect or abuse. I have developed relationships with each of these children as a sibling, and watched some return to their birth families, others move on to long term foster care, and others become adopted by a new family. I have also subsequently observed many of these adoptions and longer term arrangements break down, and as these children have become adults, they have become isolated, and dependent on substances, commenced offending, or have their own children that have also been taken in local authority care. Indeed, only a handful of long term placements have been 'successful' in that they have remained in place until adulthood, and the child appears settled and getting on with their lives in the way that society expects. This was my 'norm' as a child, and was an interesting way to be exposed to some of the harsh realities of life, as whilst observing such harsh realities, I was also secure and safe in a loving family without any neglect or abuse. This is one of the motivations behind conducting this research, and my role as an 'older foster sister' has had an impact on how I chose to conduct the interviews.

I am in no doubt that my family background also influenced my subsequent career choice and desire to 'help people', which is very often one of the main motivating factors behind the desire to become a Probation Officer, whose initial goal was to 'advise, assist and befriend'. My first professional role was as a Probation Officer working in the community and custody for six years, and then as a youth justice team manager for four years. My role immediately preceding the PhD was as a Senior Policy Adviser with responsibility for children in care for the Youth

Justice Board. Being exposed to the disproportionality of offending for children in care as a youth justice practitioner, and working directly with children who, from my observations, were moved around multiple placements, with very little information and communication from a social worker following them, led to my own perception that children in care were being let down by children's services. They were also being subject to multiple breaches of community orders due to their chaotic lifestyles, which led to them being unfairly 'up-tariffed' through the youth justice system, which invariably led to an eventual custodial sentence. Moving to the Youth Justice Board, and then encountering a reluctance from the Department of Education to engage in a substantial programme of investigation and reform into the disproportionality of children in care in the youth justice system influenced my decision to leave youth justice policy and pursue a career as an academic researcher focusing on the voices of children in care. My experiences and observations in policy and practice were the final and most influential motivating factors behind my decision to conduct this research, and it is important to be transparent about this. My focus is very much on the 'view from below' (Scruton, 2013), which I hope will illuminate areas that have not been discovered in previous research into this area.

My previous experience within youth justice meant that I was able to gain access to and interview children in care who are also subject to youth justice supervision. Historically, it has been very difficult to access children through a youth offending team due to workloads, and a lack of trust in the researcher. However, my previous experience meant that this was not a significant challenge. There was a sense, from the perspectives of the professionals, that I was still in the youth justice 'club'. My former identity as a youth justice worker meant that I understood their pressures, came from their culture and spoke their language. This meant that I was able to quickly gain the trust and respect of many youth justice workers when I met them for the first time to discuss the research. When I attended youth justice team meetings to discuss the research, I introduced myself as a former worker and adopted the identity of a former worker to display to them that I 'get it' and can identify with the pressures and reality of their jobs. This was crucial in securing the trust of the youth justice teams and allowed me to access their children to complete the research. I recall, on several occasions, members of staff telling me that they are happy for me to meet with their children because I understand the

challenges facing the children and would also have the skills and experience to engage with a child who may be displaying difficult behaviours. The desire to 'advise, assist and befriend' when I commenced my career as a probation officer was replaced with the training I received and reality of practise which focused on New Public Management techniques and risk management. However, my experience as a professional and policy maker within youth justice added a further complexity. The power differential for children in care who are subject to youth justice is even more acute than for the general population of children due to their lives being controlled by adult-professionals, such as social workers, care workers and youth offending team officers. Many of their interactions with such professionals tends to take place within an interview setting, where a child is being asked about their progress from a prescribed set of questions, usually to assess their risk. Within, youth justice and as a Probation Officer, I had been trained to conduct a specific style of interview, usually to inform a Pre-Sentence Report, or a risk assessment. The style of interview was structured, with the aim of the questioning being to ascertain an adult offender or youth offender's involvement in an index offence; the extent to which they accept responsibility for it; their account of previous offences and whether they take responsibility for their offending; their level of victim empathy; and then a detailed questioning process designed to ascertain whether there are certain 'risk factors' present in the adult/ youth offender's life, which require further intervention by the relevant criminal justice agency. The result of this interview would then inform a standardised risk assessment tool (OaSys for adults and Asset for youth offenders), in which scores would be inputted by myself to determine whether an offender is very high, high, medium or low risk of reoffending and harm to the public. For youth offenders, the assessment of vulnerability to themselves was also considered. Where an offender scores 'high' or above in their assessment, specialist, multi-agency measures can also be put in place to further manage the 'risk' such as MAPPA (Multi Agency Public Protection Arrangements) or MARAC (Multi Agency Risk Assessment Conference). The multi-agency arrangements usually resulted in an increased role for the police in jointly managing and monitoring an offender. It was therefore important that I did not engage in this interviewing style during the data collection process, as it may have impacted on the construction of knowledge during the interview transaction. My aim was to gain the

perspectives of the children, who felt able to speak as freely as possible. Adopting a style of interviewing akin to a risk assessment may have impacted on the freedom with which the children responded and led to a construction of knowledge based on a significant power imbalance.

A number of concerns about the applicability of the risk paradigm to children in trouble with the law has been discussed earlier in this thesis. However, the style of interviewing that I had been trained in, and my lengthy experience as a youth justice practitioner in a position of power over children in trouble with the law meant that I had to take additional steps to ensure that I did not 'fall into' this style of questioning during the interviews with research participants. This process started as many months before the fieldwork commenced by firstly developing an awareness that my previous role and training could be problematic during my interactions with the research participants. I therefore started a process of seeking to 'untrain' my interview style and move away from a structured questioning process designed to elicit risk factors. At the same time, however, I wanted to also retain my interpersonal style with children and my ability to engage with them. To do this, I firstly started reading about the criticisms of the risk paradigm and developed an awareness of the limitations and harm that this approach of interviewing can cause (e.g. Haines and Case, 2015). It was at this point that I became more aware of my positionality in relation to the children that I was seeking to place at 'centre-stage'. As a professional, I had been the beneficiary of the power-relationship, and only when I removed myself from this and sought to evaluate my own role, did I become aware of the power dynamics and how they had impacted upon the children that I had worked with. This became a 'lens through which to view interactions' with previous children in the youth justice system, and potential interactions with research participants (St Louis and Barton, 2002: para 10). It was at this point that I realised that children in care who are subject to youth justice supervision have stories to tell that are not usually heard. This was confirmed by the literature review, which focused on the voices of care-leavers or professionals, and that much of the research had been within the framework of 'risk'.

This led to a process of self-evaluation during which I started to consider alternative methods of conducting an interview which may be more 'child-friendly' and also directly address the power-imbalance that could exist. However, it was also important that I developed an approach to interviewing that had much less structure, was more relaxed, and led by the child's perceptions. To do this, I therefore needed to abandon any 'ideas' that I may have had about why I feel that the disproportionate levels of offending exist for children in care; and actively seek out the child's perceptions. By placing the child's voice at centre stage, and not seeking views of professionals aided this process. However, my own role in being continually critically reflexive was crucial. This involved, on a number of occasions, biting my tongue and resisting the urge to follow up with a 'risk-related' question, and to ensure that the child's perception was always taking priority in my own conduct during the interviews.

I also subconsciously adopt the role of an older foster sister in the interview, who has some 'understanding' of their experiences. Again, my former identity as an older foster sister allowed me to adopt this role within the interview. This allowed me to display to the children that I have some knowledge and experience of the care system in a non-professional capacity in an attempt to create a trust and connection within the interview. Indeed, on one occasion, one of the children found me on Facebook and attempted to add me as a 'friend'. When I saw the request, and chose to ignore it, I felt an instant pang of guilt. As an academic researcher, I could not accept the friend request, so had I indulged my identity as a former foster sister too far? Had I been too successful in my former foster sister role within the interview? The tension between my responsibilities to the research participants and the overall quality of the research and expectations on me as a researcher is something that I have grappled with on many occasions, and am unsure that I have fully resolved.

On reflection, this was done in an attempt to distance myself from my previous professional role, and to create a form of trust and connection between myself and the child that I was interviewing. This impacted on my mannerisms and the way that I spoke in the interview; adopting a much more relaxed and friendly tone, rather than as a professional with a structured set of questions. I hope that I adopted this style for both reasons, and that it was of benefit

both to the project and also to the children that I interviewed. Many, following the interview, told me that they had 'enjoyed' speaking with me. I hope that this was in part due to the role that I subconsciously adopted during the interview.

As stated above, I position myself as a white, working class, Mancunian woman. I also attempted to utilise this in different ways with different children during the interviews. For example, when interviewing a white, working class young man, from a similar deprived area of Manchester, I let him know within interview that I was from a similar area of Manchester, and we joked and laughed about some of the assumptions made about our respective areas. This created an understanding between us within the interview and I hoped allowed him to feel as comfortable as possible with me. The interviews usually commenced with a discussion about football. This was a deliberate choice, that worked particularly well with the boys as it served two purposes. Firstly, it allowed them to 'ease' into the interview and talk about something that they enjoy. Secondly, it allowed me to demonstrate that I am from the same working-class roots as many of them, am very passionate about football, and give them an opportunity to realise that the interview will hopefully be a comfortable interaction. Our mutual interest in football, and shared identity as football supporters allowed us the opportunity to create a connection early in the interview. This involved speaking the language of football supporters, using certain football-specific phrases, and discussing results from the weekend, or big stories at the time. By using football 'banter' with the children who were football supporters, and sharing a common identity, hopefully established a power relationship that was more on an equal footing. Adopting this identity, and the identity of a former foster sister, sought to address the power imbalance that the interviewer/ participant relationship would have created. Although a power imbalance will always exist to a degree, by adopting differing roles within interview which sought to create a more balanced power dynamic, it is hoped that that the children felt more comfortable during the interview transaction, and that the co-construction of knowledge during the interview was a more balanced process.

I also believe that my gender influenced the interview process. I got a sense from all of the girls prior to the interview, that they were particularly nervous about discussing their care

experiences. Indeed, I am unsure whether they would have discussed some of their experiences with male researchers as comfortably. Throughout the interview process, I was aware of how my own personal identity allowed me to attempt to build a rapport with the children and create a trust that allowed them to discuss their care experiences with me.

Mason asserts that when conducting qualitative research of any kind, the researcher should seek to continually question themselves throughout the process, and critically ask what you are doing, why you are doing it, and seeking to 'confront and often challenge your own assumptions, and recognise the extent to which your thoughts, actions and decisions shape how you research and what you see' (Mason, 2002: 5). Being transparently reflexive, is an approach that I have sought to adopt throughout the research process. Given that the data is viewed as an interaction between the interviewer and participant; it is crucial that being actively reflexive ran alongside the production, and subsequent analysis of, data. One of the key challenges in the production of data, that required that I be actively reflexive relates to the power dynamics within the interview.

We have already established that a child's world is, generally, controlled by adults. This is even more acute with children in care, who have the 'State' as a corporate parent, frequently making decisions about their welfare and future on their behalf (see Chapter 2). Therefore, it is likely that the interviewees will expect a power differential to be evident, as children are not used to being treated as equals by adults. How an adult researcher perceives children can very often impact upon not only the data generated, but also the choice of method:

'...while children as research subjects may be envisioned as sharing the status of adults, they are none the less thought to possess somewhat different competencies and abilities. It is up to researchers to engage with these more effectively' (James et al. 1998: 188).

Traditionally, the ideas surrounding the differing power relationships between the adult researcher and child participant focused on a child's apparent lack of cognitive competence (James et al, 1998) as compared with an adult. However, as the basis of the research project is

that the child is viewed as a competent social actor, who can act with agency, in their own right, and able to give informed consent to be interviewed, this also challenges the idea that a child is cognitively incompetent. Rather, the power imbalance lies as a result of the structural imbalance of power that exists. As stated, this is even more acute with children in care, who have the State acting in role of corporate parent. This is in part due to the fact that the law and culture of western societies establishes children as 'minors'. This inferior position means that the adult researcher who is seeking the views of a child 'untainted by adulthood' must take every step and precaution to ensure that they are not influencing the children in anyway during the course of the interview. This is an incredible challenge when interviewing a vulnerable group of older children who have been let down by the State, and openly admit that they do not trust figures of authority:

'they are institutionalised into accepting the authority of others, which makes them vulnerable to the manipulatory powers of adult researchers.' (Hazel, 1995:17).

Taking account of the potential power differential between myself as the adult researcher, and the child participant; it is crucial that I was continually critically reflexive, and challenging myself on the role that I played during the interview, which has been discussed above.

Taking an interpretivist approach to data collection means that the interview is viewed as a transaction between the researcher and participant, during which data is collected. How one party positions themselves in relation to the other is likely to impact upon the data produced as a result of the transaction. Therefore, the power dynamics within the interview have to be given consideration with regard to the positionality of the researcher. Being actively reflexive allows this this consideration to take place. In 1967 Becker wrote 'Whose side are we on?'. At the time, he appeared to be arguing that researchers are partisan, and should acknowledge this during the production of data (Becker, 1967). Hammersley, in his response to Becker, quoted Galliher (1995) who interpreted Becker's article to mean that all researchers have some bias, and that we should take the side of the oppressed rather than the oppressor. This has parallels with Scraton's (2013) argument above that researchers have a responsibility to ensure that the 'view from below' is heard. The purpose of this project is to give voice to children in care, who

would be viewed as the 'oppressed' rather than the 'oppressors'. Hammersley, however, interprets Becker's argument to mean that a researcher can 'simply adopt the views of the powerful or take account of those of the less powerful as well' (Hammersley, 2001: 96). This study is focused on knowing the perspectives of those less powerful. For Hammersley, this means that although bias may exist towards hearing the perspectives of children in care; their perspectives should be viewed as offering potentially new findings and insight into this area, which will contribute to an overall 'balanced picture' (Hammersley, 2001: 97) within social sciences. Hammersley states that Becker acknowledges that biases exist, but that the researcher can take steps to avoid bias and remain impartial.

Samantha Punch has explored the differences between conducting research with children and adults and found seven key research issues which must be explored. Firstly, one must not impose the researcher's own perceptions – adults see the world from a different perspective to children. Secondly, the child may exaggerate or lie to please the researcher – this is due to the unequal power relationships between adults and children. Thirdly, one must use clarity of language – children generally have limited vocabulary and use different language. Fourthly, the research context and setting must be considered as many research settings are adult-controlled. Fifthly, one must explore how to build rapport with children, as adults may not have experience of this. Punch also stated that care must be taken not to impose inappropriate interpretations – ensure that the children's perspective is interpreted accurately. Finally, one must use appropriate research methods to engage with the child. (Punch 2002: 326). The children interviewed in the project ranged from age 14 – 17. Therefore, one had to ensure that the methods used were child-appropriate. Consideration was given to utilising techniques from 'life story' work where children draw significant events in their life on a large piece of paper and this is used as a basis for the interview. However, upon arrival in interview, the children were often quite guarded and mistrustful. I used my judgement of the situation quite quickly that attempting to use such methods may create a further barrier between myself and the child as I deduced that they may feel uncomfortable with being asked to draw significant life events upon meeting me for the first time. There was also a danger that utilising such techniques could

create a barrier between myself and the interviewee. I had already taken a decision to adopt the role of a former older foster sister to conduct the interviews, and ensure that they feel as relaxed as possible. Therefore, the introduction of paper, pens and the mention of life story work, could have caused the children to draw parallels with sessions with social work staff. This could then have undermined the 'relaxed' atmosphere that I was trying to create, and led to a confusion of the role that I was seeking to adopt in interview. Was it as a professional, seeking to do 'life story work' or as a former older foster sister, who wants to have a chat about their experiences of care and how it may have impacted upon their behaviour and offending? This could have also unsettled the power imbalance and tipped it against the child, who may have perceived that they were in a 'professional' interview again. A decision was therefore made to keep the interview as conversational and relaxed as possible, and the techniques used to achieve that are outlined in this chapter.

As the choice of method was a one-off in-depth interview, their only opportunity to build a relationship with participants was through the gatekeeper, and the information that was shared with them. Therefore, creating an appropriate environment in which the child could feel as comfortable as possible, as quickly as possible was of paramount importance. Given that the power differentials as described above also exist, this further compounded the challenge. Therefore, in an attempt to ensure that the child felt as comfortable as possible to share potentially difficult information with me; and also that the power differentials were minimised as much as possible; the following steps were taken:

1. Before the interview, I emphasised to the participants that I am not representing a statutory agency: I am a researcher from the University of Salford, and everything that they share with me is for the purposes of informing the research study. This was also emphasised in terms of confidentiality, is discussed above. I asked the child if they were still OK to participate, reminded them that the interview was voluntary, and thanked them for their time.
2. I carefully selected my clothes when interviewing the participants. I certainly did not attempt to dress as a youth, or use their language: this would have been

counterproductive, as the children as astute social actors would have detected my false attempts to gain social currency with them, and this would have caused them not to trust me. However, I did ensure that I did not dress as a social worker or YOT worker would dress (ie in smart business-like clothes), and wore casual clothes to attempt to create some distance between myself and other adult interviewers that they will have encountered during their care journey.

3. I did not take any notes during the interview, but instead used the audio recorder. Again, children in care are very used to being interviewed from a prescribed set of adult-based questions, usually focused on 'risk'. During those interviews, the child would be used to the interviewer pausing to take notes. I wanted to ensure that the 'feel' of this interview was different and therefore opted to make it feel more like a chat, and to allow the freeflow of information. I offered to make each participant a drink and offered them a biscuit prior to commencement of the interview. The participant was asked where they would like to sit; was it too hot or cold, and would they like a window/ door open. Again, these may seem like small gestures, but they all contributed to the feel of a more 'equal' setting, and the environment of a 'relaxed chat'.
4. When introducing the research project, I wanted the participants to understand my own personal passion and motivation for the work; as I hoped that this would be 'catching', and encourage the participants to speak freely and passionately about their own views. I also wanted to emphasise that their views are critical, and will form the basis of recommendations to practice and policy makers about the 'system'. I explained that more evidence is needed about their pathways to offending, and that what they say in the interviews will form the basis of this evidence and research. I explained that this interview is different to the interviews with social workers and youth offending staff, as it is an opportunity for them to tell their story, and then reminded them of the rules on confidentiality.

Although a number of steps were taken with regards to how I positioned myself within the interview:

'Whether we like it or not, researchers remain human beings complete with all the usual assembly of feelings, failings and moods. And all those things influence how we feel and understand what is going on. Our consciousness is always the medium through which the research occurs; there is no method or technique of doing research other than through the medium of the researcher' (Stanley and Wise, 1993: 157).

Therefore, remaining transparent about my own subjectivities and motivations for the research was crucial throughout the process. This does not end at data collection, but continues through the process of transcription, analysis, and presentation of the findings.

A number of researchers have found that children and young people have responded well to the offer of a one off interview, where they are able to talk openly and safely (in confidence) about important matters to an interviewer who is genuine, warm, and very interested in what they have to say (Frosh et al 2002). This could be because they were given the freedom to discuss whatever they wanted, and everything remained confidential unless a risk of harm to another was disclosed. Another reason that I opted to conduct interviews relates to the potentially sensitive content that may be discussed. It was crucial that I was aware of how to respond, should a child disclose that they have been the victim of some form of abuse. Jackson et al (2005) conducted research into the experiences of care leavers in higher education. In total, they interviewed 129 young people, and reported that they were keen to tell their stories, stating that they had not previously had the opportunity to tell them, despite the number of times that had met with social workers and other professionals.

Summary

This chapter has considered the key methodological influences which have informed the specific research methods underpinning this study. The underlying methodological influence is that the perceptions of the children about their pathways into offending takes centre stage, and from this, identified themes will emerge which underpin this study. To ensure that the children's

perceptions take centre stage, grounded and inductive approaches have been used to elicit data, and then grounded approaches have informed the data analysis. This will ensure that the themes extracted from the data illuminate the perceptions of the children.

The chapter then moved onto the specific research method, and the underlying rationale for these. Several potential recruitment constraints have emerged which have been discussed above. They include my role as an adult interviewer and the power difference between myself and the child participant; the difficulties with interviewing a chaotic group of children; the potential pitfalls of using gatekeepers to access the children; and implied coercion to partake in the interview, given that the children are on a court order. Each challenge has been considered in turn, outlining the steps taken to address potential recruitment constraints. Further ethical challenges relate to informed consent, the co-production of voice, confidentiality, and the disclosure of harm. Again, each challenge, and the steps taken to overcome them, has been discussed.

After a difficult and challenging period of data collection in the end, 19 children were interviewed of varying ages, backgrounds and perspectives. Several key findings emerged from the interviews, and these findings will form the basis of the next two chapters.

Chapter Four: Findings - Being a 'Looked After Child'

Introduction

Chapter One noted that there has been a recent political interest in improving the lives of children within residential care, which led to the Government conducting a review in 2016 (Narey, 2016). Martin Narey took a narrow view of offending within residential care and concluded that all had been done by professionals and local authorities to address this challenge. However, despite this, the disproportionality of offending for children in care continues to increase (DfE, 2016). With this in mind, the following two chapters focus on the perceptions of children in care about their pathways into offending. The perceptions of the children are not contextualised until the discussion chapters so that their voices and themes emerge unencumbered by the adult paradigm.

Three broad thematic groups have been identified from the data. The first two groups are discussed in this chapter. The first group relates to the context of care, and how various elements of this impact on the children in different ways during their time in care. The second thematic group focuses on the children's personal interactions when in care with both professionals, carers and other children. The final group is discussed in depth in the next chapter and relates to the children's responses to the context of care, and their personal interactions in care.

The Context of Care

Being in care does not 'feel' like my home

When discussing how residential care does not feel like their home, a number of features were identified. These included simply making reference to feeling bored and 'stuck in' whilst in care. Not being able to go out appeared to compound the boredom, and led to frustration for some children. For example, Lee spoke about the boring nature of being in care, and how this impacted on his behaviour:

Lee: You're not going out and you're stuck in and repeating on yourself all the time, like kicking off cos you got no-one to see or nothing to do.

AM: What do you mean by repeating on yourself all the time?

Lee: It's like you're...

AM: You got bored?

Lee: Yeah. Definitely got bored.

The boredom associated with being stuck in and having no-one to see and nothing to do appears to act as a reminder to Lee that he is not at home. He feels 'stuck' in a place that is not his home, away from his own friends and family. The boring nature of the home and fixed routine for Lee appear to act as a reminder that he is in a residential setting that is not familiar to him, with a routine that is not his own. He appears to be frustrated as a result of this, and directly links this with 'kicking off'.

Dylan also stated that he would 'kick off' if he was bored within the residential home:

- AM: If you could design it what do you think is really important for kids in your situation?*
- Dylan: More stuff to do.*
- AM: What kind of things do you mean by that?*
- Dylan: Game consoles, board games, an Xbox.*
- AM: Why do you think that would help if you had more stuff to do?*
- Dylan: I wouldn't get bored. With the other kids and the other staff.*
- AM: Right. And what's the danger of getting bored, what is the potential issue with getting bored do you think?*
- Dylan: I just get annoyed and kick off.*

Dylan linked 'kicking off' with being bored, and stated that the boredom caused him to become 'annoyed'. It is clear that Dylan found the boredom of care frustrating and both Lee and Dylan made a direct link between the boring and monotonous nature of care and 'kicking off' in the home. Dylan specifically discussed being bored with the staff and children in the home. As Dylan stated, he then got 'bored' with them, and became frustrated and violent. When Dylan discusses his boredom with other people in the home, he states that he wants more activities to do as a distraction from his 'boredom' with the people around him. The other people in the house are not Dylan's friends or family, they are unfamiliar to him. By having a distraction from this, he does not have to try and relate to them in anyway, which he considers to be 'boring' anyway. When he does, he states that he becomes 'annoyed and kicks off'.

The children also discussed how the 'feel' of a home was important, and when it did not 'feel' homely, it could be a source of frustration. This appeared to act as a reminder that they were not at home. For example, Paul spoke about a care home that he liked and one of the features that made it better was that it felt and looked 'more homely':

AM: What made it feel like a better place?

Paul: It was more homely.

AM: More homely, what made it more homely?

*Paul: Like in ***** it had an office, but it had glass windows around the office, so you could tell it was care home; but when you walked in the front, it looked like a normal house.*

Paul initially stated that this placement was 'more homely'. He then went on to state that 'it had an office', which was a reminder that it was a care home; but Paul does not seem to mind this as when he 'walked in the front, it looked like a normal house'. For Paul, even though it may have features of a care home, and he knew that it was not his home, just the fact that it looked like a 'normal house' was better. This could be due to perceptions of others, and that if it appears that Paul is in a 'normal' house, he may appear to the outside world to be a 'normal' child and not a child in care. Paul then compared this placement with another that he stayed in, where it appeared to not have the feel of a 'normal house', and with this, he spoke about the numbers of staff, and their manner:

*Paul: I don't know cos like at ***** , there's like 6 or 7 members of staff, and you could hear them all, walking about and everything with their keys. And they just sat in the living room. Didn't really do anything.*

Paul suggested that the number of staff was an issue because he could 'hear them all'. 'Hear(ing) them all, walking about and everything with their keys' acted as a reminder to Paul that he was not at home. The staff were a looming entity (6 or 7 of them) that formed part of the physical environment of the home. The staff made it feel 'not like a proper home'. In this situation, the fact that the physical environment looks like a home is not enough. The presence of staff, walking about, with keys acts as a constant reminder to Paul that he is in an unfamiliar

environment, alien to his expectations of a family home, and not in his own home. They are a constant reminder that he is a 'looked after child'.

Similarly, Jack spoke about how the locked internal doors, and lack of freedom to move around the residential placement served as a reminder that he was not at home:

Jack: Obviously I understand why they lock the kitchen because like they don't want us wandering round the house like but it feels like.....it don't feel like a proper home, why is the kitchen locked?

AM: What does it feel like?

Jack: Like why do they lock the front room and the kitchen?

AM: So you said it doesn't feel like a home, what does it feel like?

Jack: It feels like.....it feels like, it's everything that matches a home, it's got nice walls, paintings, rooms are nice, carpet, it's not scruffy or anything. But it's just like in a home it's more open, you can do your own thing. You have to always ask here, but at home you can do your own thing, you just do it yourself. But in a care home you can't really do your own thing, you have to ask a staff member to do this, or go in there, you've got our own arms and legs, why can't you do it yourself? It's like, yeah.

AM: Have you spoke to them about that, or with your social worker?

Jack: All the time.

AM: And what have they said?

Jack: At the end of every day we have house meetings, so we all sit in the front room and we discuss stuff, like how we could make the house better, what we don't like, but obviously they say it's not their choice it's the company's choice that the kitchen's got to be locked, it's all the rules and

it's just, I dunno, I don't really... I just get on with it innit. If the kitchen's locked, the kitchen's locked.

Having a constant reminder that you are not in your own home has had an impact on Jack. Within interview he is trying to make sense of this and understand it. Jack displayed an awareness of, logically, why there are many rules within the care home. However, despite understanding the logic, the important element for Jack is that 'it don't feel like, it don't feel like a proper home.' This is an important aspect of being in care for Jack. Although he logically understood why, in a residential home, the kitchen may be locked; he expressed exasperation at this, as it meant that it did not 'feel' like a home. This is the crucial element, which is referred to by Paul above, in his use of the term 'homely'. Jack then finished this exasperation and asked again 'Why is the kitchen locked?'. Jack equated the locking of doors with a home not 'feeling' like a home.

Jack offers some insight into what makes a home 'feel like a proper home'. He then makes it clear that it is not the physical presentation of the building, but it is about being able to 'do your own thing'. Jack made reference in the above extract to 'doing his own thing' or 'doing it yourself' on six occasions, emphasising this was the most important aspect of being in care. Jack is discussing his frustration at the fact that he cannot be himself, do his own thing. If Jack can do his 'own' thing, he is able to be himself and do things himself, allowing him to feel like he is in a family setting or feel like a 'normal' child in a family home. When he is unable to do this, his only method of challenging this is then to follow a bureaucratic system, which re-emphasises the unusual and unfamiliar situation that he is in, and that he is not his own person, but is a 'looked after child' in the care of 'the company' rather than his family. In the above extract, Jack appears to be trying to understand and manage his time in care, but the overwhelming sense is of frustration whilst in care, as he struggles to understand how he should be in this situation.

Jack concludes this discussion with a degree of resignation 'I dunno, I don't really... I just get on with it innit. If the kitchen's locked, the kitchen's locked'. He is struggling to locate himself in an unusual and unfamiliar world that bears little resemblance to his own expectations or experiences of a home, and he appears to move between frustration and resignation in the above extract.

Both Paul and Jack describe features of a care home that lead to it not feeling 'homely'. They are the locked doors, keys, presence of staff, and an office. Significant steps have been taken in recent years to try and improve the physical appearance of a home to make it look more 'homely'. Both Jack and Paul recognise these efforts in the extracts above, when they discuss the external appearance of a house, and also the nice furniture and décor. However, for both of them it still does not feel like a home. This is enough and acts as a reminder that they are in an unfamiliar environment.

The children discussed extensively the many rules that they had to follow, and then the strict enforcement of them. In a similar manner, Layla described how the strict imposition of rules impacted upon her when she moved into a new placement:

*Layla: Erm, they were more strict, they wouldn't let me out, let me have a bus pass, do anything. I don't know why cos at me last placement I got all that, they just thought that cos you're new to the area, you don't know *****, and I'm like yeah I do, they're just stopping me from doing everything. So I just walked out eventually and went out and they went and reported me missing.*

It is apparent that for Layla, upon being placed in a new residential placement, her over-riding desire is to be 'let out'. When she discusses being allowed to do 'anything', she links this to getting a bus pass (often an important source of freedom) and being out and away from care.

When she is refused a bus pass, Layla takes this as further evidence that ‘they’re just stopping me from doing everything’. In the end, Layla decided to ‘walk out’, knowing that she would be reported missing to the police.

Both Jack and Layla discussed the importance of being away from the residential placement and spending time with their own friends. Layla describes interacting with an environment in which she feels restricted and unable to leave. Her response to this is to walk out and seek the time away from the home anyway. This allows her to be herself, and in other parts of the interview she describes being away from care so that she can be with those who are familiar to her.

When discussing the strict rules and enforcement of them, Jason made reference to being criminalised for throwing yoghurt at a member of staff in a residential home:

*Jason: They paid for one in ***** yeah and said it was just part-time. Then I went to *****, I got kicked out for throwing yoghurt at one of the members of staff. That’s how daft it is.*

AM: They didn’t try and charge you with assault did they?

Jason: I got done for assault.

Jason says ‘that’s how daft it is’. By this, he is referring to being in care. Being kicked out of a placement, and criminalised for a minor act emphasises the unusual situation that he is in. A ‘normal’ child in a ‘normal’ family would not be thrown out of their own home and criminalised for throwing a yoghurt. However, Jason is not a normal child, living in his own home; he is a ‘looked after child’, and when you are a ‘looked after child’, the rules are different, they are ‘daft’. Again, this emphasises the unfamiliar territory that Jason is in. Jack also discussed being criminalised for ‘silly things’:

Jack: I've been in the police cell for silly things like, it's like you go in care for a reason. But obviously staff don't come into be assaulted and be abused. But they've still gotta like come to work and they've gotta expect us to be angry and be upset somedays, and stuff like that. But they don't really, they just really ring the police, like say if you pushed them. I think my mum could do that, what's the point of being in care, they're meant to be helping us.

Jack firstly said that he had been arrested and 'in the police cell for silly things', meaning that he regarded the reaction of the care home staff to be excessive, in a similar manner to Jason's 'daft' description, above. He then stated that care home staff should understand that you are in care 'for a reason', and that this may impact negatively on a child's behaviours and feelings. He stated that 'they've gotta expect us to be angry and upset somedays'. Jack wants staff to recognise the challenging situation that he is in; he is in an unfamiliar environment, without his immediate family and friends, and is struggling to be himself and deal with his own emotions linked to missing his family. His sense of frustration comes out strongly in the above extract, especially when he discusses the reaction of staff to his upset and frustration.

Jack wants to be understood and viewed as himself. It is no coincidence that he then goes on to immediately compare this the reactions of care staff to his behaviour with how he would expect his mother to react. This is something that is familiar to him, and Jack knows how to be and what to expect within his own family. When he is struggles to do this in the care environment, he refers to something more personal and familiar to him as a comparison.

Lack of space in care

The children spoke about the importance of having their own personal space and time away from other staff and children within residential care. Very often, they viewed their bedroom as their own space, and on occasion this would get invaded. This was described by the children in

different ways, but Jack stated that 'in a care home you can't really do your own thing'. Jack had been placed away from his home area in a residential placement that he felt was restrictive, with many rules and a source of much frustration. He went onto state:

Jack: I need space, and I wanna do my own thing and I wanna see my mates. I don't always wanna be with carers all the time, I wanna be with friends, people my own age, not a 30-year-old woman and a 30-year-old man.

Jack is displaying an awareness of what he 'needs' whilst he is in care. He discusses the desire to want to do his 'own thing' and see his 'mates'. It gave him a degree of freedom; rather than being with 'carers all the time'. The use of the phrase 'all the time' is interesting, as it suggests that Jack feels when in care, he does not get to spend any time away from carers, he feels that they are always there, meaning that he cannot do his 'own' thing. Jack also distinguishes between 'needs' and 'wants' in the above extract. He 'needs' space. He then goes on to describe how this can be achieved, and discusses seeing his friends, and going out. Doing his 'own' thing, and 'needing' space is a basic need of most people. It gives a person a sense of ownership over their own lives and a sense that they can be themselves. Jack outlines that he achieves this by being with his friends and people his own age. Jack says 'I' and 'my' on a number of occasions above. Jack wanted to do 'my' own things and see 'my' mates; which allowed him to be himself. 'I wanna do my own thing' is clearly arguing his difference to those around him. He is effectively explaining that he is not just a care home child with shared care home space and care home kids and care home staff as friends. He is his own person with his own friends from outside of that world.

The children spoke about the desire to have space when in a home or time alone away from other residents and staff who may frustrate them. Even when Dylan had managed to gain space and time alone within the main part of the house, he only spoke about his ability to relax in his own room. Dylan then stated that he can relax 'sometimes' in the main part of the home, 'if there's no other kids or staff around':

AM: When do you let your guard down in the home?
Dylan: In my room.
AM: What about in the rest of the home?
Dylan: I do sometimes, if there's no other kids or staff around.

Dylan clearly stated that he could relax and let his guard down when he was in his room. He offered that as an immediate answer to the question above. This could be because Dylan felt that he had time alone and space away from other residents and staff whilst in his room. However, he then also stated that he could let his guard down in the main part of the house if 'there are no other kids or staff around'. When in the main part of the home, Dylan's interactions with staff and other children caused him to feel uncomfortable and to seek solace in his own room. It is apparent that for Dylan, his interactions with others are the most problematic aspect of being in care. When he is in 'my' room, he is able to interact with a space which is personal to him and feels like his own. He appears to struggle in the main part of the house, when he is expected to interact with people who he does not know, in a space over which he has no ownership.

Therefore, many spoke about their own bedroom as being their own personal space, and the only area in which they relaxed and could be themselves. When Julie also discussed her frustration at her television being removed from her bedroom, the issue was that it had been taken from her room, which she described as 'disgraceful':

AM: Erm, so first of all, you're not happy about this tele that's been taken from your room?
Julie: No
AM: Why not? Do you love watching the tele?
Julie: No, but it's disgraceful, that's my room.

The reason for the television being removed was because the television in the lounge was no longer working and the staff opted to use Julie's television as a temporary replacement. However, the damage caused by invading Julie's personal space was evident. This is the disgraceful element for Julie – the one place where she felt able to be herself and had a sense of ownership has been disrupted.

Personal interactions in care

Not recognised as an individual

The second major thematic group relates to the children's personal interactions in care. Many of the children gave different examples of how they felt that they were not treated as an individual when in care and described poor relationships with their carers and professionals. Josh believed that everyone is treated in the same when in care, and that they should be treated as individuals:

Josh: It's like if everyone was listening to you individually, they [can't] treat you the same cos like not everyone is the same. And that's how it is, it's like they treat everyone the same but everyone's individual. We all come from different shapes and sizes and colours but we all have different mindsets as well. I think they may need to treat....they need to look at and talk about people as a whole but they need to look at people individually, you get me?

Viewing children as a 'whole', or generically, means that a child's individuality is not considered when they are in care. This bears many similarities to the descriptions in the above section of the children wanting to do their 'own' thing, have their 'own' space, and spend time with 'my' friends. The desire to be treated and viewed as an individual was a strong theme to emerge from the data. Josh is making two points in the above extract. Firstly, a child's individuality and identity is shaped by where they come from, and it is important that this is recognised by everyone.

Secondly, Josh feels that the current care system does not recognise a child's individuality, identity and who they are, and he feels that this is wrong because 'not everyone is the same'. To achieve this, Josh stated that 'everyone' needs to do two things: listen to you as an individual and look at you as an individual. If 'everyone' does this, then it is impossible to treat everyone in the same manner.

Mark gave an example of how he felt treated generically rather than as an individual by being placed in residential care, and described himself as being viewed as with the 'bad kids':

AM: You'd always said previously that I'm not gonna be that kid that does drugs, so you must've at some point thought, forget it I'm not sticking to that, so what made you think forget it?

Mark: I'm in a care home now.

AM: What do you mean, I'm in a care home now?

Mark: It's just like care homes are just like, it's kind of like you're on your own there, I don't know why. It's like you can get along with people, you can get along with staff there fine but it's just like more independent for some reason, and you get to make your own decisions, you're your own man now.

AM: Is that a good thing?

Mark: Kind of.

AM: So why do you feel like you're on your own there, cos they've got staff there, so why does it feel different to foster care?

Mark: Cos it's just....it's like.....it's like you've been put away. I don't want to make it sound more tragic than it is, but it's kind of like you've been put somewhere.

AM: Like you've been put to one side?

Mark: Yeah – you're in with the bad kids now.

Mark described a number of thought processes that he went through when he was placed in residential care. Firstly, Mark stated that he decided to abandon his previous decision that he will not become one of 'those kids' who offends and takes drugs. The reason that he offered for this is that he is now in a care home. He felt that he could no longer maintain his previous identity of being a 'good kid' who does not do drugs and misbehave, as he is 'in a care home now'. Mark is aware of a commonly held perception that residential homes are a placement of 'last resort' and only for the children with the most difficult and challenging behaviours or the 'bad kids'. It is interesting that this perception is shared by the children and used as a way to label themselves as a 'bad kid' who is beyond help in some way. The only way that Mark can make sense of being placed in residential care is to reposition himself in accordance with the label of a 'bad kid'. After all, as far as he is concerned, if this is where he is placed, his identity has changed.

Mark also discussed becoming his own man as a way of managing being residential care. He discusses this in the context of feeling on his own when in residential care, as opposed to a foster family. It is apparent that Mark is isolating himself and learning to manage being alone, as he considers how his relationships with residential care staff are different to those with a foster family. He refers to getting along with staff fine but feels more 'independent'. When asked if this is a good thing, Mark replies 'kind of', suggesting that it is not a good thing but he does not want to say this to me in interview.

Mark also discussed feeling 'put away' with the 'bad kids'. This bears stark parallels to being sent to custody due to being a 'bad kid'. The discussion of being put to 'one side' is important as when one is placed to 'one side' it generally means that there is nothing that can be done to help them. Mark therefore suggested that being in residential care means, for him, that the system has given up on helping him, and that he is now a lost cause – a 'bad kid'. In the next chapter, Mark elaborates on how this identity, induced by his care experience, has impacted on his behaviour.

The act of placing children in residential care caused other children to feel that the system had given up on them. For example, Louise described being told that her behaviour has become so challenging that foster care is no longer an option, and she can only be placed in residential care:

Louise: Residential. They need to stop giving up on kids. Cos they told me that no foster carer would take me cos I'm behavioural. And I am this fucked up kid but you shouldn't just abandon them.

AM: No.

Louise: And just shove em into care so that you don't have nothing else to do with them. Like put them in residential.

The language that Louise used is significant. She stated that 'they' gave up on her and abandoned her by 'shoving' her into care. She then referred to a conversation where she was told that she could not be placed in foster care because she is 'behavioural' and 'fucked up'. Louise is repeating what she has been told by others and has now accepted this as part of her identity. She does not state that she has behavioural difficulties or that her behaviour is 'fucked up'; she describes herself as 'behavioural' and 'fucked up' – this is now a part of how she views herself.

Mark was always concerned not to become one of the 'bad kids' and discusses it above. However, he describes below that his story has had to change due to being placed in residential care, and him accepting the label of being a 'bad kid'. And as he reflected during the interview, there was a sense of sadness, as he felt that this is what he had become:

Mark: I was one of those kids that thought I'm never gonna grow up to be like that, and then you know, the story changes a little bit.

Louise and Mark display that simply by being placed in residential care, they feel that they are behavioural, a bad kid or fucked up, and that this label becomes a part of how they view themselves. The children's interactions are leading to them taking on labels of themselves and adapting their identity to fit with this.

The perceptions of the children above outline how they felt labelled and treated generically; rather than being viewed as an individual. For some of the children, such as Louise, she appeared to adopt the label and describe herself in this manner. The use of such labels was also perceived to be used as a way to counter who a child is and how they see themselves through the use of discrimination and intimidation. For example, Scott spoke about being a victim of racist abuse and assaulted by a member of staff:

AM: *You said the staff used to hit and fight you?*

Scott: *If you got into restraints, they would do sly digs, and they'd do all these things to ya.*

AM: *Was that just in *****?*

Scott: *Yeah yeah, I got called nigger by staff before to my face.*

AM: *Did you tell your social worker this?*

Scott: *I told my social worker things all the time, whether they did something about it, that's another story.*

AM: *Did you tell them you were being assaulted by staff and racially abused?*

Scott: *Not at the time no, they took things off me, they took my PS4. I'm pretty sure they robbed it, because I spoke to a member of staff because I got into an argument which led to a restraint, which led to me getting arrested, and I've come back and they've said, "Your PlayStation 4 wasn't there". I said, "Where's my PlayStation 4?" He said to me, "What are you gonna do, you assault staff, you speak to us like shit, well this is what we're gonna do, we're gonna take your PlayStation 4 back you little shit.*

What are you gonna do you nigger?" And obviously, I went "What?" And I went to punch him, and then the police drove past to pick up another young lad, so I didn't do nothing but yep....

Scott described a number of forms of bullying in the above extract. He firstly described being physically assaulted whilst being restrained, and that the restraint was used as a cover to exercise the 'sly digs' or punches to his body. He then referred to his prized possession, a PlayStation 4 being removed from him as a punishment for his behaviour in the home. Scott's perception was that the way that this was communicated to him appears almost triumphant, and that the removal of the console was not part of a structured regime of punishment, but rather as a tool to get revenge on Scott for his behaviour. Then finally, Scott is racially abused. By saying 'nigger', the staff member emphasised the other, and made it clear to Scott that he was not treating Scott as he sees himself in the cruellest way possible.

Scott describes a form of bullying that involves a process of not recognising who he is as an individual by labelling him by the use of discrimination, and then using this form of labelling as a form of abuse against him. How Scott sees himself is actively countered and used as a form of bullying and abuse, within a care context which must feel very unfamiliar and isolating for Scott.

The bullying also took the form of children feeling that staff were deliberately winding them up and not giving them space:

Louise: But then one day, I don't know what was wrong, I was in a mood or summat, but she just followed me around the house and round the grounds, and just nagging me. So, in the end I said if you don't move I'm gonna punch ya. She didn't move and I punched her.

Louise attempted to give herself some space within the home, recognised that she is in a 'mood or summat', so when the staff member refused to respect this and continued to follow her, she then warned her again about this behaviour. Finally, when the staff member still refused to move, she was assaulted. When you try and have some space, it is to move away from a person/ environment/ situation that is causing some form of stress. Therefore, by the worker following Louise, she was not allowing her to have the personal, mental and emotional space that she requested, thus increasing Louise's frustration, which eventually turned to anger.

Finally, Scott, also discussed how his grief was used against him:

Scott: And I'm like alright then, once they used my brother's death against me. They used to say to me, aww just because your brother's dead, you think you're a bad man? I'd be like, are you taking the piss.

Scott had lost his temper because the worker has stated that he thinks he is a 'bad man' because his brother was murdered. This has angered Scott as the worker is belittling him and using his grief to label him as a 'bad man'. The worker is implying that Scott wants to be perceived as a 'bad man' because his brother was murdered, and is undermining his right to form his own identity as he adjusts to his situation. Instead, his painful family history, which will have formed and shaped Scott's own identity is mocked. This causes Scott to react with frustration and anger.

No clear future direction

A further feature of the children's personal interactions with their carers that emerged during the interviews was the lack of information given to them about their future. For example, Eric discussed his lack of a long-term care plan, and being kept hanging on for many years:

Eric: And I remember when I first went into care 5 years ago, and they said "Yeah, you're gonna be here 3 months." 3 months have gone. They say, "Another 3 months." Then after 6 months they said, "Er it's another 3 months", and you get moved to somewhere else for a further 6 months, and it's like I don't fucking know.

Eric's perception is that he has not been told about his long-term care plan and has only been given updates in three or six month blocks. Eventually, five years have passed, and his social worker is preparing him for the transition to independence as an adult. This has meant that for Eric, who initially thought that he was being placed in care for a short period, he has spent the majority of his teenage years not knowing where is going to reside, and whether he will go home, for more than a few months at a time. One gets a sense of Eric's exasperation when he said, 'I don't fucking know'. It is apparent that Eric was suggesting that he does not know what is going on, has stopped trying to reach a long-term resolution to being in care and has given up on the prospect of being returned home.

By not knowing what was happening in the near future, Eric cannot find his place in the world, both literally and personally. He does not know where he is going, and thus how he will need to be to deal with this. Eric is interacting with a system that does not have a long-term care plan for him, and this is directly impacting on Eric as he does not have a clear direction and thus cannot locate his own sense of place in the world. He is trying to make sense of where he has come from, whilst also trying to understand where he is going, and then locate himself within all of this.

In a similar manner to Eric, Matthew was frustrated at the lack of information about his care plan. In this situation, Matthew does not know what his release plans are from custody:

Matthew: Nah he's not been to see me, well he's come to see me 3 times in 7 month. The thing is yeah, he's gone on leave now, and my meeting's in 1 week yeah, and he's gone on leave yeah, and he's not told me or me mam where

I'm going when I get out of here. He don't care, he actually don't care, that's why I'm getting a new social worker.

Matthew became frustrated when discussing his plans for release. He is about to undergo a major change, being released from custody, and he does not know where he is going to be living or who with. He therefore cannot locate himself in his care journey or know how he will navigate his immediate future as he does not know what this will be. His frustration then turns to his social worker, and he concludes that he 'don't care, he actually don't care'. The only solution that he can find to this situation is to get a new social worker, as this may mean for Matthew that he would know what his plans are and thus be able to locate himself in his immediate future. Matthew's frustration then overwhelmed him during the interview, and he became angry and walked out of the interview out very shortly after this discussion.

In a very similar manner to Eric, Matthew does not have a clear sense of the direction in which his life is headed in the near future. He therefore does not know how he will need to adapt and deal with this, and cannot locate himself in his future plans. Eric became exasperated with this situation; but Matthew became very frustrated and in trying to understand why this could happen, came to the only conclusion that he could find, which was that his social worker must not 'care' about him. If he did, then Matthew's perception is that he would have a clear release plan, and thus know the direction that his care journey is taking, meaning that he knows how to adapt and locate himself on this journey.

Positive personal interactions in care

Jason and Layla discussed some positive care experiences and related this to the manner of the care home staff, and how they were treated within the home. For Jason, being spoken to with respect was important. As he stated, he will treat others the way that he is treated:

AM: *So what do you think makes a good care home?*

Jason: They talk to ya with respect, look after ya and just talk to ya on the level. I'm a nice chilled out person and treat others how I want to be treated.

Jason used words such as being treated 'on the level' and 'respect' as reasons why he liked the above care placement. By being treated with respect and as an 'on the level,' Jason feels that he is recognised as an individual and treated on this basis, which is how he views himself. Being treated 'on the level' implies a degree of realism to the relationship, which is something that he may not have experienced in other relationships with carers. Having a relationship which is on the basis of respect and 'on the level' is more familiar for Jason as he would be used to this with his own friends, and also be interacted with in a way in which he recognises himself. For Jason, being treated in this way means that he has developed a good quality relationship with his carer, and will reciprocate this as he directly linked his treatment by staff with his own behaviour when he said, 'I'm a nice chilled out person and treat others how I want to be treated'.

When discussing positive relationships with carers, Layla similarly referred to the empathy of staff, and the importance of them understanding your experiences when discussing her relationships with carers. In the extract below, she referred on a number of occasions to feeling 'understood'; suggesting that where staff had not understood her position and background, this may lead to frustration. Layla then stated that she has had a particularly good relationship with two members of staff, and felt that she would be a good care worker in the future, as she felt that she understood a child in care's needs:

AM: Why was it so good then, what was good about it? Cos you said they were stricter.

*Layla: Only some of the staff were. ***** he was absolutely mint..*

AM: Was that the staff?

*Layla: Yeah. Really nice. He proper understood me, and **** was nice. ***** was just a bitch. I hated all of em, apart from them two **** and *****.*

AM: So, two members of staff made a big difference?

Layla: They helped me a lot.

Layla states that the worker 'proper understood me'. It is more than him just displaying empathy and showing that he cared; she felt that he understood her as a person. This allowed Layla to be herself, and when speaking to/ spending time with this worker, she interacts with him in a way that was familiar to her and reinforces a view of her that she has of herself. By using the word 'proper', this emphasises that the 'Layla' that the worker is understanding is the 'Layla' that she understands herself to be, and is related to and treated on this basis.

Summary

Two overarching groups of themes have been identified in this chapter. The first relates to the context of care and the second group considers the children's personal interactions whilst in care. One gets a sense throughout this chapter that the children interacting with a care context and carers in a way that is challenging how they see themselves in this particular context. Trying to make sense of who they are in this context is challenging as they are often treated in a manner in which they do not see themselves, in a setting that is unusual and not typical or their expectations of or childhood experiences of home and relationships.

The overwhelming sense is one of frustration, as the children discuss specific features of care that are not 'homely', and that they are interacted with in a way which is not how they view themselves, thus making it difficult to locate their sense of place in the world. By living in care context that is not 'homely', the children are reminded that they are not at home, or in

anything that resembles and is familiar with their own understanding of home, which serves to underline the challenge of their situation. By feeling labelled, bullied, and not treated as an individual; the children's identities are challenged and disrupted, which can, again, be confusing and disorientating. The children have to try and negotiate who they are and how they should be in response to this challenge, and how they do this will be explored in the following chapter.

Chapter Five: Findings – Responding to Care

Introduction

Chapter Four outlined a number of challenges to being in care, when exploring the children's pathways into offending. Chapter Four explored how the children's experiences in care are challenging how they view themselves and their place in the world. This chapter focuses on how the children respond to these challenges, and how it links to offending behaviours. The chapter will firstly focus on how the children framed their relationships with their carers in residential care. Attention will then turn to the main focus, which is how the children have responded to being in care. The ways in which they have done this have been conceptualised as compliance, frustration, defending identity, reinforcing identity and constructing a new identity; all of which have produced a range of behaviours, including those labelled as offending behaviour.

How the Children Framed their Relationship with their Carers

The complex nature of the children's relationship with their carers has been explored in the previous chapter. Many of the children spoke about how they this impacted on how they managed and framed the complexities and challenges of these relationships. It has already been noted that the children referred to their carers as 'they' on most occasions. The staff were rarely named, or spoken about in a way which pointed to a close bond or friendship with the children. This suggests that they were viewed as an external entity that cannot be viewed in the familial context. Mark elaborated further on this, and said that he views care home staff as differently to foster carers, due to a foster carer's position within a family setting, as opposed to a residential carer:

AM: Right, so ABH, GBH, assault and lots of criminal damage. Where were they committed?

Mark: All in the care home.

AM: All in the care home. Why? Who were they against?

Mark: Staff.

AM: OK. So why were you assaulting the staff?

Mark: I dunno, like I would never assault the foster carers cos they were actual, I dunno, I don't want to sound rude or anything but....

AM: No, but you're viewing them differently to the foster carers

Mark: Foster carers are like, to me, [this is going to sound really bad but] they're actual people. To me they're actual people. Like they're actual mums and dads.

AM: You've got respect for them?

Mark: Mmmhmm. But in care homes, you don't see them with their family so you don't recognize them as family. You don't treat them as you would a family, but.....

In the above extract, Mark stated that 'all' of his offences were in the care home, against staff, and directly linked this with how he viewed care staff as differently to foster carers. When discussing why this is, Mark stated that care workers are not viewed as 'actual people'. He compared them with foster carers, who, because they are in a family setting, are viewed as people. When he stated that they are 'actual mums and dads'; for Mark this meant that they cannot (and should not) be assaulted. Being an 'actual' mum and dad, as opposed to a care worker, who is not viewed in the parenting role, meant that they should be treated as a family member.

Mark was trying to understand how to relate to his care workers, and does this by comparing them to a foster family, which is familiar to him, in a family setting in which he was able to identify and understand his own role more clearly. This is why he was able to view foster carers as 'actual people'. However, for Mark, he discussed in the previous chapter that he views residential care as a place where the 'bad kids' go and feels that by being placed there he has been pushed to one side. For Mark, residential care represents something that means that who

he is no longer matters and therefore also causes him to question his identity and resolve to become one of the 'bad kids', choosing to adopt the label that he believes he has been assigned. Mark also has to make sense of his relationship with residential care workers, who he cannot place within a family setting. He states that he does not recognise them 'as family'. It is interesting that he says 'as family' and not 'as a family'. By saying 'as family', Mark is referring to his own family which is something that he owns and is part of who he is, rather than 'a' family, meaning that it could be any family that is external to him. This offers some clue as to how Mark is trying to personally relate to his carers when in care. He is comparing them to his own family, as this is his reference point when trying to understand himself and others. It is also something that belongs to him. When considering how to relate to and interact with care workers, he struggles to recognise them 'as family'. This is why he stated that he does not view residential care workers as 'actual people' and could offer some understanding as to why all of his offences are assaults against staff as it is likely that they bore the brunt of much of his frustration.

The expectations of care staff and their role again came up as an issue when Jack linked missing his home life and the response to staff as to why he became violent. He felt that care home staff should 'deal with the problem themselves rather than ringing the police':

Jack: Because basically it's not like, what's helping us about being put in a cell for 3 or 4 hours. It just makes you angrier cos you've got arrested and they're gonna like, and you want revenge on them for getting you arrested. I reckon, my opinion, I reckon they should deal with the problems themselves, rather than ringing police.

Jack is comparing how his behaviour should be dealt with if he was at home, rather than in residential care. He states that the staff should 'deal with the problem themselves'. His anger and frustration at the staff calling the police is apparent, as, again, he believes that being in care should 'help' you in some way. By calling the police for his challenging behaviour rather than dealing with the problem themselves, Jack is reminded that his carers are not his family in a

residential setting, as such behaviour would typically not lead to police callouts in a family setting. This is why he gets angry and 'wants revenge'. However, he does go on to acknowledge:

Like we do control our own actions, but sometimes you just get angry and you can't help yourself and you wanna go home, you miss your home, you miss your mates and stuff like that. And then they just and some of them don't show....they just don't care. You just get annoyed and they just stand there and watch you. And then you hear them all upstairs laughing and giggling in the office, and it's just like bang out of order to be honest with ya.

In the above extract, Jack directly links his feelings of anger and his actions resulting from that with missing his homelife. Jack comes across as very isolated in care. He wants to reconnect with his old life, with his friends and family, as they are part of who he is. This is emphasised in his references to his carers as 'them' and 'they', as they are not part of who he is. As such, he struggles to understand how he should relate to his carers or how he should be in these interactions. When discussing his actions as a result of his own anger, he states that you 'can't help yourself'. This suggests that the anger associated with missing his homelife and being in a situation in which he does not know how to be or how to view his carers is overwhelming, which then spills out into his actions.

Jack then moves on from considering his home life to comparing it to his current situation, and discusses the staff, who he perceives do not care about him. He states that 'they just and some of them don't show...'. He then struggles to think of something, but wants to be shown who he is, shown familiarity, shown something that he recognises from his interactions with his own family, his own mates. But instead, he receives a response that he does not recognise, which is not the response that he would expect to receive from his own family and own friends, as he is not responded to as Jack, but as a child in care. This makes it difficult for Jack to know how to relate to his carers as he does not view himself as a looked after child, but as Jack, and he wants to be treated in this way. Jack concludes that 'they just don't care'. He wants the staff to

understand his situation, and that he misses his family and finds this painful. If they did this, then Jack believes that they would not ring the police when he acts out as a result of his anger and would respond as he would expect his family and friends to respond if he was upset.

This frustration and anger became compounded when Jack discusses that he hears staff 'laughing and giggling in the office'. Again, this underlines that he is in care, rather than with his own family and friends. It also emphasises the isolation and loneliness that he feels, as he wants to be cared for and shown some empathy by staff, but instead feels that he must cope with missing his family and friends alone.

When considering their relationships with residential care workers, the children have been using their relationships with their own families and friends as reference points. This is because these relationships are familiar to them and also because these relationships belong to the children and form part of who they are. Jack spoke about wanting to be cared for, and Mark tried to recognise carers 'as family' but could not. When understanding how to view carers, the children also have to consider how they view themselves. This is why they used their own families and friends as reference points, as it is from this that they understand their own place in the world. However, this only served to further emphasise the children's isolation and loneliness when in care, as they received responses that they did not expect, thus challenging who they are and how they view themselves. For example, through Mark's interactions with his carers and being placed in residential care, he feels that he has been labelled as a 'bad kid' and must negotiate his own identity in response to this. Jack makes a direct comparison with how his mum would respond to his behaviour when expressing his frustration at the police being called by the home. This challenges how the children view themselves as they are treated and viewed as 'looked after', rather than how they are treated and viewed by their families and friends.

The Children's Responses

Compliance

Some of the children spoke about the expectation to comply with the rules of care. For example, Jack, at 13 years old, discussed his attempts to return to live with his mother. He discussed the pressure he felt to 'behave' during a transition plan in which he hoped to eventually return home:

Jack: But then I was doing a 4 week transition plan to go back home, so if I was good for 4 week, and my mum would show up to meetings, and do this and do that, and I was good and wouldn't run away, my social worker was giving me overnight stays to see how it went and stuff, and I was staying at home, and then after the 4 week transition plan, and everything went well; he still said he was going to court for a full care order, so I just switched and I thought "fuck this".

Jack explained that he must be 'good' for 4 weeks, and that his mum is required to 'do this and do that'. If they both completed the tasks outlined by the social worker, then Jack believed that he could return home to his mother. He therefore chose to follow the rules as outlined to him by his social worker, which included not running away, being 'good' and 'doing this and doing that' for four weeks.

At this point, Jack's mother had shared parental responsibility with the State. However, when their efforts had not paid off, and a full care order was sought; Jack's behaviour further deteriorated. By saying 'fuck this', he is essentially stating that because his efforts were not enough to achieve a return to his mother, what is the point in trying to be compliant? Jack has been interacting with a system that had given him the impression that he could return home to his mother if he 'was good and wouldn't run away'. Jack had said in other parts of the interview that when he ran away, he was trying to return home. His time in care appears to have a

constant underlying theme of trying to return home; to return to the place where Jack knows who he is. In the above example, he agrees to stop running away in an attempt to return home, by being compliant and following the rules that were outlined by his social worker. When this is not achieved, Jack's frustration and anger are evident in his statement that he 'switched', as he is negotiating who he is, trying to comply with the rules of care, but still cannot return home. This appears to be confusing, leading to him 'switching' from being good and following the rules to angry and frustrated as he does not know how or who to be whilst in care.

Jack then discusses how, after the above situation, he was placed two hundred miles from home and was offered more contact with his 'own' mum if he complied with the rules of being in care:

*Jack: You shouldn't have to prove yourself to get contact with your own mum, and it's only 4 hours as well, it's not even like it's an overnight stay or anything. Just 4 hours contact per month. Pathetic. But when I was on section 20 and I was in *****, I'd get contact nearly everyday.*

Jack describes the offer of increased contact as 'pathetic'. The reason for this is that she is his 'own' mum; she belongs to him and is part of who Jack is. Therefore, by preventing Jack from seeing his own mum, he is prevented from seeing a person who is part of himself. At the same time, however, he feels pressure to be compliant with the rules of care in order to see a person who he views as part of who he is. For Jack this is unfair, and throughout the interview, Jack's underlying frustration and anger at this situation came through strongly.

The children displayed an awareness that they can manage their time in care by complying with the expectations of being in care. Josh explained that if you accept the rules and comply, social services will 'work' for you, but if you choose not to accept this, then they will not 'work' for you:

AM: Yeah. What do you think of the care system and social services, how have they been for you?

Josh: To be honest at the start they wasn't helping at all, but I think once you comply.....it depends if they like you or not to be honest. It sounds bad yeah but....

AM: What do you mean by like you? Do you mean if you're playing ball?

Josh: Yeah, if you playing ball to them and not always pestering them, then they'll work for ya.

AM: But if you're not playing ball and kicking off...

Josh: They won't work for ya.

Again, therefore, Josh stated that he must 'comply' and accept the rules, then social services will try and 'work for ya'. He stated that he must not 'always pester them' as social services will not try and help you. However, if you accept the rules, and comply, then your social worker will help you. Josh used the word 'comply' which removes a child's sense of agency, as there is no choice about whether to follow the 'rules'; compliance suggests that one must adhere if staff are going to 'work for ya'. This appears to be what being compliant is about. This involves an acceptance of how you are expected to be whilst in care, which impacts on how you view yourself and make sense of your place in the world.

Frustration

The first findings chapter displayed that the children were often left feeling frustrated, as who they are and how they view themselves was repeatedly challenged and disrupted by being in care. Therefore, not knowing how to be in response to this has created frustration, leading to angry behaviour, including violence. For example, Dylan became frustrated at the many rules in his placement, and that, ultimately 'No one wants to be there':

Dylan: Er, probably when they took a couple of activities off me and I wanted to do something, and then I've chucked stuff at a wall, and I've chucked a few things that have broke..... No one wants to be there.

Dylan knows that he is frustrated because he does not want to be in care. The rules and sanctions remind him of this, and he therefore becomes angry and throws objects in the home as an expression of this anger. Mark also described how being in care meant that he became frustrated, and described anger resulting from this in a cycle:

AM: So, your only formal conviction was for the criminal damage?

Mark: And it was like, you know, it became sort of like an ongoing thing. I wouldn't do it like every week but it was a rare thing, but when it come out, it ended up in arrest.

AM: And then you're quite hard on yourself afterwards. Is it something that's built up?

Mark: Yeah defo.

AM: And why do you think that is?

Mark: Because I've let myself do it and I think, you know, "Fuck it".

AM: Does it feel better afterwards?

Mark: Yeah it feels like "Rarr!". I've got a ton of anger out, and then I end up in a police station. [I then] Sort of like over-think it, and then I go back and I'll do my apologies, and I'll mean it.

AM: But then it starts building up again?

Mark: Yeah.

AM: Why do you think it builds up all the time?

Mark: It doesn't build up because I get angry, it just builds up. And it'll be that one thing that sets it off...

Mark discussed his loss of temper in a cyclical manner. He firstly stated that it is rare that he loses his temper, but then stated that it is an 'ongoing thing'. Mark then described the ongoing process, and stated that when 'it' (his anger) comes out, it results in an arrest. Mark talked about 'let(ting) myself do it, and I think you know fuck it'. By this he appeared to be referring to no longer being able to keep his frustrations under control (this is the ongoing thing that he discusses). At this point Mark appears to move between trying to comply with the expectations of being in care, which appear to include managing your anger in an acceptable way; to no longer being able to do this and being so frustrated that it spills over into an expression of anger (this is the rare part that he describes). When Mark says, 'fuck it', it appears to mean that he can no longer comply, his frustrations have become too much, and it is spilling over into anger. Mark referred to his anger as 'it' on a number of occasions in the above extract, and when he releases his anger, it appears to have parallels with releasing a caged animal, as he is no longer in control of, or particularly bothered about, the consequences. He even says 'Rarr' to further emphasise this. A caged animal has generally been removed from their own habitat and family, and placed in unfamiliar surroundings, not knowing how to act or behave. So, when released, connotations are drawn with an animal that is releasing their frustrations that have built up during the period in which they are caged. He then described the initial relief of releasing the anger, and says 'and then I end up in a police station' in a fatalistic manner. Mark felt that his anger is at such a level that he cannot control 'it' and this may explain why he commits an offence. He then stated that 'then I go back and do my apologies'.

Mark finished the above description by stating that 'It doesn't build up because I get angry, it just builds up'. Mark is interacting with a care system that is consistently challenging who he is and how he views himself, as outlined in the previous chapter. As a result of this, Mark does not know how to be, leading to a build-up of frustration. Mark describes complying with the rules of care and trying to keep his frustrations under control. However, he struggles to do this,

leading to the frustration taking over and Mark becoming angry and violent. Then, when he was moved to residential care, he described feeling pushed to one side and that he must now be a 'bad kid'. Mark is struggling to know who to be whilst in care and appears to be in a cycle of negotiating and renegotiating his identity depending on the situation that he is in. This then appears to impact on his behaviour, as outlined above when his frustrations become overwhelming.

In a similar manner, Lucy attempted to understand her anger by stating that there is a 'Bad Lucy and Good Lucy':

AM: Why do you think you viewed yourself as a "Good Lucy" and a "Bad Lucy"?

Lucy: It was always the bad girl, the "Bad Lucy". But there was a good side to me. That's why I always said there was a "Good Lucy" and a "Bad Lucy". And that's what I used to say when I was younger. If I feel myself getting wound up, I was like "Bad Lucy" here, I'm going.

AM: Did it make it easier, that's what I was wondering cos you kind of hinted at it, if you said right I'm "Bad Lucy", would that make it easier to be more violent than you would be, or a way of justifying losing control? Does that make sense?

Lucy: No, I used to say it, so it would make sense to everyone else.

Lucy gave her angry outbursts a character – when she feels this way, she is 'Bad Lucy'. She initially stated that 'it was always the bad girl, the Bad Lucy'. Throughout her childhood, Lucy felt that she was always angry and therefore always 'Bad Lucy'. She linked being 'Bad' to the build-up of frustration, which wound her up and led to anger and violence. Lucy has been in care for most of her childhood, and states that she has 'always' been 'Bad Lucy', meaning that she cannot remember a time when she was not having to manage her frustrations anger. This has now become such a core part of her identity that she has named it as 'Bad Lucy'. 'Good Lucy' is only initially described as a 'side' to her character, and thus not the main element of

how she viewed herself. Lucy started this extract by saying 'it was always the bad girl, "Bad Lucy".

Lucy has been in care for most of her life and it is apparent that how she views herself, the "Good Lucy" has been repeatedly challenged as a result of her interactions in care, and is now only a 'side', to her character thus leading to frustration. The frustration, in a similar way to Mark, appears to spill over regularly leading to anger and violence to the extent that she has named this identity as "Bad Lucy". Again, this appears to be something that Lucy struggles to control, as she attempts to negotiate and renegotiate who she is in response to her interactions in care.

Defending identity

The previous chapter outlined how children described not being treated as an individual whilst in care. To do this, they spoke about seeking the company of those treat you as you see yourself, with some familiarity, away from the disorienting world of care. Scott discussed trying to 'force' a move to live with his older brother:

AM: Were you trying to make people listen, do you think that was linked to it, why you were doing what you were doing?

Scott: Yeah yeah.

AM: In what way?

Scott: Because I thought that if I hit them, it was more serious than just hitting people, but I thought if I hit them, they'll be like, sweet we'll move him. But it had the opposite effect. But erm, I was supposed to go and live with my other brother.

Importantly, the move that Scott sought was with 'my' brother and away from the care system. It is likely that this is because he could be himself with his brother and reside with someone with whom he has a relationship and sense of belonging. However, this did not work, and he stated that 'it had the opposite effect', as he was placed in another care home.

When Scott's attempts to force a move away from care and with his brother failed, Scott described defending who he was which sometimes led to violence towards care home staff because he wanted them to 'listen':

*AM: Then you've been removed from that, into ***** of all places and ended up committing different kinds of offences. Why do you think that is?*

Scott: Cos people don't listen, that's why. They need to learn to listen.

AM: What were you trying to tell them?

*Scott: Erm, I was just like you need to listen. Those who do not hear will feel. If you do not hear what I'm gonna say to you, you're gonna feel what I'm gonna say. Listen. People, they don't understand. They just think, "Aww you're this typical black lad from *****." "You don't know what it's like", I used to say to them. And I'm like "Alright then, alright then". Once they used my brother's death against me. They used to say to me, "Aww just because your brother's dead, you think you're a bad man." I used to be like, "Are you taking the piss?". I used to go mad. They had to hold me back because someone said something about my brother, I'd just go mad.*

Scott has stated in the above extract that if you do not listen to his words, then you will have to listen to his actions. Scott feels that he has no choice but to resort to actions. He has tried to use words, but this has not worked. Again, there is evidence that Scott is trying to comply with the care system; but when this did not work, he became frustrated and angry. Scott still feels that he is being stereotyped and that people are not listening to him. He therefore resorts to actions because he feels he has no choice.

But what has Scott said, what does he want people to hear? Scott has stated that the 'people' do not understand who he is, they are viewing him in a stereotypical manner, and not seeing him as he views himself. This has created a frustration in Scott as 'people' have not respected and understood who he is and how he views himself. Scott stated that 'they just think', and the

use of the word 'just' suggested that those around him have assumed that he is a certain way, recognising and interacting with Scott in the way that he views himself. Scott presents as desperate and frustrated, as he feels that people have not listened to his words and continue to not see him as he sees himself. It is through this frustration and anger, that he resorts to actions to protect how he views himself. Carers do not recognise who Scott is as an individual, his existing identity. He is frustrated because of this, and reacts in a number of ways, including resignation and compliance. However, when there is a more direct attack on his identity in relation to his family, and a mocking in the aftermath of his brother's death, Scott reacts by resorting to actions and his frustrations tip over into anger and violence.

It is evident that the children's links to their life before they came into care are very powerful. In a similar way to Scott, Luke described fighting or 'kicking off' with other children in the home when they mocked him about the physical abuse that he suffered from his family:

Luke: We used to terrorise this lad, that's why I got kicked out. He said something about me family hitting me, and I said, "You fucking what?", and bolted outside. He ran into his house, and I started kicking his doors in, saying "Let me in there now". I noticed his window was open, so I thought "fuck this" and climbed up his drainpipe, climbed into his window, and locked his room from the inside, and smashed his room up and shit on his bed.

AM: You shit on his bed?

Luke: Right on his pillow.

Luke chose a very specific course of action to get revenge on this child for winding him up about his family. He chose to go into his bedroom, and soiled his pillow. In the last chapter, the children discussed the importance of having their own personal space, and that their bedroom was often the place where they let their guard down and could be themselves. Therefore, by Luke breaking in this child's room and defecating on his pillow, he has committed an act of ultimate violation against an area that is very often most personal and where he rests his head.

When Luke has been mocked about his family, his sense of self and identity is also mocked; and so, it is likely that by invading the child's personal space the other child's sense of self and identity has been attacked and revenge has been sought.

Similarly, Matthew also responded violently against another boy when his mother was called a 'sket' (slag):

Matthew: I got put on incident innit cos I went to smash a cup of his head cos he called me mam a sket and that, so obviously, he dunt even know me mam.

Matthew has been angered by his mother being verbally abused, and stated that 'he called me mam a sket and that, so obviously he dunt even know me mam'. Matthew's sense of self will be closely linked to his family, and particularly his mother, so an insult against his mum is likely to insult Matthew personally, leading to anger and violence. Matthew stated, 'so obviously he dunt even know me mam'. The word 'obviously' points to Matthew being particularly angered by the fact that the other boy does not know who he is – therefore, who is he to judge? This has created the angry reaction in Matthew – it is not just the insult against his family and personal identity, but also that he seeks to judge him when 'he dunt even know'. Matthew uses the word 'me' when discussing his mother. Again, this points to a sense of ownership, and therefore by insulting something that belongs to Matthew and forms a key part of who he is, it has a similar impact to his own self being mocked.

Whether it is in response to your family being mocked, or to force people to listen to who you are, there is a sense that the violence that they are using is as a result of them fighting for and defending their identities.

Reinforcing identity

The importance of seeking out friendships with others who knew you before you went to care and relate to you as you see yourself away from the care home meant that some of the children highly valued these friendships, and even become involved in the same risky acts as their peers as a method of securing and maintaining the friendship. For example, Layla discussed being able to be herself with her friend, someone who recognised her as how she sees herself. Layla became involved with a peer who she knew before she went into care:

*Layla: We go way back me and *****, before we even lived there. And she got me into loads of trouble and that and got me taking loads of drugs.*

Layla stated that they both 'go way back me and *****, before we even lived here'. This is significant because they 'go way back'. Layla's friend in the home is the only person who sees her as she sees herself, or reflects how others saw her before she went into care. This is of value to Layla, who spoke in the previous chapter about the importance of being treated as she sees herself, and of reinforcing her own identity. Such relationships appear to give Layla a sense of who and where she is, as she attempts to navigate her way through care. Layla's friends were participating in risky acts, and she opted to participate, as a means of securing the friendship. This allows her to protect and reinforce her own sense of self. If she refused to become involved, Layla was concerned that she would 'look like a weirdo' and thus risk losing the friendship:

*AM: So when you were with ***** you said you were going out all the time, so were you just like running away from the home all the time?*

Layla: Yeah.

AM: So how long would you be gone for when you were legging it?

*Layla: I knew it wasn't right, I knew it was bad I just didn't want to look like a weirdo in front of *****.*

Layla is reinforcing her identity by seeking relationships with friends before she went into care. In this way, she is reinforcing her own identity and how she views herself, even if her involvement with her friends leads to the commission of criminal offences. In care, it has been established that the children are generally not recognised or interacted with in the way that they see themselves. Therefore, by seeking space away from care, and spending time with others who view you and see you as yourself; you are able to situate yourself more easily within this context, and gain a sense of your place in the world.

The importance of retaining friends who knew you before you went into care was also discussed by Paul. Although he had been in many care homes, he retained a core group of friends that he knew before he was in care. He discussed regularly running away from care and spending long periods of time, often days with his friends. This is possibly because, like Layla, his friends knew him before he was in care, and therefore relate to him as he views himself. From his description below, he spent all of his spare time with this group of friends, and described them as 'like family':

AM: There's a lot of you? And you've been with these lads for 4 years?

Paul: Yeah.

AM: And that's the whole time you've been getting in trouble you do know that don't you? So what do these lads mean to you?

Paul: Everything. They're like family.

AM: Family. So if you was out and someone did something to upset one of them, what would happen?

Paul: They'd get rolled on.

AM: By who?

Paul: All of us.

AM: Ok, so you all look out for each other? Where do you know these lads from?

Paul: Just like, when I've been going out with me mates from school, they were like their mates. So I started chilling with them, and we just got bigger and bigger and bigger.

Paul states that the bond between the group is so strong that they will willingly become violent as a group to protect one of their own. Paul used words in the above extract such as 'family', 'all of us', 'me mates'. This points to a sense of ownership that Paul has with this group, they belong to him and are a part of who he is. Paul is interacted with in a way in which he views himself, and is related to by all of the group in a similar manner. Paul seeks out his 'family', who he knew before care and reinforce his identity.

Creating a new identity

As described above, some of the children spoke about engaging in behaviours as a response to seeking to defend or reinforce how they view themselves. Some of the children also spoke about adopting new roles or identities in response to the challenge and disruption to how they view themselves that was outlined in Chapter Four. This usually involved behaviours which increased the child's sense of status with the peer group. Luke discussed 'sneakily' going shoplifting with his peers from the care home at weekends, following which he would sell the stolen goods for drugs:

Luke: Yeah just me and one mate, we'd go to a clothing shop like JD, we'd have a pair of wire cutters and pliers. You'd use the wire cutters and snip the pin, and I'd get off with a load of tracksuits and that. Say the tracksuit is £100, I'd sell it for £50. I made a grand in the first two weeks.

AM: Wow. And then what would you spend the money on?

Luke: Drugs. I don't know I had too much to spend. I just had it all in front of me for a little while. I thought I'd made it so I thought right I'll buy drugs, so I bought an

ounce of weed, smoked half of it, ticked half of it, I don't even know what I did with it, blew it all.

I'd do it there and then on the aisle as people are walking past. I'd just do it sneakily. I'd put a pair of joggers in another pair, snip them off and walk out with them.

Luke stated in the above extract when asked what he would spend the money on 'I don't know I had too much to spend'. He was not stealing to fund a particular item, and in the end how to spend the money was almost an afterthought. This would suggest that Luke was stealing not for drugs or so that he could enjoy the proceeds of it, but purely for acquiring money. He appeared to like the fact that he had a surplus of money, something that he may not have experienced before. This is evident when he said, 'I just had it all in front of me for a little while'. Luke appeared to be savouring the haul. Luke, then significantly stated that, 'I thought I'd made it'. Luke has stated that he has achieved success because he has money, and displays that he links his sense of status with possession of money and valuable goods. It is apparent that via his acquisitive offending, Luke has taken on the role of being 'successful' due to having excesses of money. It was how he saw himself.

Similarly, Daniel (below) made it clear that he 'didn't need the money, (he) was just making money'. Again, this points to the offending as giving Daniel a sense of status as he is 'making money'. Therefore, 'making money' allowed him to rebuild and protect his sense of status, and links to how he sees himself, leading to offending:

AM: So was it just someone walking down the street?

Daniel: Well yeah.

AM: And what did you take off him?

Daniel: £250 on him.

AM: Was that in cash?

Daniel: Yeah yeah just that in cash.

AM: What did you need the money for?

Daniel: I didn't need the money, I was just making money.

AM: Making money.

Daniel: It's not a good way to go about it.

AM: Well obviously not, but you make your money....

Daniel: And then what do I do with it? It lasts me a few days just on the booda and that innit?

The idea of 'making money' is usually associated with running a successful business in which you are making profit. Constructing a 'successful' self is likely to have served a number of purposes for the children which included increasing their sense of status, and also giving them a form of independence from the care system. For example, Daniel, like Luke, did not have specific items that he wanted to purchase with the proceeds of his offending. He described it almost as a way of living and managing financially on a day to day basis, and stated that, 'It lasts me a few days'.

Simon chose to adopt the role of the 'don' of the house when in residential care:

AM: No? And what did you used to do?

Simon: Prove I'm the don of the house.

For Simon, as an older child in care who at this point had been in many care homes, it was important to him to make it clear from the outset that he is in charge and establish his status within the group. Being part of a peer group is important as it offers a sense of identity, belonging and protection. However, as displayed above, if you are part of this group, there is still an expectation that you must conform to the behaviours of that established group. If Simon was able to establish himself as the 'don' of the house, which is how he viewed himself, it would have sent a clear message to the other residents that he cannot be bullied or cajoled in anyway, and allowed him to gain a sense of status within the home. To prove he was 'don' of

the house, Simon stated that he used to fight other children, leading to a number of criminal convictions for assault.

Summary

The children have responded to the challenge and disruption to who they are and how they view themselves whilst in care in a number of ways. Firstly, this has impacted on how they frame their relationship with the carers. The children discuss how they view their residential carers as different to foster carers and not as 'family'; refer to them as 'they' and not by name; and then link this with their frustration, anger and offending behaviours. The main focus of the chapter has been on how the children responded to being a 'looked after child'. This has been conceptualised as compliance, frustration, defending identity, reinforcing identity and constructing a new identity. Compliance involved accepting the rules of being in care, and the identity constructed for you by these rules. However, at times, this led to frustration, anger and sometimes violence, when the compliance did not bring about the anticipated benefit. For some of the children, the challenge to who they are and how they view themselves left them frustrated, and this often spilled over into expressions of anger and violent behaviour. For others, the challenge to their identity caused them to seek to defend who they are against others. Some of the children sought the company of friends from before their time in care who relate to them as they see themselves and reinforce their identity. This involved participating in the group's behaviours, which sometimes included offending behaviour. Finally, some of the children constructed a new identity that increased their sense of status with their peer group. This also involved some offending behaviours.

Being in the care system has been a difficult challenge for the children, as who they are and how they view themselves has been challenged and disrupted by their interactions with the care context. In response to this, the children have adapted and negotiated their identities, which has impacted on their behaviours. These concepts and ideas will be explored and discussed further in the next chapter by contextualising them within the academic literature,

and by discussing the wider concepts of symbolic interactionism, identity negotiation and desistance.

Chapter Six: Discussion

Introduction

This thesis seeks to explore the perceptions of children in care about their pathways into offending. This chapter will firstly situate the findings from the previous two chapters into the existing empirical literature. It will then consider the key concepts against the wider theoretical frameworks. Finally, a conceptual model is discussed which seeks to answer the first research question about the perceptions of children in care about their pathways into offending.

Three thematic groupings were identified in the findings chapters. The first relates to the context of care. The children discussed in Chapter Four a number of features of care that challenged how the children view themselves, and pointed to a disruption of the children's own sense of place in the world.

The second group of themes have been captured as the children's interpersonal interactions in care. The way in which they were interacted with and responded to by professionals, carers and other children disrupted their own view of themselves and their place in the world. Essentially, their identity has been disrupted by these interactions.

The children are trying to manage the complex, confusing, and often frustrating, world of care. At the same time, their identity is disrupted by this context. The children are trying to work out how they see themselves and their place in the world more widely. Being in care is the context that has disrupted their navigation system.

How the children respond to this has been captured in the third thematic grouping and is discussed in Chapter Five, which is entitled 'Responding to Care'. Being in care has been conceptualised as a journey through an unfamiliar, complex and confusing world. Their only reference points on this journey are their own experiences and relationships with others; upon

which a person's identity and sense of self is negotiated. When this is challenged or not recognised, the children seek out personal spaces, experiences and relationships which allow them to find their sense of self and place in the world. As part of this, the children are also trying to make sense of their relationships with their carers and position themselves regarding this.

Compliance involved the children trying to accept and follow the rules of their care placement. However, at times, this led to anger and some violent behaviour when complying did not produce the anticipated results. A response of frustration emerged strongly, resulting from the many disruptions and challenges to the children's views of themselves whilst in care. This meant that the children did not know how to be whilst in care, leading to confusion and frustration, which sometimes tipped over into anger and violence. Another response related to defending identity. Where the children felt that there was an indirect or direct attack on their identity, they sought to defend it. This defence led to some offending behaviours, including violence against other children, the physical environment or care staff. Some children sought to reinforce their identity. This involved getting personal space away from the care context, and seeking out the company of others who view you as you view yourself. At times, this led to engaging in the same behaviours as this company; some of which was construed as offending behaviour. The final response has been conceptualised as constructing a new identity, which involved increasing a child's own sense of status with a peer group. This, again, involved engaging in some offending behaviours.

The children have had to constantly negotiate and renegotiate their identities as who they are and how they view themselves has been challenged and disrupted by their interactions with care. The responses to being in care have been organised around five concepts (compliance; frustration; defending identity; reinforcing identity and constructing a new identity). This often resulted in a range of behaviours, including offending behaviours, which very much depended on the own individual child and their own unique situation.

Situating the Themes within the Literature

The context of care

The children discussed a number of features of care that disrupted how they view themselves and their sense of place in the world. They also highlighted the unfamiliar and unusual world in which they were now living. All of these features related to the context of care and were developed into sub-groups of 'being in care does not feel like a home', and a 'lack of space in care'. The main criminological research papers that have considered the links between children in care and offending have focused on individual risk factors based on a child's historical behaviour to explain their offending (e.g. Schofield et al, 2012). The findings chapters have revealed that the children focused how their interactions with their care environment in the present disrupted their view of themselves and their place in the world. The focus on their immediate environment in the here and now; rather than a consideration of a child's individual deficits based on historical information and behaviour offers an alternative perspective on children's pathways into offending, and points to the impact of the child's interaction with their context on their own identity and behaviours.

Discussion of the challenging contexts the children were positioned within focused upon issues such as the rules within a placement, the strict routine, the role of care staff, and the presence of an office. In contrast to this, the main care feature that was highlighted as problematic within the literature was frequent placement moves. For example, the children in Hart et al (2011) linked frequent placement moves with increasing their risk of offending, which was not highlighted as problematic by the children in this thesis. This could be because the children questioned by Hart et al were generally aged seventeen and transitioning out of care. This could mean that their perspective on the impact of care on their offending is different from those who are currently living in it and offending. However, it also suggests that when prioritising the voice of the child, different features may be highlighted which could point to

different conceptual challenges whilst in care that have not been previously addressed in the literature.

One of the subthemes identified within the context of care was a lack of personal space for the children to be themselves and relate to people who view them in this way. Hopkins (2010) discusses the importance of place in identity formation for children and focuses specifically on a child's 'home', where children can be themselves. Hopkins links a child 'being themselves' with identity assertion. In line with this thesis, Hopkins links the physical space, with a child being themselves and identity. The findings in this thesis take this a step further and display how a child's interaction with their context impacts on identity development. Christensen and James (2001) also found that the two social spaces of school and home shape children's identities and lives. The children in care literature has established a link between a physical space and identity development. However, it has not explored how they are linked or explored specifically why the physical environment is linked with identity. This thesis seeks to answer both of these questions by arguing that children in care are interacting with a care context that disrupts their identity by challenging their view of themselves and their place in the world. The disruption occurs by the presence of many features of the care context that cause it not to feel homely or for the children to have personal space away from care where they can be 'my' self, with 'my friends' and spend time on my 'own'. The many consistent and repeated disruptions to the child's identity whilst they are in the context of care means that the child's identity is negotiated and renegotiated as they attempt to navigate their time through the care context. What is unique about being in care is that the disruptions to a child's identity are at an accelerated rate, given that they are interacting with a context that contains many features that act as these disruptions. The accelerated rate of identity disruption has also been discussed in the children in care literature as part of the Literature Review and is discussed further, below.

The children's personal interactions in care

The second major theme relates to the children's interactions with their carers and professionals; and how these interactions disrupted and negotiated the children's views of themselves. One of the subthemes within the second group of findings has been conceptualised as the children not being treated as individuals whilst in care. A person's individuality is what uniquely defines them and is shaped by their experiences, interactions and relationships with others. For children, the emphasis on their experiences and relationships with their birth family may be even more marked given their younger age. The perception that their individuality is not recognised, is clearly related to Selwyn's (2015) observation that the children's long-standing relationships with their own families and friends were not prioritised or given consideration. This disrupted their own identity and the negotiation of it suggested an alternative one for the children. Examples include a generic looked after identity, or stereotyped identity based on a label.

A further example of this suggestion of an alternative identity has been conceptualised in the findings chapters as 'being labelled'. Selwyn (2015) discussed the impact of negative labelling and the stigma of being in care, and found that people generally responded with sympathy, or viewed the children as 'troublemakers' (Selwyn, 2015: 10). The children also discussed their desire to be treated as an individual, and wanted professionals to respect their identity beyond that of a looked after child (Selwyn, 2015: 13). Selwyn, in line with this thesis, has found that children in care do not want to be labelled as a 'looked after child' due to the stigma associated with this. She also found that children in care wanted to have their own individual identity respected. This thesis further builds on this by explaining how the interactions with the carers and professionals caused the children to feel labelled. This disrupted the children's own view of themselves and their place in the world and negotiated their identity to a 'looked after child'. This thesis also considers how the children responded to this in a number of different identity negotiations which led to a range of behaviours, many of which were construed as offending behaviours.

The impact of disruptions to care on a child's identity has been highlighted in the literature (Colbridge et al, 2017; Ward et al, 2011). Ward et al (2011) found that when children experienced multiple transitions, they engaged in self-destructive behaviours, including delinquent behaviour. Children in care experience accelerated transitions, which impacts negatively on identity formation. Disruption narratives such as placement instability are ideal for exploring identity construction (Becker, 1997). In line with this literature, the thesis also highlights that being in care leads to many disruptions at an accelerated rate. The findings in this thesis also support the premise that disruptions or accelerated transitions can impact negatively on identity development. Crucially, however, as discussed in the preceding paragraph; the existing literature does not explain how and why the disruptions in care impact negatively on a child's identity development. Nor do they explain why this can lead to challenging behaviour. This thesis seeks to bridge this crucial gap and offer the 'how' and 'why' answers to these questions.

An important feature of children's personal interactions in care related to the role of peers. A number of the children discussed the importance of interacting with peers who view them as themselves. Emond (2014) focused on the influence of peers on a child's identity formation and found that relational discourses define and redefine a children's sense of place and self. She found that children have to navigate and negotiate their way through the 'rules' of relationships, which in turn produces embodied beliefs about worth, belonging, intimacy, and exploration and alteration of self-identities (Thorne, 1993, Corsaro, 2005). Many of children in care's significant relationships were with other children and their sense of belonging and identity is closely linked to how they are seen by and responded to by their own peers (Emond, 2014). Similar findings were also made in this thesis, as the children actively sought out interactions with peers who viewed them as they view themselves. Where this thesis differs from Emond's work is that where she highlights the positive impact of peer relationships; this thesis then goes on to consider how the interactions with peers impacted on identity

negotiation, and how this led to some offending behaviours. This is further elaborated on in the next sub-heading, below.

The responses of the children

The tension between care and control emerged strongly in the children's residential care literature. Berridge and Brodie (1998) found that control in residential homes was the greatest concern of staff and the area where they received the most training. Where control problems emerged, it related to the children's desire to leave the building, rather than direct conflict with staff. The findings in this thesis can offer some further insight into why this may be. Many of the children discussed the need to leave their placement to seek space away from the home to interact with others as they view themselves. This involved wanting to associate with friends, family or a 'home' area that belonged to them and as such was part of who they are; it was part of their identities negotiated on the basis of their previous interactions with their family and friends.

Kahan (1994) directly addressed the tension between care and control and, whilst recognising the many challenges faced by a workforce that is often poorly managed and lacking in training and qualifications, states that the care of a child must take priority. She notes that when settling into a home, the over-emphasis on bureaucratic procedures can make children feel that their individual needs are secondary to those of the organisation. The findings in this thesis can offer an explanation of why this is. When interacting with a bureaucratic system, the children's identities are negotiated away from their individual identities and into a more generic 'looked after child'. By doing this, the needs of the organisation are given priority over the needs of the individual child, as they are no longer interacted with on this basis.

Despite the apparent tension that exists, the literature concludes that care should take priority over the professional expectations of a role, and that it is possible to deliver good quality care to complex and challenging groups of children in residential homes (Kahan, 1994; Berridge, 1998).

The key to the quality of the care is for the children to achieve consistent and trusting relationships with carers (Kendrick, 2008). The literature asserts that a child's individual needs and to feel cared for should take priority, and that trusted relationships with professionals is key to this. However, the literature does not consider how such relationships should be achieved. This thesis suggests that the children's interactions with the care context disrupts how they view themselves and their sense of place in the world; leading to negotiations and renegotiations of their identities. This offers an explanation of why, for the children interviewed in this project, their individual needs are not taking priority and they are not feeling cared for. A care context that is able to interact with the children in a way that does not disrupt how they view themselves and actively values the children's identities would be one in which they also feel that their individual needs take priority and they feel cared for. Some recommendations about how to achieve this are made in the next chapter.

One of the responses of the children to the disruption to their identities was to comply with the rules and expectations of being in care. The tension that exists between the identity negotiated by the institution and the child's own identity negotiation is important. Where a child responds by complying with the care regime and thus accepting their institutionalised identity; frustration would follow if led to further restrictions and impositions. Institutionally-negotiated identities were not discussed in the empirical criminological literature. Discussions and findings surrounding institutional identities have been taken from work on substance misuse, work with violent offenders in custody and the children's residential care literature. Gubrium and Holstein (2001), and Loseke (2007) form the theoretical framework for this. Hacking (1999) developed the term 'make up' in relation to institutional identity construction. Jarvinen and Andersen (2009) found that treatment institutions 'make up' their clients by transforming their personal experiences of substance misuse into distinct troubled identities that match the working logic of the treatment system. McKinney (2011) found that a child's foster carer constructed a totalising and durative 'institutional identity' that they tried to impose on the child during their interactions. McKinney discussed how, during a discussion between a foster carer and child about an incident at school, the child's identity was negotiated between the foster carer's negotiation

of a 'bad child', and the foster child's negotiation, which started off as a blameless identity; and eventually became a 'bad child' identity but was negotiated to being limited to certain situations. This was despite the foster carer's attempts to impose the more totalising 'bad child' identity to the child during their interaction.

A number of different institutionally-negotiated identities emerged during the findings in this thesis, some of which have already been discussed. McKinney (2011) discussed the negotiation of a 'bad identity'. This thesis discovered many others, including the generic 'looked after child' identity; or other identities linked to some form of stereotyping. Where this thesis takes the work of McKinney (2011), Hacking (1999) and Jarvinen and Andersen (2009) a step further is that it considers how the negotiation of identity impacts on behaviour. The response of compliance is closely associated with the child's identity being negotiated to a 'looked after child' and complying with the rules and expectations of being in care and being a 'looked after child'. Where the compliance did not produce the benefits associated with compliance; the children's frustrations often overwhelmed them; leading to a further renegotiation of their identity away from compliance, and an outburst of anger and some form of violence.

The second response of the children has been conceptualised as frustration. The evidence in the thesis points to the frustration arising from the many disruptions to the children's identities whilst in care. The frustration then spills over into anger as their identity is disrupted and challenged, and they then struggle to negotiate their identity and locate their place in the world. The language of 'frustration' is largely absent from the literature on children in care but forms a central part of their response to the care system in this thesis. Kilpatrick (2008) acknowledges that the disempowering effect of residential care can be a source of frustration for the children; but this is not mentioned within other studies. It is surprising that the empirical literature, to date, has not explored how children become frustrated in care, and the impact that this could have on their own identity negotiation and subsequent behaviour. The themes emerging from this thesis suggest that the role of frustration in the children's pathways into offending behaviour is significant. The thesis takes this a step further, and rather than just

establishing a link between frustration and offending behaviour; it seeks to offer an explanation of how the two are linked within a framework of identity, and then considers how the negotiation of identity can lead to the commission of some offending behaviours.

The third response of the children to being in care is to defend their identity. Where a child's identity was mocked in some way; this was defended by them, usually involving some form of violence either against the physical environment or another child/ carer. Rios framed this defence of how you view yourself as a 'basic struggle' for 'dignity':

'Striving for dignity is a more basic struggle, often overlooked, in which boys are demanding the right to be seen as 'normal', to be treated as fellow human beings, to have a sense of positive rites, and not to feel criminalized.' (Rios, 2011: 115).

The search for 'dignity' or to be treated as a 'fellow human being' is akin to the children seeking to be treated as they see themselves and defending their identities. For the children in this thesis, the desire to be treated as a 'fellow human being', meant being treated and interacted with as they see themselves, and the negotiation of this meant directly defending their own identity, often leading to offending behaviour. Rios notes that this could lead to further negative consequences in the long run if they are criminalised as a result, and their defence results in offending behaviours. However, this risk appears to be worth it, as it allows the children to negotiate their identity on their terms.

This bears resonance with Willis's (1977) work on working class youths, *Learning to Labour*, in which he argues that by youths practising an 'oppositional working-class culture', they contribute to the 'maintenance and reproduction of the social order' (Willis, 1977: 3). Placed within the context of this thesis, as the children sought to defend their identities; this often led to offending behaviours and being criminalised as a result. This maintains and reproduces the social order of children in care being disproportionately more likely to produce offending behaviours than the general population. This thesis expands on this by highlighting how the disruptions and negotiations to the children's identities, leads to offending behaviours.

Willis's description of penetrations and limitations also has relevance:

'Penetration is meant to designate impulses within a cultural form towards the penetration of the conditions of existence of its members and their position within the social whole but in a way which is not centred, essentialist or individualist. Limitation is meant to designate those blocks, diversions and ideological effects which confuse and impede the full development and expression of those impulses' (Willis, 1977: 119).

The responses of the children in this thesis that involve them seeking to negotiate their own identities, and not accept the institutionally-negotiated identities can be understood as a form of penetration. This gives the children a sense of 'freedom, election and transcendence'; but ultimately can also lead 'into a system of exploitation and oppression' (Willis, 1977: 120) by being criminalised for the behaviours resulting from the negotiations of their identities. The process of criminalisation as a result of the children's offending behaviours could also be framed as a limitation. This could be why Stanley (2016) found that children in care become institutionalised and view entry into custody as inevitable.

A further response of the children to being in care has been conceptualised as reinforcing their identity through seeking out the company of friends or family who interact with them based on how they view themselves and a negotiated pre-care identity. Emond (2014) has explored the impact of relationships with friends whilst in care and that this defines a child's sense of belonging and identity. A number of studies have also pointed to the importance of maintaining pre-care links with friends, family and the 'home area' for children in care to allow positive identity formation (Stein, 2008; Swain and Musgrove, 2012). However, although a link between maintaining pre-care links and identity has been established in the literature; this thesis builds on this understanding by offering an explanation for why they are linked, and how it can impact on offending behaviours. Being in care meant that the children experienced many disruptions to their identity negotiation that caused them to lose their place in the world. Such disruptions include the features of care described in Chapter Four. In an attempt to negotiate their identity to one where they know themselves and their place in the world; the children sought out

interactions with others who viewed them and interacted with them in this way as a way of reinforcing their own negotiated identity.

A final response to being in care has been conceptualised as negotiating a new identity. This related to increasing a child's sense of status with others. McMurray et al (2011) found that children in care commonly take on board adult responsibilities and higher levels of independence than they would if brought up in other environments, which has an impact upon identity formation. This may be the normative process of separation and search for 'me-ness' (Erikson,1968), albeit at an 'accelerated' rate for those that are looked after (Stein 2002). The findings in this thesis suggest that the desire to negotiate an identity which increases a child's sense of status within a group also led to some offending behaviours. By negotiating an identity on this basis, the children are able to distance themselves from the disruptions to their identities whilst in care and negotiate new identities which also increases their own status within the group.

Situating the Key Concepts within the Wider Theoretical Debates

Three key concepts of identity, identity disruption and how this links to offending behaviour underpin the themes that emerge from the findings. How these concepts are situated within the wider theoretical debates will now be considered.

Identity

The impact of care on a child's identity has been a consistent feature of both the findings chapters and the children's social care literature. As discussed in the literature review, identity is understood to be a process of identification, which is lifelong and is based on one's social interactions with others (Jenkins, 2008). Therefore, identity formation or development is viewed as a social process, which develops when one interacts with their environment and others. The Youth Justice Board (YJB, 2018) have recently adopted the definition of identity offered by the Beyond Youth Custody literature as how 'they make sense of themselves within

their life story (their 'narrative')' (Hazel et al, 2017). O'Connor (2003) took this a step further and considered how interactions impacted on how a person positioned themselves in relation to the other. Therefore, if a person was in the role of leader in an interaction; how they position themselves would impact on the identity that they negotiate. This would differ if the same person was in a different role with their peers.

The concept of identity emerged in the Literature Review and features as a key concept in this thesis. One's identity cannot therefore be separated from the surrounding environment, as identity develops within the environmental context and is therefore socially bound (Harter, 1990). One can therefore have multiple identities which are dependent on a person's interpretation of their interactions with their environmental context and society (McAdams, 1997). Both desistance theory (Maruna, 2001) and symbolic interactionism (Blumer, 1969) support this theoretical premise, as the individual's conception of self emerges from their interaction with others. There are particular overlaps with the notion of secondary desistance, which suggests that once one has engaged with primary desistance (stopping offending and becoming crime free), they seek to construct an alternative personal identity for themselves which is free from the criminal label (Maruna and Farrell, 2004).

This thesis recognises that one's identity development is an ongoing 'transactional process' (Bruner, 1990) and 'living relationship' (Lave and Wenger, 1991). This process is one where a person's identity is negotiated and renegotiated (McKinney, 2011). The process of identification is marked by a number of disruptions as a result of being in care. These disruptions have been captured in the Chapter Four, which focuses on the care context and a child's personal interactions whilst in care. Both the features of the care context and a child's personal interactions challenged or restricted how the children saw themselves, leading to negotiations and renegotiations of their identity, as they attempt to orient themselves in care.

When discussing the negotiation and renegotiation of a child's identity, Goffman's work as a symbolic interactionist on front and back stage worlds has relevance. Goffman's (1959) reference to front and back stage worlds, was that the latter was more authentic and only revealed within trusting relationships. By this Goffman is stating that act of performing is what makes us a person; we are not adopting characters when we negotiate or renegotiate our identity, it is not a conscious choice. Rather, as one interacts with others and their social context, and seeks to make sense of themselves within this, the act of negotiating and renegotiating identity is what makes us a person. Therefore, it is a combination of the context with which the person is interacting, and how they interpret and make sense of this which causes a negotiation and renegotiation of a person's identity. Goffman is suggesting that the process of negotiating (and performing) an identity is the product of one's interaction with others, and that we are all to one degree or another always performing being a person. Therefore, the self then does not cause a social situation, it occurs as a result of a social situation. This is achieved, according to Goffman (1959) through performance.

Symbolic interactionism emerged as a response to the dominant, positivist ideology that focused on macro-level institutions and social structure, and how they impacted on or defined individuals. This has particular resonance with the key concepts of this thesis, which focus on how a child's interaction with the care context disrupts a child's identity development, leading to a child negotiating and renegotiating their identity as they try to re-orient themselves in care. Symbolic interactionism advocated a focus on the micro, and particularly the interactions between individuals to explain how society functions. The focus is on the subjective meanings that an individual takes from their world around them, and it is these repeated, meaningful interactions that make up society. As already stated, the focus in this thesis is not just on how macro level institutions shape an individual, but also on how the individual interacts with such institutions and interpret what is going on around them.

How a child in care negotiates and renegotiates their identity in response to their interactions with the care context aligns itself closely with Blumer's (1969) four basic tenets of symbolic

interactionism. They are that individuals act based on the meanings that something has for them; interaction occurs within a particular social context in which people and situations must be defined or understood based on individual meanings; meanings emerge with other individuals and with society; and meanings are continuously created and recreated through interpreting processes during interaction with others.

Of specific significance to this thesis, Blumer asserts that behaviour is a reaction to an individual's interpretation of an interaction. This aligns itself closely with this thesis in that behaviour is part of a response to the interaction between the child and the care context. The disruption and challenge to how a child views themselves and their place in the world leads to them negotiating and renegotiating their identity as they attempt to make sense of who they are and how they should be to navigate their way through care. This leaves the children frustrated and angry, which can lead to challenging behaviour directly as a result of this anger, or as a result of a further, renegotiated identity. The impact of the child's interaction with care on their identity development and subsequent behaviours has not been addressed previously in the literature. This thesis seeks to highlight the impact of identity disruption, and the symbolic interactionist school has influenced this concept.

Identity Disruption

This thesis places identity disruption as a central concept for explaining children in care's pathways into offending. A child's identity development is disrupted by their interactions with the care context. As stated, some examples of disruptions include accelerated transitions (such as frequent placement moves), the many rules that the children are expected to follow, the lack of space that they refer to whilst in care, not being recognised as an individual, and having no information about the future. All of these features were explored in detail in Chapter Four. The impact of these disruptions meant that the development of their existing sense of who they are and how they fit into the world is restricted, challenged and negotiated.

Identity disruption has not been explored within the criminological theoretical literature. However, a number of studies from the children's residential care literature, taking a symbolic interactionist perspective, have considered the impact of care on a child's identity development.

For example, Ward et al (2011) found that when children experienced multiple transitions, they engaged in self-destructive behaviours, including delinquent behaviour. This does not explain why the multiple transitions can lead to self-destructive and delinquent behaviours. However, Ward et al's study does establish a link between the two. This thesis takes Ward et al's findings a step further and offers an explanation for how the multiple disruptions can lead to the challenging behaviours, including offending behaviour. This appears to be a recurrent theme throughout the children's residential care literature in that a link is found in several studies between identity and identity disruption, and challenging behaviours. This thesis builds on these studies by explaining why and how the two are linked.

In line with the findings in this thesis, children in care experience accelerated transitions, such as frequent placement moves, which impacts negatively on identity development (Stein, 2008). Such transitions were captured by Becker (1997) as disruptions to a person's life. Becker explored the impact of disruptions to a person's identity development, such as the impact of a sudden bereavement. Generally, such disruptions impacted on a person's identity development and, proposed that disruption narratives are ideal for exploring this (Becker, 1997). In line with Becker, this thesis also found that disruptions to a person's life impacts on their identity development. The focus of this study is on the specific context of care, and how the disruptions of care impact on identity development and offending behaviours.

The significance of the context of care and how it disrupts a child's own view of their place in the world has been highlighted as a key feature in this thesis. A number of writers have considered the important role of place and space in identity development. For example, Clark et al (2014) emphasised the important social and emotional context of a home. Young (1997)

found that home materialises a child's identity, and concluded that it is therefore important that a child has time to develop a deep-rooted connection with a space to in turn develop a pro-social/ positive identity. One of the consistent features within the findings and the empirical literature related to the impact of placement instability. Here it is associated with the negative impact on a child's identity development. Framed differently, placement instability can be viewed as a disruption, thus preventing a child from developing a deep connection to a place or space, and may offer further insight into how placement instability can impact identity development.

A number of writers referred to the importance of the environment when considering the social context of identity construction. Coleridge et al (2015) referred to adverse environments, and Kools (1997) found that children in care had to actively construct an identity to survive 'dangerous and abusive' environments. Again, this is the care context that children are interacting with, and several studies (Coleridge et al, 2015; Kools, 1997; and Young, 1997) all suggest that children in care are less likely to develop a positive connection to a physical space or environment, leading to a negative impact on identity development. Desistance theory links interactions with social contexts with identity formation and subsequent behaviours. Symbolic interactionism helps to explain why the identity formed may be negative, by illuminating the harmful aspects of the interaction with the care context, which can then impact on the responses and behaviours produced.

A further negative aspect of the care context related to the stigma and negative labels attached to being in care, making the construction of positive identities difficult whilst in care. This was clearly evident in the findings as many of the children displayed an awareness that residential care was considered to be a placement of last resort, and concluded that they were considered to be one of the 'bad kids' or 'pushed to one side' as a consequence of being placed in this environment. The impact of this labelling led to the children's identities being renegotiated, and behaviour being affected by this. In a similar manner, Kools (1997) found that the children in

foster care in her study experienced stigmatisation, which led to a devaluation of the self. She defined stigmatisation as:

'the devaluation of one's personal identity by other's through biased assumptions, description or identification in negative, stereotypical terms, and behavioural expectations and treatment in accordance with these biases or labels' (Kools, 1997: 267).

Kools explored the general feelings of shame and stigma that being in care can have, and the impact that it can have on a foster child's self-esteem. In both Kools' and this study, both children discussed the impact of being labelled as one of 'those' children, and that this can lead to an internalisation of the label and a conforming to behaviours. Where this thesis takes Kools' findings a step further is that it offers an explanation for how the label can impact on behaviour, when considering pathways into offending.

A further impact of labelling was that the children were no longer viewed as they viewed themselves, meaning that they lost their sense of place in the world, leading to a negotiation/renegotiation of the children's identities as a way to manage this. Kools (1997) captured this as the removal of the child's individuality and self, which was referred to as 'depersonalisation'. Kools defined depersonalisation as:

'...the devaluation of one's personal identity through impersonal treatment and lack of individual consideration and respect' (Kools, 1997: 266).

As part of the negotiation and renegotiation of a child's identity in response to the disruptions experienced whilst interacting with the care context, it was found that interacting with the care context meant that some institutionally-negotiated identities were often applied to children in care, many of which were labels often based on stereotypes or as a generic 'looked after child'. Framed within Kools' work on depersonalisation, by negotiating a child's identity to an

institutionally-negotiated identity of 'looked after child' or another label; the child's own identity is devalued. One of the responses to this negotiation was for the child to comply.

Where a child's identity was disrupted by the institutionally-negotiated identity, some children responded with compliance. This is in line with the literature in this area as Stockholm (2009) described welfare institutions as a 'civilizing project', with the aim of shaping a child's identity. Neilsen and Kolind (2016) found that institutions aim to identify and fix 'troubled persons'. Rowe (2011) argued that identities are imported into prison, shift in response to the experience, and are negotiated, projected and defended in social encounters. Rowe also found that prisoners referred to an erosion of the self and person whilst in an institution.

How institutionally-negotiated identities are developed is through the use of 'formula stories' (Loseke, 2001). A formula story is the process by which an individual's social troubles are identified, conceptualised and transformed by collective processes of explanation and categorisation (Jarvinen and Andersen, 2009: 867). Troubled activities are understood and reconceptualised into workable categories that complement the organisation/ field that is working with those clients. Therefore, for children in care who are in trouble with the law, this would be about reconceptualising their activities so that they can be viewed as troublesome/dangerous/delinquent in need of risk management and control. It is from this that the institutional identity is developed. For professionals to work with you, you have to behave in a way that displays 'institutionally preferred personas' - or comply with the system. Loseke (2007) points out that services have an image of their 'typical' client and have an 'idea' of what their client needs and what their problems are. Formula stories sort out troubled, complex, messy lives into 'manageable' categories that are consequential and ultimately seek to shape and construct an identity for an individual based on this conception.

However, as Jarvinen and Andersen (2009) state:

'There is never a perfect match between the institutional narratives and the concrete experiences and expectancies of individual clients. Some clients fit into the profiles set up

by the formula story, while others challenge it. Hacking (1999) used the term 'looping effect' to describe the processes by which people either adapt their identity and behaviour in response to institutional definitions or challenge the categorisations' (Jarvinen and Andersen, 2009: 867).

The above extract from Jarvinen and Andersen helps us understand, from an analytical perspective, why the children respond to their interactions with the context of care in the way that they do. For example, the children who choose to comply, have negotiated their identity in accordance with the institutionally created identity, which has impacted on their behaviours.

Offending

The core argument of this thesis is that the children's pathways into offending behaviours occur as a result of their trying to cope with the identity disruptions from being in care. The identity disruptions leave the children disoriented, angry and frustrated. Existing social care literature has noted the importance of the care environment and relationships on a child's identity development. It has also recognised the negative impact of identity disruption on the wellbeing of children in care. This literature has been particularly influenced by the symbolic interactionist school and has been explored in the above subsections. Attention will now turn to the criminological literature, particularly desistance theory, which recognised the relationship of identity to offending.

As outlined in the Literature Review, Maruna focuses on the shift in identity formation as a two-stage process in the Liverpool Desistance Study (Maruna, 2001). The first stage, primary desistance, is where criminal activity ceases for a period of time. Then secondary desistance takes place, when the offending ceases completely, and the offender no longer identifies themselves as a criminal. Establishing a 'coherent prosocial identity' was key to maintaining desistance (Maruna, 2001: 7). Secondary desistance, and the link between identity negotiation and ceasing offending is of particular relevance to this thesis. The findings in this thesis turns

the process of secondary desistance on its head, and links identity negotiation with the commencing and maintenance of offending behaviour, rather than ceasing offending. The findings also take this a step further and explain how disruptions to a person's identity development can ultimately lead to a number of behaviours, including offending behaviour.

This thesis outlines that an interaction between the child and their care context takes place. It is this interaction that disrupts the child's identity development, causing them to lose their sense of place on their care journey. Recent research on desistance (McMahon and Jump, 2018) has focused on theories which explain desistance in terms of an interaction between the individual and socio-structural factors, whereby desistance occurs when an offender's attitudes, values and decision-making change alongside a socio-structural context that is also changing. 'One cannot happen without the other and changes in both agentic and social domains are crucial for desistance' (McMahon and Jump, 2018: 6). This has parallels with symbolic interactionism which also focuses on the interaction between an individual and the changing socio-structure around them (Blumer, 1969). This thesis builds on the work of both desistance theory and symbolic interactionism by offering an explanation of how the desistance (or persistence) occurs as a result of the interaction. It seeks to answer this question by considering how disruptions to a child's identity development leads to a negotiation of their identity, leaving them angry and frustrated (which can directly lead to offending) or to the creation of an identity which contains characteristics which make offending more likely.

The findings in this thesis have led to one of the first considerations of how desistance theory could help develop our understanding of children in care's pathways into offending. Hazel et al (2017) applied secondary desistance theory (Maruna, 2001) to their 'Framework for Resettlement Services' as part of the 'Beyond Youth Custody Programme'. The Youth Justice Board have recently adopted this approach and published a document 'How to make resettlement constructive' (YJB, 2018). Hazel et al (2017) argue that the pro-criminal identity then shapes the way that children interact with others; and this includes engaging in offending behaviours. Importantly, they cite the work of Factor et al, 2015, who found that a child's pro-

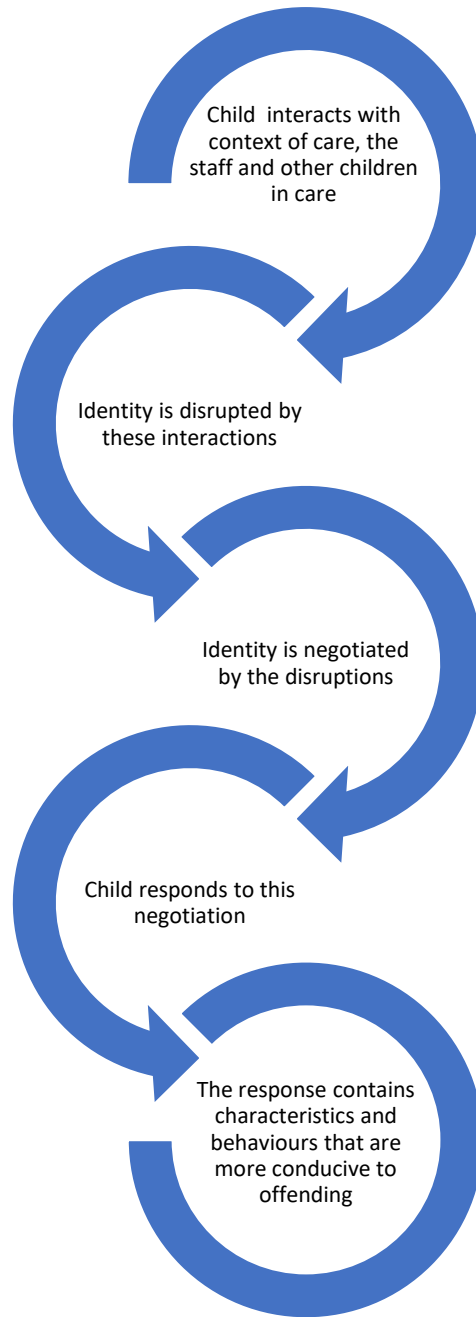
criminal identity may not be as a criminal, but could contain ‘characteristics conducive to criminality – such as ‘tough’, ‘street-wise’, ‘a fighter’ or a ‘gangster’”(Hazel et al, 2017: 7). In a similar way, the children in this thesis responded to the disruption to their identity development, and the responses contained a number of characteristics that were more conducive to offending behaviour. These have been captured in the series of responses in Chapter Five, and include frustration as a response, which can lead to anger as a key characteristic that makes offending behaviour more conducive. Equally, the responses of defending identity, reinforcing identity and developing a new identity all contained a number of characteristics that were more conducive to offending. They included running away from care, associating with peers, increasing their sense of status with others, or defending their own status against attacks from others.

The findings in this thesis provide further insight into the development of a pro-offending identity and point to the continued cycle of disruptions to a child’s identity that result from their interactions with care as key to explaining their pathways into offending behaviour. This thesis considers how a child’s identity is disrupted, leading to a constant negotiation and renegotiation of their identity; producing various responses that contain characteristics that are more conducive to offending. It is therefore apparent that the care context is one which disrupts a child’s identity at a disproportionate rate than for children in a ‘normal’ family home. This may therefore offer an alternative perspective on to the debate on why children in care are disproportionately more likely to offend than children in the general population.

The Negotiating Identity Model

Based on the themes emerging from the findings chapters, and subsequent discussion situating the findings into the empirical and theoretical literature, a model entitled ‘Negotiating Identity’ is suggested as a framework by which to answer the first research question in this thesis: ‘What are the children’s perceptions about their pathways into offending behaviour?’ The answer to this question can be summarised in the figure below:

Figure 6.1 Negotiating Identity Model



Whilst in care, the children are trying to make sense of who they are and their place in the world, and cope with the disruption to it. Offending is a behavioural response to cope with the disruption. Children enter into a care context with an existing identity. Their identity is based on their narrative that is constructed from their interactions with others, memories, experiences,

and their social context. A child's identity development is disrupted by their interactions with the care context. Some examples of disruptions include accelerated transitions (such as frequent placement moves), the many rules that the children are expected to follow, the lack of space that they refer to whilst in care, not being recognised as an individual, and having no information about the future. Development of their existing sense of who they are and how they fit into the world is restricted, challenged and renegotiated, so they lose their bearings, unclear how to navigate their care/life journey.

This identity disruption leaves them disoriented, angry and frustrated. They have various responses in trying to cope with the disruption, playing their part in further renegotiating their identity in order to orient themselves so they can navigate their journey. This negotiation process allows offending behaviour at one point or another. The offending behaviour may be either be early in the process (resulting directly from frustration) or further on in the negotiation of a new identity (playing out a revised characteristic).

As noted above, existing social care literature has noted the importance of the care environment and relationships on a child's identity development. It has also recognised the negative impact of identity disruption on the wellbeing of children in care. This literature has been particularly influenced by the symbolic interactionist school. The criminological literature, particularly desistance theory, has recognised the relationship of identity to offending. Focusing on the themes from children in care suggests that their pathways into offending can be better explained by marrying the two: offending results from their trying to cope with the identity disruption from being in care.

Summary

This chapter has explored how the findings fit with the empirical evidence presented in the literature review. It then considered how they fit with the wider theoretical debates. Existing social care literature has drawn on the symbolic interactionist school when considering the

impact of the care environment and relationships on a child's identity development. It has also recognised the negative impact of identity disruption on the wellbeing of children in care. The criminological literature, particularly desistance theory, recognises the relationship of identity to offending. The Negotiating Identity Model, introduced at the end of the chapter, bridges the gap between the social care and criminological literature by arguing that offending results from a child trying to cope with the identity disruption from being in care. The model can be summarised as: by interacting with a care context that disrupts a child's identity development, their identity is renegotiated as a means of coping with the disruption; the children appear to be stuck in a process whilst in care that produces and reproduces the negotiation of identities that are more conducive to offending.

Chapter 7: Conclusion

Key Findings and Implications for Policy and Practice

Introduction

Since commencing this research project, there have been numerous developments regarding children in care. A number of key reports have been published by Government, including the 'Review of the Youth Justice System in England and Wales' (Taylor, 2016) and a report on 'Residential Care in England' (Narey, 2016). Both the Prison Reform Trust and the Howard League are conducting or have conducted a review into the criminalisation of children in care within the last 2 years. There is also a renewed academic interest, as the push for the 'Children First, Offender Second' principles gathers momentum (Haines and Case, 2015) within youth justice. Indeed, whilst drafting this thesis, a special edition, that I was invited to edit and contribute to, of the Safer Communities academic journal has been published with a focus on the criminalisation of children in care. There appears to be an appetite for change within policy and practice; making the findings and key recommendations of this project particularly timely.

In the final chapter, the Negotiating Identity Model is framed within current policy practice, and its implications for future policy and practice are also considered. Although there appears to be political interest in resolving the challenge of the disproportionate numbers of children in care in the youth justice system, the key concepts in the Model indicate that systemic change is required to address this challenge.

The Research Contribution

The focus of the research project was on gaining the perceptions of children in care about their pathways into offending. This remains a neglected area of research, with the majority of work focusing on the perceptions of professionals or children leaving care. Where the perceptions of children have been sought; this has been framed within adult concerns, which predominantly focus on the individual risk factors of a child. For this reason, a methodological position was

adopted which allowed the children's perceptions to emerge from the data, and be given the time and space for analysis to take place to ensure that the findings are grounded in the children's perceptions. Adult formed theoretical frameworks were then applied and explored in the Discussion chapter. Exploring the perceptions of children whilst they are in care and in trouble with the law about their pathways into offending has been under-researched. The research in this thesis has aimed to hear the voices of children in care, and then ensure that this directly informs recommendations for those in policy and practice. The research questions for this project were:

1. What are the perceptions of children in care about their pathways into offending behaviour?
 - a) What do these tell us about why children in care are disproportionately represented in the criminal justice system?
 - b) How do these perceptions compare and contrast with existing conceptualisations about why children in care enter the criminal justice system?

2. What implications do these have for policy and practice?

My answer to the first research question has been presented and discussed in Chapter Six. The core of the thesis is that the children's interaction with the context of care is disrupting their identity development, causing them to lose their sense place in the world and feel disoriented as they attempt to navigate their care journey. The challenge and restriction to their identity is causing them to feel angry and frustrated. The children are negotiating and renegotiating their identities as they attempt to re-orient themselves on this journey. Offending is resulting either from the negotiated and re-negotiated identities, that are more conducive to offending. Parallels with symbolic interactionism and desistance theory are illustrated in the discussion chapter, as this thesis seeks to bridge the gap between the criminological and residential care literature.

However, the most significant contribution to research is that by listening to the children, their voices have been allowed to challenge the dominant discourse around the pathways of children in care into offending. Their perceptions have shown that the adult-centric risk paradigm has not reflected their real-life experiences. By bracketing this paradigm, explanations for pathways into offending have been uncovered that speak to concepts of interaction with a social context, identity disruption and negotiation, and the subsequent impact on behaviour. This in turn suggests new ways to tackle the disproportionality of children in care entering the criminal-justice system.

Framing the Negotiating Identity Model within Current Policy and Practice

Chapter One outlines the different attempts by policy makers to address this issue. The Negotiating Identity Model, as outlined in Chapter Six, seeks to answer, from the perspectives of children in care, what their pathways into offending are. This model will now be considered against some of the policy initiatives, and will be broken down into the key elements of the model: identity, identity disruption and offending.

Identity

The understanding of the term 'identity' within social care policy reports and documentation considers it in a categorical sense. When searches of identity were conducted within all Department for Education and Ofsted documents, the only references that could be found to 'identity' were in relation to various categories of identity, such as gender, race, age and disability. This would suggest that the understanding of the meaning of 'identity' within social care policy needs to develop from a categorical understanding, to an understanding that recognises that a person's identity is constructed based on their view of themselves and their place in the world, and also on their interactions with others and their environment. So rather than being a category, a person's 'identity' is understood as an ongoing, lifelong process of identification, that develops and adapts constantly over time. Until this understanding of

'identity' is accepted and used within social care policy, it is likely that developments within this area will be limited.

The Youth Justice Board has recently started to introduce the language of identity into its policy documents, and this reflects a more social understanding of identity based on Beyond Youth Custody (2017) that recognises that a person's identity is a process of identification which can change and adapt based on how you view yourself and your place in the world. This is evident in their 'How to make resettlement constructive' document (YJB, 2018), which outlines how to achieve an identity shift from 'offending' to 'prosocial'. This approach draws on Maruna's conceptualisation of secondary desistance (Maruna, 2001). Wider desistance theory has also started to influence wider youth justice policy, with the Asset assessment system, which is based on the risk paradigm, being replaced with AssetPlus, which claims to draw on desistance approaches when assessing a young person. However, the previous chapter also demonstrated that the influence of desistance on AssetPlus is limited, with risk-based approaches to assessment still dominating practice (Hampson, 2018). Hampson concludes by recommending that staff and managers receive further training in both desistance theory and its influence on assessment. Recognition that a longer-term cultural shift is required in youth justice from a focus on risk and onto desistance (Hampson, 2018).

Identity Disruption

As stated above, identity disruption as a concept has not been highlighted or focused upon as an area of policy concern. The Negotiating Identity Model places identity disruption at its core, and outlines a number of features that cause a child's identity to be disrupted as they attempt to navigate their way through care. The features highlighted in this thesis almost exclusively exist within residential care, and point particularly to the care environment and children's interactions whilst in residential care. The impact of residential care on a child's identity has not been addressed within policy and practice; but there has been a wider concern expressed about the poor outcomes for children in residential care. For example, as outlined in Chapter One,

when compared with children in foster care, children in residential care are more likely to experience poor educational outcomes.

This prompted the Government to commission Martin Narey to undertake a review of residential care for children in England and Wales. Narey (2016) considered the steps taken to address minor offending within children's homes and concluded that the steps taken were sufficient. This narrow focus of the impact of residential care, and the conclusion that significant steps have been taken is significantly at odds with the findings of this thesis. This suggests that current policy is out of step with what the children in care are saying. Indeed, the findings of this project suggest that the disruption to a child's identity and how they cope with this is leading to behaviours conducive to offending.

Offending

As displayed in Chapter One, almost all of the focus of policy and practice has been on improving outcomes, including offending, for children in care. The Negotiating Identity Model draws on symbolic interactionism and desistance theory to link the disruption to a child's identity development as a result of their interaction with the care context with identity negotiation, and offending. Youth Justice Policy has focused on identifying the individual risk factors that increase the likelihood of a child offending, and working with the child to reduce them.

The Crime and Disorder Act 1998 established, in legislation, that the child was responsible for their offending. Therefore, understanding a child's reasons (or 'risk factors') for offending became the central focus. Indeed, Youth justice policy from the 1990s onwards was marked by an increased focus on the 'responsibilisation' of the individual which ensured that blame for a child's offence rested firmly with them. By focusing on a child's individual 'factors', wider societal explanations for a child's offending are ignored. The Negotiating Identity Model displays how, when a child interacts with the care context, this disrupts their identity. This

interaction is with the care system, the care environment, other children and staff. It is this interaction which challenges and restricts how children see themselves, causing their identity to be constantly renegotiated, leading to behaviours which are more conducive to offending. The Negotiating Identity Model displays that consideration of how wider societal issues may disrupt a child's identity is required to fully understand their pathways into offending.

The Prison Reform Trust published its findings following a 12-month inquiry into the criminalisation of children in care. 'In Care, Out of Trouble' (Prison Reform Trust, 2016) sought to identify the reasons for the over-criminalisation of children in care and make a number of recommendations on this basis. Many of the recommendations focused on individual factors and not on wider issues such as the care system or youth justice system. Social Care policy has also focused on improving general outcomes for children in care. Development of the Every Child Matters Framework focused on improving 5 outcomes for children in care. Again, the opportunity to consider how the care context may impact on outcomes was missed.

As stated in Chapter One, the Youth Justice Board has not conducted a specific review into the over-representation of children in care in the youth justice system. In their response to the call for evidence by the Prison Reform Trust, they stated that as children in care share many of the same risk factors as children who offend, it is likely to be their childhood experiences, rather than the care system itself, that is the reason why the disproportionality exists (Youth Justice Board, 2016). The Negotiating Identity Model would challenge this assertion, as it suggests that although children enter care with an existing narrative; it is how they cope with the disruption and negotiation of their identities as a result of interacting with the care context that is producing behaviours that are more conducive to offending. The Model points clearly to both the children's care context and their relationships with others in care as key in understanding why there is a higher disproportionality of children in care who are in the youth justice system.

The preoccupation particularly within youth justice policy, and to a lesser extent, social care policy on improving outcomes for children in care, and then seeking to identify individual

factors as the solution to this problem, has meant that for many years other potential reasons for the disproportionality of children in care in the youth justice system have been missed. A recent change in youth justice policy is apparent as both AssetPlus, and Youth Justice Board publications seek to focus on shifting a child's identity from offending to non-offending. The Negotiating Identity Model could play a potentially crucial role in further developing policy in this area, as it offers an explanation as to how a child seeking to cope with the identity disruption of being in care can lead to offending.

Recommendations for Policy and Practice

The core of this thesis is that the children are interacting with the context of care (as described in Chapter Four) and this interaction is disrupting their identities. The disruption leads to negotiations and renegotiations of their identities. Some of these identities may also produce behaviours that are problematic, including offending. It is therefore important that any recommendations for policy and practice are in line with this model, and considers how a child trying to cope with the identity disruption as a result of their interaction with the care context is leading to offending.

A youth justice system that is based on Constructive Rehabilitation

It is recommended that the youth justice system expands its recent move towards placing identity at the heart of its theory of change for resettlement from custody to all youth justice interactions with children who are subject to their supervision. The Youth Justice Board recently proposed a new model of change for the resettlement of children from custody into the community, which recognises the key role of identity (YJB, 2018). This model suggests that during the window of opportunity when a child is released from custody; if they receive support which is empowering, future oriented, and enables a sense of status to be gained from positive choices and are engaged with constructive roles and activities, then this will support and enable the shift in identity. The role of a youth justice worker is therefore to guide and enable the shift. Similar moves within youth justice support this model; including the introduction of the

AssetPlus risk assessment framework, which focuses on the strengths of a child, and the commitment within the recent YJB Strategy to adopt the Child First Offender Second approach (Haines and Case, 2015). The YJB suggest that this model could be used for any transition for a child (YJB, 2018), which is particularly applicable to children in care who experience multiple transitions.

The Negotiating Identity Model suggests that children are constantly negotiating and renegotiating their identities in response to the disruptions from interacting with their care context. Therefore, it is recommended that the application of Constructive Rehabilitation to youth justice would need to reflect this more complex model. Rather than youth justice workers ensuring that every interaction enabled a shift in identity to non-offending, they would need to consider whether and how both they and the youth justice system can disrupt a child's identity, and how it this may lead to a negotiation of their identity that is more conducive to offending. They would also need to consider how to interact with a child in a way that leads to negotiations of their identity in a pro-social way. Specific ways to go about this will be outlined below, but by adopting a model of rehabilitation within youth justice that recognises that children in care are offending as a result of trying to cope with the identity disruption, fundamental challenges are made to the current risk-based framework within which the youth justice system currently operates.

A care system that negotiates a child's identity positively

The Negotiating Identity Model displays that when a child interacts with the care system, their identity is negotiated and renegotiated in a way that produces behaviours that are more conducive to offending. The conclusion that can be drawn from this is that, at present, the care system is interacting with the children in this thesis in a way that can lead to them offending and are thus being criminalised as a result. Therefore, the care system needs to firstly identify the specific features and interactions within care that are disrupting a child's identity in this way. Once they are identified, steps can be taken to reduce a child's interaction with them. For

example, some of the features of a care home disrupted their identity in a number of ways. These features included the presence of an office and the many rules that the children were expected to follow. If the care context was designed in a way that minimised the disruption to a child's identity, consideration would need to be given to removing or changing many of the sources of this disruption.

The Beyond Youth Custody programme considered how best to support a child as they leave custody and resettle into the community (Hazel, 2017). To achieve this, it was highlighted that the child would need to access a range of supportive services that are constructive, co-created, customised, consistent and co-ordinated (Hazel, 2017). A constructive service meant that it focused on the child's identity shift, is future oriented, and is strengths-based and empowering. A co-created service means that the child and their supporters (including friends and family where appropriate) were involved in co-creating a service to support this journey from offending to non-offending. A customised service involved being individualised and diverse, providing wraparound support. Being consistent means that planning of a child's journey takes place from the start, and is seamless, with enhanced support at transitions, and is based on stable relationships. Finally, a co-ordinated support network would mean that there is a management of a widespread support network across partners.

Such an approach would ensure that the children are interacting with a care context that negotiates their identity positively; and empowers them, focusing on their future. It would also involve the child's own support network, and would be created as a partnership; whilst also taking account of a child's own diverse needs. The care context would also be seamless, with very few disruptions to their identity, and based on stable and positive relationships with carers and professionals. There would also be strong management oversight and co-ordination of all identified support services.

There is no denying that for a care system to move towards a model of care that is based on supporting the development of a child's identity would require significant, systemic change. However, a number of smaller steps could be taken in the interim. For example, local authorities could meet with senior managers of care homes and private providers to review their behaviour management policies and practices to see the extent to which they relate to or impinge on the child's identity, sense of history, culture and personal narrative. As part of this, they need to ensure that any punishments and other disciplinary measures are not perceived as an attack on who they are. Adopting a more negotiated style of behaviour management and relationship between workers and children in the care homes would aid this.

Care homes need to follow a more negotiated style of parenting rather than a top-down approach. A more personalised and negotiated relationship between the care system and the child may be aided by the introduction of smaller homes, that are more tailored to the specific needs of the child. This would allow the children to reside in a placement that feels more like a home than an institution, and may allow carers to develop a more personalised approach to working with the children.

A further step to moving towards a care system that negotiates a child's identity positively would be that care home staff must reflect on and consider every interaction that they have with the children in their care, and consider how they are relating to the child's own identity. This has implications for staff training, which needs to focus on how to interact with children in a way that values their identity. Therefore, by developing methods to interact positively with children in care which respects their individuality and unique history and experiences also presents as an opportunity to work positively with a child in order to manage their behaviour.

As part of the move from control to the development of a caring and nurturing environment, the continued use of features such as staff rooms, offices, locked doors, staff having many keys

on their person, bureaucratic systems, rules and procedures and the use of the police to manage challenging behaviours must be urgently reviewed. Such features significantly undermine the 'homeliness' of an environment and were many of the problematic features of the care context that the children in this thesis were interacting with which was disrupting their identity whilst in care. It is important that children in care are able to reside in a home that feels like a home. This therefore demands that they are able to freely move about their home, and use it in a similar way to a child residing with their birth family. By interacting with an environment that feels like their home; the children's identities are less likely to be disrupted and lead to a negotiation that produces behaviours that are more conducive to offending. Rather, the identity negotiation may be more positive and produce behaviours that are more pro-social.

Finally, as part of a move towards a care system that negotiates the children's identities in a positive way, it is important that children in care are able to retain informal support networks. Many of the children spoke at length about their desire to maintain links with their home areas, friends and family whilst in care. By moving children out of their local authority area, away from their school, friends and wider family; very often the children ran away to seek out those links or would offend as a result of the anger and frustration they experienced as a result of feeling that how they view themselves is not recognised by those in care. There is also strong evidence to suggest that upon leaving care, most young people return to their home areas, and try to rebuild relationships with their birth family and friends as a means of making the transition to adulthood (DfE, 2017). In view of this, and the general drive towards seeking placements within the local authority boundary for children in care, it is recommended that the Government goes a step further and considers making it a mandatory requirement for all children placed in care to be placed within the local authority boundary. Only where it can be demonstrated that a placement outside of the boundary is in the best interests of the child and is jointly agreed with the child, should a placement outside of the boundary be approved by the Director for Children's Services. Simply stating that the only bed available is outside of the child's locality is not acceptable, and in this case it would be incumbent on the local authority to take all

necessary steps to ensure that the child is residing close to their current neighbourhood in a placement that is tailored to their individual needs.

This would ensure that the child is able to maintain relationships with peers, extended family, continue to attend education, and ensure that when they enter the care context, their existing identity has minimum disruption, thus improving the quality of their interaction with the care context.

Update and amend the Children’s Home Regulations (2015) and the Social Care Common Inspection Framework for Children’s Homes (2017)

Upon reading the Children’s Home Regulations, the accompanying guidance, and the Social Care Common Inspection Framework, ‘identity’ was referred to once in an example of a rating of ‘good’ in the common inspection framework. It states:

‘Children are treated with dignity and respect. They experience care and help that are sensitive and responsive to their identity and family history, including age, disability, ethnicity, faith or belief, gender, gender identity, language, race and sexual orientation. The care and help assist them to develop a positive self-view and to increase their ability to form and sustain attachments and build emotional resilience and a sense of their own identity. The care and help also assist them to overcome any experiences of neglect and trauma.’ (Social Care Common Inspection Framework, 2017: Evaluation Criteria)

It is encouraging that the Common Inspection Framework refers to identity. However, their understanding of identity is essentialist in nature and is understood in terms of various categories (such as race, age, gender etc) that a worker should seek to respect when interacting with a child. This reference to identity does not reflect the fluid process involved in identity development. It also does not consider how a child’s identity can be constantly disrupted and negotiated by interacting with the care context.

References are made elsewhere in the Common Inspection Framework and Regulations to ensuring that a child receives personalised approach within a care home, or that their individual needs are met. However, this does not go far enough, as it does not capture how a child's identity can be disrupted by the context of care, and how this may impact on their behaviours. It is therefore recommended that both the Common Inspection Framework and the Regulations are amended to recognise that identity and identity disruption are central features of the delivery of care for children in care. For example, various inspection criteria could be developed which consider how the physical environment may disrupt a child's identity. Criteria could also be developed to measure how much a child's own wishes and views are considered in the design of their care plan and placement. Inspection of the children's interactions with their carers could also examine how the interactions may disrupt and negotiate a child's identity. The Regulations should also be amended to require all children's social care staff and carers to place the positive development of their identities at the heart of the delivery of care. A quality standard could be developed to reflect this, and specific examples could be given as a means of guiding children's homes about how to achieve this.

Ask the children what they want and respond

It is apparent that when children have had one or two failed foster placements, questions have to be asked about the most appropriate environment for the children to reside. At present, there appears to be the only option of a residential care home, which contains many negative connotations for the children, and has also been the environment in which most challenging behaviours have emerged. Therefore, children in care must be given much more say and a role in designing the placement that they think will meet their needs; and every possible step should be taken to meet these requirements. To achieve this, many more placement options are needed for social care staff; including specialist foster care, and more bespoke, individualised accommodation that meets a child's specific needs. This would require significant investment

from central Government, and a commitment to prioritising the needs of children in care from policy makers.

Throughout this project, the children's perceptions on their pathways into offending have been placed at the centre. This has been a challenge throughout the project; from ensuring that the most vulnerable children's voices were heard, through to ensuring that their perceptions form the basis of the emerging themes. To hear the 'view from below' (Scruton, 2013), and ensure that this is heard, and acted on, by those in power is an incredible challenge that requires careful planning and execution. The children's perceptions in this study have pointed to a number of areas that have not been addressed in wider literature and policy.

A framework for working with children in care has been recommended above which is based on a constructive rehabilitation model in youth justice; and a number of recommendations are made that would enable the care system to minimise both the frequency and harm caused by identity disruptions, and also how to negotiate their identities in ways which can lead to less challenging and more positive behaviours. Both of these approaches place the child's meaningful, co-created participation and engagement as central to their success. This suggests that continued and consistent engagement with children in the care system; especially the most vulnerable and hard to reach must take absolute priority. This must not just be to inform general service delivery, but also to allow individual children to negotiate their identities positively.

Concluding Thoughts

The research presented in this thesis has sought to place the perceptions of the child at centre stage to illuminate their views about their pathways into offending. It has been argued that whilst in care, the children interact with the care context in a way which challenges how they view themselves. This has the effect of disrupting their identity, causing them to negotiate and

renegotiate their identity as a means of coping with care. The frustration that this causes leads to anger and some problematic behaviours, including offending. The negotiated identities also contain characteristics which are more likely to produce offending. The core argument emanating from this thesis is that the children are negotiating their identities as a means of trying to cope with and navigate their way through care, and this process is producing a range of problematic behaviours, including offending. This argument is theoretically framed within desistance theory and symbolic interactionism, and offers a bridge between both schools of thought.

In the current policy climate, where blame for a child's offending is placed with the child, there is a concern that the numerous features of the care context that have been highlighted as problematic will be ignored. The evidence presented in this thesis has shown that the children's interactions with the care system itself is propelling children into offending as they seek to navigate their journey in care. This chapter has therefore made a series of recommendations based on the Negotiating Identity Model and focus on altering the interactions between the children's existing narrative and the context of care. It is hoped that if this can be achieved, then the children's interactions with the care context produces negotiations of their identities in ways that leads to more positive behaviours and outcomes.

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Appendices

Appendix 1: Interview Schedule

Interview Schedule for Young Person

BEFORE beginning the interview:

1. Introduce self and research.
2. Check that young person has received Information Sheet and read it.
3. Explain purpose of interview.
4. Explain confidentiality.
5. Ask if any questions.
6. Ensure that Consent Form signed by all necessary parties.

START INTERVIEW (TURN MACHINE ON)

1. State Tape Code (Date / Interviewee ID)
2. Check recording level by asking respondent to say the last thing they had to eat – making clear that it's a test. Then laugh about it sounding nice or not etc.

(I'm going to start by asking a few questions about what you enjoy doing in your spare time)

Topic	Suggested Stimuli / Question
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<p>Background about their situation</p> <p>Age Living arrangements Orders Education/ job</p>	<ul style="list-style-type: none"> • How old are you just now? • Where are you living just now? Difficult to get here today? Who is that with? • On any kind of court order still at the moment? • What doing with your time now? Education/what kind of job?
<p>Young Person’s Care Story</p> <p>Family Background</p> <p>Entry into care</p> <p>First few weeks/ months in care</p>	<ul style="list-style-type: none"> • Starting off wherever you want, can you tell me how you came to be in care? <p>If YP struggling to answer this broad question, the following supplementary questions will assist:</p> <ul style="list-style-type: none"> • Can you tell me about your family? What was is like living with them? Who are you closest to? • What are your earliest memories with your family? Good/ bad ones? • Who are/were you closest to in your family? What things did you do together? • Why did you become a looked after child? Why do you think this happened? • What were the concerns of social workers about why you came into care? What do you think about these concerns? • How did you feel when you came into care? What were you most nervous about?

<p>Care experience now</p>	<ul style="list-style-type: none"> • What do you think about how you were treated? • How were the first few weeks/ months of being in care? What was best and worst bit? Anything difficult? • Anything else that would have been useful in that bit? What was most helpful? • What were your first placement/s like? Which did you enjoy/ not enjoy? What were the best and worst bits? • Where are you currently staying? What is this placement like? • What are the best bits and worst bits? • How is your relationship with the staff/ carers? • If you could ask for any placement now, what would best suit you? What support do you think you need at the moment?
<p>Offending and care</p>	<ul style="list-style-type: none"> • Can you tell me about how you started committing offences? • In what way do you think being in care has effected your offending? • How do you feel about this? <p>If YP struggling to answer above broad questions, the following supplementary questions will assist:</p> <ul style="list-style-type: none"> • Had you committed any offences before coming in care?

	<ul style="list-style-type: none"> • If so, how did you get involved in offending? What type of offences did you commit? Why do you think you became involved in offending? What are the 3 main reasons you think you became involved in offending? • If not, why do you think you started committing offences when you came into care? • How did you commit your first offence? Tell me the story (remind of confidentiality if YP nervous about speaking openly about offending). • If I had to ask you about the 3 main reasons why you started offending, what would you say they are? • Do you think you would have a criminal record if you hadn't come in care? Why? • How do you feel about your offending? If you wanted to stop offending, what do you think needs to happen? • Has your offending got better/ worse since you came into care? Why? • Do you think your workers/ carers should have done anything differently to help you stop offending? What should they have done? Why do you say this?
<p>Relationship with professionals</p> <p>General relationships with social care staff</p>	<ul style="list-style-type: none"> • What has been your experience of working with professionals since coming into care? <p>If YP struggling to answer this broad question, the following supplementary questions may assist:</p> <ul style="list-style-type: none"> • Have you had good relationships with social workers? What have they been like?

<p>Care placements</p> <p>Relationships with CJS staff</p> <p>Sense of change</p>	<ul style="list-style-type: none"> • What was the best worker that you have had? What was good about them? • What was the worst worker that you have had? What was bad about them? • If you were made in charge of social services, what changes would you make to the system? • What would you like to say to the boss of social services? What changes would you like them to make? What has been good? • What has been your best care placement? Why did you like it? • What has been your worst? What was wrong with it? • What would you change about care/ keep the same? • How do you think you have been treated by the police and YOT staff? What has been your best and worst experience? • Do you think that you've changed in anyway since working with YOT staff? Why is that? Is that because any help you've received? • Do you think your family or friends would think that you're any different? • Is your life any different now to before the help? What's different? • Has it made any difference to you getting in trouble? Are you doing less crime?
<p>Close and future (being positive)</p>	<ul style="list-style-type: none"> • What are your plans for the future? What support do you think you need to achieve your plans?

	<ul style="list-style-type: none">• Out of all time involved with the YOT, what is your best memory of it?• Which bit of your time with the YOT are you most proud of?• What are you going to do now after this interview?• So, how's this chat been? What bit did you like best?• Check if there's anything else that they wanted to say.
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Thank the yp. Tell them how brilliant they've been. Say how they've been really helpful to you.

[Do before the tape is switched off]

END INTERVIEW (TURN MACHINE OFF)

1. Reassure again that all confidential.
2. Check again that any forms have been signed.

An invitation to participate in research about your experiences of care

We want to hear from you if you are in care and have committed offences

What is the project about?

You are being invited to take part in a University of Salford research study about the links between being in care and committing criminal offences. We want to hear from looked after children and care leavers, so we can learn more about what children and young people have to say about being in care and offending and what can be done to prevent it. The YOT have sent me your details, after discussing the research with you.

I will also be comparing what you tell me with Asset scores for all looked after children, to understand whether the work you are doing at the YOT is in line with what you would like to be focusing on.

What will I have to do?

If you decide to take part, I will meet you to talk about your experience of being in care. The discussion will take place 1 to 1. I will help you talk about your care story, in your own words, without being interrupted. I would love to hear about anything which you think is important about your experience of being in care and offending. You will only be required to attend 1 interview.

The interview will usually take about 60 minutes but if you need longer the interviewer will be able to listen to you for as long as you need. The interview will take place in a room where other people cannot hear what you are saying and in which you feel comfortable. This will usually be a place where you meet with the worker who has given you this information sheet.

Important things you need to know....

Taking part in the project is your decision. If you don't want to take part, that's OK. We will go through this information sheet and the consent form, which you will need to sign to show that you have agreed to take part. You are not expected to take part in this interview just because you are being supervised by a YOT. You can withdraw at any time and do not have to give a reason. If you do want to take part, but don't want to answer one of the questions, just let me know.

Everything you tell me will be confidential and securely stored, unless you tell me something which may put you or another person at risk of harm now or in the future. Any information which leaves the university will have your name, address and any other identifying features will be removed so that you cannot be recognised.

It is completely up to you what you decide to tell me. However, it is possible that you may feel upset or distressed when sharing your story with me. If you want to stop the interview at this point for a little break or completely, this is fine. We can then talk about this in more detail and make sure you are OK. I will ensure that you have access to further support and information, should you need it.

I will be audio-recording the interviews but this is so I can double check that I've heard what you've said correctly. It also means if I quote you, I'll be able to use the same words you used.

We cannot promise the study will help you but the information we get from the study will help to increase the understanding of why there are more looked after children in the criminal justice system, and help us to make recommendations to Government departments about how to address this. The recommendations will be based on what you tell me.

What will happen to the information I give you....

The information will be used anonymously in a report and in other professional publications or presentations.

I have a question you haven't answered....

If you have a question about the project about anything that I haven't mentioned here, you can call tbc and ask for Anne-Marie Day. You can also contact me by email on a.m.day@edu.salford.ac.uk

If you have a complaint about anything to do with the study, you can contact Neal Hazel, School of Nursing, Midwifery, Social Care and Social Sciences, Allerton Building, University of Salford, M6 6PU. If you are still unhappy, you can contact Anish Kurien, Research Centres Manager at the same address.

Thanks for taking the time to read this.

Appendix 3: Practitioner Information Sheet

'Placing young people at centre stage: Exploring the experiences and perceptions of looked after children on the care system and pathways into offending.'

Practitioner Information Sheet

Looked after children and young people are being invited to take part in a PhD project study conducted by the University of Salford about the links between being in care and committing criminal offences. Please take time to read the following information carefully and, if there is anything that is not clear, or if you would like more information, please email Anne-Marie Day at a.m.day@edu.salford.ac.uk.

What is the research about?

The main aim of the research is to understand why some looked after children become involved with the criminal justice system. We mainly want to hear from looked after children themselves, so we can learn more about what children and young people have to say about being in care and offending and what can be done to prevent it.

We are asking 30 young people who are currently living in care and supervised by a Youth Offending Team, and 10 care leavers to take part in one-to-one interviews. Those invited to take part may be people who have either started offending whilst in care, continued to offend whilst in care, or have stopped offending and are still in care/ or have now left care. I would therefore be grateful if you could consider whether any of your cases would be suitable for this project. When considering whether a young person is suitable, you need to consider whether they are competent to provide consent to conduct the interview – this is known as being 'Gillick competent' and is defined as:

"parental right yields to the child's right to make his own decisions when he reaches a sufficient understanding and intelligence to be capable of making up his own mind on the matter requiring decision."

This ensures that the complex issues surrounding parental responsibility and consent are avoided, and that the young person's story is heard, if they want to share it with me.

I have also asked permission from YOT managers to access Risk of Reoffending data on all looked after children in the YOT. This information will be anonymised before leaving the YOT office, and will allow a comparison to be made between risk factors, and those factors identified by the young people as potentially relevant to their offending.

What will the young people be asked to do?

The interview will be conducted by Anne-Marie Day, who is managing this research project at the University of Salford. The interviewer will help the young people to talk about their care story, and will help them identify which things they most want to talk about. All research methods have been subject to scrutiny by the University of Salford's Ethical Approval panel, and have been passed as appropriate for this type of research.

The interview will usually take about 60 minutes but can be as long as the young person needs. Therefore, we would advise leaving 2 hours for the interview in case it over runs. Ideally, the interview will take place in a room where other people cannot hear what the young person is saying and where the young person feels comfortable. This will usually be a place where you regularly meet with the young person.

The interviewer will record the interview so that they have an accurate record of what has been said. The interviewer will show the young person how to stop the recorder so that they can ask for the recording to stop at any time during the interview.

How is confidentiality protected?

After the interview, the interviewer will listen to the recording and type up what was said – the interview will then be deleted from the audio-recorder. All recording equipment and typed up versions of the interview will be anonymised and kept in a locked filing cabinet or on a university password secure computer that only myself and my supervisors can access. We will make sure that all responses cannot be traced back to the young person by anonymising information at the point of transcription.

All information disclosed in the interview is completely confidential. However, with respect to admissions of harmful behaviour, the research will uphold the principle of a limiting guarantee of confidentiality – while past behaviour will be kept confidential, current or future harm to self or others,

will not; participants will be aware of this guarantee from the outset. With respect to admissions of criminal behaviour, the research will uphold a principle of reasonable confidentiality – as stated, if the criminal behaviour involves current or future harm to self or others, confidentiality will be limited. A young person will be given the opportunity to discuss this information with their YOT worker immediately following the interview. However, if they prefer, the interviewer will disclose this information to the YOT worker alone.

What happens to the data collected?

The data will form the basis of the findings of the project, which will be then analysed to identify any emerging themes relating to why looked after children and young people are disproportionately represented in the youth justice system.

The young people do not have to take part in the research if you do not wish to. It is important that they understand that they are not compelled to take part due to being subject to statutory supervision. If the young person does decide to take part, they do not have to answer any questions that they do not wish to answer. If the young person changes their mind about being involved in the research they can stop the interview at any time without giving reasons for doing so.

Criminal Records Check

I have an Advanced DBS Clearance dated January 2015, allowing me to work with children and adults.

Contact for further information

If you have any questions please feel free to contact Anne-Marie Day by phone, writing or email: a.m.day@edu.salford.ac.uk or by telephone on tbc

If you are unhappy about the conduct of the research and would like to make a formal complaint you should write to Neal Hazel, School of Nursing, Midwifery, Social Care and Social Sciences, Allerton Building, University of Salford, M6 6PU. If you are still unhappy, you can contact Anish Kurien, Research Centres Manager at the same address.

Appendix 4: Parent Information Sheet

'Placing young people at centre stage: Exploring the experiences and perceptions of looked after children on the care system and pathways into offending.'

Parent/ Carer Information Sheet

Looked after children and young people are being invited to take part in a PhD project study conducted by the University of Salford about the links between being in care and committing criminal offences. Please take time to read the following information carefully and, if there is anything that is not clear, or if you would like more information, please email Anne-Marie Day at a.m.day@edu.salford.ac.uk.

What is the research about?

The main aim of the research is to understand why some looked after children become involved with the criminal justice system. We mainly want to hear from looked after children themselves, so we can learn more about what children and young people have to say about being in care and offending and what can be done to prevent it.

We are asking 30 young people who are currently living in care and supervised by a Youth Offending Team, and 10 Careleavers to take part in one-to-one interviews. Those invited to take part may be people who have either started offending whilst in care, continued to offend whilst in care, or have stopped offending and are still in care/ or have now left care.

What will the young people be asked to do?

The interview will be conducted by Anne-Marie Day, who is managing this research project at the University of Salford. The interviewer will help your son/daughter talk about their care story, and will help them identify which things they most want to talk about. All research methods have been subject to scrutiny by the University of Salford's Ethical Approval panel, and have been passed as appropriate for this type of research.

The interview will usually take about 60 minutes but can be as long as your son/daughter needs. The interview will take place in a room where other people cannot hear what your child is saying and where they feel comfortable. This will usually be where they attend their Youth Offending Team appointments.

The interviewer will audio-record the interview so that they have an accurate record of what has been said. The interviewer will show your son/daughter how to stop the recorder so that they can ask for the recording to stop at any time during the interview.

How is confidentiality protected?

After the interview, the interviewer will listen to the recording and type up what was said – the interview will then be deleted from the audio-recorder. All recording equipment and typed up versions of the interview will be anonymised and kept in a locked filing cabinet or on a university password secure computer that only myself and my supervisors can access. We will make sure that all responses cannot be traced back to the young person by anonymising information at the point of transcription.

All information disclosed in the interview is completely confidential. However, with respect to admissions of harmful behaviour, the research will uphold the principle of a limiting guarantee of confidentiality – while past behaviour will be kept confidential, current or future harm to self or others, will not; your child will be aware of this guarantee from the outset.

If your child tells the interviewer about criminal behaviour, the research will uphold a principle of reasonable confidentiality – as stated, if the criminal behaviour involves current or future harm to self or others, confidentiality will be limited. A young person will be given the opportunity to discuss this information with their YOT worker immediately following the interview. However, if they prefer, the interviewer will disclose this information to the YOT worker alone.

What happens to the data collected?

The data will form the basis of the findings of the project, which will be then analysed to identify any emerging themes relating to why looked after children and young people are disproportionately represented in the youth justice system.

Your child does not have to take part in the research if they do not wish to. It is important that they understand that they are not compelled to take part due to being subject to Youth Offending Team supervision. If the young person does decide to take part, they do not have to answer any questions that they do not wish to answer. If the young person changes their mind about being involved in the research they can stop the interview at any time without giving reasons for doing so.

If your son/daughter becomes upset or distressed at any point during the interview, we will stop it and discuss whether they wish to continue. The interviewer will also discuss whether they would like this to be shared with their YOT worker so that further support can be offered.

Criminal Records Check

I have an Advanced DBS Clearance dated January 2015, allowing me to work with children and adults.

Contact for further information

If you have any questions please feel free to contact Anne-Marie Day by phone, writing or email: a.m.day@edu.salford.ac.uk or by telephone on tbc

If you are unhappy about the conduct of the research and would like to make a formal complaint you should write to: Neal Hazel, School of Nursing, Midwifery, Social Care and Social Sciences, Allerton Building, University of Salford, M6 6PU. If you are still unhappy, you can contact Anish Kurien, Research Centres Manager at the same address.

