Therapeutic Residential Interventions for Harmful Sexual Behaviour- A Theory of Change

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Declaration

Candidate Statement:

The material being presented for examination is my own work and has not been submitted for an award of this or another HEI except in minor particulars which are explicitly noted in the body of the thesis. Where research pertaining to the thesis was undertaken collaboratively, the nature and extent of my individual contribution has been made explicit.

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In my capacity as main supervisor of the candidate, I certify that the above statements are true to the best of my knowledge.

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Abstract

The numbers of children who are removed from their families and looked after by the state is rising in the UK. Whilst approximately 90% of these are eventually placed in foster care, the remainder are a very diverse population with complex needs that often require care delivered in a residential setting, usually with therapeutic input and purpose. Some of these young people will have extensive experiences of trauma and abuse and will have engaged in Harmful Sexual Behaviour (HSB). Therapeutic residential interventions to meet the needs of this group come at an especially high cost to the public purse, but despite this, outcomes for this group of looked after children are statistically poor. This is across primary and mental health, employment, education, housing and welfare, and offending measures.

In this context identifying and promoting good practice is important but a challenge in this regard is assessing the effectiveness of residential interventions when there are so many confounding and competing variables in play. The individual pathway into residential care means that young people have very different starting points and needs; young people might receive a range of different therapies and interventions during their time in care; there are often ongoing and dynamic forces in the wider system around a young person; and continuation of resources or timing of moves might be driven by economic reasons rather than need or the precepts of good practice.

Conversely, theory-based approaches offer a potential route to defining and evaluating practice by shifting the focus from 'what works' to required activities and how these are expected to work. In response, this study draws on the field of theory led evaluation, specifically Mayne's (2001) Contribution Analysis (CA) to create a Theory of Change (ToC) to explain how capacity, opportunity and motivation to change behaviour can be promoted in therapeutic residential settings for children and young people who have engaged in HSB. Drawing on interviews with service providers and adult males who received interventions, it providers an account of the activities and processes that are considered to have generative potential in terms of promoting good outcomes in therapeutic residential settings for boys who have engaged in HSB.

Haigh's (2013) 'quintessences' (attachment, containment, open communication, participation and agency) and Kennard's (1998) 'common features of a therapeutic community' emerge as key theoretical frameworks to understand data from staff and former resident interviews. Within the ToC that is finally developed there is a focus on the role, relevance and contribution of relationships to better outcomes and how structures and processes can be used to underpin

therapeutic change. This is the first time that a model like this has been created to describe and navigate a therapeutic residential journey. The model provides the foundation stage for theory-based evaluation of such services and for further iterations and adaptation for use in other complex relational systems and interventions.

Key words: therapeutic residential care, therapeutic communities, relationships, harmful sexual behaviour, looked after children, theory of change, evaluation, contribution analysis, behaviour change

Contents

Declaration **2**
Acknowledgments **3**
Abstract **4**
Table of Figures **9**
List of Tables **9**
Abbreviations and Glossary **10**
Chapter One: Introduction **11**
1.1 The Thesis 11
1.2 Literature Review Strategy 14
1.3 Terminology 15
1.4 Rationale 17
1.5 Thesis overview 18
Chapter Two: Literature Review **22**
2.1 Introduction 22
2.2 The Looked After **L**andscape. 22
2.2 Residential care 32
2.3 Smaller is better? 33
2.4 Placement of last resort 35
2.5 A counter narrative 37
2.6 Complex needs 40
2.7 Private sector involvement 42
2.8 Therapeutic residential care 47
2.9 Therapeutic Communities 54
2.10 Relationships in residential care 60
2.11 Transitioning out of residential care 62
2.12 Children and young people with harmful sexual behaviour 70
2.13 Who are this group of young people? 75
2.14 What are the differences between young people who have sexually abused and their non-abusing peers? 79
2.15 Young people who display HSB and adult sex offenders - differences 81
2.16 Adolescent sexuality and sexual identity. 82
2.17 The 21st Century social care marketplace 83
2.18 Does therapeutic residential care work? 87
2.19 Chapter summary 91

Chapter Three: Methodology 93
3.1 Chapter Overview. 93
3.2 Research aims and objectives. 94
3.3 Paradigms in qualitative research 95
3.4 Positivism 96
3.5 Post positivism 99
3.6 Critical Theory 104
3.7 Constructivist paradigm 107
3.8 The Thesis Methodology 109
3.9 Sampling 111
3.10 Respondent recruitment 113
3.11 Data collection and handling 116
3.12 Ethics 118
3.13 Data analysis 122
3.14 Reflexivity 130
3.15 Chapter summary. 132
Chapter Four: Findings Focus Group 133
4.1 Chapter overview. 133
4.2 Relationships 134
4.3 Assessment and settling. 141
4.3 Structure and Routines 145
4.4 Capacity Change 147
4.5 Outcomes 153
4.6 Supporting Activity 155
4.7 Chapter Summary. 158
Chapter Five: Interviews with Service Providers 160
5.0 Chapter overview. 160
5.1 Relationships 160
5.2 Process and Structure. 168
5.3 Shared Understanding. 170
5.4 Open communication. 174
5.5 Positive or problematic partnership working. 177
5.6 Placement journeys. 180
5.7 Chapter summary. 186
Chapter Six – Young Adult Data 189

6.0 Chapter Overview. 189
Chapter Seven: Discussion 225
7.0 Chapter overview 225
7.1 The Theory of Change 228
7.2 Quintessence. 229
7.2.1. Attachment. 231
7.2.2 Containment. 235
7.2.3 Communication. 239
7.2.4 Participation. 243
7.2.5 Agency. 245
7.2 Kennard's 'common features'. 247
7.3.1 An informal and communal atmosphere 247
7.3.2 The central place of group meetings in the therapeutic programme 249
7.3.3 Sharing the work of maintaining and running the community: 253
7.3.4 The therapeutic role of residents 255
7.3.5 Sharing authority 257
7.3.6 Values and beliefs. 262
7.4 Transitions and Outcomes 266
7.5 Limitations 267
7.7 Conclusions 269
Bibliography 271
Appendices 299
Appendix A: Ethics approval: 299
Appendix B: Gatekeeper Information Sheet and Consent Form 300
Appendix C: Participant information sheet and consent form 306
Appendix D: Data management plan 312

Table of Figures

Figure 1 Department for Education Data Set 2017: Proportion of Children Looked After by Age as at March 31st, 2017. 23
Figure 2: Department for Education Data Set 2017: Numbers and proportions of children looked after by legal status 2013-17..... 24
Figure 3 Proportion of Children Looked After by Category of need as at 31st March 2017.. 28
Figure 4 Department for Education Data Set 2018 - breakdown of children's homes by numbers of registered beds per home..... 34
Figure 5 Ofsted Data Set 2019: Breakdown of Numbers of Children's Homes registrations by size of homes..... 35
Figure 6 Ofsted Children's Homes Data Set 2019: Percentage of children's homes run by each sector. 43
Figure 7Local Government Quarterly Baseline Returns Dec.2022 46
Figure 8 Young people's experiences of being encouraged to remain in contact with significant relationships. 66
Figure 9 The COM-B System Model 125
Figure 10 Mayne's adapted behaviour change model in the Theory of Change sequence. 126
Figure 11 Diagram illustrating Mayne's (2012) logic model approach. 127
Figure 16 Gallagher's Theory of Change for Therapeutic Residential Intervention. 229

List of Tables

Table A: Children Looked After: Government Data Set: Trend from 2018 – 2021……..24

Table B: Hackett Continuum of Harmful Sexual Behaviour (2010) ……..73

Table C: Worling's (2001) Personality based typologies of young people who display HSB……..76

Table D: Summary Overview of Gatekeeper Organisations…….113

Table E: Haigh's TC Principles Applied in Culture and Structure……229

Abbreviations and Glossary

Agency	The ability to have control over one's life and decision making.
Attachment	A child development term relating to the primary bond between a baby and primary care giver, usually the mother. The quality of this bond leads to different 'attachment styles' which have impact in later development and functioning.
Containment	A psychological/ psych-social term related to the management of strong emotions (which can lead to the need of physical containment of behaviours).
Contribution Analysis (CA)	An evaluative approach to understanding the impact and contribution of different components in a complex system. Typically accompanied by a 'Performance Story' – a narrative to explain the component parts.
Children	Refers to children up to the age of eleven or in primary school education.
Harmful Sexual Behaviour (HSB)	Sexual behaviours displayed by children that are developmentally inappropriate and harmful to others.
Looked After Child (LAC)	A child under the age of 18 where parental responsibility is shared with birth families or transferred to the state through the courts.
Theory of Change (ToC)	A framework to set out the assumptions and practicalities that underpin a desired change in behaviour.
Therapeutic Community (TC)	A psychodynamically informed approach to structured relational work in groups, typically in residential settings.
Therapeutic Child Care (TCC)	A deliberate, planned and theoretically informed approach to the care of children, typically in residential settings.
Young Adult	Adults between the ages of 18 and 25 and in this study, this refers to respondents who were former residents of participating services.
Young People	Children in secondary age education, typically between the ages of 11 and 18.

Chapter One: Introduction

1.1 The Thesis

The thesis takes theoretical inspiration from the evaluative methodology of Contribution Analysis and has as its aim to create a Theory of Change (ToC) that articulates why and in what circumstances residential therapeutic practices contribute to improving outcomes for young people who have engaged in Harmful Sexual Behaviour (HSB). The intention is that the ToC can then be used to evaluate and develop residential therapeutic community practice. Based on interviews with staff and former residents of therapeutic children's homes the thesis explores:

- What are the assumptions that underpin practice in residential therapeutic care settings?
- What theoretical foundations are considered to have generative potential related to effective engagement and interventions with young people in residential care services?
- What are the arrangements and procedures that are considered to have generative potential in terms of improving outcomes for children and young people in, and transitioning out of, residential care?
- What results chains are expected during a successful placement and post placement journey?
- What is the contribution that structured approaches to relationships, such as those in Therapeutic Communities, considered to have in achieving better outcomes?

Specialist residential care interventions come at a high cost to the public purse. That being the case, that they deliver value for money, in terms of being able to improve the life chances of the children and young people they accommodate, is an important consideration. Whether residential care interventions do this, however, is unclear. Up to half of the children in custody at any one point in time have been in care (Children's Commissioner England, 2022). Despite looked after children representing only one per cent of the adult population, they make up a quarter of prison and homeless population (Department of Education, 2021).

Poor outcomes may be linked to changes in the organisation and structure of preventative services and the impact this has had on residential care arrangements over the last few years Bennett et al., 2021). Given the shift over the last 25 years from local authorities being providers of services to commissioners/purchasers, some of the operational expertise and

knowledge of residential care within local authorities has been lost. Purchasers of residential care have therefore been left engaging with a 'market' of different service offerings which they may not understand very well, where there is inconsistency in the approach to practice and language used to describe it (Bach-Mortensen, 2022). For example, around what therapeutic practice looks like and terms like 'therapeutic' mean. Poorer outcomes may be linked to new challenges and heightened concerns with a range of 'new' concepts like adverse childhood experiences, early life trauma, and trauma informed practice (Ofsted, 2022).

Albeit likely to reflect that victimisation is now better understood, HSB by children and young people seems to be on the rise on the UK. (CSA Centre, 2023, Bateman & Miller, 2015) In turn, so too is the number of children looked after because they have displayed HSB or where HSB is a feature of their presenting needs (Bach-Mortensen, 2022, Hackett, 2014). Given the potential cost of reoffending, both in terms of the perpetrator and victims that might be involved, identifying what interventions improve the life changes of children and young people who have displayed harmful sexual behaviour (HSB) is an especially important consideration. These children and young people are typically understood to require specialist residential intervention to address their behaviour and improve their life chances moving forward. Often the residential interventions available are 'therapeutic' in their ambitions and focus on understanding and responding to HSB in accordance with NICE guidance (2016). These therapeutic residential contexts typically seek to provide a reparenting experience. That being the case, research which explores how residential interventions work, and may work better, will be of benefit and may contribute to:

- Improving the experiences of the young people.
- Guiding the development of service provision either within provider systems or through commissioning.
- Helping with appropriate matching of young people to intervention/setting types.
- Improving outcomes.
- Delivering value for money and future societal savings.

However, exploring what services work is a problematic endeavour. This is because children and young people in various settings will have been exposed to a wide range of interventions before arriving at the residential community. Whilst there, they will be exposed to a whole series of interventions and/or treatments intended to avoid them engaging in any future HSB. Moreover, they may be subject to interventions external to the residential setting and brokered by their placement authority and/or social worker. Added to this, a whole range of contextual variables influence a placement journey not all of them under the control of a placement

provider e.g., how long a placement is provided or where a young person is subsequently placed. In sum, because residential care is a complex system, there is little possibility of credibly engaging in ethical scientific or quasi experimental research or a retrospective or prospective study into what models of residential interventions work to improve the life changes of children and young people who engage in HSB.

Conversely, theory-based approaches offer a potential route to defining and evaluating practice by dint of shifting the focus from ‘what works’ to how a system is expected to work. Contribution Analysis (CA) is one of a number of theory-based approaches to exploring attribution whose epistemological heritage can be traced to the critical rationalism of Karl Popper (Leeuw, 2012). The origins of CA can be traced back to Mayne (2001; 2011), who conceptualised it as a valuable analytical instrument for circumstances where conducting an 'experiment' or utilizing quasi-experimental methods to assess cause and effect through a counterfactual case were unfeasible. Therefore, CA serves as an approach to understanding and evaluating intricate, multi-level work programmes or interventions.

The intention here is not to evaluate a particular service. Rather it is to engage in the first stages of a CA. Whilst he suggested that CA should be creatively modified by those adopting it, Mayne (2011) outlined a six stage CA practice model which starts with a Theory of Change (ToC). That is to say developing a broad ‘big picture’, ‘ideal type’ theory which focuses on how a particular activity is linked to the outcome that is desired. In addition, a more micro level ‘logic model’ for a particular set of activities showing a results chain which links inputs and outputs and outcomes.

The ToC that is then developed, potentially provides a route map for service providers, or indeed commissioners, not only to organise services, but to evaluate or present a performance story about the contribution a particular intervention makes to a desired outcome. Creating a ToC will address a criticism of therapeutic residential care (and indeed of residential care more generally) offered by Whittaker (2013) which is that its theory base is poorly developed and linked to this, evidence of its effectiveness is limited. Hart et al., (2015) note the lack of an agreed definition as to what comprises ‘therapeutic residential care’ which makes the evaluation of such homes problematic. In relation to this point, in a publication focussed on Therapeutic residential care, Whittaker et al., (2015, p.25) commented:

> Therapeutic residential care (TRC) as an intervention has suffered from a kind of benign neglect in model and theory development, including demonstration research and development of protocols for practice and training. The resultant imprecision of the “therapeutic

> residential approach", coupled with reflexive aversion to anything perceived as "institutional" and heightened by often legitimate concerns about the potential for child maltreatment and the iatrogenic effects in group settings, along with cost disparities when compared with other forms of intervention, have called into serious question the use of TRC as anything but a last resort alternative.

Accordingly, the thesis takes theoretical inspiration from the evaluative methodology of CA to create a ToC that may be used to evaluate and develop relational, residential therapeutic child care practice with young, looked after males (11-18) who have displayed HSB. The ToC will then provide an original analytical and evaluative tool for providers of residential therapeutic community or residential child care-based interventions to use to assess their services and to drive service improvements.

1.2 Literature Review Strategy

This thesis is informed by a literature search strategy based on accessing information sources available through Wrexham Glyndŵr University, and the University of Chester's resource portals. These portals offer access to a range of services e.g., WHELF, that facilitate borrowing/lending material from other Universities in Wales and beyond. Within this resource infrastructure the following databases were accessed: Sage Journals; ProQuest, JSTOR, Open Athens, E-Book Central, Scopus, Oxford Journals, SpringerOpen, Google Scholar, EThOS, Ingenta Connect, Science Direct.

Use was made of google scholar and web searches because in the field of therapeutic residential childcare a proportion of the literature, albeit from credible sources, is not published in academic journals but as Government reports or as open access reports and papers. Clearly excluded from this review of 'grey literature' were sources that have serious credibility issues such as blogs, wikis, social networking sites, chat groups, and e-mail. Otherwise, when assessing the credibility of reports the Metzger and Flanagin (2000) checklist was utilised to consider issues of accuracy, authority, objectivity, currency, and coverage.

At all times the focus was on publications in the English Language, related to the UK and in particular England and Wales, but the geographic inclusion criteria was international where the literature related to the UK was sparse. In terms of time frame, there are authors who are considered seminal in terms of the contribution they have made to developing knowledge in

the field of therapeutic childcare or therapeutic community practice. Their work, however, was sufficiently well known to the researcher (or referenced in the work of others) to allow them to be selectively drawn upon as part of more purposeful and selective reading of the literature to inform this thesis. Otherwise, the search strategy concentrated on publications fewer than 10 years old, extending to 20 years or over only when the returns were limited by that initial strategy.

A number of search terms were used for the literature review strategy over time and repeatedly to capture new and emerging literature. Notices were also set up within database to send an alert about a new publication when it met the designed criteria. Alerts and searches were facilitated by making use of individual and parenthetic use of the following words/phrases: 'theory-based evaluation' 'contribution analysis' 'therapeutic childcare'; 'residential child care'; 'theory of change'; 'TCs'; 'harmful sexual behaviour'.

1.3 Terminology

Terminological sensitivities abound in relation to work with children who are looked after by the state and who have engaged in HSB. In the existent literature a distinction is made between children and families who have social services involvement, investigations, intervention and support but where children can remain with their families, and those children whom the state does not consider are safely able to remain with their families (McGhee et al., 2018). This second group are referred to as 'looked after' children and they fall into two categories based on the level of legal intervention the state has applied. In situations where families are cooperating and working with local agencies and where there is some possibility or expectation that the children might one day return to family care, children are 'voluntarily accommodated' by the local authority under section 20 of the Children Act (1989) (McGhee et al., 2018). In these circumstances, parental responsibility in its legal sense is shared between the birth parents and the state. In circumstances where there is a refusal of the family to cooperate and/or where safety and welfare concerns are more significant to the extent that the children are to be permanently removed from their birth family, local authorities apply to the courts for a full 'care order'. Once this is in place, the parental responsibility transfers wholly and permanently to the state under section 31 of the Children Act. Whether a child is voluntarily accommodated or subject to a full care order they might be placed in one of a range of potentials settings including a residential facility.

‘Looked after’ status is applied through the local authority making applications to the courts. This will have followed extensive periods of social work assessment and intervention with the family to try to prevent escalation into legal processes. In cases where the local authority does apply to the courts for care orders under sections 20 or 31 of the Children Act, these children will most likely have been the subject of child protection referrals. These are also termed Safeguarding referrals and the terminology ‘child protection’ and ‘safeguarding’ is used inter-changeably by agencies (Department for Education,’ 2018).

Not all children on the child protection register become looked after and children do not stay on the child protection register indefinitely. It is simply a register which formalises the ongoing monitoring under legislation or, put another way, it is a mechanism to ensure focussed and regular support and monitoring to protect the children. Any child could be subject to the oversight of an LSCB for a period of time, perhaps even spending some time on the child protection register, but if matters then stabilise, social services involvement would ultimately come to an end.

The language used to describe instances where children and young people engage in HSB against their peers is complex. In relation to the subjects considered in this thesis, the precedent established by Hackett et al., (2014) will be observed. Accordingly, ‘children’ refers to those of primary school age, largely pre-pubescent and under the age of criminal responsibility and ‘young people’ will refer to those of secondary school age and in the adolescent stage of development.

Understanding of children and young people who engage in HSB has changed over the last 30 years or so but as a development from the work with adult sex offenders. At times and in some contents (USA in particular) references have been made to ‘juvenile’ or ‘adolescent sex offenders’ and/or ‘abuser’. Thus, references to “young sexual abuser” (Vizard, 2002, p.26) and ”young people who sexually harm” (National Organisation for the Treatment of Abuse (NOTA) (2003, p.24) may be found in the literature base. In the UK, the National Children’s Home (NCH) considered terminological issues before advocating for using the descriptor “children and young people who sexually abuse” (NCH,1992, p.2). Such terminology has attracted criticism. For example, the term young abusers may serve to present the children they refer to as simply “mini” adult abusers. The NCH terminology may also be critiqued on the basis that it uses the present and permanent tense – suggesting that the behaviours being addressed will necessarily continue.

Since 1992, additional terminology has been suggested in an attempt not to conflate the individual with any one behaviour they may have exhibited and to factor in considerations

about criminal responsibility. Building on this, in this thesis, the other precedent established by Hackett (2014) is favoured and the descriptor 'children and young people who have displayed harmful sexual behaviour' is adopted. This is with a view to adopting a focus on the child and young person first, then the impact and the specifics of the behaviour thereafter. This approach is favoured because whilst it encourages a focus on the young person it also swiftly acknowledges the victimisation involved.

1.4 Rationale

There has been growing research on the outcomes for young people leaving care that has sought to better understand the trajectories of this group of people and the impact of how services are structured has on their life chances (Munroe et al., 2005; Simon & Owen, 2006; Gallagher & Green, 2012). These have suggested that structured services can make a positive impact on specific areas of a young person's life. A consistent finding is that having stable accommodation is an underpinning factor in achieving a sense of well-being and resilience (Wade & Dixon 2006). Good quality care can help children deal with past traumas, attend and succeed at school and then in developing practical skills for independent living as adults (budgeting, laundry, cooking, managing finances etc.) (Levrouw et al.,2020, Dixon & Stein, 2005).

Be that as it may, a wide range of poor outcomes are associated with young people who have been looked after. Examples include higher rates of housing instability and homelessness (Courtney et al., 2011; Haggman-Laitila et al., 2018), unemployment and/or low paid work (Dixon et al., 2006; Okpych & Courtney 2014;Gypen et al., 2017), poverty (Pecora et al., 2006), higher rates of drug and alcohol use (Cusick et al., 2012; Brannstrom et al., 2017), delinquency and imprisonment (Schiff and Benbenishty, 2006) and increased need for mental health support (Shook et al., 2011; O'Neill et al., 2019).

Manney et al., (2017) focussed on the educational experiences of young people leaving care. This group performed less well than the general population. They were less likely to successfully complete full-time education and their attainment levels were lower (Vinnerljung and Hjern, 2011; Berger et al., 2015). Harland (2013) explored DfE data at Key Stage 4 and found that only 15.3 percent of looked after children achieved 5 or more GCSEs above grade C, compared with 58 percent of non-looked after peers (DfE 2013). The Poverty Site (2014) suggested that approximately 25 percent of the looked after population left school with no qualifications in comparison to only 1 percent of the wider population. With regards to

continuing studies there were also disparities between looked after and other children. Only 6% percent of care leavers attend university, compared to 43 percent of all young people (Centre for Social Justice, 2020). Harrison et al. (2020) focussed on those minority of care experienced young people attending university, comparing their outcomes post-graduation with their non-care experienced peers. Using quantitative methodology in a study involving 1010 care experienced graduates from a full cohort of 2016/17 UK undergraduates, they concluded the care experienced graduates were less likely to be in employment.

The focus of this thesis is therapeutic residential care provision. A recent meta-analysis compared residential care with three other conditions: family foster care, treatment foster care, and no placement (Li et al., 2019). Albeit the authors noted key limitations to their study associated with residential care focussing on young people with more complex needs who had often been through multiple failed family style placements, they found that the outcomes for those who had experienced residential care were statistically worse than for those who had experienced the alternate forms of care (Li et al., 2019).

These data and the difficulties associated with evaluating therapeutic residential care settings provide a mandate for this study that aims to identify a ToC for good practice in residential Therapeutic Communities (hereafter TCs) for boys who have engaged in HSB. Specifically, for drawing inspiration from theory-based evaluation approaches to develop a ToC that can be used to develop practices and guide future evaluations of residential services for boys who engage in HSB. To that end it considers existent literature and gathers new data from staff delivering services and men previously 'looked after' by the state as a result of having engaged in HSB, about what matters or has generative potential in residential TC services and the relevance they ascribe to formal therapeutic encounters in shaping their life chances.

1.5 Thesis overview

The thesis is structured across several chapters as follows:

Chapter two is a review of the relevant literature to the field of study. This will explore the changing profile of young people looked after by the state and unpack the socio-political, political and policy landscape that has formed the backdrop against which therapeutic residential care is offered to boys. It will be highlighted that the number of children and young people who are looked after by the state has increased steadily since the early 1990; as has the use of care orders and residential care. Be that as it may it will be highlighted that

residential care has become less preferred in the landscape of available services for children and young people. It will be highlighted that in terms of unit size, a 'smaller is better' philosophy has prevailed, and that residential provision has been outsourced with a number of consequences to the private sector. The chapter will then examine the nature of therapeutic residential care and the evolution of TCs. Followed by the arrangements and challenges associated with leaving care provision. Finally, HSB will be explored and the nature and methods of intervening to address that form of behaviour will be considered in depth.

Chapter three considers the methodology and methods of the study. Guba and Lincoln's (1994) paradigmatic classification system is used as a vehicle for explaining the thesis's critical realist ontological and interpretive epistemological sympathies. Why a post-positivist interpretive approach to the study was adopted is then outlined, drawing on theoretical insights provided by phenomenology. The approach to sampling and recruitment is explained, as well as issues associated with data handling. The ethical issues that had to be navigated to collect data in an ethical manner are outlined. This research involving men with a history of HSB had a potential to cause distress. How that potential along with the risk that individuals might disclose ongoing offending was managed is explained in detail. Here, how consent was secured, issues of capacity were assessed, and anonymity guaranteed are also explained in detail. Finally, the approach adopted to data analysis is presented. Notwithstanding the study's interpretive foundations, how the process of theory building in CA informed data analysis is explained in depth.

Chapter four is the first of the findings chapters. It presents an analysis of the data collected during a focus group with service providers reflecting on processes with generative potential in terms of promoting positive outcomes for young people in therapeutic residential care who have engaged in HSB. Thematic analysis identifies generative potential associated with: supporting activity; assessment and settling; structure and routines; capacity change and outcomes. Taking each in turn, supporting activity is a category term from CA methodology that describes the range of tasks that a setting needs to attend to in order to underpin the change process. They are not the actual formal interventions with young people but relate to staffing, regulatory matters or factors in the wider operating landscape. Assessment and settling describes those features and processes when a young person is being brought into and becoming established in the residential setting. Structure and routines refer to features of the operating activity and how these are deliberately coordinated in order to generate the intended outcomes. This includes elements of the culture and atmosphere intended to facilitate relational work. The capacity change theme describes the activities and underpinning assumptions about how a change in behaviour might be facilitated. This focuses on the way

opportunities can be created for young people to learn and rehearse new skills and how motivation is encouraged to build capacity. These themes all unfold sequentially towards the intended outcomes which are expressed in both hard measurable outcomes and softer, more interpersonal skills.

In Chapter five an analysis of interview data from multi-disciplinary staff from participating organisations is presented. Relationships are again identified as having generative potential in terms of positive outcomes for looked after children and various processes are identified as central in terms of how relationships are created and then maintained. Here there is a focus on the network of relationships that can be built in residential therapeutic environments - between staff in teams, between departments and between/with young people. Additional generative potential is associated with a shared understanding and consensus about the work inside the services, with open communication at all levels, with partnership working and coherence across a placement journey. In the chapter, how service providers can engage with these mechanisms in a conscious and deliberate way is highlighted. Moreover the assumptions that underpin the behaviour change at different points in the placement journey are articulated.

In Chapter six the data from interviews with former residents is analysed. This chapter provides a lived experience account of life as a resident in therapeutic residential care. Here the analysis considers what respondents had to say about their placement journey and a dominant theme of relationships is explored. This is then followed by additional themes, starting with the process of initial engagement - moving in and beginning to settle into a new environment; it then considers the generative potential from the experience of consistency, cogency and cohesion to the therapeutic task experienced through staff interactions and systems and processes. This internal focus on multi-disciplinary work is then developed in the next theme to explore the interagency working and role of third parties, which lead to the final theme in relation to developing independence and moving on. The processes and practice with generative potential in terms of building capacity for sustaining change are identified as well as those associated with helping young people with housing, future training, employment and personal relationships.

Chapter Seven is the discussion which links the findings and data back to the literature review and expands on those elements which emerged as relevant. It explains how the evidence and literature triangulates with the ToC to underpin it, but also sets out limitations and areas for further study. The ToC is presented in visual form in this chapter and an account is provided on how to read and interpret it. The ToC presents both a theoretical 'map' to underpin the

assumptions of the change process, but it also sets out the sequence of activities both inside and outside the service and how these change across the duration of a placement. Two theoretical frameworks are used to dissect and explain the component parts of the ToC and to triangulate the wider literature, the data and supporting activities to deliver the desired change outcomes. Haigh's (2013) 'quintessences' (attachment, containment, open communication, participation and agency) provides a theoretical frame to consider the psychological change, whist Kennard's (1983) 'common features of a therapeutic community' (communal atmosphere, the use of group meetings as therapeutic activity, sharing the work of running and maintaining the community, the therapeutic role of residents, sharing authority and values and beliefs) provides a format to analyse the more systemic structures and processes that both create the environmental culture and underpin the change process.

Finally in this chapter, limitations to the study are explored and recommendations for further exploration are suggested. This is the first time that a ToC has been developed to describe and map the therapeutic residential journey and it allows application and further iterative refinement in theory-based evaluations. Further potential for application in other contexts will be outlined.

Chapter Two: Literature Review

2.1 Introduction

Chapter two is a review of the relevant literature to the field of study. This will explore the changing profile of young people looked after by the state and unpack the socio-political, political and policy landscape that forms the backdrop against which therapeutic residential care is offered to boys. The number of children and young people who are looked after by the state will be examined and what the trends are in relation to the use of voluntary or formal care orders and residential care will be detailed. The standing of residential care and whether it is more or less preferred in the landscape of available services for children and young people will be considered. The chapter will then examine the nature of therapeutic residential care and the evolution of TCs in the UK. This is followed by an analysis of the arrangements and challenges associated with leaving care provision. HSB will be explored and the nature and methods of intervening to address such behaviours will be considered. Finally, what is known about the efficacy of how care is delivered in the 21st century, and therapeutic residential care intervention is particular, is examined. This leads to a consideration of how contribution analysis may contribute to the evidence base.

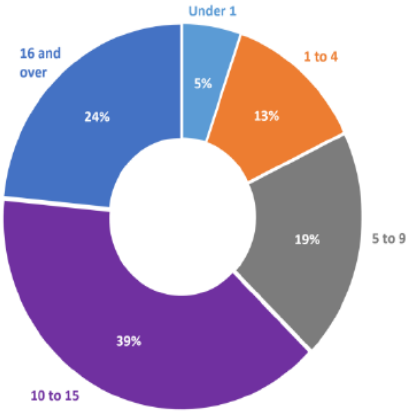
2.2 The Looked After Landscape

The number of children being looked after has been rising consistently since around the early 1990s. Data, for example, from the Department of Education shows that in 1994 there were around 48,000 children looked after by the state. By 2020 this had increased to just over 80,000 (DfE data set 2021). Looking in more detail at the recent trends leading up to the 2020 figure, there was a one percent year on year increase from 2013-16; but then a three percent increase to 31st March 2017 with 72,670 children being looked after (DfE data set 2017). By 2021 this figure had risen to 80,850, a further one percent increase on 2020 (DfE Data set March 2021). Of these 56 percent are male, 44 percent female and this ratio has been broadly stable for several years.

Of these children, some will be in secure units, children's homes and semi-independent living accommodation. The number accommodated in these circumstances has also risen over the last few years. In England, during 2018, there were 11,960 children and young people accommodated in secure units, children's homes and semi-independent living accommodation. During 2019 this rose to 12,930 and during 2020 to 14,900. By 2021 this

number had risen to 15,190 and latest figures put the number at 17,380 (UK Government, 2022). To put the increase over the last few years into perspective, the latest data suggests that almost three times the number of children are in secure units, children's homes or semi-independent living, as were there (6,200) in 2010 (Owen, 2011). A similar trend is evident in Wales where in 2018 there were 400 children in a placement in residential settings. By 2022, this had increased to 590 (Stats Wales, 2022)

Considering looked after children, the figure below shows the breakdown of the total by age showing that almost two thirds of all looked after children are 10-16 years of age and almost a quarter of all looked after children are 16+.



Source: SSDA 903

Figure 1 Department for Education Data Set 2017: Proportion of Children Looked After by Age as at March 31st, 2017.

The figures below show the trends in the numbers of children where there was state intervention and breaks these down into the categories of legal status between 2013 and 2017; then between 2018 and 2021.

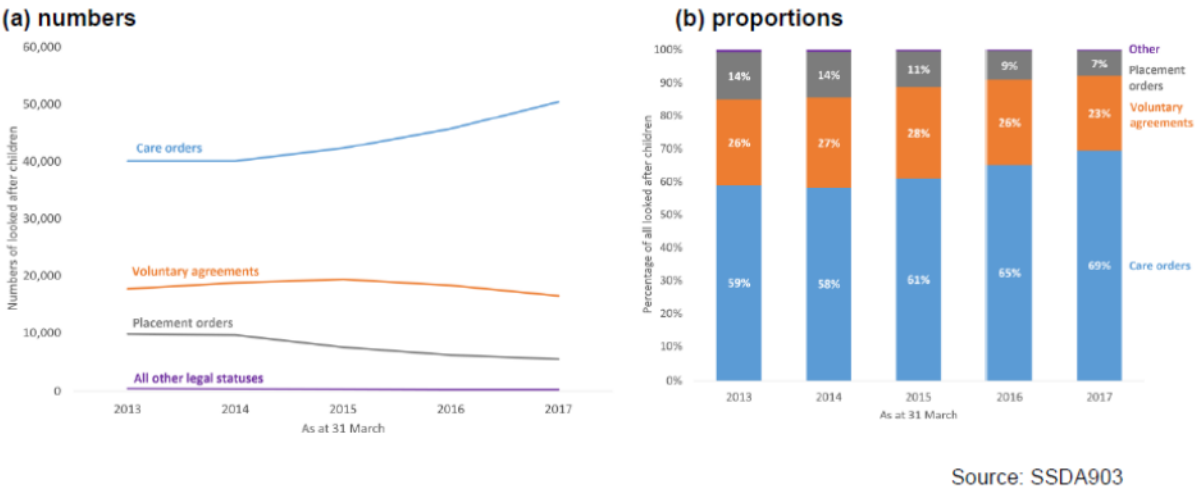


Figure 2: Department for Education Data Set 2017: Numbers and proportions of children looked after by legal status 2013-17.

Trends in the total numbers and proportions of children in care by legal status can be seen in the figure below:

Criteria	Number				Percentage			
	2018	2019	2020	2021	2018	2019	2020	2021
Total children	75,370	78,140	80,000	80,850	100	100	100	100
Care orders	55,330	58,370	61,350	63,530	73	75	77	79
Voluntary agreements under S20 CA 1989	14,140	13,880	13,310	12,340	19	18	17	15
Placement order granted	5,590	5,590	5,030	4,660	7	7	6	6

Table A: Children Looked After: Government Data Set: Trend from 2018 – 2021.

Examination of the data set above reveals that at the same time as there has been a gradual increase in the number of looked after children, there has been a gradual decrease in the number of children 'looked after' though voluntary arrangements which stands at 15 percent of children in care (down from 19 percent in 2018 and from 28 percent in 2014). Concurrently, there has been an increase in the number of children subject to full care orders which stands at 79 percent of children in care (a 2 percent annual increase since 2018 and a trend up from 58 percent in 2014) with the remaining 5 percent being on kinship orders (i.e., placed with extended family members at the instruction of the courts) (DfE Data set 2020/21).

In terms of placement in March 2021 across England 71 percent of children looked after were living with foster carers (16 percent in a foster placement with a relative or a friend, 56 percent with a foster carer who is not a relative or a friend); 14 percent were living in secure units, children's homes or semi-independent living; 7 percent were placed with their parents; 3 percent were placed for adoption and 2 percent were living independently or in residential employment.

In terms of explaining these trends, there is considerable documented evidence that children looked after by the state originate from the poorest sections of society and their families have witnessed multiple social and economic disadvantages (Bebbington and Miles, 1989; Bywaters et al., 2020). Perhaps usurpingly therefore Oakley et al. (2018) observed, whilst falling short of being similar to the 'Penrose hypothesis' which posits a close relationship between number of inmates in prisons and of patients in mental health settings, and heavily moderated by other welfare policies, the numbers of children in care or the child protection register is very sensitive to poverty levels. Children who live in the most deprived neighbourhoods are ten times more likely to be looked after or on a child protection plan than children in the least deprived areas (Bywaters et al., 2020).

In 1990 Bradshaw undertook a detailed review of child poverty and deprivation in the UK. He suggested that in the period under review, when a Conservative Government led by Margaret Thatcher was in power, resources had been moved away from families with children to those without, leading to proportionally more children living in poverty than adults. He concluded that:

> During the 1980s children have borne the brunt of the changes that have occurred in the economic conditions, demographic structure and social policies of the UK. More children have been living in low-income families and the number of children living in poverty has doubled. Inequalities have also become wider *(*Bradshaw, 1990, p.42,*).*

In 1997 a New Labour Government was elected to office. It inherited record high levels of poverty and inequality but were explicit in a stated commitment to eradicate child poverty over twenty years, and to halve it by 2010 (Lupton et al., 2013). Lupton et al., (2013) undertook a review of the New Labour Government's policy approaches to tackling poverty between 1997 and 2010. The authors found a particular focus had been with a range of measures to target the under-5's. Policies were introduced with the aim of raising educational quality (Lupton and Obolenskaya 2013); increasing funding for families with children through the benefits and tax system; promoting health and employment interventions for mothers in lower socio-economic groups (Stewart 2013); regenerating deprived areas (Lupton et al., 2013); and reorganising how services were delivered with greater use of benchmarking and quality management. Arguably, as a result, child poverty reduced from 27 percent in 1997 to 17.5 percent in 2010/11 (Lupton et al., 2013, p.49).

Despite these interventions to target poverty, contrary to what might have been expected, the number of children becoming looked after did not slow down. One reason for this may be the longer wave effect of previous levels of poverty. Conversely more involvement with families leading to more children being identified as in need of formal state intervention. The number of children on the child protection register, however, fell by 25 percent between 1994 and 2004 (DfE, 2004). As Biehal et al., (2018) suggest, the reason for this may be that number during the period when the state was active in tacking child poverty, safeguarding concerns were more likely to be identified and addressed before they escalated into requiring registration.

Another reason the number of looked after children may not have fallen despite efforts to reduce child poverty is that after 2004, a number of high-profile child deaths from abuse followed by Serious Case Reviews and in some instances, public enquiries, influenced the landscape of childcare. The death of Victoria Climbe in 2000 and baby Peter Connelly in 2007 received very significant media and government attention. The public scrutiny and criticism of social work that followed (Lord Laming, 2009) almost certainly contributed to an increase in subsequent referrals and interventions. Biehal (2009) suggests this is likely due to a more cautious approach to the work on behalf of referring agencies and indeed individual social worker practice in the field.

The election of a Conservative led coalition Government in 2010 with an austerity led manifesto, led to a widening of social inequalities, and an increase in child poverty (Oakley et al., 2018). Child poverty in this period has been analysed by the Social Mobility Commission (2021). It identified that the numbers of children living in poverty rose by 500,000 after 2012. The commission suggested around 30 percent of children lived in poverty, but this national

figure was further analysed to show regional differences such as a 37 percent rate in the Northeast of England, and a 38 percent rate in London (Social Mobility Commission, 2021, p.17).

In 2022 the Care Review reported that the numbers of people living in poverty was predicted to rise further in response to a post-covid and cost of living crisis (McAlister, 2022). In January 2022, a report commissioned by the Joseph Rowntree Foundation noted:

> Child poverty continues to rise. The latest data tells us that almost 1 in 3 children in the UK are living in poverty (31 percent). Nearly half of children in lone-parent families live in poverty, compared with 1 in 4 of those in couple families (Barry et al., 2022, p.10).

During periods where child poverty is increasing, welfare services are usually being cut back meaning that thresholds for preventive intervention are also rising. Whilst that might be expected to lead to fewer children in the looked after system, according to Biehal et al., (2018) one consequence of some children and families not getting the preventative support they need is that, over time, they require more formal interventions further down the line.

Some studies of local authority practice suggest that the rise in volume and breadth of intervention over the last few decades reflects the growing identification of need. For example, Brooks and Brocklehurst (2014) were commissioned by the Association of Directors of Children's Services (ADCS) to research the various factors that contributed to children and families being vulnerable or in need and they published their findings in phases in 2010, 2014 and 2016. Whilst not dismissing a link between poverty and state intervention with children, they suggested higher levels of state intervention were the result of a greater professional attention being paid to the factors contributing to long term neglect; the identification of a new 'threat to children' in the form of child sexual exploitation and also an increase in the number of child protection referrals from the police associated with new discourses emerging about child abuse and inter-personal, especially domestic, violence. In addition:

> Local authorities reported a range of other reasons for the increase (in safeguarding activity), including heightened anxiety and increased public and professional awareness of child protection (partly due to the death of Peter Connelly); implementation of the Common Assessment Framework (CAF); better promotion of safeguarding; more coherent multi-agency processes; and the economic downturn (Brooks and Brocklehurst, 2014, p.6)

A local authority is required to carry out a formal assessment of need and where children are taken into care the primary reason for this should be recorded. Figure 4 below presents data on the proportion of children looked after by category of need as at 31st March 2017.The factors surrounding each child and family are understandably complex and often there are multiple needs, but the data shows 62 percent of children were taken into care for 'abuse or neglect'. By 2022, the numbers in care for reasons of abuse and neglect had reached 66% with some reduction in those in care as a result of absent parenting (down to 5%). This reduction is as a result of a fall in the numbers of unaccompanied asylum-seeking children (DfE, 2023).

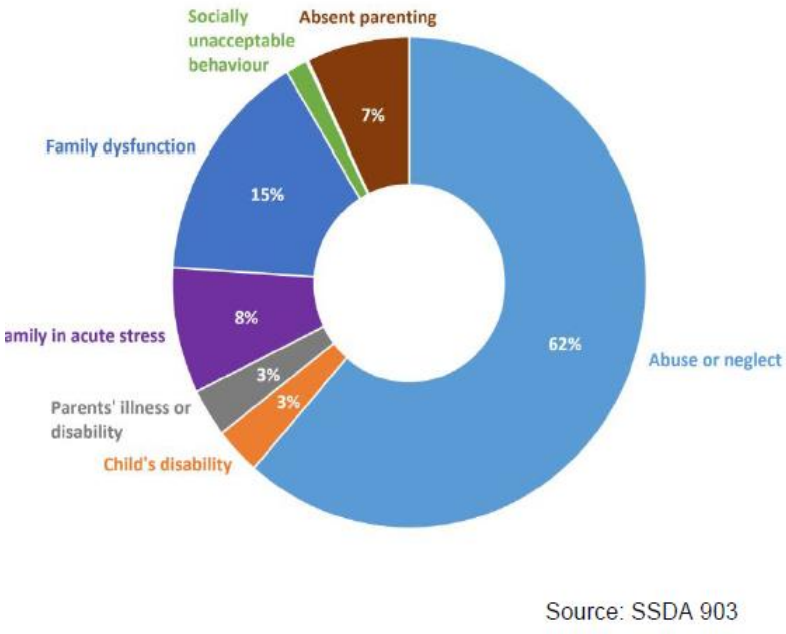


Figure 3 Proportion of Children Looked After by Category of need as at 31st March 2017.

Conversely, although the relationship is sensitive to the effects of policies across a range of issues, Frost and Stein (1989) argue rises in the volume and breadth of interventions with families do not simply reflect need, but socio-political concerns and government priorities across a range of policy areas (orientation to poverty being just one).

Frost and Stein (1989) identify a strong political dimension to care provision from the outset of government involvement in children's welfare. For example, they suggest in the context of rapid industrialisation in the 19th century, government involvement in families was prompted by the need to control the 'dangerous classes' and intervene to address the risk that might be posed by future generations of uneducated and unsocialised urban poor.

Within this, the variations by geographical location are understood as being based on local political concerns and policy decisions made in trying to balance demographic needs against the funding received from central government and through local taxes (Biehal et al., 2018). Greater identification of need drives greater demand on resources to respond (Brooks and Brocklehurst 2010; 2014; 2016) and whilst central government oversees the legislative framework, it is often devolved or local government, driven by local demographics, that design and implement local policy and practice (CMA Report, 2022). Changes in local thresholds are implemented as one mechanism to respond to financial constraints at the local level and as this happens so the 'shape' of policy varies across the UK (What Works for Children's Social Care Report, 2022).

Professor Eileen Munro undertook a review of the child protection system in 2011 and reported that the system had become risk averse, leading to "too many families being drawn into the child protection system and not enough focus on early help and support" (Munroe, 2011, p.6). Giddens and Beck offer an account of the rise of such prioritisation linked to the advent of the postmodern risk society (Giddens, 1991; Beck, 1992). Characteristic of late/postmodern societies is the breakdown of traditional families and communities and rapid technological advances (Hudson, 2003). Fragmentation of communities and loss of place readily gives rise to a concern for 'risk' and the demand for more authoritarian approaches to managing 'social ills' (Giddens, 1991).

Esping-Andersen's (1990) analysis focuses on how political economies impact welfare regimes and welfare, including care, practices. He considered that approaches to welfare could be understood with reference to two key dimensions: decommodification and stratification. The first of these dimension, decommodification, refers to the extent to which the rights granted by the state, to an individual or family, enabled a life to be lived without being dependent market forces. The second dimension, stratification refers to the processes of the state that underscore social ordering (Danforth, 2014). In considering how these dimensions appeared across a range of advanced capitalist democracies, Esping-Andersen suggested three 'welfare state regimes' which he described as liberal, conservative, and social democratic.

In the liberal and neo-liberal regime, the state provides only for those who cannot support themselves and relies heavily on the market for a general provision of social benefits. Those benefits that are provided by the state are modest and restricted, typically means-tested and with strict qualifying criteria. It is mildly decommodifying and leads to a two-tier social order, a

dependent minority with a majority relying on market welfare, differentiated by price (Danforth, 2014).

Under the conservative welfare regime, the family unit has primacy with the state only intervening where the family cannot service itself. It has deeper historical roots in absolutism and Catholicism and class and status are the criteria on which different rights are awarded – deferring to the family first principle. Social insurance schemes are the method through which benefits are granted, then organised in turn through narrow, occupation-based solidarities. The focus on social stratification limits the decommodifying aspect (Danforth, 2014).

The social democratic regime provides generous and universal state-sponsored social rights with the intention of freeing the individual from both family and the market. This places high importance on economic redistribution and equality and seeks to provide welfare security for the individual from birth to death. Thus, whilst this regime is highly decommodifying, it is committed to and underpinned by full employment, mainly out of necessity to be financially viable through taxation (Danforth 2014).

Successive neoliberal Governments from the 1980s onward have presided over significant retrenchment of the state from welfare provision and residual provision being outsourced so that the state has become a purchaser of services from providers in the independent sector (Harlow et al., 2012). Even under New Labour, for example, there were contentious pilot programmes to relocate services for looked-after children away into the independent sector and reduce local authority provision. A working party was established to develop the model for the pilots and in its report, it suggested that “poor outcomes for children in care were largely due to inconsistencies and lack of continuity in the system” (Department for Education and Skills, 2006 p.34). A subsequent review recommended that smaller, independent organisations, run by social workers, free from bureaucracy, would increase the morale and stability in the social work profession, which in turn would be a key factor in driving up outcomes for children. The narrow focus of these services (not to be involved in child protection) would mean resources could be focussed on more face-to-face social work practice with children and young people. This would also facilitate increased front-line decision making and a structure and system more focussed on the needs of the child rather that the needs of the system (Stanley et al., 2013). Whilst this was a New Labour initiative, the incoming coalition Government in 2010 inherited the pilots and were supportive of their continuation (Stanley et al., 2013).

These pilots embodied a neo-liberal concern which although attracting different types of support, captured Conservative and New Labour Government thinking about social work and

how it should be organised. They were associated with activities being moved and concomitantly personnel being migrated from the local authority into the independent sector. The independent sector was described as comprising several different types of organisations: commercial organisations, voluntary sector organisations and newly emerging organisational structures such as 'social enterprise' in which the workers had some share or ownership (Stanley et al., 2013). Whilst most of this provision would be managed by commercial or voluntary sector organisations, 'professional practices' formed by social workers and other professionals moving out of the local authority and forming independent organisations and businesses were also encouraged (Le Grand, 2007).

From the 1990s onwards, ~~therefore~~ there was a steady decline in local authority run children's homes (which had often been 6-12 bed services) and an increase in privately owned and operated homes (Smith, 2009). Responding to the market (as defined by the perceived needs and wants of the customer), many of these new homes were opened with 1-4 beds, offering a more 'family style', domestic environment in an attempt to respond to underlying criticisms of residential care (Gibbs & Sinclair, 1998), an issue considered further at a later point.

New legislation came into force in 2001 to regulate all care activity in the UK (Humphrey, 2003; Smith, 2009). According to some commentators it reflected neo-liberal sensitivities in terms of seeking to increase managerial approaches, information gathering, and target setting and developing a more entrenched and bureaucratic way of working (Harris, 2002; Smith, 2009;). Harlow et al.~~,~~ (2012) argue managerialism is the material manifestation of neoliberalist thinking. In this regard Harvey (2005, p.2-3) states:

> Neoliberalism is in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterised by strong private property rights, free markets, and free trade. The role of the state is to create and sustain an institutional framework appropriate to such practices.

The focus on bureaucracy and regulation has seen the development of more strident 'safer recruitment' processes involving more formalised police and background checks, updated safeguarding policy, new minimum standards for children's homes and a succession of regulatory agencies to oversee the component parts of a largely privatised service. Jordan (2010, p.3) argues there has been an "enormous proliferation of legislation, regulation and guidance*"* but adds a criticism that it provides false assurances in terms of practice:

> ….as if by classifying, codifying, monitoring, incentivising and target setting in almost every conceivable sphere of social interaction government could achieve the complete set of beneficial outcomes.

Smith (2009) considers that the impact of neoliberal policy on social care has been to create a set of policies and a supporting system whereby at the point of delivery, care services became 'personalised' towards the individual rather than being designed to address wider social need. Put another way, as a result the marketisation of care along economic lines, the burden of primary care has been shifted onto families. The welfare of those needing to be cared for outside families has then become a "residual obligation calculated to provide a safety net rather than a universal welfare service" (Smith, 2009, p.5).

Critics of the neoliberal and managerial shift in practice point to nursing care of the elderly as an example of what this means for residential care (residential care for this group being further along the privatisation road that children's services are travelling). Scourfield suggests residential care for the elderly is a commodity "to be traded and exploited for its surplus value" (2007, p.162) concluding that "business values, reductions in cost and income generation have been prioritised over the quality of care" (2007, p.170).

Whether this critique might be applied in full to the childcare sector in debateable. This is because, as Smith (2009, p.5) argues, children have become political 'hot potatoes' as they are perceived as a societal investment for the future which arises out of a political attempt to tread a path between socialism and capitalism. Lister (2003) identifies a reconfiguration of welfare around principles of economic opportunity and prosperity through the redistribution of opportunity (rather than income). Within this paradigm, children are future units of production to be invested in, this investment needs to be protected and politicians are keen to be seen protecting them. This, itself, may further explain trends towards increased state involvement and legislation in the protection of children and intervention in the family.

2.2 Residential care

Dominant accounts of residential care identify that accommodation was initially provided under Elizabethan Poor Law to orphans and those who were destitute. This was overseen by parish authorities, which facilitated local systems to provide support and to find accommodation for vulnerable children (Pinchbeck, 1957). The 1834 Poor Law Amendment Act introduced Poor

Law Unions, overseen by Boards of Guardians, who held responsibilities for the oversight of workhouses. Across the second half of the 19th century familiar national charities emerged, such as Dr Barnardo's Homes (founded in 1866); the National Children's Home (now Action for Children, founded 1869); and The Waifs and Strays Society (founded 1881) (Higginbotham, 2017). In time, these evolved to become the first national providers of children's homes. These children's homes were often very large institutions with dozens of residents in single large buildings or hundreds of children co-located on campus 'villages' that were purpose built (Higginbotham, 2017).

In the early 20th century, the new Ministry of Health (1919) replaced the Home Office oversight of Poor Law administration and in 1929, these arrangements were reorganised to Public Assistance Committees. Children put 'in care' (as opposed to the term 'looked after' which was first introduced in the 1989 legislation) by these committees tended to be received on a voluntary basis (Monckton, 1945). The Home Office continued to hold responsibility for industrial schools and reformatories. Whilst these were originally created to tackle offending and delinquency, in practice they were regularly providing homes to neglected children). Further legislative reform in 1933 saw the creation of the Children and Young Persons Act which introduced Education Committees to oversee the industrial schools and reformatories. These subsequently became known as approved schools (Higginbotham, 2017).

Reporting in 1948, the Curtis Committee provided the ground work for the development of The Children Act 1948. This significant Act combined the 'welfare' responsibilities of both Public Assistance Committees (Ministry of Health) and Education Committees (Home Office) to create local children's officers, boarding out officers, and children's committees. These local government structures were intended to oversee matters relating to the care and welfare of children. As a result, many local areas formed 'children's departments' and these would become the beginning of children's social services departments that we see today. These early structures remained under control of the Home Office (Higginbotham, 2017).

2.3 Smaller is better?

The quality of care provided in the residential sector has been the subject of considerable comment. As early as 1946 The Care of Children Committee found children to be living in poor quality environments characterised by being unstimulating and austere environments (Higginbotham, 2017). Many of the residential facilities operated as part of the charitable works

of religious orders, but nonetheless concerns were expressed about mistreatment and abuse of children in such settings. The Curtis Report (1946) expressed specific concern about larger institutions. As a result, recommendations were suggested that those of twelve beds and under were acceptable. From that point onwards the size of children's homes began to reduce and this was accelerated as larger, mostly voluntary sector, orphanages began to withdraw from provision, closing their larger settings. However, despite these early warning signs of large institutional care, even by 1964, Bullock and Parker (2014) identified that two thirds of homes still housed twelve children or more.

Carter (2011) states that over time, however, larger group, residential care homes have fallen out of favour. In its knowledge review in 2008, the Social Care Institute of Excellence (SCIE) noted that residential care should be used as part of a continuum, rarely as a permanent option and that there was:

> …a need for units that are small, preferably with fewer than six young people, thus reducing the potential for peer conflict and allowing for more focussed attention on individual needs.

In terms of meeting need, the 'smaller is better' narrative in relation to size of home remains dominant and a preference for smaller homes is reflected in data on the profile of homes by numbers of beds. The Department for Education (DfE) data in 2018, for example, identified the following breakdown across the 2209 registered children's homes by numbers of beds per home:

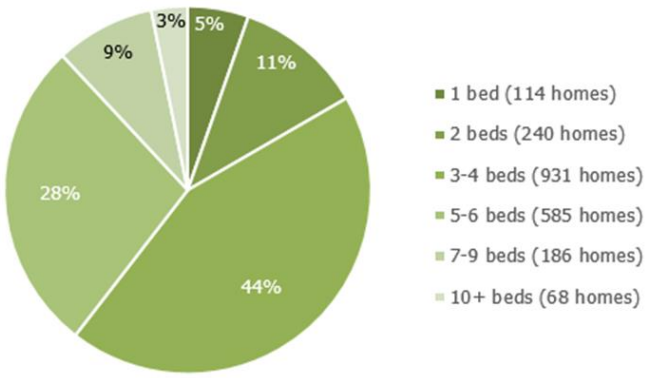


Figure 4 Department for Education Data Set 2018 - breakdown of children's homes by numbers of registered beds per home

Ofsted analysis a year later in 2019 showed an overall increase in the number of homes, and the number of beds. There is growth in each category, but the largest growth was in 3-4 bed homes and then solo/ two place homes (Ofsted, 2019).

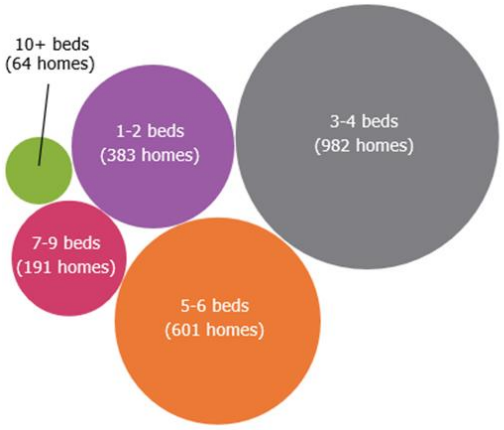


Figure 5 Ofsted Data Set 2019: Breakdown of Numbers of Children's Homes registrations by size of homes

2.4 Placement of last resort

Stanley (2009, p.34) argues that since the Curtis Report of 1946, residential care in the UK has increasingly been seen "not as a place for the upbringing of young people". Be that as it may, statistically speaking, the use of residential care in England peaked during the mid-1970s, when local authorities accommodated about 40,000 children in these settings. That accounted for approximately 40 percent of all placements for looked after children.

Across the 1980s, there was increased secularisation of residential care as the religious orders withdrew from provision and the discourse became more humanistic, with religious motivations being cast, at best, as old-fashioned (Higginbotham, 2017). Concurrently, the larger voluntary organisations such as Barnardos and National Children's Homes also began to re-evaluate their functions, moving away from direct service provision to more community based and advocacy roles and this very much characterises their operations today (Smith et al., 2017).

The number of children in residential care fell steadily from 1980 to a low in 1994 before rising again. This was during a period of successive Conservative governments where the policy direction was for a smaller state, greater empowerment of the family and in policy terms, a tightening of the thresholds for removal of children, reflected in the Children Act (1989) by a greater emphasis on family support and preventative interventions (Biehal et al., 2018).

Successive governments have then continued to promote what Cronin (2019) describes as a social policy discourse which has privileged kinship care and then foster care as the most suitable place for children needing out-of-home care. Written into the Children Act 1989, was

the assumption that the best setting for a child to be cared for was within a family - ideally their birth family, or if not appropriate, a substitute family and only if this were not available, residential care.

In 1998 Berridge and Brodie reported that residential care had come to be seen as the poor relation to social work. The workforce was less well equipped and trained, and it was often used as a placement of last resort by social services departments. In the last three decades, there have been a number of scandals as former residents of care homes have felt able to come forward and disclose their experiences. These have led to several high-profile government enquiries including Utting (1991) which focussed on the use of physical restraint (in specific a practice referred to as 'pindown'); Warner (1992) which focussed on recruitment, vetting checks and staff training/ support in childcare; Utting (1997) a second report focussing on poor use of residential care (in many cases) and children experiencing multiple placements; and Waterhouse (2000) which followed an abuse scandal in North Wales. These reports have usefully highlighted abuses that have occurred in the residential care sector over the years, but have also served to further position residential care, and especially care in larger settings, as less preferred in the spectrum of services available to meet the needs of looked after children.

Changes in the standing of residential care has also reflected social work aspirations to professional status (Smith et al., 2013). Since the 1960s accounts of professional social work practice have emerged which sought to emulate the clinical orientation of the medical profession, focussing on individual and family problems and one to one case working rather than institutional care or the competing paradigm for social work practice which was more structural in its focus (Seddon and Robinson, 2015). Carter (2011) suggests that following abuse scandals, social work took a more professionally distant stance, discouraging closer working relationships between professionals and the children in care. As a result, residential care with its resultant proximity between staff and young people was seen as inherently less desirable (Carter, 2011).

Changes in the use of residential care also reflect increasing academic hostility to institutional or congregated care. Goffman's 1968 work 'Asylums' was especially influential in this regard creating a climate of ambivalence towards residential childcare. Bowlby's (1951) work on attachment was similarly influential, promoting the discourse that all children needed to be brought up in a family environment. The 1973 "Children who Wait" report (Rowe and Lambert, 1973), for example, drew heavily on a growing literature around attachment and deinstitutionalisation. It promoted the view that residential care could not provide secure

enough attachment opportunities or the experience of permanence for children (Milligan 1998). Thereafter, the view that alternative family care was the preferred choice for children who could not stay at home became deeply embedded in social work practice (Smith et al., 2013).

Reorganisation of Local Government in the 1970s has also played a role in repositioning residential care within the wider welfare and social care landscape. Strategies were adjusted for residential care to be delivered in a more functional way, shorter placements, often with an intention of preparing children for substitute family care (Smith, 2009). During the same period there was a push towards what was claimed to be greater 'professionalism' in residential care – a shift away from 'live-in' residential carers operating on a family model to teams of people working shifts in rotation. A further consequence of this spatial distance between cared for and carer (through the move to rotas of staff instead of live-in) was a depersonalisation of the care task, moving it towards a more manualised and process driven approach (Smith, 2009). This shift was seen at a practice level too, in that:

> …ideas of intimacy or relationship became suspect either thought to develop dependency or to open the door to abuse (Smith, 2009, p.29).

Reorganisation of local government in the 1970s also created the conditions for councils to appraise their policies around childcare and within this, residential care was further seen as a placement of last resort, to be used in a time limited way, almost to 'hold' children until family placements could be identified.

The Government's 'Social Care Review' published in May 2022 made 80 recommendations – many aimed at increasing the early help and support available to families: strengthening social work practice and facilitating closer multi-agency working – all with the stated aim of reducing (over time) the numbers of children coming into care in the first place. For those in care, the recommendations included increased use of fostering to avoid residential placements and a greater focus by local authorities on need analysis and planning for commissioning the range of residential settings that would still be required (Social Care Review Report, 2022, p.10).

2.5 A counter narrative

~~Moving on,~~ whilst structural, political and policy perspectives privilege family placements and, where residential placements are considered, a smaller is better philosophy, a counter

narrative has emerged questioning this orthodoxy. For example, Narey (2016 p.4-5) summarised:

> Residential care in England has had a troubled history. Both of the Utting Reports and the Warner report were prompted by revelations about abuse. And there have been scandals elsewhere in the UK, including that at the Kincora Home in Belfast - exposed in 1980 - and the abuse of children in North Wales, which prompted the Waterhouse Report of 2000. More recently the inadequacies of children's homes in Rotherham and Rochdale and their failure to protect children from sexual abuse has been laid bare by the Times journalist Andrew Norfolk. With that sort of history and reputation, some will be surprised at my conclusion that children living in homes in England are treated overwhelmingly well. Indeed, I have been hugely impressed with a great deal of what I've seen. Of course, I cannot rule out future failure, including abuse, in individual homes. But I believe we can be generally and genuinely confident about the quality of care in children's homes.

Moreover, as the CMA (2022) have pointed out, there is yet little evidence to support the view that 'smaller is better' in terms of outcomes for young people who do end up in residential care. Smaller settings are more expensive per placement as the regulatory-required fixed resources and the task-responsive direct resources (such as staffing levels) are spread across a smaller number of placements (CMA Report, 2022). Smaller settings can arguably provide an immediate response to high-risk behaviours because the level of supervision offered might be enhanced, however evidence that smaller settings provide a more effective environment, even in comparatively well researched contexts like prisons, is hard to come by.

The question of whether size is significant and, if it is, how it matters is not exclusive to residential care homes. It has also been investigated regarding the ideal size for nation states, local authorities, hospitals, schools, shops, and even families. In these scenarios, size has been associated with economies of scale. However, achieving such economies often involves reducing staff on a per capita basis and exerting greater control over how staff allocate their time. Nary (2016) indicated that there are usually a higher number of staff on duty in LA homes than those run by private organisations but there was no further detail about their deployment or necessity.

Pertinent to the residential care sector is the observation that increased scale in certain situations has been linked to decreased interaction and more formal connections between service providers and recipients. For instance, Lavallee and Boyer (2006) propose that in retail settings, transitioning from small shops to supermarkets has resulted in the replacement of familiar store employees who know customers by name with anonymous, corporate suppliers of consumer goods. In the realm of healthcare, Van Teijlingen and Pitchforth (2010) suggest that the shift from local to district hospitals has facilitated the emergence of highly depersonalised forms of care, where patients are treated as passive subjects of medical interventions rather than receiving individualised attention. As noted by Goffman (1968), when activities involve interactions with humans, certain unnecessary standards of treatment may be eliminated to reduce costs. Consequently, pursuing economies of scale may lead to less frequent but more bureaucratic, standardised, and formal connections between service providers and users. Be that as it may as the Zimbardo et al., (1999) experiments show, behaviour is culturally bound and in larger bureaucratic rule-based regimes, decision making may be less capricious than in smaller personality-based regimes (Madoc-Jones, 2017). Moreover, in the case of residential units those who would wish to challenge the smaller is better claim rarely have in mind a return to the large-scale warehousing of children in depersonalised units as seen during the Victorian period.

From a theoretical perspective, proponents of the family first and smaller is better argument draw heavily on the attachment work of Bolwby (1951; 1953). Critics argue that this use of attachment theory as a justification for family placement deserves scrutiny. Field (1996) highlighted that the theory focuses on the role of the mother (or a single care giver) which does not take account of other relationships or different sorts of attachments at different stages of life. Vicedo (2017) extended this point, noting that attachment theory pays no attention to the wider cultural context for children or the rich network of relationships that impact a child's experience. Specifically, they noted that in many cultures, children have significant support form extended family members and, in some cases, communities. Smith et al. (2017) caution against the overuse of attachment and suggest instead, consideration of the factors that support relationships and stability. Furnivall (2011) identified that residential care, with its opportunity for multiple adult relationships, could provide significant opportunities for establishing meaningful attachment with key adults and at different points in a child's care journey.

Despite systemic weighting towards family type placements, there is a body of research that suggests that many young people themselves, when asked are clear that they prefer

residential care (Narey, 2016). This is not a new message from young people. Sinclair and Gibbs (1998) for example, interviewed 223 children in residential care who had experience of previous family placements and found that ‘‘those with experience of foster care chose residential care in preference to it by a ratio of three to one’’ (Sinclair & Gibbs, 1998, p.46).

In 2006, the Social Work Inspection Agency, Scotland commissioned research looking at successful examples of practice and ‘what works’ in children's services and commented:

> We met a number of respondents who had experienced feeling accepted, secure and a sense of belonging in residential care. In the best experiences, respondents thought of their residential carers and co-residents as a kind of family… What often characterised the positive relationships in residential care was the continuing sense of security and safety which could be relied upon and a level of relationship without the degree of intimacy in a kinship placement or the sense of artificiality of ‘family’ in foster care *(Happer, MacCreadie & Aldgate, 2006, p.17).*

More recently there has been a small increase in the registration and operation of homes for 6-8 young people with specific criteria of need e.g., step-down from in-patient mental health provision (CMA Interim Report, 2021; What Works for Children's Social Care Report, 2022). Interestingly the Government commissioned report ‘Residential Care in England’ recommended:

> Commissioners should not purchase beds in smaller homes because of an assumption that they are likely to be more effective at either managing behaviour or promoting attachments and relationships. The evidence does not support those assumptions and Ofsted have made it clear that they do not have a preference for smaller homes (Narey, 2016, p.26-27).

2.6 Complex needs

~~Moving on,~~ associated with residential care being increasingly seen as a placement of last resort, Narey (2016) and government reporting for the Social Care Review (Education Select Committee 2021) refer to an increase in the complexity of needs and risks in the young person residential care population. Moreover, on a trend for young people to enter residential care older, and often for shorter care episodes.

As far back as 1998, Berridge and Brodie (p.18) were suggesting that "compared with their predecessors, children's homes' residents in the 1990s are unlikely to have fewer problems or be easier to worth with, quite the opposite". Bringing this more up to date, Narey (2016p.6-7) identified that:

> The children living in children's homes today tend to be older and significantly more challenging than earlier populations…53 percent of children living in children's homes have a statement of special educational needs or an Educational, Health and Care plan, and a further 28 percent have identified special educational needs without statements or EHC plans…about 62 percent had clinically significant mental health difficulties; and, 74 percent were reported to have been violent or aggressive in the past six months…15 percent of children in children's homes received a conviction or had been subject to a final warning or reprimand during the year.

Steels and Simpson (2017) studied the profile of young people in residential care and how this had changed over time. They noted that needs were more complex, and this was associated with contradictions in the ways that adults see these children – as vulnerable and in need of protection yet also threatening and needing to be controlled. They suggest that associated with this was confusion as to what residential care is for and how it should be used and managed. As a result, according to Rich (2009, p.3):

> It has been suggested that residential care is mainly used for children incapable of living in a family environment, and it is therefore used as a last resort.

Hart et al. (2015, p.46) suggest that the impact of this mixed message on access to placement type is that:

> …children tend to have a series of unsuccessful foster placements before residential care is even discussed by social services.

This continues a trend that some authors had noted in the 2000s. In 2007 Biehal (p.23) identified that:

> an increased number of children with challenging behaviour, who would have been cared for in a residential home in the past, are now placed in foster care.

And, several years later, Berridge et al. (2012, p.9) noted that the role of the residential carer is:

> …more challenging at present compared to their role in the past. Challenges include increased complexity of children, reduced resources to provide the same level of care and scaled down support from other health and social care services.

In 2017 Steels and Simpson identified that a lack of clarity in the system, combined with stretched economic resources and a focus on family placements first, was having two key consequences: that children in residential care have increasingly complex needs and that some of the children that residential care used to look after are now placed in foster care.

This trend in the complexity (and diversity) of need in the population being referred to residential care has since continued. Schoenwald et al., (2022, p.19) state that:

> Local Authorities reported a lack of fostering provision, including 'specialist' care, to enable children with challenging behaviours to live in a family was, for some, creating a situation where the complexity of need in residential care was becoming more acute. They stressed that the changing care needs and experiences of children entering care is affecting the entire care system.

2.7 Private sector involvement

Another trend in the residential childcare sector has been for the private sector to increasingly become involved in the provision of care. In the late 90s, Berridge and Brodie described a then emerging trend in local authorities where:

> …some social services have decided to abandon delivering residential care and, where necessary, buy in places from neighbouring local

> authorities or the private sector (Children's Homes Revisited, 1998, p10).

This trend has continued to the present day with an increasing number of local authorities significantly reducing or ending completely their provision of residential care and outsourcing this to a growing private sector. Ofsted national data (2018) suggests that local authorities operated 19 percent of children's homes in 2018, down from 20 percent in 2017, 22 percent in 2016 and 26 percent in 2015. Some local authorities still operate a small number of homes to compliment those which they externally purchase, but the overall trend since 2018 is a reduction in local authority run provision with more than a third of authorities nationally (two thirds in London) having no 'in house' provision whatsoever. The figure below shows the breakdown of provision by sector as collected in the Ofsted annual data 2019.

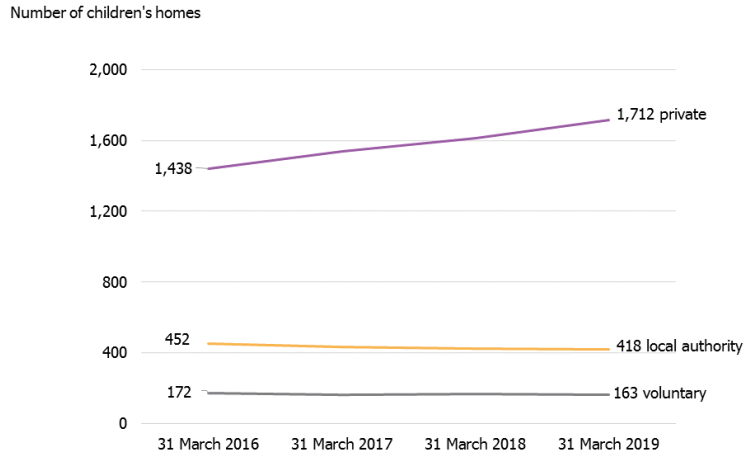


Figure 6 Ofsted Children's Homes Data Set 2019: Percentage of children's homes run by each sector.

The move towards private provision of care has been reflected in other areas. Foster as well as residential care is increasingly commissioned and purchased in an increasingly crowded marketplace. Within what has become a new paradigm, the 'old' state delivered approach to care is seen as:

> …producer-focused, paternalistic, inflexible and inefficient whilst monetary transfers and private, market-based providers have been seen as more consumer-focused, flexible and efficient (Clarke, 2006, p. 436).

This trend can be attributed to the neoliberal turn in British politics discussed earlier. Farris and Marchetti (2017) describe this as a reconfiguration of the role of the state as one that ensures the functioning of markets, and the transformation of citizens into consumers individually responsible for care needs. This leads, in adult community care, to the introduction of personal budgets for those needing social care at home to 'purchase' their care, or allowances for family members as 'carers'.

Conversely, a number of authors including Garland (1996) associate privately provided care with a shift in practices of government captured in contemporary times by the term 'government at a distance'. Garland suggests that contemporary governments have re-defined their responsibilities in relation to 'problem groups' and now seek to manage them at a distance so that the social policy literature refers to a growth in the voluntary/third sector estate in providing welfare services over the last few decades. In the more recent past, this voluntary sector involvement has been almost entirely rooted in family support and community-based intervention. As a result, charities, welfare agencies and private companies have increasingly become embroiled in and committed to what White (2013) calls the wider and more intrusive 'Shadow State'.

Linked to this, some have suggested that this reconfiguration of care is changing the very nature of care itself though the mechanisms of the market (Simonazzi, 2009; Pichhi, 2016; Farris & Marchetti, 2017). Maroukis (2015) described this as a decentralisation of the decision making through several processes: managerialism (adoption of business-oriented management methods with a focus on accountability of results rather than process accountability); marketisation (contract-based competition for service delivery); and corporatisation (e.g., private financing initiatives seen in schools and prisons). Maroukis (2015, p.9) summarises that:

> The application of neoliberal doctrines of public-expenditure cutting, cost-benefits and business calculations have largely contributed to turn the care sector into contested territory for the operation of corporate actors.

In Wales, a counter narrative to the 'private is better' thesis has been evolving over the last year, so that the Welsh Government is increasingly scoping opportunities for local authorities and the third sector to reinvest in and take responsibility for running children's homes. Welsh Labour, somewhat more social democratic in its sympathies than New Labour or the current

Labour leadership in Westminster has committed itself to removing profit from the residential care sector. This position is not being adopted in Westminster either by the current government or indeed being suggested by the Labour opposition, both of whom refer to the 2022 CMA report which expressly recommended against attempts to remove profit entirely. The Welsh Local Government Association (WLGA) representing all twenty-two local authorities and the All-Wales Children's Commissioning Team is supporting the principles of the policy for a rebalancing of provision with less reliance on the private sector, but is highlighting significant risks and urging caution (WLGA, 2023). They are clear that whilst capital investment is welcomed to allow them to open homes, there are long lead in times and the volume potentially required to be built to replace the private sector portfolio is significant. They note:

> Whilst we are supportive of this intent, the complexities of moving from the current level of dependency on independent 'for profit' provision and the attendant risks for local authorities meeting their statutory duties under the Social Services and Wellbeing Act 2014 are significant. (WLGA, p.3, 2023).

Additionally, they draw attention to the position whereby most local authorities lack the operational expertise to run children's homes and especially to respond to the complexity of need which typically requires specialist education and clinical input (when commissioned by the private sector). The scale of the challenge should the policy to replace all independent children's residential places by 2027 be implemented, is evidenced by the current profile of registered capacity by provider type in the figure below, noting that this does not include any English children placed in Welsh children's homes.

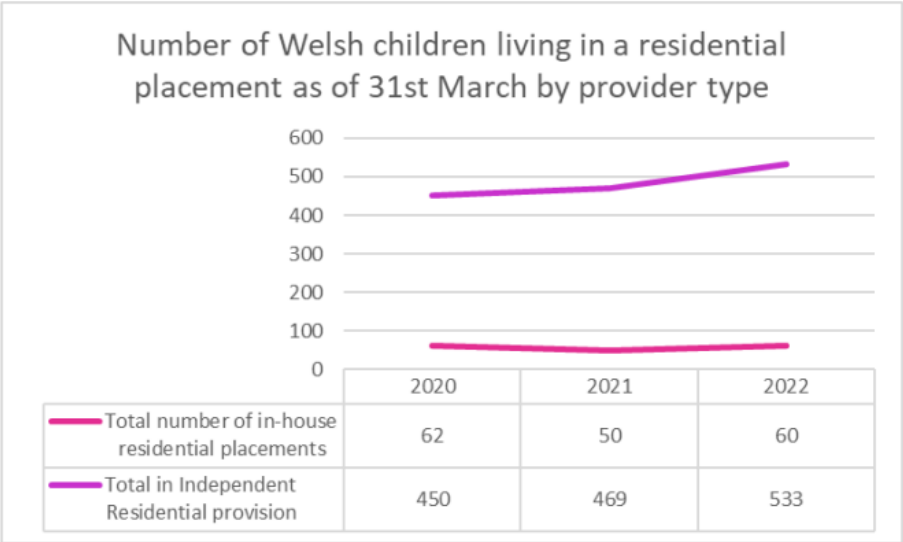


Figure 7Local Government Quarterly Baseline Returns Dec.2022

There are also significant risks cited by the WLGA in any timetable that does not account for maintaining diversity of operational supply which has been negatively impacted since the policy direction was announced (WLGA, 2023, p.9). In this uncertainty, investment by the private sector has slowed almost to a stop, with little if any new registered capacity being added. At the same time volume and complexity of demand continues to rise, and this has resulted in a sharp increase in the use of unregulated or unregistered provision i.e., premises, often temporary, being used to accommodate young people with packages of staff being bought in. As ~~at~~ December 2022, all but four of the ~~twenty-two~~ local authorities in Wales were using these illegal arrangements out of necessity (Peters, 2022a). These are not registered with the Care Inspectorate Wales and are not following any minimum standards of care or provision. In their formal response to the governments consultation on the policy proposals WLGA state:

> The impact assessment of this policy needs to be robust and understood to address the risks of further destabilisation of accommodation, care and support for children. This is putting the stability of the care sector at risk, which we reference in more detail below. It is our most vulnerable young people with more complex needs who have been exposed to the greatest disadvantage~~.~~ (LGA consultation response, 2022, p.2-3)

There is a challenging tension between a stated policy aim of Welsh Government and the statutory duties, infrastructure, expertise and capacity within local government to deliver it.

The Welsh Government's commitment to policy has been worked up from a single line in its manifesto "Eliminate private profit from the care of looked after children during the next Senedd term" (Moving Wales Forward, 2021, p.21). The communication regarding this policy intention is focussed on the perceived extraction of profit and dividends and not explicitly intended to either save money or improve outcomes for children (WAG consultation briefing, 2022). There is an assumption that funds currently extracted as profit from independent organisations will therefore be available to be spent on other services for children. However, the cost element was addressed specifically by the WGLA in their response:

> It is not a proven fact that the cost base of public sector or 3rd sector / charitable provision is less than private providers, or that the price charged to public sector commissioners is consistently excessive and can be reduced through this policy. There is research available across the UK that considers the detail behind the cost to price ratio and warns of a lack of comparative analysis of like for like provision. While a minority of providers are extracting higher than usual profit in the form of dividends to shareholders, as referenced in the recent Competition Markets Authority report, this is a common feature of demand exceeding supply and commissioners competing for scarce placements for those children and young people with more complex care package requirements. (WLGA consultation response, 2022, p.15).

The WLGA concern over the Welsh Assembly Governments assumptions of cost differentials by different provider type has previously been investigated by the Personal Social Services Research Unit (PSSRU). That research identified that like-for-like residential services for children delivered by the state were 16.5% higher than the independent sector (Jones & Burns, 2021).

2.8 Therapeutic residential care

Historically, currently, and generally across purchasers, commissioners and indeed some providers, residential care is seen and discussed as if it were a single entity as opposed to a continuum of different shapes and sizes of settings to respond to a range of needs (Kendrick and Fraser, 1992; Stevens and Furnivall, 2008; Gallagher et al., 2022).

Children's homes in the 21st Century now come in a variety of sizes in rural and urban locations, catering to a broad and multiple set of presenting needs (Ofsted National Statistics Report, 2017). They are regulated by Ofsted (England) and against Children's Homes Regulations (England) 2015 and a set of accompanying Quality Standards. They are regulated in Wales by Care Inspectorate Wales (CIW) under Children's Homes Regulations and Standards 2002 and Children's Homes Regulations (Amendments) 2007. As at 31st March 2019, there were 2304 active children's homes in England providing 12,305 registered beds. This was an increase of 95 homes (4 percent) and 2 percent beds on the previous year which helps to evidence the general trend for smaller registered capacity in individual homes (Ofsted Children's Homes Data Set 2019).

Within these regulatory frameworks, each home has to provide and maintain a Statement of Purpose – a regulatory document which sets out the specific intentions of the home, who it is set up to cater for, in what method, with what types of structures and staff roles. The structure of these documents is set out in regulation. The content of these important documents varies broadly from one home to another based on the profile of children they seek to accommodate (Ofsted, 2018). Therefore, whilst some homes might be more 'generic' in catering for a broad mix of social, emotional and behavioural difficulties (SEBD), increasingly the sector is very segmented with specialist provision such as for girls at risk of sexual exploitation, for young people on the autistic spectrum or for boys who have displayed harmful sexualised behaviour (Ofsted Children's Social Care Data, 2017).

Narey's (2016) review of the residential childcare sector for the Government found that children's homes operate with a wide range of underpinning theoretical models and/or frameworks for their practice and that they vary in size from solo placements right through to larger group living settings. Most children's homes are 3 or 4 bed and it is unusual to have homes working with more than 8 young people, often due to the difficulties in matching and managing some of the challenging behaviours that residents can display. Whilst there have been complaints from local authorities that they do not have the right sorts of homes in the right locations when they need them, and blame for this has been apportioned to providers, ineffective planning and commissioning by local authorities has been highlighted as a dominant contributory factor (What Works in Children's Social Care, 2022).

This trend has only sharpened in the period up to the publication of the Government Social Care Review (for England) and its connected CMA report (2022). These reports noted that there was very good quality and broad provision in large parts of the residential sector, but there was increasing complexity of need and risk, often requiring therapeutic and additional

support. For this small but growing and very diverse population, there has been extreme difficulty in finding suitable placements or settings that will accept the risk to accommodate them, leading to an increasing use of unregulated provisions by local authorities for children aged 16 and 17 (and sometimes younger). These settings which include hotels, B+Bs and shared accommodation with varying levels of support are reported by local authorities as an emergency/crisis resort and temporary.

Therapeutic residential care (TRC) homes, sometimes referred to as Therapeutic Child Care homes (TCC), are a sub-set of homes within the broader overarching group of residential care. Whittaker et al., (2015, p.24) offer the following definition of TRC:

> Therapeutic Residential Care involves the planful use of a purposefully constructed, multidimensional living environment designed to enhance or provide treatment, education, socialisation, support and protection to children and youth with identified mental health or behavioural needs in partnership with families and in collaboration with a full spectrum of community-based formal and informal helping resources.

Gilligan (2015) suggested that in the operating landscape prevalent at the time, and considering the profile of young people catered for, that the term 'residential care' was so blanket and catch all as to render it meaningless. Accordingly, he considered that the work of Whittaker et al., (2015) was a helpful attempt to unpack the term to differentiate provision in terms of what component elements were being offered to which young people, under what conditions, for what purposes. Adopting Whittaker et al.'s system would lead to TRC becoming a term used to identify more technically informed, theoretically underpinned forms of delivery.

It is challenging to reach a clear definition of TRC because, as noted above, children's homes come in a variety of shapes and sizes, settings, and locations, with or without education on site, catering for differing and specific cohorts of young people and adopting a range of theoretical approaches to assessment, intervention, care planning and risk management. The Whittaker et al., (2015) definition is focussed on those settings offering purposefully designed complex interventions, for specific groups of young people, needing high levels of resource and typically requiring multi-disciplinary teams and systems. The lack of shared understanding around these component elements that make up TRC is still subject to ongoing discussion and debate. Gallagher et al., (2022) described the wide range of needs that different residential care settings were being asked to meet and the different theoretical approaches required in response. Gallagher et al., (2022) suggested that service standards for both TRC and therapeutic communities making deliberate use of larger groups (TC), that have existed

since 2001, could be used in commissioning and service development and improvement. These offered an existing, peer developed, off-the-shelf system specification that a range of services could use to clarify their interventions. Each of the services using them would evidence compliance in different ways linked to their stated task or client profile. Equally, local authorities could use these specifications to inform and strengthen their commissioning and placement purchasing by having a framework within which to analyse a range of therapeutic models being offered to them.

Gilligan (2015) suggested that whilst there have been just criticisms of residential childcare following various failings and scandals, there is a level of complexity in the delivery of residential child care which can lead to a breakdown in communication and 'silo' thinking between agencies such as primary health, mental health, youth justice and education settings. He argued that the way that residential childcare is accessed and used, inevitably means that the work is highly complex with young people being referred with high risk; high levels of acting out behaviours; failed interventions; often in crisis and surrounded by uncertainty. Within this he called for greater recognition and understanding of the inherent complexity, to support more joined up and cohesive working between the various agencies whose work overlap to form the 'childcare system'. In making this request his position was that residential care plays a vitally important role in the repertoire of interventions and responses and therefore, the evidence of what works needs to be gathered and promoted to help defend against detrimental policy or budget decisions that might be made. His point is to challenge the experience in which residential care is seen as a last resort and often only considered when all else has failed.

However, a challenge for local authorities is that many services claim to be therapeutic and yet use different language to describe their work and have different operating structures (e.g., employed therapists vs a bought in service; on-site education or not; multi-disciplinary clinical teams vs a single therapist trained in one discipline). Additionally, the wide use of the term is not always matched with the delivery experience in practice. In response there is a small but growing number of providers who seek to peer review and accredit their practice using TC or TRC Service Standards. The different types, structures and models of therapeutic care demonstrate how they meet these standards differently and in ways relevant to their stated task and model, with some core overlapping underpinnings (Gallagher et al., 2022).

One of the criticisms of therapeutic residential care is a general lack of clear-cut criteria for residential placement (Whittaker, 2013) and this gives rise to three specific considerations:

1. It makes it more difficult to identify what type of residential model is appropriate for specific young people
2. If clear models of response were identified, then a spectrum of different provisions could be more easily identified with different staff training models, resource requirements, multi-agency protocols in place etc.
3. Building on these first two – clear assessment of need, matched to appropriate and evidenced based interventions, allows for tracking and monitoring of progress to ensure the young person is developing and getting the help they need, but in a timely manner and in a way which helps to have more certainty over costs and resources.

There is also a broader critique that can be applied when considering this labelling of specialist therapeutic residential care (and indeed education) and that is rooted in the wider social and cultural rise of 'therapy'. Spinelli referred to a "triumph of the therapeutic" (1994, p.2) in Western societies. He argued that in these contexts understanding of the self, derive from theories that have their origins either in psychotherapeutic assumptions, or more general theories of psychology. In these theories, frameworks and explanations are offered relating to human drives, emotions, explanations of behaviour and perceived need. His critique suggests that the theories will also draw upon general principles from philosophy and the social, biological and physical sciences to substantiate therapeutic claims.

Furedi (2004) points to the way in which contemporary culture attaches a "making sense" (2004, p.1) placing significance on the way in which therapeutic language and practices have expanded into everyday existence. He challenges the assumption that humans are unable to effectively operate without this need to analyse and reflect on each element as an existential threat and argues:

> We live in a culture in which emotions are taken very seriously…every challenge that confronts people is represented as a direct threat to their emotional well-being. Everyday disappointments – rejection, failure, being overlooked – are regarded as risks to our self-esteem (Furedi, 2004, p.1)

He states that the ''language of emotionalism pervades popular culture, the world of politics, the workplace, schools and universities and everyday life'' (Furedi, 2004, p.1). This point is underscored by Ecclestone and Hayes (2009) where they draw attention to the interplay between cultural accounts of emotional problems and the political responses to them. They suggest that there is an unchallenged assumption that individuals face an unprecedented

epidemic of mental health problems and that policy makers must respond. Focussing specifically on the education system, they argue that a common focus on what parents, educators and policy makers would describe as demotivating tests, an elitist curriculum, lack of parity between academic and vocational training, a rise in bullying, disengagement amongst growing numbers of children, masks and "obscures a profound crisis of meaning which is producing a much more serious change than anything they suggest" (Ecclestone & Hayes, 2009, p.8). They suggest that ''therapeutic education is profoundly dangerous…'' (2009, p.13) characterised by an increasing proliferation of interventions to assess and respond to the emotional needs and perceived emotional vulnerability of children – claiming to develop their emotional literacy and well-being.

Group therapeutic care settings are also open to criticisms related to their potential for deviancy training - the subtle an unintended consequence of reinforcing anti-social tendencies through the congregation of acting-out young people. (Dishion et al., 1999; Poulin et al., 2001). Deviancy training may take place in group therapeutic care settings for adolescence because at the stage in life the interpersonal focus of influence is moving from family to peers. It is considered that deviancy training effects are more likely to be seen in anti-social behaviour groups. Moreover, deviancy training is strongest when groups are homogenous, containing only anti-social adolescents. Dodge (1999) suggested that a lack of structure in treatment groups with little control over the session would add to deviancy training effects. Arnold and Hughes (1999) suggested that those young people without an antisocial history may be vulnerable to being influenced by deviant peers in group treatment.

Weiss et al. (2005) have explored the evidence base related to deviancy training. In this examination, they argued that any iatrogenic effects in treatment groups were limited and linked to what was going on in the wider system for the young person. This was predominantly because the time in the treatment group was a very small proportion of the young person's time overall. Their review of the literature found little support for the hypothesis that group treatment is iatrogenic. They did, however, identify a gap in the research to consider how group therapy in residential settings might magnify either deviancy training or the iatrogenic effect – so specifically looking at groups within a context where the young person was living with peers for a large proportion of their time outside the group (Weiss et al., 2005). In non-residential treatment settings they identified that group therapy/-intervention might have a training effect simply through the introduction of friendships between delinquent and non-delinquent peers and that the effects become established outside the parameters of the intervention itself.

Outcomes for young people in residential care are statistically poor, but critics such as Berridge (2002) argue that there are significant limitations associated with most studies as they do not account for the variation of needs or distinguish between different categories of children. This is relevant, as typically young people referred to residential care present with complex, high support needs (Osborne & Delfabbro, 2006) following early life mistreatment and abuse leading them to become looked after. They then typically go through a series of placement breakdowns (Stanley et al, 2005) which serve only to intensify their emotional and behavioural needs (Ward et al., 2008). There have been some studies that have focussed on specific types of children's homes (Zoccolillo et al., 1992, Behrens & Satterfield, 2006) but Berridge states:

> …in the main there is not a great deal of knowledge regarding outcomes for residents from particular types of children's home. (Berridge, 2002, p.31)

According to Ford et al., (2007) children in residential care experience elevated levels of psychopathology, neurodevelopmental disorders and educational difficulties compared to their non-care-experienced peers. These difficulties often persist or have effects well into adulthood, with high levels of prison incarceration, homelessness and unemployment (Culhane & Taussig, 2009). Gearing et al., (2015) identified higher rates of mental illness, including suicidal tendencies, depression and posttraumatic stress disorder (PTSD) in young people in residential care in comparison to other non-care-experienced populations. This is consistent with evidence that suggests a prevalence of psychiatric disorders of 76 percent in children in residential care, compared to 8 percent in the general child population (Jozefiak et al., 2016).

Lou et al., (2018, p.85) researching the prevalence and levels of resilience in young people in residential care identified that:

> Differentiated from foster care, residential care usually focuses on keeping youth safe in a group and thus pays more attention to the avoidance of negative behaviours, rather than promoting positive outcomes. As a consequence of risk-averse practices, care environments may be too restrictive to allow opportunities for resilience to be expressed and developed. Fostering resilience in residential care settings is therefore of particular relevance given the levels of prior adversity and the compromised outcomes currently found.

2.9 Therapeutic Communities

Main (1946) was the first in the UK to use the term 'therapeutic community' arising out of work at a military psychiatric hospital in Northfield, Birmingham. According to Kennard (1998) the formal TC is a model or approach to group living in which the environment itself, the structure and routine of how the environment is used in the day to day and the roles and quality of the relationships between the people who are there (either as their home or workplace) are the essential components to treatment or healing (Kennard, 1998). This deliberate use of space and group has been referred to as 'communalism' or 'community as method' (Vandevelde et al., 2004, p.74) and this links to earlier work of Rapoport (1960) who was continuing the alternative approach to psychiatry in hospital settings and described four cornerstones in therapeutic community practice: democratisation, communalism, permissiveness and reality confrontation. According to Byrt (1988, p.65):

> The early therapeutic communities influenced practice elsewhere. From the 1950s to the 1970s, several small democratic analytic therapeutic communities offered structured programmes of community meetings, small psychotherapy groups and activities for residents with neuroses and personality disorders. In addition, many large psychiatric hospitals…had one or more wards adopting a therapeutic community approach, usually for people with mental illness.

Haigh and Tucker (2004) argue that the TC approach grew out of practice with theory applied retrospectively and then, as ideas and models became more concrete, clearer applications of theory emerged. In the UK this can be traced back through two routes, between the wars there were a range of 'living-and-learning experiments' with adolescents and, separately, the development of military hospital treatments for service men with 'shellshock' (which would today be labelled as post-traumatic stress disorder) in the 1940s (Bridgeland, 1971; Whiteley 2004).

TCs are found in a range of systems responding to the needs of different groups of clients – in the NHS responding to adult mental health and personality disorder (in particular); for people with addictions and substance issues; in the prison estate and also in children's residential care (Haigh and Tucker, 2004). According to De Leon (2020, p.2) writing in relation to the use of TCs in the field of addictions:

> the evolution of the contemporary TC for addictions over the past fifty years may be characterised as a movement form the marginal and into the mainstream of substance misuse treatment and human services.

The breadth of contexts that this model is applied to is demonstrated by the rise in numbers and range of provisions engaged in the quality improvement cycles for TCs within the Royal College of Psychiatrists (Thibault, 2022). More recently there has been an increase in the application of the TC approach in adult prisons and children's residential care (Thibault 2022). Conversely in the NHS, there has been a reduction in the residential application of the TC approach, and this has evolved into adapted models such as non-residential 'day TCs'. This has been primarily driven by cost and a move away from residential interventions towards community-based services in the NHS.

Dominant historical accounts of TCs in post war Britain ascribe to Docker-Drysdale and Rose the status of having been instrumental in popularising therapeutic community work with children and young people (Janson 1980; Kennard, 1983; Campling and Haigh, 1988; Ward et al., 2003; Diamond, 2018). Docker-Drysdale developed interest and expertise in working with damaged and deprived children through setting up playgroups for evacuee children from poor areas of East London. This initial work quickly expanded to providing support for them and the families with whom they were billeted (Diamond, 2018). This led in 1948, to her establishing The Mulberry Bush School for primary aged children, an organisation still in operation. This setting was influenced by the ideas from the field of child analysis from Anna Freud and especially the work of child psychiatrist Donald Winnicott. Winnicott (1953, 1955a, 1960) developed theories to understand child development, especially focussing on parenting experiences and the mother-child bond. Winnicott suggested that the psychic connection between child and mother, provided containment of psychological distress (in the child). This idea was developed further to consider that a space, physical or psychological, with defined roles within it, could be created for this containing to occur – this was referred to as the holding environment. In therapeutic work, the organisation of a space and the roles within it are considered vehicles for emotional containment of trauma whilst these are worked through. Turberville (2018, *p.74*) described this as follows:

> The task of the Mulberry Bush is to help the children experience that they are containable and can be kept safe. This experience of being contained will offer physical and emotional safety, which can then give space for thought, communication and understanding.

Docker-Drysdale went on to develop links with another therapeutic community setting for adolescents, The Cotswold Community, being appointed as consultant psychotherapist and this provided an external link to the Tavistock Clinic for Human Relations who were providing external evaluation (Ward et al., 2003).

Melvyn Rose was working as an Approved School just as the 1966 Children and Young Persons Act precipitated the closure of such schools (Kasinski 2003). As a result, there was an opportunity to repurpose such schools and, in that endeavour, Rose was influenced by the idea that damaged adolescents needed to have planned opportunities to re-experience their early childhood when engaging in day-to-day activities. This combination of interests and experience, right at the moment that new types of institutions needed to be developed, led to the creation of Peper Harrow, registered as a Special School, but the first institution to call itself a therapeutic community for children (Stevens and Furnivall, 2008).

Kennard (1983; 1998 p.11) described the "therapeutic community impulse" as something which flowed through many forms of institutional care (or rather through the people who create them). He argued that this impulse was difficult to define, expressing itself in a number of attitudes: liberalism, egalitarianism, psychological mindedness and toleration of the expression of conflicting ideas. In essence he framed TCs as being concerned about the quality of the relationships and communication between, viewing these as the essential material to work on in 'treatment'. This is contrasted with the impulse to make people as uniform and as easy to manage as possible (such as in prisons) or to look after people in a protective but very controlling way (such as in hospitals).

The approach in a therapeutic community is to use the interaction and relationships between people, and the dynamics within groups as part of the therapeutic healing process. This links back to the earlier commentary from Ward (2002: 2003) on the use of relationships in therapeutic communication with young people and the opportunity led work that can arise from the multiple interactions possible in the residential living-learning context.

However, these relationships are also impacted by the context and the dynamic between people i.e., professional staff member vs. looked after young person in a care environment. As noted earlier, the historical abuses in residential care and the resultant ideological and legislative changes in how 'care' is positioned, led to more managerialism, proceduralisation and a 'professionalisation' of the workforce (Smith, 2009). So, whilst the significance of relationships for young people in residential care is often acknowledged (Gallagher and Green 2012; Harder, Knorth & Kalverboer, 2013) and relationship-based practice is promoted (Cahill

et al., 2016), this is in the context of a system that is risk averse and fearful of abuse or allegations of abuse (Brown et al., 2018).

Haigh (2013) identifies five universal qualities of TCs – a 'quintessence' in a paper that has become seminal in that field. In this, he examined the quality of the culture and interaction between people in TCs as moving through five developmental stages: attachment, containment, communication, participation, and agency.

Advocates and supporters of TC (Hinshelwood and Manning, 1979; Kennard, 1983; Campling and Haigh, 1999; Pearce and Haigh 2017) suggest that there is a 'journey' through a placement within a TC which follows the quintessence sequence, which itself mirrors or echoes stages of child development (Haigh, 2013). There is an initial sense of finding an attachment to people and/or place which itself is partly achieved through an experience of containment, boundaries, structure and limits. Haigh (2013, p.9) explains the concept of containment:

> One of the earliest things that ''grown-ups'' do for babies on their bumpy ride through infancy is to be there and accept their extreme feelings of primitive and boundless distress. This process is the template for containment, and for infants who get a satisfactory experience of it, it forms the basis of a safe world in which experience which feels intolerable can be survived.

Haigh (2013) goes on to suggest that once there is a feeling of attachment to people or place and a sense of safety and containment, this creates the basis on which healthy, open communication can take place (and the challenging of destructive communication) which ultimately leads to a greater sense of involvement, participation, and responsibility towards and from others. The internalising of these processes over time, delivered in a planned and structured environment to facilitate these opportunities and this learning, is said to allow individuals to become more empowered and have a sense of personal agency. It is possible to see this describing the human maturation journey from infancy to emerging young adulthood.

Ward (2003) suggests that central to the use of TC with children is a re-parenting experience in which residents of the TC, through the relationships they have with each other and with staff can work through child developmental stages, often linked to very early parenting experiences that were inadequate, to learn and internalise these processes. The normal and healthy sequence of development and parenting has often been absent or disrupted in their formative

years through abuse, neglect, absent parenting, and other traumas. These new relationships are themselves the vehicle through which meaningful therapeutic communication can occur. Ward (2002) highlighted that with conscious insight, professional staff could identify or create (in order to take advantage of), multiple opportunities to have impact in their relational communication and that therapy was not confined to the 1:1 therapy session or designed group work, or even in family work or defined education sessions. Ward (2002) identified that the therapeutic work with young people happens in the context of the relationship between children and adults, and that opportunities for this work arose at multiple points in the daily interactions between children and adults:

> …there may be incidents or moments in everyday interactions which affect the young person in unexpected ways, or which open up the possibility of communication and insight, perhaps triggering memories of earlier events and feelings, or giving some hint at the underlying anxieties or fears. It is in these moments, and with the sometimes-fleeting feelings which they may engender, that some of the most useful work can be done (Ward, 2022, p.111-112).

Kennard (1998) set out that the strength of the TC approach is that it places emphasis on democratisation, a permanent curiosity to the dynamics in play in any interaction or grouping and that this is live material to be reflected upon in making decisions. When applied, this, it is argued, means that whilst there will be clearly defined roles and power differences (e.g., residential care worker vs young person) which cannot be ignored, on another level, both are members of the TC. The distinction is to try to flatten hierarchy and power imbalances and instead focus on the human interaction. This recognises that all members of the community, irrespective of their status or role are affected individually by the dynamics of the group. It also notes that the task and work of the group is a shared responsibility for the community, accepting that individuals might play different roles at different points across a placement journey (or even across the timetable for an individual day).

To explain the theory of TCs, Ward (2003, p.21) drew on the African proverb ‘‘it takes a whole village to raise a child’’. As this proverb highlights, a key consideration underpinning TCs is that for a child to thrive, they are likely to need the concern, love and active contribution of a whole community and not only a single care giver. In applying this to residential TCs for children, Ward noted the obvious difference that young people who are looked after are, by definition, unlikely to have had a secure emotional and psychological early parenting experience. The consequence of this is that the TC must provide this security of a primary

individual relationship and also offer a broader base of relationships with other children and adults.

He identified some first principles that underpin TC practice:

1. Group living and care as the overall mode of practice.
2. Psychodynamic thinking as an underpinning theory, and from this.
3. The 'holding environment' (Winnicott, 1953) to manage the anxieties in both the children and the staff.
4. Systems thinking as a way of holding the whole thing together.

Attempts to identify and define core features of TC for children often draw from the work within adult TCs but refer to differences that arise in day-to-day practice because residents are younger (Rappaport, 1960; Kennard, 1983; Haigh, 1999). Kasinski (2003) suggests that a common distinctive single feature is a focus on the quality of children's relationships with adults and the experience of being (re)parented, not only in a way that they can tolerate, but also reflect and learn from.

He explains that this can be seen on several levels:

a) the attention to seemingly minor details: the focus on the quality and material aspects of the environment, the quality and availability of food, the detailed routines for tucking children into bed or how they were to be hugged or told-off.
b) The significance of how 'parents' are perceived by children: clearly defined roles such are carer, educator, therapist, seeing staff disagreeing and negotiating with each other, seeing staff having their team meetings and receiving formal supervision and support, accessing support from consultants – and importantly the children witnessing and experiencing this healthy adult functioning.
c) A final present element, which Kasinski suggests is easier to note by its absence than to define is 'love'. This quality, which the author suggests may be overlooked in the focus on practical details, "gives meaning to these other very practical aspects" (Kasinski, 2003, p.62).

TC approaches, have been specifically cited as helpful in responding to HSB in children and young people in residential contexts in NICE Guidance, which also noted early TC developments including those developed by Rapoport (1960), and whilst not naming Haigh (2013) explicitly, listed the five quintessences (NICE, 2016, p.63):

> …residential settings should draw on the values and approaches of a therapeutic model originally developed in the field of social psychiatry by Rapoport and Roscow (Community as doctor [1960]; New York: Arno Press). This is based on 5 social psychology principles: attachment, containment, communication, involvement and agency.

Lipton et al., (2002), undertook a meta-analysis on the effectiveness of TC practice in prisons with respect to the impact on recidivism and concluded that there was a moderate effect size. They examined studies that fell into three broad categories: standard, modified and correctional TC treatment and found that the efficacy across all were "considerable and consistent" (Lipton et al., 2002, p.64)

2.10 Relationships in residential care

As described earlier in the chapter, the thinking and perceptions about the relationship between young people in care and their staff has changed with policy over time. Institutional care in the 1950's and 1960's was characterised by live in carers, often husband and wife teams, supported by additional staff. Following various scandals and abuses, these larger settings were gradually replaced across the 1970s with smaller more domestic scale premises and a move towards more professionalism of the caring task (Higginbotham, 2017). This sought to move the care to a more professional distance, a focus on professional boundaries and multiple teams of staff working on a rota basis (Smith, 2009).

The significance of meaningful relationships for young people in residential care and to those which they place importance on, has been foregrounded in several studies relating to the general idea of relationships (Gallagher & Green, 2012); as a precursor for effective interventions (Berridge et al., 2011); ensuring active participation in decision making (Cahill et al., 2016); in building resilience (Whittaker et al., 2015) and supporting and responding to challenging behaviour (MacDonald et al., 2012). Cahill et al., (2016) noted that whilst relationship-based practice is promoted, it operates in a context shaped by risk aversion. This creates a counter-narrative in which the focus on risk renders practices based on forming relationships with children as problematic (Cahill et al., 2016). Brown et al., (2018) identified this tension, characterised by the rise in bureaucratic procedures to identify and manage risk with the aim of reducing or avoiding risk. They suggest that this encourages a cautious, defensive approach which can include a resistance to creative or intuitive work. This is

consistent with the findings of other researchers (Kemshell, 2002; Smith, 2009, Shaw and Greenhow, 2021). Smith (2009, p.4) expressed this risk focus as follows:

> The terminology of risk, epitomized in the refrain that will be so common to social workers or residential workers, 'have you done a risk assessment?', is symptomatic of this collective, essentially fearful state of mind, and can only be made sense of within these wider social trends and attitudes towards risk.

Relationship based practices have become a focus of greater interest over recent years as a result of the move in practice to individualised care planning and interventions being provided under a keyworking approach (Smith, 2009). Across residential care regulation in both the UK and Ireland, individualised care planning and intervention is intended to be provided by a certain member of staff who is referred to as a keyworker (HSE Dublin North East 2010). Cahill et al., (2016) provided further detail on the purpose and task of this role to include: coordination of the care plan, help the young person understand the purpose of their placement, assist them in their recovery from early life adversity, provide positive role models to help develop pro-social learning. They also note the earlier work of Mallinson (1992) which identified a specific role to meet the needs of individual residents to have personalised relationships within the unique context of group residential care.

Birkbeck et al. (2019) describe the negative impact of managerialism and scrutiny of professional social care and education roles on the style of relationships practitioners wish to have with clients and patients. They focus on the concept of professional intimacy, referring to the trust and openness that can be created in the professional-client dyad and suggest that the imposition of managerial targets, performance indicators, guidelines and protocols brings a third party into the room and undermines professional intimacy. For the qualified professionals, the perceived freedom to use their qualification, training, professional clinical/practice judgement is necessary in the context of a broad variety of different client presentations to be adapted to. Edwards (2010, p.65) described this as follows:

> …the knowledge laden nature of specialist professional practices has to be understood in relation to professional identity and the idea of relational expertise.

Considering the application of this concept, Birkbeck et al., (2019) suggest that practitioners can only exercise their knowledge and skill effectively when they are free to create professionally intimate relationships with colleagues and clients. Birkbeck et al., (2019) go on

to argue that through the mechanism of the dyadic relationship, 'the transaction between a health or education practitioner and their client becomes essentially an emotional one, not a financial one' (Birkbeck et al., 2019, p.4).

2.11 Transitioning out of residential care

Transitioning out of care represents an important milestone in the care journey and may be approached differently by residential care providers. Here too the socio-political landscape is relevant to understanding changes in the process of transitioning from adolescence to adulthood. Arnett (2000) identified that social changes over the last decade have altered the timing and duration of young people's transition into adulthood, extending and delaying it in such a way that they do not achieve independence until many years after adolescence. He conceptualised this new "emerging adulthood" as applying to the 18-25 age range and specifically identified that many young people remain firmly dependent on their parents financial, concrete, and emotional support throughout their 20s. Government policy has promoted this dependence. Morrow and Richard (1996) identify restrictions on benefits assistance leading to a situation where young people are increasingly financially tied or dependent on their families well into their mid-20's with a linked frustration of ambition and expectation. This trend has continued with data from the National Census 2021 confirming that the number of families in England and Wales with adult children living with their parents rose 13.6% between the 2011 Census and Census 2021 to nearly 3.8 million and the majority of young adults in their 20's are living at home with parents (National Census Report, 2023).

Researchers have focussed on leaving home or care being key in the development of identity, a phase where young people make decisions about the future, learn about adult relationships and explore their options (Stein, 2006). Yet in legislative terms, the notion of leaving care was only minimally addressed in section 24 of the Children Act 1989 which identified that children in the care of the local authority and turning 16 could choose to leave care. The legislation, however, identified that at 15 years old, a Personal Advisor would be introduced to the child alongside their allocated social worker. The role of this advisor was to help coordinate the plans for accommodation, health, education, training, benefits, and any other factors into a 'pathway plan'. This plan would set out the local authorities support and guidance to the young person between the ages of 16 and 18 when they would automatically leave care as they reach adulthood.

This was subsequently updated with separate and specific legislation in the form of the Children (Leaving Care) Act 2000, and this began to extend the duties of support beyond the point of being legally 'looked after'.

> It is the duty of the local authority looking after a child to advise, assist and befriend him with a view to promoting his welfare when they have ceased to look after him (Children (Leaving Care) Act 2000, Sec1, 19B).

Those being looked after can leave care at 16 but must do so by the age of 18. Of the 10,000 young people who left care in 2012, approximately one third did so before the age of 18 and the remaining group left on the exact date of their 18th birthday (Department for Education 2012b). However, whilst young people would 'leave care' by their 18th birthday, one significant change with the introduction of the Children (Care Leavers) Act 2000 was to extend the duty of the local authority to continue to provide support up until the age of 21 (or 24 if in an approved programme of education). Further legislative developments saw this further extended to age 25 if maintaining approved education with the introduction of the Children and Young Persons Act 2008.

In Wales, the government policy has been developed with an initiative and practice guidance for foster and residential care transitions called "When I'm Ready" (Welsh Assembly Government, 2016). In effect, young people remaining in foster care become 'lodgers' in their former foster home although there is no obligation for foster carers to provide this continuity, and for residential leavers, the arrangement seek to promote continuity of significant relationships.

For the majority of young people leaving residential care, or for those not wishing to remain in foster care placements, provisions are more varied – often driven by what is available in the geographical location and variable in suitability (Atkinson & Hyde, 2018).

Jackson and Cameron (2012), writing about the high risks of social exclusion for care leavers, identify education as a best guarantee of social inclusion and they make a comparison between care leavers and immigrants across the 20th century. These young people have also been uprooted and placed in an unfamiliar and not always welcoming environment.

It is clear that young people leaving care face difficulties accessing further education because social care and education departments in the local authority fail to effectively work together (Sulimani-Aiden & Melkman, 2018). Disagreements frequently arise over financial responsibility for educational placements, especially where there might be additional social

and emotional needs to support and address (Berridge et al., 2004). In the literature several additional barriers that prevent people leaving care from continuing education are identified. These include failures to address attendance when they young person was a child; insufficient remedial help to catch up on any missed schooling and unsympathetic responses to behavioural difficulties that arise from trauma or other adverse childhood experiences (Jackson and Cameron, 2012). Changes of placements involving move of school at critical times, low expectations set by social workers, lack of information about educational pathways and over promotion of early financial independence over investment in education are also implicated by the literature as being responsible for children in care not progressing to higher or further education (Jackson and Cameron, 2012).

There was a period in the UK where the negative impact of some of these factors improved when central and local government was reorganised in 2004 bringing both care and education departments together. One component of this was the creation of the role of Virtual Headteachers for each local authority to take a senior operational overview of the education of all children looked after in that area, irrespective of what type of setting they were being educated in (Berridge et al., 2004).

There have been multiple other studies that have identified barriers and challenges that young people leaving care face (Stein, 2005, Greenwood, 2017, Atkinson & Hyde 2018). The professional process to support this transition is referred to as Pathway Planning and studies by Butterworth et al. (2016) and Driscoll (2013) have determined that these are experienced as largely bureaucratic, depersonalised, tick-box exercises which did not secure meaningful engagement in preparation for adulthood. The studies found a general experience of plans being started too late, inconsistent, uncompleted, hampered by changes in staff and with difficulties in coordination between agencies.

Care leavers themselves valued flexibility and responsiveness in the timing of help that was available. They reported that sometimes offers of support (for example with cooking skills) might only be offered once and not at the moment they needed it (Rogers, 2011). In the Rogers study, one participant regretted dismissing an offer of practical help and subsequently “ate toast and jam most days and nicked my housemates’ food” (Rogers, 2011, p.421). Care leavers valued and wanted opportunities to practice independent skills before leaving care but argued that some elements of the practical support offered to them need to be available on an ongoing basis rather than delivered once and then the assumption made that learning had taken place (Adley and Jupp-Kina, 2014).

The literature identifies that transition from care toward a more independent life, indeed the transition for any young person from home towards greater independence requires a great level of support. Stein (2006, p.274) noted that the journey for care leavers into adulthood is "...both accelerated and compressed". They make the transition into independent living far earlier and more rapidly than their non-care peers, generally without the option to return. Alongside setting up a home, often in a new area, they must move on from school and manage budgeting, independent skills and the complexities of new social relationships and interactions. Hiles et al., (2006, p.1) note that the undertake this journey "against a backdrop of difficult life experiences, amidst unsupportive family relationships and with little time for psychological adjustment to these changes".

Respondents in Hiles et al., (2014) reported several themes connected with identity during this period of transition. There appeared to be confusion where on the one hand young people were being told that they were leaving care and yet on the other retaining contact with services and professionals sometimes for up to 8 years after the care leaver label was applied to them.

> I was always called a care leaver from the age of 16 upwards anyway, so it was like, so well what am I? I'm a care leaver all between 16 and 21 but I'm still in care, so how come I'm a care leaver? (Hiles et al., 2014, p.5)

Some young people valued the extra support that the label 'care leaver' brought them. Others regretted still being described as a care leaver arguing it was a professional term that had no relevance outside the care system and one which, in the wider society, attracted negative judgements. This consideration of identity and how it might change in different contexts illustrates the complexities faced by young people in trying to develop their sense of identity and self, whilst being in a perpetual state of transition and labelled by society in a way which reinforces stigma.

Arnett (2007) has considered the issues and challenges faced by young people leaving the care system. A young person must leave their placement at age 18 and in the after-care period, the level of support and resources can be varied, limited, and fragmented. Services and networks can become disrupted by moves of address and as these young people have to inevitably focus on their immediate and priority needs, care leavers typically have less options and choices to explore when considering their wider futures.

In its 'When I'm Ready' Report (Ofsted, 2022) Ofsted identified that despite initiatives such as Staying Put/ Staying Close and an ongoing focus on transitions, the barriers, obstacles and

complications for young people leaving the care system remain. Key findings included a third of young people feeling they left too early or abruptly, that their independence skills were not sufficiently developed and that they felt isolated and alone. Specifically in relation to isolation, this led to further complications with emotional and mental health. Care leavers felt that they were not sufficiently involved in the decision making, had little choice in the accommodation or its location, often adding to not feeling safe.

In particular, the issue of keeping in touch with key people was a significant factor identified by the care leavers themselves. These ongoing relationships, in degrees, contributed through practical support and signposting as well as providing a sense of emotional connection with pre-existing relationships. In terms of their own planning, almost 70 percent of respondents intended to have ongoing contact with significant relationships, yet, as illustrated in the next figure the number of young people who felt encouraged to achieve this was quite low.

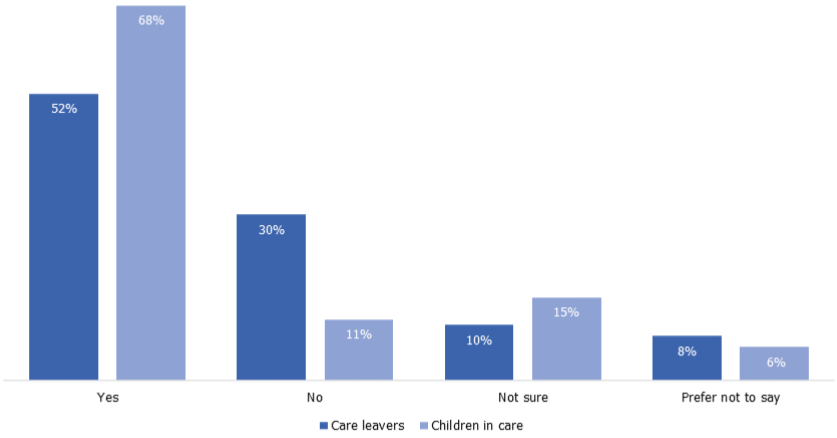


Figure 8 Young people's experiences of being encouraged to remain in contact with significant relationships.

(Based on responses from 165 care leavers (aged 16 to 34) and 53 children in care (aged 16 to 17), Ofsted Jan 2022)

Whilst many care leavers draw on informal support from friends and family, previous studies have demonstrated that the consistency of professionals is often crucial in meeting both emotional and practical needs during transition (Geenen and Powers, 2007; Harris, 2009; Rogers, 2011; Singer et al., 2013). Hiles et al., (2013) note that care leavers' experiences of being supported by professionals and services vary greatly in areas such as practical support, finances, access to housing, employment education and training. Thus, some care leavers are

able to have their support needs met, whilst others are not, and they emphasise the relational and transitional context in which this occurs:

> …past experiences (of loss, poor support or violations of trust), as well as the move towards the development of an identity as 'independent', meant that young people struggled to ask for support, even when it was most needed. Those offering support needed to demonstrate at least some genuine understanding of, and concern for, that individuals' current experiences, in order that they might be sufficiently trusted for the support to be accepted. Reliability and consistency of approach helped to sustain this engagement (Hiles et al., 2013, p.30).

However, given the expectations of professionals towards care leavers are fairly modest and consistent with their area of professional expertise or remit, the wide range of differences in the experiences of support in leaving care cannot be explained only by the individual, circumstantial relationships between young people and their professional social workers or advisors. Various theoretical approaches could be at play and attachment theory is perhaps the most widely discussed in the literature – offering a basis to explore the dyadic nature of the relationship between those offering and receiving support. Dallos and Comley-Ross (2005) suggested that the approaches and styles through which primary care givers provide care leavers with experience, inform and underpin the relational strategies they later come to rely on when being supported in the present. Wider approaches have tried to take account of the whole system of social networks within which care leavers are embedded. In particular they consider and the impact of disruption of these both whilst in care and during transition (McMahon and Curtin, 2012).

Resilience theory could also be used to examine the coping skills that young people employed to assist them in managing the transition to adulthood. Resilience is defined as the ability to adapt and to function well despite experiences of distress and adversity (Burt & Paysnick, 2012). Stein (2006, p.277) categorised care leavers into three distinct groups characterised by their level of resilience. Care leavers with high levels of resilience were described as the "moving on" group and, in comparison to their non-care peers, achieved good developmental progress and markers. In contrast, those members of the other groups - "survivors" and "victims" - had to navigate a wide range of obstacles in their attempts to manage the transition to independent life. Refali (2017, p.3) also looked at resilience factors in care leavers when researching their experiences a year after leaving care and she classified two distinct groups which she labelled "struggling to survive" and "surviving through struggle". One young woman

struggling to survive and who shared a range of obstacles she either had dealt with or was dealing with at the time of the research, felt that even requests for aid from social services went unanswered. She made a distinction on the routes that she felt were open to her, struggling to take the right path or taking the "easy, short road" into drugs and prostitution:

> No one looks, no one cares whether you ate or drank, whether you didn't eat. It's sad, it's sad that afterwards…people are surprised… [they say] why did she choose that road? Sometimes you have no choice. The easier road is tempting. It's tempting. You can either struggle or give up and take the easy, short road (Refali, 2017, p.4).

There are resources that can help young people who have experienced distress to develop resilience and researchers refer to these as protective factors (Schoon, 2006). Instead of protecting people from trauma or other risks, these factors enable and enhance coping during or after traumatic events (Werner, 1990). In the literature, protective factors are loosely divided into three strands: personal resources, support from family and support from significant others. (Schoon, 2006).

Personal resources including mastery, self-efficacy and self-esteem have been identified in resilience theory as enabling supportive coping skills in spite of early trauma and distress from childhood (Werner,1990). Personal resources become activated and strengthen the belief in one's ability to respond to the future challenges in life. (Dumont and Provost, 1999). There are limited studies applying this approach directly to care leavers, however factors such as self-efficacy, self-esteem and optimism have been demonstrated to positively impact the care leavers abilities to adapt and respond in areas such as employment and housing (Barn & Tan, 2012).

Support can also come from family members and a review on the research on young people leaving foster care suggested that large numbers of care leavers ultimately return to live with their birth or extended family members, or close family friends (Collins et al., 2008). Another review indicated a high level of ongoing connection in relationships with siblings and biological mothers (Hiles et al., 2013). However, this situation is often problematic for care leavers where there is, by default, a history of abuse, neglect, and other negative factors. There have been studies on the effects of maintaining these relationships and these have generated varied findings (Jackson and Cameron, 2012; Driscoll, 2013) suggesting that family relationships might contribute helpfully, unhelpfully, or even not at all to the care leavers attempts at establishing an independent life.

The third area of protective factors is the support from significant others which can include peers, and specific professional which could be a residential worker, mentor, social worker, or former foster carer. Peers, in particular, can play a positive role – they have a shared lived experience and understand the stigma of being a child who grew up in care and the obstacles this can create in making new friends (Hiles et al., 2013). Yet whilst the research on this group as they appear in a care leavers natural social network is very limited, much more numerous are studies on the impact of professional mentors and the use of peer mentoring (Pinkerton, 2011). More specifically, studies have shown that care leavers who receive support from peers and mentors engage in less risky behaviour but also have a better chance of attending and maintaining college and higher education (Munson et al., 2010).

Hung and Appleton (2016) considered this transitional phase for young people by focussing on the concept of 'planning agency' to explore the tensions between a young person's ability to engage in future thinking and planning (what internal conversations are they having to engage in this task) versus the very real disruptions and challenges posed by their context and life situation. Here they apply the theory of agency developed by Archer (2003, 2007, 2012) in which she proposes that human agency is made possible by the capacity for reflexivity - the ability to consider the self in relation to social context. This, it is suggested, combined with practical reasoning form the internal conversation that informs the choices subsequently taken.

Using this framework, Archer (2007, p.91) then identified that individuals might be in one of two categories of active agency: "clear and effective governance of self in the world", or passive agency, in which people find themselves "disoriented and unable to plan coherently". For this second group, the model suggests that adverse contextual constraints lead them to being unable to adopt an active agential stance, to use internal conversation to clarify options and concerns and therefore unable to plan, define and take action. This process was termed 'fractured reflexivity' in that:

> …for passive agents, the internal conversation only served to intensify the distress and disorientation rather than leading to purposeful courses of action (Archer, 2007, p.93).

Hung and Appleton (2016) identified opportunity for the application of this work in considering the experiences of care leavers. Here, they suggest, is a group who have experienced and continue to experience multiple sets of contextual constraints, often through family maltreatment followed by episodes in foster or residential care placements. They note that there will have been some positive and strengthening processes at periods during the young

person's life, periods of stability or significant relationships, but suggest that "repeated negative experiences will have taken a toll of the ability to develop reflexivity" (Hung and Appleton, 2016, p.37). They offered a practical application of these ideas, allowing professional workers to use the concept of the internal conversation. The suggested that this helped young people gain some insight and understanding to their reasoning and the complex task of imagining possible futures to help with practical planning.

However, they do offer a cautionary critique in that Archer's work formulates people categorically (i.e., they have reflexivity they can access or not) and that any labelling would be absolute or typical for that individual – which suggests a more 'fixed' status. This scepticism can be highlighted by noting that young people, almost by definition, irrespective of social background, are still developing their wider stance towards the world and how they see themselves within it. The reality of people's experience is more dynamic and not a fixed position (Arnett, 2004).

There are other critical views on the concept of resilience. Luthar et al., (2000) set out several areas of question, firstly, a wide variation in the definition and use of language. Secondly, the multi-dimensional nature of resilience, in that some children can display competencies in some domains and deficits in others leading to unpredictable results when attempting to compare resilience within cohorts of children with different needs. Thirdly, problems with the robustness of the evidence. Resilience presupposes exposure to risk, yet risk measurement approaches are highly variable and uncertain, leading to questions about the validity of resultant resilience scoring. Finally, they point to theoretical concerns, suggesting that empirically driven studies are weakened by not conceptually accounting for the multiple contexts in children's development.

2.12 Children and young people with harmful sexual behaviour

This study focuses on developing a ToC for therapeutic residential care settings providing intervention to a specific group of young people - those who have displayed harmful sexual behaviours (HSB). Therapeutic residential care for children and young people who have engaged in HSB is clearly a specialist area, with a limited number of providers. There are approximately 12 providers across the UK who publicised that they worked with this profile of young people, with significantly fewer solely focussing on this need. To set the context for this thesis, their developmental journey and behaviours warrant consideration in comparison to unproblematic or more typical development and behaviour.

Defining harmful sexual behaviour is challenging. For a time in the UK, for example, marriage (and thereby sexual contact involving minors) was allowed at age 7. The first formal law related to sexual activity involving what today would be considered a child derives from 1275 in England. This law made age of marriage, and allowed thereby consummation, from age '12'. Across the globe, the age of sexual consent continues to vary so that it is set at 12 in Mexico, 16 in the UK and 18 in Malta, Turkey and a number of US states (Petroni et al., 2019).

There are also gender and cultural differences in how sexual behaviour is practiced. Sandnabba et al., (2003) reported that boys engage in more sexual behaviours and at a greater frequency than girls. This is echoed by the study of Ey et al, (2017) which explored the typical developmental pathway for sexual behaviours in children.

Child sexual abuse is often a hidden crime. This is because such crime may be perpetrated against children too young to appreciate their victimisation. Equally, victims may be reluctant to report what has happened to them for fear of not being believed or being blamed for the offending notwithstanding that the wider social context is one of hostility and intolerance towards anyone perpetrating such acts (Hackett, 2014). The CSEW for 2020 showed that 16 percent of female victims and 19 percent of male victims reported it to the police (ONS, 2020)

Belton and Hollis (2014) have suggested that HSB by children and young people may be on the rise. This is linked to the opportunities that now arise for technology assisted harmful sexual behaviour (TA-HSB), for example, using social media. It may also be linked however to victims of child sexual abuse becoming more empowered to speak out over their experiences on reaching adulthood.

In relation to data on the incidence and prevalence of HSB by children and young people an expert advisory group on HSB in Scotland in 2020 concluded:

> There are several challenges caused by the fact that so many differing statutory authorities, third sector organisations and professions are involved in this area of work. Differing descriptions and definitions, core purposes, data gathering requirements and practices across so many organisations make it impossible to be completely accurate about the numbers of occurrences of HSB and the number of children and young people involved (Scottish Government, 2020)

The understanding that prevails is that child sexual abuse is perpetrated by older men against victims who are previously unknown to them (Madoc-Jones et al., 2016). Be that as it may, in a study carried in 2011 with 2,275 young people from England who had experienced HSB, it

was found 66 percent had been abused by another child or young person (Radford et al., 2013). Vizard (2004) has suggested that children and young people account for approximately 25 percent of all convictions for sex offending and that 30-50 percent of sexual abuse is perpetrated by children and young people (Vizard et al., 2007). More recently it has been suggested that approximately one third of proven sexual offences are committed by children and young people (Office of the Children's Commissioner, 2015).

The implications of this data for the incidence and prevalence of HSB by children and young people is that according to crime data for the 12 months to December 2021, 183,587 sexual offences were recorded by police – a 22 percent increase on the December 2020 data (150,748 offences) and 13 percent increase from December 2019 data (163,067 offences) (ONS, 2022).

Children and young people under the age of 10 cannot be held criminally responsible in English and Welsh law. In addition, sexual offending by older children may be dismissed as part of growing up. Thus, the likelihood is that a large number of sexual offences perpetrated by children and young people against their peers go unreported in official statistics (Hackett et al., 2014).

In terms of the profile of children and young people who engage in HSB, Hackett et al., (2013) reviewed the cases of 700 young people in the UK and found 97 percent were male, 93 percent were White; 38 percent had some degree of learning difficulty. In terms of adverse childhood experiences, 66 percent had experienced some form of abuse, of which 40 percent was sexually abuse. Inappropriate touching was the most common HSB but around 50 percent had attempted to non-consensual penetration of another person, but children under 10 were the most common victims of the assaults.

Official recidivism by children and young people who have engaged in HSB seems to be low. In a study by to Caldwell (2016) the five-year recidivism rate was around 2.7 percent. As stated previously, however, there are reasons to consider the official data underestimates reoffending. So, Caldwell (2016) suggests the recidivism rate may be considerably higher and close to 40 percent (Caldwell, 2010). Hargreaves and Francis (2014) explored recidivism rates for sexual offending against non-sexual offending and found that 23% of those young people convicted of a sexual offence had committed another non-sexual crime within a year, 6.5% had committed a violent crime and just 2% re-engaging in sexual offending.

The introduction to this thesis outlined some of the considerations around language and terminology used to describe this cohort of young people. There are often two paradigms that

influence the language that is used in respect of children and young people with HSB and, broadly speaking, those paradigms adhere to practice in criminal justice contexts and in social care/social work (Bateman and Milner, 2015).

In the criminal justice system terminology is often used that foregrounds the 'offence' and seeks to categorise and label people and behaviours within the framework of the laws which are being applied. In this context, the emphasis is on labelling the behaviour in terms of crime, victim and the young person as perpetrator. The approach is about using evidence and testimony to be able to demonstrate a degree of proof of the offence, and in turn the structure and detail of this evidence, along with the compliance or otherwise of the perpetrator in the process, influences the sentencing (Bateman and Milner, 2015). The language used in the criminal justice system often reflects that agencies are managing and describing a young person at a particular point in a structured and largely linear judicial process – following earlier police involvement etc.

Often, children and young people with HSB may become known to a variety of social care (including health and education) agencies before criminal justice agencies become involved. In these instances, different language may well have been used at different points in time – potentially becoming increasingly 'concerned' in tone or anxiety laden. Sexual behaviour is usually practiced along a continuum starting with those that are developmentally healthy, appropriate and not of concern, through those more risky and damaging presentations which are problematic/inappropriate, then progressing ultimately to harmful and abusive. Hackett (2010) set this continuum out as follows:

Normal	**Inappropriate**	**Problematic**	**Abusive**	**Violent**
Developmentally expected	Single instances of inappropriate sexual behaviour	Problematic and concerning behaviours	Victimising intent or outcomes	Physically violent sexual abuse
Socially acceptable	Socially acceptable behaviour within peer group	Developmentally unusual and socially unexpected	Includes misuse of power	Highly intrusive
Consensual, mutual, reciprocal	Context for behaviour may be inappropriate	No overt elements of victimisation	Coercion and force to ensure compliance	Instrumental violence which is psychologically or sexually arousing to the perpetrator

Shared decision making	Generally consensual and reciprocal	Consent issues may be unclear	Intrusive	Sadism
		May lack reciprocal or equal power	Informed consent lacking or not able to be freely given	
		May include levels of compulsivity	May include elements of expressive violence	

Table B: Hackett Continuum of Harmful Sexual Behaviour (2010).

Accordingly, dependant on what practice is being considered, language may change to becoming more focussed on issues of risk and harm and the processes for assessing and addressing those issues may also become more specific. Thus, outside of the criminal justice setting, and especially early on the HSB continuum, the language used in relation to children and young person will be less risk and victim focussed and concerned about normal development processes (Bateman and Milner, 2015).

The literature concerning children and young people with HSB is replete with examples of authors attempting to define the nature and uniqueness of the behaviour being studied. Calder (1999, p.23) defined young people who display harmful sexual behaviours as:

> young people who engage in any form of sexual activity with another individual, that they have powers over by virtue of age, emotional maturity, gender, physical strength, intellect and where the victim in this relationship has suffered a sexual exploitation.

Interestingly, this definition does not specify the age of a victim and so it is recognised that a victim may be a child, another young person or even an adult. HSB is framed around the existence of a power differential, and so exploitation is implied. Such distinctions are helpful in the context that sexualised behaviour by children and young people with their peers and others is not uncommon. It allows for the possibility of a different interpretation of such events as when, for example, two teenage boys in the same year group at school engage in consensual sexual exploration, and two teenage boys, where one of whom has learning difficulties, engage in the same behaviour.

With such distinctions in mind, Hackett (2016, p.12) defines HSB as:

> Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, maybe harmful to self or others, and/or be abusive towards another child, young person or adult. .

Whilst this nuanced definition may be considered accessible and clear it is noted that from a social constructionist perspective, these distinctions and definitions are not culturally neutral. They are discursively created and shift over time and context.

2.13 Who are this group of young people?

As noted previously, issues of power are implicated in discussions of what constitutes sexual abuse and HSB and so such behaviour maps onto the power differentials that exist at any point in time within a given society. Accordingly, sexual abuse and victimisation is gendered with men/boys primarily associated with perpetration and women/girls with victimisation. Gender, however, may at times be ignored or taken 'as read'. Some core texts about sexual abuse, for example Hoghughi et al., (1997) make only passing references to gender and no reference to masculinity at all.

It is a common finding across multiple studies (Stermac and Sheriden, 1993; Hawkes et al., 1997; Hackett et al., 2003; Allardyce & Yates, 2013) that there is a high degree of heterogeneity amongst the overall cohort of young people with HSB although overwhelmingly the cohort are male (Taylor 2003; Finkelhor et al., 2009;). It is suggested by Gonsiorek et al., (1994) that males externalise their trauma in aggression towards others, whereas females are more likely to internalise feelings, for example through self-harming behaviours.

In terms of the language used around female sexualised behaviours, these are typically seen by agencies in the context of victimhood and vulnerability to child sexual exploitation (CSE) (Mason, 2004). It is of note that there can be areas of overlap in the actual behaviours displayed by males or female engaging in harmful sexual behaviours, but the context and meaning applied by professionals does seem to show significant gender bias (Jenks, 1996). Jenks identified that there was a tendency to see children in simplistic and dichotomous terms – either innocent victims or depraved individuals or hooligans, but not both at the same time (Jenks,1996).

Considerable diversity has been reported amongst the population of children and young people who display HSB. Ryan et al., (1996) identified considerable variation in relation to ethnicity, religion and social class. Vizard (2007), Finkelhor et al., (2009) and Hackett (2013) have all considered the age at which HSB emerge. This is complex as often there have been earlier, less pronounced behaviours as possible precursors that are inconsistently identified by agencies. However, Hackett (2013, p.37) suggests:

> The numbers of young people coming to the attention of professionals for HSB increases sharply around age 12 and plateaus after age 14.

By examining the ages of victims in these cases, a further broad pattern could be determined in that early adolescence is the peak age for HSB towards younger children, whereas mid-older adolescence is a peak for HSB towards older teenagers (Finkelhor, 2009). Hackett (2013, p.37) suggests that "the onset of puberty, with the increased intensity of sexual feelings and behaviours under normal development, is a trigger for generalised conduct to become sexualised."

The gender of victims was also considered as part of the studies by Vizard (2007); Finkelhor (2009) and Hackett (2103). They determined that younger abusers were more likely to know their victims and opportunity was more relevant than a specific victim gender. However, as the age of the abuser rose into mid-late adolescence, the potential for planning or wider location of victims increased, and these teenage boys were statistically more likely to target sexually mature or maturing females. Finkelhor (2009) undertook the study with the largest sample (n=13,000) and in their findings, suggested that when older teens abused boys, they tended to focus on much younger and sexually immature boys as opposed to peers.

There have been several attempts to develop typologies of children and young people who engage in HSB. Such typologies have often drawn on work in the adult field. For example, the work of Groth (1998) who identified two types of adult sex offender - the preferential and situational type. The former is primarily orientated sexually towards children and seeks out opportunities to engage in sexual contact with children and young people out of a defined and measurable sexual preference for such individuals. Conversely the situational sex offender is less discriminating in their preferences and sexual activity with children may be opportunistic and part of more generalised tendencies to engage in anti-social conduct.

Worling (2001) undertook a study with 112 adolescents (12-19 years) with abusive behaviours and proposed a personality-based typology of four sub-groups:

Group	Personality Descriptors
Antisocial/ Impulsive	Antisocial, impulsive, unhappy, anxious
Unusual/ Isolated	Unusual, undependable, isolated, confused, Trusting, spontaneous
Overcontrolled/ Reserved	Emotionally overcontrolled, responsible, reserved, reliable, suspicious of others, rigid
Confident/ Aggressive	Confident, self-centred, outgoing, aggressive, sociable, dependable, organised, optimistic

Table 3: Worling's (2001) Personality based typologies of young people who display HSB.

In this study, almost half the sample were in the antisocial/ impulsive group and demonstrated high levels of delinquency. The age and gender of victims and also the frequency of abuse was comparable across all four sub-groups, and this suggested that even where overt behaviours and victim characteristics are the same, there were very different developmental pathways into the abusive behaviours.

There were however some marked differences across the groups:

- Those in the antisocial/ impulsive group were more likely to have experienced physical abuse from their parents and were also more likely to have received a criminal conviction for their sexual behaviours. These individuals had a tendency to rule breaking and sexualised behaviours have arisen in this context of general rule breaking as opposed to one of deviant sexual behaviour. Therefore, intervention approaches such as adult, offence specific, relapse prevention were unlikely to be effective. Instead, focus should be given to the broader delinquency and target anger management, pro-social attitudes, values and relationships, alternatives to anger etc.

- Those in the over-controlled/ reserved group did not share the same delinquent attitudes and were far more pro-social, cautious to interact with others and tended to keep feelings to themselves. Sexualised behaviours were developed in the context of a shy and rigid interpersonal style making it more difficult for these young people to form normative relationships. Intervention approaches were more likely to require support in emotional expression, joining groups, self -expression and trying new things.

Hall et al. (2000) considered the typologies for children and young people who engage in sexualised behaviours, and similar to Hackett's later 2010 work, identified five categories: '(1) developmentally expected, (2) interpersonal unplanned, (3) self-focused, (4) interpersonal planned non-coercive and (5) interpersonal planned coercive' (Hall et al., 2000, p.289). Whilst the language differs, these types closely match the five categories named by Hackett. Hall et al. (2000) went on to examine the characteristics of young people within these categories, exploring uses such as their own sexual abuse histories, psychological functioning, maltreatment and neglect, maternal functioning, parenting and family attitudes.

They identified that the frequency and acuity of difficulties in these areas, increased in line with the cohorts represented by each of the 5 categories. Family functioning and attitude experiences (violence, transience, criminality, poor sexual boundaries) for those in group 5 were nearly double the percentage of those in groups 1-3) (Hall et al., 2000). Parenting challenges (parental neediness, intrusive relationships, rejection, harsh and punitive parenting) increased in a linear progression and were present in 75 percent of the category 5 cohort. (Hall et al., 2000). They concluded that:

> ...children differ not only in their sexual behaviour, but in many areas of child and family functioning. Thus, it is unlikely that one type of clinical intervention will be effective for all…children in each type vary in their capacity to reduce sexual behaviour…. caregivers in each context also vary in their ability to use treatment and set limits on inappropriate sexual behaviour (Hall et al., 2000, p.309).

Balfe et al., (2021) undertook thematic analysis of the case files of 111 young males who displayed violent HSB and identified seven themes: offences against children versus offences against adults; where the offences occurred; tactics and planning; heartlessness and callousness; motivations for the assault and reactions afterwards; view of self and offence; and non-sexual violence. They concluded that HSB's were likely to have been prevalent for some considerable time before services intervened and that interventions should also target self-directed violence and general violence issues for this cohort. Consistent with other research (Hackett et al; 2006; Caldwell, 2010; Lussier et al.,2016) they assert that:

> …while their actions can be very upsetting and impactful on victims, the research evidence suggests that they can be effectively helped to become individuals who pose less of a danger either to themselves or others. (Balfe et al, 2021, p149).

Gorden et al., (2020) undertook a follow up study with young men who had accessed a residential therapeutic intervention to explore their experiences and to identify what areas could be further strengthened to support their transition and immediate period post-placement. Their findings indicated that the strength of relationships built during the placement were positively impactful, with some referring to staff being "like family" (2020, p.10), and that this sense of connection continued once they had left. Respondents were also able to identify the positive impact of both practical skills and an increased sense of self-esteem and resilience as a result of the interventions in placement such that, whilst some respondents did go on to engage in anti-social behaviour, often linked with a sense of isolation and loneliness, as time post placement unfolded, they were evidenced to "rely on these skills to lead an offence free life" (2020, p.10). This is consistent with the findings of Franey et al., (2004) and Grady et al., (2018). Grady et al., (2018, p.96) described that:

> Young people place huge value on warm, non-judgemental staff and also on the inclusion of their caregivers in the treatment process – where possible, these two elements should become programme characteristics.

Summarising the key themes from the literature - there is evidence that young people who display HSB are far from homogenous and that awareness of differences in personality and offence variables could help in tailoring intervention and support approaches. Approaches that build skills and capacities for pro-social functioning are linked to reducing recidivism and relational and wider continuity of support are important, especially at points of transition.

2.14 What are the differences between young people who have sexually abused and their non-abusing peers?

Perhaps due to the cultural values and the significance that sexual abuse holds in society, with the added 'weight' that is then attached to young people as perpetrators (or victims), young people with HSB are often marked as separate and different from non-offending peers or indeed from other non-sexual offenders. According to Lundrigan (2001, p.29):

> The adolescent who commits sexual offences tends to be different from other young delinquents…and the types of treatment that work best with this population must likewise be different….to do offence specific therapy, one must break with traditional therapy.

From a child development perspective, sexual curiosity and experimentation is developmentally normal and healthy in adolescents and there are appropriate curiosities at much younger ages too (Hackett, 2014). it is a key and essential element of the maturation process. The Brook Traffic Light Tool (2021) is the most dominant practice tool in the UK that provides a quick reference to key developmental milestones in relation to sexual maturation. The consideration of factors relating to physical sexual development, cognitive development, how these differed by gender and also variances across different cultural contexts were explored by Dixon-Mueller (2008, p.257) who concluded that:

> Different individuals and groups pass through their developmental stages at different ages. Physical, sexual and cognitive growth processes are out of step with each other and often with societal expectations as well…. Setting a minimum age under which male and female adolescents are 'too young' is bound to be arbitrary.

This means that potentially furtive, clumsy, risky, coercive (even) behaviours amongst teenagers are quite typical and therefore caution is required in understanding the context and developmental pathway for young people with HSB (Hackett, 2013). A risk in understanding would be to consider that these young people have needs that are fundamentally different to their non-offending counterparts. Hackett (2009, p.13) captures this very succinctly:

> Sometimes I have felt a great deal of relief that the offender demonised in reports and referral information is first and foremost a child in distress...with the same kinds of interests, problems, anxieties, concerns, hopes and fears as other children, even though the sexual context for their difficulties might be causing specific concern.

O'Halloran et al., (2002) undertook a comparative study between three groups: adolescents with HSB, adolescents with behavioural difficulties and no HSB and a 'normal' group with no behavioural, interpersonal or psychological problems. Considering measures on anger, self-esteem, conduct issues and family problems, they concluded that the adolescents who displayed HSB had far more in common with the 'normal' group than with the non-sexual offending/-behavioural group.

O'Halloran et al., (2002) findings are consistent with other research (Hackett, 2014, Calder (Ed), 2007), and suggests that adolescents with HSB are fundamentally similar to most other young people. The significance of this is that there are a wide range of researched and evidence-based practice approaches that already exist to tackle the needs they might have.

Adopting this perspective, Hackett (2013) proposes that effective interventions with young people who display HSB would include approaches that:

1. Foster young people's talents and supporting them in achieving educational success (Jackson and Martin, 1998).
2. Provide young people with interpersonal and social supports, such as through mentoring schemes (Utting and Vennard, 2000).
3. Offer family interventions to improve the quality of parenting responses and relationships within the home (Farrington and Welsh, 1999).

2.15 Young people who display HSB and adult sex offenders - differences

As noted in the opening section, the original references and starting points for working approaches with young people have come from the longer established work with adult sex offenders. Thus, work with children and young people with HSB may be said to have been subject to a 'trickle down' effect (Longo, 2003).

This shift in thinking and practice over time is illustrated in the following excerpts. In a paper in 1990, Ryan et al., (1990 p.269) were promoting the following approach with regards to young people, directly lifted from adult sex offender treatment programmes:

> The denial systems of these offenders must be penetrated during the early phases of treatment or no real progress can be made.

However, 9 years later, there had been a shift in their thinking and a greater emphasis (which has continued to deepen subsequently) on the young person's whole existence, taking into account all aspects of functioning and the system the young person is living in. Noting this change Ryan (1999, p.426) summarised:

> Although the need to specifically address the sexual offence characteristics was still called for, a new emphasis was placed on the need to…. Treat the whole youth, not solely the issues specific to the offending behaviour.

Rich (1998, p.190) highlighted that this cohort of adolescents "have not attained adult levels of moral development, cognitive ability, personality integration, emotional stability, socialisation and so forth". Rich (1998) suggested that in typical adolescent maturation and

development, learning is achieved through relationships and experience with family, peers and other systems. This gradual maturation allows humans to learn through experience, parenting and role modelling about concepts such as power, intimacy, gender, sexuality etc and gradually incorporate these into a consideration of humanity, the world and where humanity sits within it.

For Rich (1998), developmentally sensitive practice would be characterised by four key elements:

1. Flexibility – to be able to adapt to the needs of an individual.
2. Broad – not just focussing on the HSB but examining other patterns of behaviour and making links with elements of functioning.
3. Comprehensive – considering the whole child and all parts of their experience. E.g., their own experiences as a victim not just an abuser.
4. Integrated – engaging with all parts of the young person's system and ecology to support the behavioural change.

2.16 Adolescent sexuality and sexual identity

In a meta-analysis, Seto & Lalumiere (2010) compared adolescents who engaged in sexual and non-sexual offending. The results suggested that general risk factors around anti-social behaviour were not sufficient to explain sexually abusive behaviours. These findings align with the work of O'Halloran (2002) and observed more comparability between HSB offending young people and non-offending peers, than between HSB and non-sexual offending groups. However, Seto & Lalumiere (2020) noted that those adolescents who engage in sexually abusive behaviours evidenced significantly higher exposure to pornography, atypical sexual interests, and often with a history of abuse and neglect, anxiety and low self-esteem. More recent research has started to consider the role of sexual development, sexual identity and sexuality in relation to sexual offending (; Messerschmidt, 2016; Forde and Duvvury, 2017; Goulet and Tardif, 2018).

Drury and Bukowski (2013) attempted to structure the study of sexuality and suggested four basic premises:

1. Sexuality is a spectrum and not a single thing. It is involved across various dimensions including sexual behaviours (interactions, relationships), sexual attitudes, urges (sex drive, motivation), and self-perceptions such as body image.
2. Sexuality is an integrative element of development – the intersection and coordination of its intra- and interpersonal components are at the core of its processes. E.g., for some adolescents the satisfaction of urges is thwarted by a deficit in mature socialisation with peers making the internalisation of a positive body image more difficult.
3. The development of sexuality varies across age, and is in part informed and influenced by past experiences – so for example the age when a first sexual experience is encountered has to be taken into account.
4. It is more challenging to define 'normal' sexuality as opposed to defining sex. Thus 'atypical', 'deviant' or 'anomalous' can be confusing as they are open to interpretation.

2.17 The 21st Century social care marketplace

In 2021, the UK Conservative Government announced a review into the social care system for children (following on from the review that Sir Martin Narey undertook in 2016). This included a sub-commissioned report by the Competition and Markets Authority (CMA) on the factors affecting the interface between local authorities as commissioners and purchasers and the range of (mainly private sector) providers of children's services.

As part of the UK Government's Social Care Review in England, the 'What Works in Children's Social Care' think tank was also tasked to examine how local authority commissioning and purchasing activities were influencing the shape of provision. They produced two reports, one looking at local authority commissioning activity, the other looking at the profile and pathways for young people in care. Both reports were published in May 2022 and were referenced by and informed (along with the CMA report) the Government's commissioned Social Care Review. These identified that the numbers in care were rising, but so too was the range of complexities of behavioural risk presentations. Local authorities (individually and collectively) were reported to be finding it very difficult to audit and plan future demand for the breadth of complexities contained within this (relatively) small heterogenous cohort (Bach-Mortensen et al., 2022).

Bach-Mortensen (2022) suggested that the quality of local authority audits and 'sufficiency plans' was highly variable with little good practice to draw on. In essence, the state (through

the individual local authority and some regional commissioning clusters), he argued, had been mismanaging the market over an extended period leading to a ‘map’ of provision whereby there was some clustering of homes in regions with lower property prices. In essence the actual availability of the right specification of placements in the right locations and when needed is not well matched to presenting needs. Smith (2009) described a legacy issue in the location of children's homes, whereby children were once considered to be ‘rescued’ from their urban abuses, the impact of poverty and criminality by being moved to edge of town or rural locations as part of the intervention. The preference for rural locations having roots in the larger group institutional provision of religious orders and large charities which operated throughout much of the 19th and 20th centuries (Smith, 2009, p.54).

Bach-Mortensen (2022) also refers to a general lack of understanding on the local authority side (and in some parts of the provider side) around the technical specifications for more complex provisions – the catch-all term ‘therapeutic care’ being used by both sides with little common agreement on definition or features. Bach-Mortensen (2022) also identified some specific trends in that boys were over-represented in residential care; once in residential care it was likely that young people would experience moves (suggesting they were not accessing the right type of residential response initially); that there was significant heterogeneity in the population; and that staff competence needed developing to better match the profile of need. In the report, it was stated that:

> The current heterogeneity of children living in residential care and the different points at which they enter residential care suggests that policy makers and commissioners need to consider carefully what the purpose of residential care is. A shared understanding of this would help ensure placements can meet the needs of children and young people. Once children enter residential care, a clearer sense of the purpose of this placement would help ensure that residential placements can provide the support young people need (Bach-Mortensen, 2022, p.54-55).

The UK Government’s Social Care Review (2022) points to a ‘failing market’ and is very critical of the mismanagement of the ‘market’ through poor sufficiency planning by local authorities, leading to ineffective commissioning activity. This detailed analysis of the market undertaken by CMA for the review noted the trend of poor understanding by local authorities of the impact they (as the single purchasers/customer) had on the decisions providers make about what types of provision they open and where. It also looked at the impact of private equity and

venture capital involvement in the sector which has increased over the last decade and now accounts for approximately 30 percent of provision. It determined that some of these large businesses were making higher profit margins than the CMA would expect in a healthily functioning market (CMA, 2022). The report did note in its limitations, that they only considered the activity of the fifteen largest providers and that their findings could only be applied to that section of the provider landscape and were weaker in relevance for the majority of small and medium sized services which make up two thirds of the sector (CMA, 2022).

Operationally, the CMA and other reporting on the sector (Narey 2016, Bach-Mortensen 2022), cite examples of young people with very complex needs and risks, needing provisions often at short notice or in an emergency. Providers are either reluctant to offer places in part for fear of seeing a deterioration in Ofsted ratings should a series of reportable incidents arise (and resultant reluctance of many local authorities to place in homes with lower gradings), or alternatively only feel able offer very high cost, bespoke, temporary packages of care at significant costs. Figures as high as £22,000 per week cited as a very extreme example of emergency placement, for a single occupancy setting with 4:1 staffing. This leaves local authorities, who retain the statutory duty to provide care, feeling that providers are either 'cherry picking' which children they want, and/or accusations of profiteering (Wall, 2022). These assertions are contradicted by contemporaneous sector reporting which point to long standing failings in local authorities to audit and manage commissioning to meet need (Bach-Mortensen, 2022; CMA, 2022).

Critics argue that managerialism and modernisation have not been an unequivocal force for good in residential care (Humphrey, 2003; Webb, 2006; Smith, 2009; Smith et al., 2017). It is seen as a burden by many staff and the profusion of paperwork, records, reporting, assessment, and tracking is often at the (time) expense of direct care practice with children and young people (Smith et al., 2013).

However, whilst regulation may be eulogised for being able to specify who is to provide care, where, in what type of premises, with what type of records and the penalties for failings, it may be criticised for its inability to specify what care might be, what models or approaches or what it will look like. Care is conceptualised as a technical and legal endeavour to be evidenced through a raft of procedures and paperwork (Smith et al., 2017). Sociologist Bauman (2010) observed that when the human and moral aspects of care are obscured by rules and regulations, the daily practice of caring or social work can become distant from its "original ethical impulse" (Bauman, 2010, p.8). This could suggest that whilst the rules, regulations and paperwork feel like irritations, they might also 'dull' the moral impulse to care.

According to Cameron (2003, p.91-92) the various policy and professional trends which have been brought to bear on residential care have contributed to a situation whereby:

> …the concept of care within public care for children has been rarely seen as visible…a narrowing of what we mean by care, a lowering of expectations of what the state can offer in terms of care. Of particular note is the marked contrast for the potential for care within families as centring on control and love, and the optimum expected from state care which is around safekeeping. Care as used in legislation seems to have been emptied of its potential, a dried-up expression for how to manage an underclass of disadvantage.

Looking at government reports and policy agenda since 2003, there does appear to be some growing realisation by policy makers that the regulatory and procedurally driven child protection foci applied to work with children and families are not working. For example, the 'Every Child Matters' policy agenda in England (2003) and the 'Getting It Right for Every Child' policy agenda in Scotland (2005) shifted the focus of planning for children's services away from targeting children with particular problems and towards providing better support for all, acknowledging that some children and families need extra help at points along the way (Smith et al., 2013).

More recently there is growing theoretical recognition of the impact of adverse childhood experiences and trauma, how these can lead to either deficits in functioning or the development of dysfunctional ways of interacting as a defensive response (Clarkson-Freeman, 2011; Flaherty et al., 2006; 2009). Deficits or dysfunction leads to poor and limited social and interpersonal skills, thus negatively impacting on almost every aspect of a child's functioning. From this the core work of care has been reimagined to some extent as corrective work focussed on developing self-esteem, self-image and resilience through relational work and from this, to then build up a fuller range of pro-social skills and capacities through trauma informed approaches (Brenan et al., 2018).

The 2011 Munroe Review of Child Protection called for a realignment of social work practice away from procedurally driven approaches and more towards more therapeutic, relationally based ways of working. In many respects policy changes have promoted the idea of parenting – whether familial or by the state as a corporate body, and the idea of 'corporate parenting' has become a central one in respect of children in state care. This term was introduced by Frank Dobson MP, the Secretary of State for Health in 1998 when launching the Quality

Protects initiative, but the concept was clearly evident in the Utting Report 1991 and also the Children's Act 1989. Smith et al. (2013) identify two operational levels of corporate parenting:

- A statutory duty on all parts of a local authority to cooperate in promoting the welfare of the children and young people and a duty on other agencies to cooperate with councils in fulfilling this.
- Coordinating the activities of the many different professionals and carers involved in a child's life and taking a strategic, child-centred approach to integrated service delivery.

This idea of the corporate parent extends beyond a legal or minimal duty placed on local authorities, the shift from 'corporate' to 'parenting' was identified by Jackson et al. (2006) as those actions necessary to promote and support children's development over their journey towards adulthood, and so this scope is beyond the safeguarding principle.

Local Government delegates this corporate parenting function to those providing the day-to-day care. So residential children's homes, and in particular residential care staff are charged with operationalising the corporate parenting agenda. This attempt to shift policy can be seen in government language from the then Department for Children Schools and Families in 2009 which identified the importance for children to have "stable, reliable, nurturing relationships with those who care for them and manage their care" (DCSF, 2009, para 27).

2.18 Does therapeutic residential care work?

Whilst some studies have suggested that TCs yielded no longer lasting benefits compared to other treatment options (Malivert et al., 2012), other studies have suggested TCs targeting a range of populations are associated with more positive and/or better outcomes. For example, Jainchill et al., (2009) have suggested they can be effective in addressing youth substance use and criminal activity. More recently and based on a review of controlled studies, Vanderplasschen (2020) concluded that there was some evidence for the effectiveness of TCs with substance using communities compared to other residential or outpatient interventions. Lipton et al., (2002, p.66) suggested from their analysis of interventions that TCs "significantly reduce recidivism". More recently and based on a systematic meta-analysis of published research, Ware et al., (2010) came to a similar conclusion suggesting they are effective in reducing recidivism in offender populations.

One criticism of quantitative studies and control trials is that their focus is often a focus on what Vanderplasschen (2020. p.44) calls socially desirable outcomes (e.g., work, abstinence, no recidivism). Conversely, subjective and more person-centred outcomes like emotional well-being, quality of life, job satisfaction, or controlled substance are disregarded.

In relation to some populations, including children and young people who engage in HSB, a methodological difficulty with outcome studies is related to the very small numbers of individuals who ever find their way into a residential care home for the relevant population. Small numbers render statistical analysis very difficult. It is in the nature of the population too for any retrospective study to be difficult because of challenges tracing those who have transitioned out of TC. Albeit data linkage processes have significantly improved in the intervening years Boswell and Wedge (2003, p.4) state:

> The tasks of defining and evaluating the nature of residential treatment and care, and of developing a satisfactory method of assessing behaviour changes in relation to them have also proved challenging for researchers…This is likely to be even more true of TCs where the treatment and care is a 24 hour a day 7 day a week experience.

Controlling for all relevant variables and therefore commenting on any causation when it comes to any treatment effect with TC populations is also challenging. It is often impossible as part of research design to accurately control for moderating influences such as treatment preceding, ancillary levels of support provided during, and assistance antecedent to the period of residence.

Accordingly, whether the current system optimises outcomes for children and young people, or improves what their life trajectories or life chances might have been who have engaged in HSB is a contentious issue. As stated, evidence that the system improves life chances continues to be hard to come by and the available studies are beset by methodological limitations.

Hendricks and Bijeveld (2008) considered the recidivism of children and young people who had engaged in HSB after residential treatment. The study involved 114 male adolescent juvenile sex offenders. These individuals had been in residential care an average of two years and four months. Almost 11 percent had been convicted of a sex offence and 23 percent of them of another serious offence; 27 percent had committed a non-sexual violent offence. Only 30 percent did not re-offend at all.

Concluding that because outcomes look poor then the system for providing care or the level of intervention offered by residential therapeutic care is poor is problematic. Manney et al., (2017) illustrate this point looking specifically at educational outcomes, which ought to be relatively easy to identify. He suggested that much of the data on outcomes places expectations and comparisons on children in care against their non-care counterparts which are unhelpful and do not take account of the different starting points in measuring attainment. Mannay et al., (2017) go on to identify two categories of factors which negatively impact on the outcomes for young people looked after and that are often overlooked when large statistical comparisons on outcomes against general population are made: systemic issues and case history issues. Systemically, issues include inadequate information transfer between agencies (Zetlin et al., 2004); frequent movement of home and/or school place which disrupts learning (Pecora 2012); a perceived lack of prioritising of education for looked after children (for example mid-academic year moves) (Zetlin et al., 2004); and inadequate monitoring and accountability (for example, local authorities as corporate parents are not prosecuted for non-school attendance in the same way birth parents would be) (Ferguson and Wolkow, 2012). In terms of individual case histories, the issues include deprivation, family breakdown, neglect, special educational needs and childhood trauma (Berridge et al., 2008; Welbourne and Leeson, 2012; Sebba et al., 2015).

Smith et al. (2013) noted that children in group care face additional challenges in that they live with others who face difficulties, in groups that they have little, if any choice over, with multiple care givers working on rotation. They live amongst neighbours who often resent their presence and are expected to conform to standards and expectations of performance that exceed those placed on young people living in families. As Gharabaghi (2012, p.1130i) points out:

> One might expect that this required excellent social skills, high self-esteem, positive self-management, a good track record at school – especially in relation to behaviour and in a wider context of positive relationship formation and attachment. Yet when we examine who is placed in residential group care, we find it is precisely those young people who lack in all these areas.

Whether a particular outcome constitutes a positive outcome from placement and treatment is very hard to establish. There are particular practical and ethical challenges and problems associated with engaging in and interpreting the findings of any form of study, including counterfactual studies with this population.

Quantitative studies have contributed to understanding outcomes with children and young people who engage in HSB. However, this thesis seeks to lay the groundwork for therapeutic residential care providers to further assess and lay claim to making a contribution to improving outcomes for children and young people who have engaged in HSB, using a theory led approach called Contribution Analysis.

Contribution Analysis is one of several theory-based approaches for evaluating complex interventions. In essence it focusses on first principles and goes back to the beginning to explore what the intentions of an intervention area and what 'chain of events' is expected to follow. Rather than evaluating whether any final desired outcomes was achieved (often the final link in the results chain), it seeks to assess whether the initial intentions were reasonable and what the expected chain of events (in terms of processes and outputs, which should be easier to establish than the outcome) leading up to the outcome were intended to be.

To summarise, the primary objectives of a CA are:

- To develop a deeper understanding of the purpose of a policy/programme/intervention (theory of change) and identify the chain of events (logic model) that activities are intended to trigger.
- To explore the existing national/international evidence base about that theory of change and the chain of events that a service/intervention was intended to trigger.
- Evaluate a service: this is by exploring the evidence that the expected chain of events took place.
- Identify any gaps in this evidence base about 'chain of events' and seek to fill those gaps with research.
- Develop a 'performance story' of the contribution an intervention has made.

As Mayne (2011, p.273) points out, "the result of a CA is rarely definitive proof". Rather the focus is on improving certainty through 'logical argumentation' to reach a point where "a reasonable person would agree from the evidence and argument" that the policy, program or intervention has contributed to a desired result (Wimbush and Beeston, 2010, p24). Theoretically, Mayne (2012) proposes that it is reasonable to arrive at the conclusion that the programme under analysis is contributing to or influencing the intended outcomes if:

- There is a logical, rational and defensible theory of change for a policy, programme or intervention.

- The activities of the policy, programme or intervention were actioned and delivered as they were intended.
- The theory of change, especially the key components were supported by and confirmed by available evidence.
- The chain of anticipated results has been achieved (i.e. the ToC has not been disproved)
- Other factors of influence, either contextual or external, have been identified and accounted for. These need to be shown not to have made little if any contribution, or their relative role has been noted and explained.

As might be evident, CA offers another approach to evaluation in a field dominated thus far by a focus on outcome data and attempts to undertake experimental or quasi-experimental approaches. The approach is sympathetic to post positivist/interpretivist methodologies as opposed to positivist approaches. It changes the focus from causal relationships to plausible, reasonable theories about causation (Livingston et al., 2018). According to Mayne (2012) what is distinctive about CA is that it offers a systematic way or making causal claims in those cases where experimental approaches might be practically, ethically, or financially problematic and where the alternative, remaining silent on causality or to make causal claims based solely, for example, on the views of interviewees, is not acceptable.

These concluding comments provide a mandate for this thesis and explains the new knowledge it will furnish in terms of a theory of change for the therapeutic residential childcare sector.

2.19 Chapter summary

In chapter two a review of the relevant literature to the field of study has been undertaken. The changing profile of young people looked after by the state has been explored and the socio-political, political and policy landscape that has formed the backdrop against which therapeutic residential care is offered to boys has been examined. It was highlighted that the number of children and young people who are looked after by the state has increased steadily since the early 1990; as has the use of care orders and residential care. Despite this, it has been identified that residential care has become less preferred in the landscape of available services for children and young people and a 'smaller is better' philosophy has prevailed, in the context that residential provision has been outsourced with a number of consequences, to

the private sector. The chapter then examined the and nature of therapeutic residential care and the evolution of TCs. How such care serves are organised, and their theoretical underpinning were explained. This was followed by consideration of the complexities and challenges associated with leaving care provision. HSB was explored and the nature and methods of intervening to address that for of behaviour was considered in depth. Finally, what is known about the efficacy of how care is delivered in the 21st century and therapeutic residential care intervention is particular was considered. This led to a consideration of how contribution analysis may contribute to the evidence base.

Chapter Three: Methodology

3.1 Chapter Overview

The study on which this thesis is based employed a qualitative methodology, the justification for which relates to the intention and its capacity to provide rich and thick description of a complex phenomenon (Geertz, 2003) such as how are residential therapeutic homes intended to produce their desired outcomes. To date, some data is available focussed on what outcomes have been achieved by children and young people in residential homes in general but less relating to the specific sub-group that describe themselves as therapeutic. For example, what percentage end up going to further and higher education; what percentage end up in prison etc. Some attempts have been made to identify precepts of good practice with these children by NICE, but a specific and detailed theory of change remains outstanding in the case of residential children's homes that have therapeutic aspirations.

There is no intention here to test a particular hypothesis, nor to gather quantitative data to undertake a retrospective or prospective study that provides an account of what practices should be adopted or interventions should be applied to promote better outcomes for children and young people who have been in therapeutic residential care. As indicated earlier, establishing a counterfactual (control group) for such a study would be challenging on both ethical and practical grounds. Outcome data will not be interrogated for the same reason. There is no prima facia case, for example, for concluding that because a young person enters custody, their care experiences have been insufficient. As stated earlier, some young people come from highly abusive and traumatic backgrounds and a successful residential placement may, nonetheless, still be evident in offending at a lower or reduced level. Accordingly, instead of focusing on inadequate statistical measures to try to establish what works, the intention is to focus on how residential therapeutic homes are intended to work and what chain of outcomes would be expected along a successful care trajectory.

Consonant with this intention to focus on developing a model to explain how residential therapeutic homes are intended to produce their effects, qualitative interviews will be undertaken with stakeholders and young adult men who have been previous residents at therapeutic homes, to explore the features and expected chain of events that would be associated with better outcomes during, and following on from, a period of residence in such an establishment.

In this chapter the research aims and objectives and the methodology of the thesis is explained. Guba and Lincoln's paradigmatic classification system is introduced and the ontological, epistemological, and axiological features that distinguish one paradigm from another is explained. The positivist; post positivist; critical theory and constructivist paradigms are then outlined, before the thesis's sympathies with post-positivist critical realist ontology and interpretivist epistemology is declared and explained. Why a post-positivist interpretive approach to the study was adopted is then outlined, drawing on theoretical insights provided by phenomenology. Reflecting the thesis's foundations, how a focus group of three professionals and individual interviews with eleven service users and nine service professionals were used as vehicles for gathering data for the study is outlined. The approach to sampling and recruitment is explained, as well as issues associated with data handling. Next, the ethical issues that had to be navigated to collect data in an ethical manner are outlined. This research involving men with a history of HSB had a potential to cause distress. How that potential along with the risk that individuals might disclose ongoing offending was managed is explained in detail. Here, how consent was secured, issues of capacity were assessed, and anonymity guaranteed are also explained in detail. Finally, the approach adopted to data analysis is presented. Here, notwithstanding the study's interpretive foundations, how the process of theory building in Contribution Analysis informed data analysis is explained in depth.

3.2 Research aims and objectives

To summarise, every year a small proportion of the approximately 9,000 children and young people (aged 11-18) in residential care are accommodated in specialist facilities because they have engaged in sexually harmful behaviour. During their stay they will receive specialist help and therapy to explore the reasons for their past behaviours. Some of these facilities brand themselves as 'TCs' whilst others would be described as providing Therapeutic Child Care (TCC) – the main difference between the two being the level of intentionality of the use of groupwork, informed by psychodynamic theory and the conscious use of the physical environment as part of the intervention itself. Some settings might work entirely with this population, others might have a mixed cohort of different presenting needs. Children and young people accommodated in TCs typically live and attend school, often 'on site' and are supported into adulthood by staff committed to working therapeutically with the over-arching philosophy that 'every conversation matters' and can support therapeutic outcomes.

Evaluation of these services, in terms of how they promote improved outcomes for children and young people is, as noted, fraught with difficulty. This relates to the complex multi-agency and multi-disciplinary form of the intervention taking place and the ethical and practical difficulties associated with an experimental or even quasi-experimental research design.

The thesis intends to address that difficulty and to that end takes theoretical inspiration from the evaluative methodology of Contribution Analysis, and aims to create a ToC that may be used to evaluate and develop residential therapeutic community practice with young, looked after males (11-18) who have displayed HSB.

Based on interviews with staff and former residents of therapeutic children's homes it intends to explore:

- What are the assumptions that underpin practice in residential therapeutic care settings?
- What theoretical foundations are considered to have generative potential related to effective engagement and interventions with young people in residential care services?
- What are the arrangement and procedures that are considered to have generative potential in terms of improving outcomes for children and young people in, and transitioning out of, residential care?
- What results chains are expected in the course of a successful placement and post placement journey?
- What is the contribution that structured approaches to relationships, such as those in TCs, considered to have in achieving better outcomes?

3.3 Paradigms in qualitative research

According to TerreBlanche and Durrheim (1999, p.167) the term paradigm originates from the Greek word 'paradeigma' which means 'pattern' and was first used by Thomas Kuhn (1962). Kuhn (1962, p.57) defined a paradigm as:

> an integrated cluster of substantive concepts, variables and problems attached with corresponding methodological approaches and tools.

A paradigm therefore suggests a pattern, a structure and framework or system of academic and scientific values, ideas and assumptions (Olsen, Lodwick and Dunlop, 1992, p.16). Guba & Lincoln (1994, p.105) define a paradigm as

> the basic belief system or world view that guides the investigator, not only in choices of method, but in ontologically and epistemologically fundamental ways.

According to Guba and Lincoln (1994) a paradigm offers the holder a world view, based on a set of basic 'beliefs'. They set out the nature of things, the individuals place within the world and the potential relationships to that world or its component parts. The basic beliefs of inquiry paradigms are informed by the responses to three questions relating to ontology, epistemology and methodology.

Ontology – what is 'real' and what can be known about it? If a world is real, then only questions about how things really are and really work are admissible – excluding questions about morality or aesthetics.

Epistemology – This explores the relationship between the 'knower' and what can be known. For example, if a 'real' world is assumed, then the inquirer must adopt a detached and value free position such that they are able to discover how things really are or how things really work.

Method – In what ways and methods can the inquirer approach finding out what he believes is possible to be known? Building on the previous answers, if a 'real' reality is being objectively observed, this will require the control of factors which might confound the process, and this is irrespective of whether methods are qualitative or quantitative. So, this is not about reduction to selection of method but rather methods fitting into a wider methodological framework.

Guba and Lincoln (1994) argue that the basic beliefs that underpin paradigms cannot themselves be proved. Accordingly, there is no way to create a ranking of one over another. Rather, paradigms represent only a position reached by proponents of a particular approach, relative to issues of ontology, epistemology, and method.

Guba and Lincoln refer to four research paradigms: positivism, post positivism, critical theory and constructivism.

3.4 Positivism

The positivist paradigm is based on the philosophical ideas of the French philosopher August Comte and this informs the approach to exploring social reality. Comte (1830), suggested that

the best means of understanding human behaviour are observation and reason; the experience of the senses informs true knowledge and this can be obtained through experiment and observation. At the ontological level, positivists have the assumption that the reality is objectively given and is measurable using properties which are independent of the researcher and his or her instruments; in essence, knowledge is both quantifiable and objective. (Guba & Lincoln, 1994).

Positivistic thinkers make use of scientific methods and with the help of quantification, uses this to systematise the knowledge generation process. This allows some precision in both the description of parameters and the relationship among them. Positivism is focussed on uncovering truth and presenting it by empirical means (Henning et al., Van Rensburg and Smit, 2004). According to Walsham (1995) the positivist position believes and promotes that scientific knowledge consists of facts while its ontology considers the reality as independent of social construction. If the research study is based on a stable and unchanging reality, then the researcher is able to adopt an 'objectivist' perspective - a realist ontology. This would suggest a belief in a real, objective world. It thus follows that the researcher would adopt a detached epistemological stance. This would be based on a belief that people's perceptions and statements can either be true or false, right or wrong. This is a belief based on a view of knowledge as acquirable, hard and tangible. They are able to employ methodology that relies on the manipulation and control of reality i.e. experiments. Positivism regards human behaviour as determined and controlled by the external environment and therefore passive.

From the 'scientific' perspective (the received view), maturity in a field is established over time as the level of quantification in the field of study increases (Guba & Lincoln, 1994). Adopting this perspective focusses efforts on verifying or falsifying hypotheses which are drafted as mathematical propositions, which can then be tested leading to the creation of formulas to predict and/or explain the relationships between one of more variables.

There are several critiques on the positivism approach to research that can be broadly categorised into two groups – internal (intraparadigm) and external (extraparadigm).

One intraparadigm critique relates to the usefulness of the findings of positivist research given that such research is guilty of context stripping. That is to say, by applying controls and randomisation, then variables relevant in 'real world' situations are removed. This potentially has the effect of increasing the 'rigour' of the method but reducing the relevance and applicability/transferability of findings. Guba and Lincoln (1994, p.106) go on to outline that in addition to the stripping of context, positivist approaches also exclude meaning and purpose:

> Human behaviour, unlike that of physical objects, cannot be understood without reference to the meanings and purposes attached by human actors to their activities.

They further suggest that both these critiques contribute to a disconnect between any grand theory being explored and the local context within which it is being studied. This is referred to as the etic/emic dilemma. Here, the etic (outsider) theory being applied, or hypotheses tested by the researcher, may have little or no meaning within the emic (insider) view of those being studies – whether these be individuals, groups, cultures or societies.

A further intraparadigm critique considers how the discovery process unfolds. In the positivist paradigm the focus is on the verification of a specific hypothesis without relevance to where that hypothesis has come from. Positivist research is often described as being 'objective' (Johnson, 1989, Leech, 2017) and so this critique considers that even identifying a field of study is a subjective act. Accordingly, positivist research is subjective from the outset and such research cannot claim to be objective. The discovery process in the received view will only follow processes that are empirical and measurable which excludes the possibilities of other discoveries. Guba and Lincoln (1994, p.106) described this thus:

> Quantitative normative methodology is thus privileged over the insights of creative and divergent thinkers.

These intraparadigm problems can be addressed or ameliorated through the introduction of qualitative approaches and some critics limit their critique to these methods level factors. However, other writers have suggested further challenges, proposing alternative paradigms which not only consider the qualification of method, but seek to adjust the fundamental assumptions that underpin the process of inquiry itself (Reason and Rowan, 198; Bernstein, 1988; Guba, 1990).

According to Guba and Lincoln (1994) verifying or falsifying hypotheses relies on the assumption that theory and observational language are independent, i.e., if an enquiry is to be objective, hypotheses must be stated in language that is independent of the way in which the facts to test them are to be collected. However, as Guba and Lincoln (1984) suggested, theories and facts are interdependent – facts can only be seen as such when understood within the framework of a theory that seems to explain them. 'Facts' are 'viewed' through a particular 'theory window' and are theory laden.

Developing this further, if 'facts' are determined by the theory window through which they are viewed, a different theory window might equally support the same set of facts. Accordingly, as

Guba and Lincoln (1994) explain, given a theory it would be possible to deduce what 'facts' to expect but the reverse cannot be claimed i.e., it is not possible to induce a single theory or explanation from a set of facts. This point is made by Popper (1968), exploring the differences between theory verification vs. theory falsification who suggests that even though a million white swans can never establish the hypothesis that all swans are white, a single black swan can totally falsify it.

Just as facts and theories have been shown not to be independent, neither are facts and values. Guba and Lincoln (1994, p.107) argued that theories themselves are 'value statements' and so just as facts are viewed through theory windows, they are also viewed through values windows and so the proposition that the received view is 'value-free' is compromised.

A final extra-paradigm critique challenges the received view perspective on the dyadic relationships between inquirer and inquired. Scientific method would suggest that the inquirer views the inquired objectively, "through the one-way mirror" (Guba and Lincoln, 1994, p107), observing natural phenomena as they happen. However, Guba and Lincoln (1985) point to evidence such as the Heisenberg uncertainty principle and the Bohr complementarity principle having already destroyed that ideal in the hard sciences. In their 1994 paper, they take this further suggesting greater scepticism when considering this critique when applied in social sciences (Guba and Lincoln, 1994, p107):

> The notion that findings are created through the interaction of inquirer and phenomenon (which in social sciences are usually people) is a more plausible description of the inquiry process than is the notion that findings are discovered through objective observation.

Intra and extra paradigmatic critiques such as these underpinned the development of an alternative research paradigm based on realist ontological principles called post positivism.

3.5 Post positivism

Post positivism has emerged over the twentieth century through researchers trying to address some of the critiques of the positivist paradigm. The post positivist paradigm adopts a critical realist ontology where the assumption is that reality exists, but only able to be understood in an imperfect manner due to the impact of human subjectivity linked to fundamentally flawed

human intellectual abilities (Guba and Lincoln, 1994). Proponents of this position suggest that any assertions about reality need to be subjected to the broadest possible critical analysis in order to mitigate (never completely but as much as practical) this human flaw in perception. It is this posture that led to the ontology being labelled as critical realism (Cook and Campbell, 1979).

This assertion that there is a reality which exists (shared with positivism) is underpinned philosophically through the concept of phenomenology which offers interpretations around the nuanced distinctions between both the internal and external world. This nuance also accounts for levels of objectivity and subjectivity (Howell, 2015).

Husserl (1969) argued that phenomenology required consciousness experienced from the personal perspective and that this is practiced whenever there is consideration to what humans hear, see or feel. The act, in the first person of then describing or giving meaning to this consciousness is how humans create experience. For Husserl, conscious experiences and their meanings are central to phenomenology. He referred to this as 'transcendental phenomenology'. Here, he suggests that it is through meaning that humans are presented with a structured world which includes the self and so there is a duality.

Husserl (1969) developed these ideas to consider the concept of intentionality – that is to say for there to be consciousness of something then there must be deliberate and intended relationship between the object of consciousness and the subject. Intentionality is the capability and capacity of the mind to focus itself on entities or things and so this includes mental states such as beliefs which will include beliefs about what is 'real'.

> …acting concerns action, doing concerns the deed, loving (concerns) the beloved (Husserl, 1969, p.243)

Bernet (1999) summarised Husserl's phenomenology as studying the ways that different types of objects involve different relationships and correlations with different kinds of acts. An individual's perspective on something therefore includes the nature of the intentional relationship between the self and that which is being perceived.

Husserl also considered the essence and the existence of things, distinguishing between the 'world of natural experience' and the 'world of scientific theory' (Husserl, 1997, p.219). In the world of natural experience, things are experienced directly; and the individual stands as a point of reference in a spatial and temporal world which simultaneously existed in the past, and is both in the present and which extends into the future. In the same way, any individual

object in the world is an entity with changing properties, in relation to humans who also inhabit spatial, socio and temporal positions.

In contrast, in the domain of scientific theory objects are considered as bodies with mass and subject to forces and relationships which can be measured e.g., mechanics, physics and chemicals (Howell, 2015).

In his phenomenology, Husserl (1998a, 1998b), structured the concept of epoch through which an enquirer or observer suspends their judgements about whether objects of consciousness exist. If it is not assumed that things exist, it is necessary to engage with human senses and this requires the suspension or "bracketing" of the natural attitude to the world (Howell, 2015 p.7). This bracketing requires three steps:

1. Retention in thought of the identification of objects.
2. The ability to imagine numerous variations in experience of the phenomenon.
3. The synthesis of experiences as the method to integrate these variations.

This process leads to a description of and understanding of the key structures and components of the phenomenon.

The link to the post-positivist paradigm came as Husserl later applied these ideas to question the concepts of the positivist scientific knowledge and what this meant for humanity. He wanted to examine the extent that:

> The total world view of modern man in the second half of the 19th century, let itself be determined by positivist sciences and be blinded by the 'prosperity' they produced which he considered detracted from 'questions which are decisive for a genuine humanity (Husserl, 1992, p.5-6).

Husserl argued that the foundation of knowledge involved the in-world, lived experience and humans are points of reference in a constantly changing network of meanings which provide the very basis of the world that is experienced. Therefore, humans pursue understanding through intentionality in practice rather than in theory and this in turn provides the basis to realise various possibilities. Humans do not simply exist, but they also act in the world and therefore they cannot be separate objects to be the subject of research, but by implication must be active components in the research process.

This concept of intentionality in practice undermines the positivist assertion of the separateness of subject and object. Basing his ideas on the Cartesian 'I think therefore I am',

Husserl suggested that Descartes moved too swiftly between 'I think' and 'I am' and instead suggested that the 'I' as a thinking entity needed to be bracketed. This position considers that I, who am a thinking entity, am both conscious of and in this sense, distinct from any experiences (Husserl, 1992).

Heidegger (2001b) also considered these phenomenological questions through his concept of a hermeneutical phenomenological method which composed three steps: reduction, deconstruction and construction. Reduction implies a return to the question of being. Deconstruction, in this sense meaning taking apart not destroying is directed towards the starting point for analysis i.e., taking account of the tradition whereby the taken-for-granted views have been created. Finally, construction relates to the study of being.

Aspers (2013) drew on Heidegger's argument that understanding infers a pre-supposition; the way a question is formulated built on a pre-understanding, an approach to knowledge which frames the expected answers (Heidegger, 2001b). This implies that understanding is a process of cumulative interpretation, by gradually refining and shaping the questions in the light of the answers which are generated. Thus, by amending and updating the first partial understanding and pre-suppositions, the researcher approaches a coherence between the parts and the whole.

Heidegger (2001) considered that there is no differentiation between object and subject as the very concept of 'being-in-the-world' renders this comparison obsolete. The world and the individual are continually at one with one another: humans are present in the world before they think, reflect or perceive and so they are at one with the world both as subject and object. (Howell, 2015, p.11). Heidegger (2001) noted that humans are thrust into existence and occupy a world which they did not construct. It is in this strange, confusing world they have to find their way and make sense. Differing from Husserl's ideas about abstract individuals or transcendental entities, Heidegger wanted to focus on actual people in actual situations.

He referred to this consideration on existence and the nature of being as 'Dasein' – to be of the world where it is manifested or made explicit. Dasein is the event of world creation and as soon as a being becomes conscious and aware, such a Dasein exists, then a world exists, and the existence of the world is intrinsically connected to the perception of the being:

> We are ourselves the entities to be analysed. The Being of any such entity is in each case mine. These entities, in their being comport themselves toward their Being…Being is that which is an issue for every entity (Heidegger, 2004, p.67).

This hermeneutical phenomenology has been developed into Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009) and is being increasingly used as a tool in illuminating experiences where there can be misunderstandings between researcher and participant. An example of this application has been in the field of research with people on the autistic spectrum where there can be very different perceptions of the world by researcher and participant leading to what Milton (2012, p.3) referred to as the 'double empathy problem'. IPA is a qualitative methodological approach which seeks to establish and promote equality of both researcher and researched voices. The approach views respondents as the experts of their own personal and social worlds (Mjosund et al., 2016). IPA requires researchers to consider both the positive and negative impacts of their own experiences and preconceptions and how these might impact on research design and procedures (Smith et al., 2009). This approach to reflexivity acknowledges the potential for discrepancies in the researcher's interpretation of the respondent's words. In this vein, a 'double hermeneutic' arises in that the researcher is making sense of the account of the participant, who is, at the same time, making sense of their own experiences (Smith et al., 2009) and in doing so, may go some way to addressing the 'double empathy problem'.

Post positivists also draw on insights provided by the theory of symbolic interactionalism (Blumer, 1939, 1980; Davis, 1981; Haas & Deseran, 1981; Mead, 1934) in which the interactions between people can be considered to have a transactionality which operates both on an intrinsic and utilitarian dimension, but also a symbolic dimension. Goffman (1961) described the relevance of this distinction as follows:

> In a strictly economic exchange, we exchange goods for their utilitarian value alone. We have no interest in the orientations of those who sell us what we buy. In social exchanges, on the other hand, we are frequently interested in the orientation of our partners because we orient ourselves not to the purchase of specific goods but to the construction and maintenance of relationships. (Goffman, 1961, p.276)

Symbolic interactionism focuses primarily on how individuals create meaning through social interactions (Blumer, 1992). At the core is the idea that as individuals interact they do so through symbols, which can be anything that represents something else, such as words, gestures, or objects. Symbols are not inherently meaningful but gain meaning through social interactions and shared understandings, a good example being the word and symbol 'cow' (Haas & Deseran, 1981). Central to this theory is that meaning is not fixed or universal; it is socially constructed and can vary among individuals and groups. People may inherit meaning

embedded in language, but also interpret symbols based on their own experiences, beliefs, and interactions with others and so one object, for example a car, can be symbolic of one thing to one person or in one culture or context (wealth) while it may have different meaning to the same or another person in another culture or context. According to Blumer (2002) symbols permeate and mediate interactions between people and so social interactions becomes a dynamic process of meaning-making. Symbolic interactionism has been especially influential in identity studies and emphasises the development of the self and identity through social interactions. Symbolic interactionalism proposes that individuals acquire a sense of self by imagining how they appear to others and by interpreting the reactions and judgments they receive Meltzer et al., 2020). Symbolic interactionism offers a valuable framework for understanding how individuals construct meaning, interact with others, and shape their social reality. It highlights the dynamic nature of social interactions, the influence of symbols and communication, and the importance of interpretation and shared understandings in shaping human behaviour and society (Meltzer et al., 2020).

Critical realist ontologies vary, but to summarise, what unites critical realist perspectives is the understanding that realist methodologies have reduced ontology to matters of epistemology. Conversely critical realists argue alternative relativist methodologies, which are discussed next and are embraced by many critical theorists and constructivists are guilty of “discourse imperialism” (Joseph and Roberts, 2004 p.27).

3.6 Critical Theory

Within the critical theory paradigm, reality is assumed to be apprehendable but that this ‘reality’ has always been fluid and therefore shaped over time through the considerations of social, political, cultural, economic, ethnic and gender factors. These have become crystallised into what Guba and Lincoln (1994, p.110) referred to as “a series of structures that are now (inappropriately) taken as ‘real’, natural and immutable”.

Epistemologically, the paradigm is both transactional and subjectivist in that the investigator and the object under study are interactively linked with the values of the investigator (and the subject in context) inevitably influencing the inquiry. This paradigm therefore attempts to address the issue that findings are mediated through the values framework at play. This is a definitive shift in the relationship contained within the positivist/ post-positivist connections

between ontology and epistemology. Here, what can be known is inextricably linked with the interaction between a specific investigator and a specific subject or group under study.

When turning attention to methodology, this subjective interaction between inquirer and subject requires a more dialogic and dialectical approach to explore the transactional quality of subjective experience. Considering the ontological assumptions, where the crystallised, historical structures are taken as 'real', the dialectical inquiry considers how these structures are being experienced and understood in the lived context of the study and to take account of the values influencing this context and in doing so, understand how these structures might be changed. Giroux (1988, p.213) described this as:

> transformative intellectuals, …to uncover and excavate those forms of historical and subjugated knowledges that point to experiences of suffering, conflict and collective struggle… to link the notion of historical understanding to elements of critique and hope.

Kincheloe & McLaren (1994) suggest that this paradigm offers real challenge and threat to the status quo and that qualitative research that frames its purpose in the context of critical theoretical concerns (of the time) produces 'undeniably dangerous knowledge, the kind of information and insight that upsets institutions and threatens to overturn sovereign regimes if truth' (p.138).

Developed in Germany in the period just after the First World War, a group of writers connected to the Institute of Social Research in Frankfurt (Horkeimer, Adorno and Marcuse) began a discussion with the German tradition of philosophical and social thought – in particular Marx, Kant, Hegel and Weber. These theorists were influenced by the devastations of the War, the German economic depression, inflation, unemployment, and strikes and protests across Germany and central Europe. In this context they had a deepening belief that subjugation and injustice shaped the experience of the lived world. Kincheloe and McLaren (1994) noted that with the rise of Nazism in Germany that led up to World War II, these predominantly Jewish theorists, fled to the United States, began to explore their beliefs in this new context and were somewhat shocked by the taken-for-granted empirical practices of American social sciences researchers.

Approaching their inquiry from the perspective of their own experiences, they were challenged to respond to the established social sciences belief that research could accurately describe and measure any aspect of human behaviour. In particular they were intrigued by the progressive American rhetoric of egalitarianism against the reality of racial and class

discrimination (Kincheloe & McLaren, 1994). After the war, Horkheimer and Adorno returned to Germany in 1953 to re-establish the Institute for Social Research whilst Marcuse remained in the US and went on to develop his ideas of social theory in the emerging context of the politically charged 1960's (Kincheloe & McLaren, 1994). This became especially adopted by the student movements of the time and grew to provide a philosophical voice to the New Left. This New Left believed that political emancipation was the route to psychological and cultural revolution. (Kincheloe & McLaren, 1994)

Stanfield (1994) offered a critique and consideration when applying this paradigm to the study of issues of race. Stanfield thought specifically about the status that this might ascribe to the researcher or subject and the impact of this status on what is learned and how this is understood. Epistemologically, the status of the researcher is accepted to shape the values framework through which the study is undertaken and to affect the style of the dialogue between researcher and subject. What is implicit here is that the autobiographies, cultures and historical contexts of the researchers matter; as these determines what the researcher sees (and does not see), as well as their ability to analyse data and disseminate knowledge adequately (Stanfield, 1994).

This requires researchers (especially those of dominant status, which was traditionally white, male, heterosexual) to develop methodological approaches which acknowledge biases and accept that they cannot be value-free when studying 'outsider' perspectives. This assumption that adapting methods to mitigate for value distortion has been challenged in more recent years, especially by researchers from groups outside the traditional researcher pool. Black researchers, women, care leavers and others have argued that only those emerging from within the lived worlds of their 'subjects' can be adequate interpreters of such experiences (Harding, 2018).

In contrast, white, male researchers or others from outsider groups who are adopting the traditional mainstream perspectives, are resisting this critique, suggesting that these 'outsider' researchers are claiming to have an insider monopoly on the production of knowledge regarding the life worlds from which they hail (Stanfield, 1994). This has been seen in some negative treatment of Afrocentric scholarship in the fields of sociology and social sciences (Kuper, 1983; Assante, 1987;).

The method of research from within the critical paradigm is often discourse analysis. Critical Discourse Analysis is pursued through a multi-level analysis that examines power, the action orientation of talk, the resources used in social interaction and how these play out. Foucauldian discourse analysis examines the possible ways of 'being' which are structured

either by a linguistic system (language) or culture or locally dominant discourse (Sims-Schouten & Riley, 2007).

3.7 Constructivist paradigm

The constructivist paradigm adopts a different ontological position – relativism – wherein a real world is not deemed to exist, and 'truth' is simply constructed as a by-product of social interaction using language. Constructions are socially and experientially based, local and specific (although often shared by many) are dependent in form and content on the individuals or groups holding the constructions (Guba and Lincoln, 1994). This means that each construction is not more or less 'true' than another, but simply different.

In a seminal paper Edwards et al., (1995) responds to the counterargument often mobilised against relativism. First, that there is a 'reality which cannot be denied' – illustrated in the act of hitting a table to prove its existence and that the existence is not merely a representation. Secondly, that there is a 'reality that should not be denied' – the example used being the Holocaust.

Edwards et al. (1995) argue that as soon as something is identified as an 'object' to prove realism its nature and form changes and its impermanence is revealed. A table, for example, becomes more than a table and morphs into an exhibit or representation of realism. Edwards et al (1995) thereby propose a realist account of 'reality' remains bounded by and related only to the possibilities inherent in the language being used. In relation to the second counter argument, Edwards et al (1995) also point out that most of the evils of the world are related to realist ambitions as opposed to any commitment to relativism. Moreover that a commitment to relativism does not obviate the need to choose between competing versions of reality and to render some good/bad or preferred/dis-preferred.

The foils for constructivists include objectivism, empirical realism, objective truth and essentialism. Karin Knorr-Cetina (1981, p.1) explained that "to the objectivist, the world is composed of facts and the goal of knowledge is to provide a literal account of what the world is like". Constructivists adopt the opposite position; that what is taken to be objective knowledge and truth are in fact the result of construction. Knowledge and truth are created in language as opposed to being discovered by mind. This suggests that reality is pluralistic and plastic – pluralistic in that its perception can alter based on the symbols and language used to describe it, and plastic in that reality can be stretched and shaped to fit the purposeful acts of

human agents (Schwandt, 1994). Explaining the constructivist view, Bruner (1986, p.95) argues:

> contrary to common-sense, there is no unique 'real world' that pre-exists and is independent of…. language.

In this context, epistemologically the paradigm is again (like critical theory) transactional and subjective. The assumption is that there is an interactive link between the researcher and the subject and that they 'create' the findings through the process of dialogue. Constructivist research often takes the form of research that seeks to understand the ways truth was constructed at a particular moment in time and as interlocutors engaged with locally available discursive constructions (Parker, 1992). Frequently this approach draws together (rather than separates) understandings of discourses as both embedded in language and as sets of statements mobilised in the moment to purposefully construct the world in a particular way for particular ends.

In terms of methodological considerations, like critical theory there is a dialectical process between researcher and subject, but here this is matched with a hermeneutical process of interpretation and refinement. Given the ontological position that realities are constructed and adapt, constructions are elicited and refined through interactions between and among researchers and subjects. The application of hermeneutical techniques, comparing and contrasting versions of the constructions through dialectical exchange, gradually refines these until a consensus construction is arrived at. The ultimate aim is that this will be more informed, more nuanced and more sophisticated that previously held constructions – including those that an 'outsider' researcher will themselves bring to the start of the study. This means that "knowledge" is elicited through a variety of methods which will always be about watching, listening, asking, recording and examining, but how those activities are best defined and applied will be rooted in the inquirers purpose for doing the inquiry (Schwandt, 1994)

Guba and Lincoln (1989) set out to describe the constructivist paradigm and its processes as an act of inquiry beginning with the issues and concerns of respondents, unfolding through a dialectic of iteration, analysis, critique, reiteration and reanalysis and so on. This leads to researcher and participant reaching a jointly constructed case (i.e., findings) that can then be assed for their "fit" with the data, the degree to which they "work" in terms of providing a credible understanding and the extent to which they have "relevance" (Guba and Lincoln, 1989)

A key critique of this approach is the general applicability of findings given that the refinements and interpretations will be study, participant and researcher specific. In essence, the researcher is "offering a construction of the construction of the actors one studies" (Schwandt, 1994, p.118). This point has been explored through the critique of constructivism lacking 'critical purchase' in that constructed accounts lack the ability to critique themselves because they are a refined down consensus. Interpretive theoretical frameworks reflect a politics labelled as 'sociology of regulation' as opposed to a 'sociology of radical change'. These frameworks of regulation "present a perspective in which social actors negotiate, regulate and live their lives within the context of the status quo" (Burrell and Morgan, 1979, p.254).

3.8 The Thesis Methodology

This research embraces a post-positivist position and thereby a critical realist ontology and qualified scientific epistemology. Critical realists draw on elements of both constructionist and realist ontological positions and argue that whilst meaning is agreed in interaction, a 'real' material world exists that impacts on and informs the process of meaning making. Critical realists argue, therefore, that whilst there is a linguistic dimension to human experiences, there is a material non-discursive dimension as well that impacts on how the world is experienced. Bhaskar (1989, p.4), for example argued that whilst "social practices are concept-dependent…they always have a material element". The 'real' material elements that have structuring effects on experiences include embodiment, physical space, institutional structures, legal structures, societal values etc.

Whilst talk and text may be understood only in terms of action orientation and ideological functions, critical realists would argue that there are additional insights to be gained by considering the relationships between talk/text and the 'real' social and physical environment. As Willig (1999) has argued, the social and physical environment that critical realists refer to is not the same 'real' world of cause and effect that positivists refer to. It has no absolute concrete objective essence and neither does it define human experience in a deterministic and monolithic way. Conversely, it is understood by critical realists as limiting the possible ways of knowing or being. The physical and social environment is considered, as Sims-Schouten et al. (2007) suggest, to make certain ways of knowing more likely than others.

To explain further, critical realists hold similar views to social constructionists in that they understand language is constructive. However, they go further to argue language has 'real'

material consequences, and thereafter structuring potential (Willig, 1999). That is to say, social constructions can become what Durkheim (1982) would call social facts. Critical realist, therefore, confer ontological status to aspects of the socially constructed material world (Danermark et al., 2006).

There are two main criticisms against the critical realist approach. Firstly, that what is presented and talked about as 'extra-discursive' can in fact be analysed from a relativist perspective – from here all material practices can be reduced to discursive practices e.g. a school might be repurposed and become a hospital during a war. Secondly, that critical realists have no systematic way of distinguishing between discursive and non-discursive. Therefore, the construction of factors as one or the other comes down to researcher choice driven by standpoint.

In attempting to address the criticism of a lack of systemic model for distinguishing discursive and non-discursive factors, Sims et al. (1995) suggest that the critical realist should focus on three factors: embodiment, institutions, and materiality. Here, the premise is that whilst individuals may choose from an array of possibilities when describing social situations, the choice is not endless – it is narrowed by issues of embodiment, institutions, and materiality.

Seale (1999) argues that embodiment, for example, places limits on what may be constructed and, for example, makes certain illnesses and suffering very real. In relation to institutions Sayer (2006, p.38) has argued:

> Whether the patient is in the hospital is not reducible to a matter of discursive definition, for once one has provided definitions…one is still left with the empirical question of whether the thing defined as patient is in the thing defined as hospital.

Liebrucks (2001) has also argued that different accounts, presupposes an object to account for so that some 'thing' does exist. Burr (1998) argues that competing theories only arise in the context of a common object to which they refer and moreover consciousness is always consciousness of some 'thing'. Finally Joseph (2006) suggests reality cannot simply be linguistically dependant because children acquire substantial learning before they learn a language.

This research proceeds from such a theoretical understanding. The focus is on exploring how therapeutic residential care settings might improve outcomes for young men who have engaged in HSB. The intention is, in part, to access the lived knowledge and experience of both staff and young men (who as children and young people, spent time in the looked after

care system as a result of displaying harmful sexualised behaviour). It is then to explore how various factors in the young person's experience impacted on their progress in the care system. As part of this endeavour, it is understood that to some extent, research respondents will construct their experiences. However, this will be in the context of the possibilities associated with the setting they were in, the models and approaches to intervention applied, the educational and direct therapy provision delivered and the relationships they had with various staff and external professionals as well as with other young people in their placement. The influence of the researcher on the data is acknowledged and addressed in a later section on reflexivity.

A focus on what people say as grounded in their experiences is intended to facilitate the process of understanding what conditions helped or hindered a young person's progress, how the different component parts of the system 'fitted together' in the intended design and delivery of a service (and how effective was this implemented). From this, it may be possible to identify learning to assist in the maintenance or design of other services, to identify potential obstacles and pitfalls so that these can be planned for and to evaluate interventions.

3.9 Sampling

The intention in this thesis is to develop a theory of change for residential therapeutic homes based on a review of the literature and primary data gathered from:

i) Focus group with therapeutic managers of care, education, and therapy.
ii) 1:1 interviews with managers/staff from different professional disciplines, working at participant therapeutic settings.
iii) 1:1 interview with adults who as young people have experienced such settings.

Qualitative and quantitative research approaches adopt very different strategies for sampling from the population of interest (Bryman, 2016). This reflects their ontological foundation and the intent in quantitative/–positivist research to go beyond the sample to generalise to the population of interest, and the intent in qualitative research to capture a thick description of a phenomenon. In contrast, sampling in quantitative research is usually probabilistic and based on random, representative or stratified sampling techniques. Marshall (1996) proposes that there are two main non-probabilistic approaches to population sampling within qualitative research which are: convenience and purposive sampling. As the name suggests,

convenience sampling seeks the most accessible respondents which could be cost effective but may correspondingly result in data collected being seen to be of a lower quality and lacking in intellectual credibility (Marshall, 1996). Conversely purposive sampling involves sampling specific individuals from a population because they are identified as being especially well positioned to 'answer' the research question due to their knowledge and experience (Marshall, 1996).

Sampling for this doctoral research was informed by purposeful sampling. According to Patton (2002, p.30):

> The logic and power of purposeful sampling lie in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term 'purposeful' sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalisations.

That being the case, the approach to sampling was to focus on staff who worked in therapeutic residential care homes for young people, and men who had spent time in such homes when they were younger. As the settings are complex and multi-disciplinary, the approach to staff sampling was to ensure a representation from each discipline: care, education and therapy from within each participating organisation.

Therapeutic residential care for children and young people who have engaged in HSB is clearly a specialist practice area, with a limited number of providers. Desktop research readily identified 12 providers across the UK who publicised that they worked with this profile of young people. From this list, organisations were selected for inclusion in the study based on existing researcher knowledge and further desktop analysis of their work and to consider, were possible, geographical locations to aid the data collection process. This highlighted organisations that solely focussed on working with young males who displayed HSB for the sample.

Patton (2002) suggested sixteen different strategies for purposeful sampling. One approach is stratified purposeful sampling where the intention is to capture major variations in perspectives even though a common core may be the focus of a study (Patton, 2002,). Suri (2011) also argues that stratified purposeful sampling is useful for examining variations. Accordingly for this study two types of therapeutic residential environments were considered in-scope: TCs and therapeutic residential childcare settings. In these two environments staff

seek to work therapeutically with young people who display HSB. Their operational differences, however, being likely to facilitate consideration of the contribution different theoretical frameworks for assessment and intervention made to desired outcomes. In this study organisations applying the Good Lives Model (Ward, 2007) as an intervention framework as well as those who were not to allow any variation in the underpinning theory of change to be explored.

3.10 Respondent recruitment

There were two stages to respondent recruitment for the interview element of this study, stage one was recruiting gatekeeper organisations and stage two then involved these gatekeepers providing access to former residents and current and former staff to invite them to take part in the study.

Before commencing research within institutional settings where access to service users might be required, it is usually the case that 'gatekeepers' have to be recruited and organisations have to be enthused about a research project. This can be challenging because as Flick (1998) suggests, research can disrupt the normal functioning of an organisation and raise uncomfortable issues. In some cases, those who hold management responsibilities within organisations may be concerned about the data being collected and the use that will be made of it (Flick, 1998). As Robson (2003, p.377) argues, real world research is "very much the art of the possible". Subsequently, Robson (2003) also emphasises the luck or serendipity factor that makes real world research possible, as gaining goodwill and cooperation is important if the proposed research project is to develop across an extended time period (Cohen et al., 2007).

In terms of recruiting organisations into the study who could then identifying respondents to be invited to take part, the researcher was able to draw on existing experience working within the field of study. Known contacts in five organisations were initially approached and ultimately three organisations responded and engaged. As will be outlined in the 'reflexivity', section the researcher themselves is the managing director of one organisation providing care and therapy to children who have engaged in HSB. Accordingly, the researcher's own organisation was one of the recruitment sites as were two others. For the purposes of anonymity these three settings are hereafter identified as Mountain Care, Forest Care and River Care. Each service worked with young males who have displayed harmful sexual behaviours and core

activities at these residential facilities were care, education and therapy. The services had been in existence for, 16, 25 and 50 years respectively at the time the study was undertaken.

Whilst they each provide care, education and therapy services, the operational structure of the three organisations that contributed to this research was very different. Mountain and River Care both operated a formal TCs which made deliberate use of a larger group approach (up to 20 places) and where separately registered school provision was delivered on-site. Forest Care operated a cluster of smaller homes (4-5 places each) located in the community in close proximity to a separately registered school and co-located therapy suite. So, whist the former settings operated to a campus model, the latter setting is organised around a 'hub and spoke' model.

All three services employed their own teams of therapists, but again there were some structural differences in how the therapy activity (assessment of need and risk, intervention, planning, staff support and 1:1 work) was actually delivered. For Mountain and River Care, therapists had dedicated spaces that were on-site and their involvement day to day was part of the 'community' approach. For Forest Care, therapists had dedicated spaces which were co-located with the school site and separate to the homes.

All three services used the AIM3 risk assessment tool in their work. Mountain and Forest Care both then used the Good Lives Model as a primary intervention framework. River Care relied more heavily on its therapeutic community model as the primary structure for intervention. Mountain Care used the therapeutic community model as the operating context within which the Good Lives Model is overlaid.

All three services were delivering an integrated, multi-disciplinary approach to the assessment, care, support, education and for meeting the therapeutic needs of the young people, but each in a slightly different operating context and structure as summarised below:

Service	Therapeutic Child Care	Therapeutic Community	AIM 3	Good Lives Model	Care	Education	In-house Therapy
Forest View	x		x	x	X Multiple homes/sites	x (off site)	x
Mountain View	x	x	x	x	x single large home (2 sites)	x	x
River View		x	x		x single large home (1 Site)	x	x

Table D: Summary Overview of Gatekeeper Organisations.

A letter of introduction and information sheet was created and sent to each organisation to seek their engagement (See Appendix B), to provide an initial opportunity to answer any practical questions and also to identify a lead manager in each organisation who would act as the point of contact/–gatekeeping individual. To maintain integrity of the process, it was important that this was followed with the researchers own organisation so that a manager could be the gatekeeper and maintain the boundaries of roles and a consistency of approach to the method across all elements of the sample.

These letters were followed up with phone calls to key decision makers in the organisations who had the authority to give consent and to answer any questions to facilitate their agreement. Once this was in place, a visit was arranged to each service to meet the gatekeeper manager in person and to discuss the study in greater detail and share the letter of introduction and information sheet format for both former residents and current/-former staff. (See Appendix C)

The invitation letters included a section for each participant (organisational and individual) to sign to give consent and also to set out the protocols and steps around data handling and confidentiality in accordance with the General Data Protection Regulation 2016 (GDPR)

Inclusion criteria for staff was that they were permanent members of staff, that they had a minimum of 3 years' service in their organisation, and that the sample included representatives from care, education and therapy teams from within each service.

Inclusion and exclusion criteria for men who had previously been in a home because of HSB was that their residency should have been relatively recent (within 5 years), they were willing to be interviewed and were considered to have capacity to consent.

Individuals who were willing to contribute to the research were invited to make arrangements for an interview either through the gatekeeper or directly by contacting the researcher themselves.

As this study was in the data collection phase, the covid-19 pandemic struck, and restrictions were placed on the movement of people. As a result of this, only one focus group could be held with staff. Themes and issues identified in this focus group, were picked up on and explored further in one-to-one interviews with additional stakeholders and service users.

As well as the focus group, individual interviews were carried out with a total of 20 respondents from the 3 different gatekeeper services. Mountain Care, Forest Care and River Care provided staff and young adult respondents. Each interview was approximately 90 minutes, audio recorded and transcribed.

It is in the nature of service evaluation involving service providers and users that qualitative data can usually only be gathered from people who are willing to be interviewed and can be contacted. Moreover, that by dint of being willing and still being involved with or engaged with the service in some way these individuals are likely to consider themselves beneficiaries of the service and therefore positive about it. This and similar limitations to this study are considered further in the final chapter to this thesis. However, it is apposite to reiterate here, that this study did not seek to be an evaluation, but rather to engage in an examination of how therapeutic residential homes intend to improve outcomes for children and young people who have engaged in HSB - that is to say how they are meant to work, not whether they do.

3.11 Data collection and handling

A coding list was created to identify all the participating agencies and individuals and so in this thesis, organisations were coded using numbers 1-3, the 9 staff respondents are coded numbers 4 to 12, and young adult respondents are coded 13 – 30 (6 from each organisation

was the target). Of these intended 18 young adult codes, only 11 actually responded which explains why some respondent numbers do not feature in the data at all. Three individuals took part in the focus group conducted at Mountain Care and are coded 'respondent A, B or C'. There were a Therapy Manager (with former care experience in the service), Registered Care Manager (with former educational experience in an external service) and a Placements Manager, overseeing referrals management (with former residential experience in the service). Their length of service at the time were 14, 8 and 7 years in the services specifically and all had previous work histories with looked after children in other settings. The focus group was a 2 hour, semi structured discussion. There was both a transcript of the recording of that group, but also an early visual representation of the ToC components was co-created on a whiteboard as the discussion unfolded. This representation has been evolved as the data unfolded and forms the artefact of this study, shared and discussed in Chapter 7, p226.

Albeit the covid-19 pandemic made recruiting people into the study challenging, 20 individuals took part in interviews: Of these respondents, 9 were staff members, a carer, educator, and therapist from each of the services and the remaining 11 respondents were former residents of the 3 services (4, 4 and 3 respectively). The former residents had between 15 months and 6 years' experience living in the services and had moved out between 6 months and 4 years prior to their interviews.

All qualitative interview schedules were designed to be a semi-structured interview which was based on themes relevant in constructing a ToC. Interviews were 'flexible but controlled' (Burgess, 1984) making use of an open rather than rigid structure. Bryman (2016) has suggested this can often regulate, subdue and structure the responses of respondents. An iterative approach was adopted such that the experience and outcomes of early interviews guided the approach to later ones.

Interviews took place at times that were convenient to the respondents. In the context of covid-19, outside the focus group data collection, the remaining interviews were conducted by telephone or Teams or Zoom. Telephone/video interviews have several advantages: respondents are less likely to have to cancel at the last minute, and it is not such a major disruption for them as it is easily rescheduled; they are less resource intensive than face-to-face interviewing, telephone interviews may also support the respondent in feeling more comfortable around maintaining confidentiality and anonymity. Additionally, for many service providers, this provides a practical approach to participation around demanding work schedules.

All interviews were recorded on password protected recording devices and the audio files were stored on a secure server with restricted access. As soon as transcripts were created, audio files were deleted.

There are a number of formal approaches to transcription, some making note of every pause and hesitation and associated with discourse analytic approaches. As Ten Have (1999) has argued, however, such an approach is rarely appropriate in thematic analysis. Accordingly, the focus for this thesis is exclusively on the broad themes and semantic content of talk rather than the detail. In presenting the data in this thesis, pseudonyms were used when names were mentioned and other potentially identifying information was excluded. Staff and Young adult respondents are labelled using numbers.

As part of the process of data analysis pseudonyms were also used for each of the gatekeeper organisations. A database of all interviews was set up using Taguette for qualitative data analysis, which allowed for analysis of interview data and synthesis of large datasets. The Taguette software allowed themes to be categorised across each sample set – focus group, staff respondents and young adult respondents, and then these themes were extracted to help produce the findings chapters. A formal data Management plan was developed and included as part of the Ethics Application. (See Appendix D).

3.12 Ethics

Ethics is focussed on the conscious attention of the researcher's behaviour in relation to the subjects of the research and any others who may be affected, and ethical issues are acknowledged as applying at every stage of the research process including planning, implementation, and reporting (Gray 2004).

The approach to this for this study was consistent with the UK policy framework for health and social care research 2015 which is a joint protocol developed by the Welsh Assembly Government, the NHS, the Departments for Health of each of the four nations in the UK and the Office of the Chief Scientist. As stated in the framework…

> These principles protect and promote the interests of patients, services users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, so as to support and

> facilitate high-quality research in the UK that has the confidence of patients, service users and the public. (UK Research Policy Framework, p.2)

The study also complies with the Code of Practice on Ethical Standards for Research as updated by Wrexham Glyndwr University (2018, p.2), which states “The integrity of any research depends not only on its scientific rigour but also on its ethical adequacy”.

Ethical permission for the research was sought from Glyndwr University Research Ethics committee (See Appendix A). As the research involved human subjects and sensitive information there were a number of ethical issues that required addressing. According to Bryman (2016) there are key five issues to address when engaging in ethical research practice:

i) Informed consent

Respondents were only interviewed if they were judged to have the capacity to consent or refused to take part in the study using the elements of decisional capacity described below:

- They could understand information relating to the study.
- They were able to comprehend and understand both the situation and any consequences.
- They showed themselves able to rationally consider information (i.e., to reason).
- They could articulate the choices facing them.

In cases where there was a suspicion or confirmation of cognitive impairment/dementia or other mental health condition (such as psychosis or mania) that could potentially affect their decision-making ability, the intention was to investigate their comprehension of the research further. This would involve asking questions like "what is the purpose of the study?" and "are you required to participate?" If the individual failed to provide correct answers to these inquiries, efforts would be made to enhance their understanding to a level where they could make an informed decision about whether or not to participate. These measures included repeating the relevant information in the provided material or offering more detailed explanations of concepts that the individual struggled to grasp. Based on this, a view would be taken on whether the individual had the capacity to consent. If the view had been that the service user did not have sufficient capacity, they the intention was to tactfully explain to them

that it is not appropriate for them to participate and thank them for their time. There were no instances of this consent verification becoming necessary with the respondents who came forward.

It was possible that respondents could have disclosed a significant amount of information during an interview which they later regretted. It was for this reason that respondents were advised at the beginning and end of the research process of their right to retrospectively withdraw their consent without the need to provide a reason. However, it was explained they would not be possible to withdraw once a thesis including the findings had been completed. If respondents had chosen to withdraw (none did), the recording of the interview and transcript of the interview would have been destroyed. No respondents were excluded due to lack of capacity or welfare concerns and no respondents subsequently asked for their data to be withdrawn.

The privacy of research respondents was respected by making it clear to them that they were free to decide what information they wished to share and that they should feel under no pressure or obligation to discuss matters that they did not wish to.

Prior to the interview, respondents were given information verbally and/or in email/writing (on an information sheet) about the project. This included details of the researcher, the aims, how the data would be collected (i.e., on a digital recorder), how the data would be held and used, and information on confidentiality and anonymity. It also confirmed the voluntary nature of involvement. Respondents interviewed by telephone/video were asked to state that they understand the information and that they consented to take part.

Information on the right to withdraw their data from the study (at any time up until the point that we begin data analysis) was provided in the information sheet and orally before the start of the interview. This information was provided again (orally) at the end of the interview.

Information on complaints procedures was provided in the information sheet. The information sheet provided contact details for the Faculty Head of Research at the University.

ii) Confidentiality

Respondents were informed verbally and/or in writing that all information they provide would remain confidential, except if a participant was perceived to be in ‘significant or immediate danger’ or disclosed knowledge of or intention to commit a serious criminal offence. Protocols to manage disclosure and risk of harm were developed but the need for these protocols to be implemented did not arise.

iii) Anonymity

Respondents were informed verbally and/or in writing that while their views may be published, it would not be possible to personally identify them. Interview recordings were anonymised using unique codes and any identifiable information relating to a person was removed.

Any presentation of direct quotes from either the interviews or survey responses in final reports or subsequent other publications, only occur accompanied by use of a code label.

iv) Minimising harm to the participant

Protecting the welfare of respondents is of paramount importance and a number of steps were taken to protect them from harm. First, respondents were fully informed about the nature of the research and the content of the interview. This helped to ensure that they knew what to expect and were prepared for the type of questions asked of them. Second, it was emphasised to interviewees that their participation in the interview was voluntary. Third, respondents' identities were protected (none of the respondents expressed intent to harm themselves or others) by ensuring that no names were linked to their interview transcripts. The consent forms were signed and stored separately from the transcripts, but they were linked by code numbers known only to the researcher. It was important that the two were linked so that 'withdrawal' from the case study element was possible. Fourth, respondents were advised that they were welcome to take a break or terminate interviews at any point. This did not prove necessary.

v) Disclosure of historical or ongoing criminal activity.

Members of the public and sometimes professional stakeholders can disclose information during a survey or an interview which suggests a risk of serious harm to others may arise or criminal activity is taking place. The information and consent form identified that confidentiality would have to be broken if respondents disclosed:

- Involvement in, or knowledge about, serious and specific historical criminal activity un-actioned by the police.
- Intentions or behaviour by themselves or others that may result in serious harm to self or others.
- Information which suggests a vulnerable adult or child is being neglected or abused.
- Information about serious unprofessional behaviour involving staff.

No respondents made disclosures that gave rise to concerns.

3.13 Data analysis

Whilst the epistemology of this research is interpretive, as stated earlier, this thesis takes theoretical direction from theory-based evaluation and in particular Contribution Analysis.

Theory based evaluation has a long history but came to prominence after the publication of Realist Evaluation by Pawson and Tilly in 1997. Realist evaluation is an approach that aims to understand the mechanisms and contextual factors that influence the effectiveness of interventions in specific contexts. The method goes beyond traditional evaluation methods by focusing on the underlying processes and interactions involved in producing outcomes.

A central tenant of Realist evaluation is the idea that interventions are not universally effective but depend on the conditions in which they are implemented. It emphasises the importance of Context-Mechanism-Outcome (CMO) configurations, which involve understanding how contextual factors, mechanisms, and outcomes are interconnected. Here context refers to the specific conditions and settings in which an intervention takes place whereas mechanisms are the underlying causal processes activated in response to these contexts and Outcomes are the observable changes resulting from the intervention. The approach understands that any intervention is implemented in a particular social, cultural, and organizational context. So rather than seeking to dictate how interventions should be structured, the approach seeks more clarity around contextual factors, how interventions are received and interpreted by different stakeholders, and how these factors shape the mechanisms and, eventually, the outcomes (Pawson and Tilly 1997). Realist evaluation therefore primarily focuses on identifying the CMO configurations and mechanisms that generate change. Furthermore, realist evaluation aims to identify recurring patterns of across different cases or contexts. This helps in developing middle-range theories that explain how and why interventions work in specific circumstances. (Weiss, 1998; White, 2010).

Contribution analysis builds on these foundations but is an approach Dybdal et al., (2011) assert can also be traced back to the field of financial management and business analysis. In his inaugural work, Mayne (1999, p.6*)* defined contribution analysis as:

> ...specific analysis undertaken to provide information on the contribution of a programme to the outcomes it is trying to influence.

Stocks-Rankin (2014) points out that evidencing impact has become an important aspect of organisational accountability and CA has emerged as a method that seeks to provide a better

understanding of the contribution policy, practice, and external circumstances make in respect of desired outcomes in circumstance were an experimental or quasi-experimental approach is problematic to implement. It considers the task of evaluating any contributions through a process of logical argumentation (Wimbush et al., 2012; Craig, 2013).

Developed by Mayne (2001, 2012) CA seeks to

> …reduce uncertainty about the contribution of an intervention is making to observed results through an increased understanding of why results did or did not occur and the roles played by the intervention and the other influencing factors (Mayne, 2012, p.271).

In CA, as in all theory-based approaches, there is an important distinction drawn between attribution and contribution when considering issues of causality of an intervention. Mayne (2012) identifies that from causality literature, causality often involves the relationship between conditions or events and is often discussed in terms of necessary or sufficient conditions. He illuminated the different iterations of this by setting out that when a conclusion suggests "…that X 'caused' Y, we can mean that X is:

a) Necessary but not sufficient:
    - E.g., a person must have HIV infection as a precursor to developing AIDS. Therefore, HIV is a necessary cause of AIDS, however not all people who have HIV go on to develop AIDS, therefore it is not sufficient.
b) Sufficient but not necessary:
    - E.g., Suffocation is sufficient to cause death, but there are other ways to die.
c) Both necessary and sufficient:
    - E.g., a gene mutation associated with Tay-Sachs is both a necessary and sufficient cause for the development of that disease, since everyone with the mutation will eventually develop Tay-Sachs and no-one without the mutation will ever have it.
d) Neither necessary nor sufficient – *a contributory cause*:
    - E.g., Use of sunbeds is a contributory cause of skin cancer – it is not a necessary cause since there are other causes, nor is it a sufficient cause since not all sunbed users will suffer from skin cancer.

Mayne suggests that in most discussions, 'X causes Y' is usually taken to mean sufficiency, that either the event X resulted in Y or that generally, the phenomena X results in Y. Necessity seems to be less commonly applied in causation as this requires the position that 'whenever

the event Y occurs then there must be X present too'. Causes that are both necessary and sufficient are suggested as being even rarer yet contributory causes that are neither necessary nor sufficient on their own are quite common (Mayne, 2012)

Developing this idea further, Mayne applied his thinking to interventions in complex systems where desired outcomes will arise as a result of a complex combination of causal factors. These will include other related interventions and also include conditions and events which are external to the intervention under evaluation. This combination was referred to as a 'causal package' and in undertaking research or evaluation in these systems, the other factors and conditions, which Cartwright and Hardy (2012) referred to as 'supporting factors', needed to be taken into account. In these situations, the causal question becomes modified – was the causal package consisting of ~~the~~ both the intervention and any supporting factors sufficient to produce the intended result or impact? This allows consideration of:

a) Was the particular causal package necessary to achieve the outcome (and was the intervention itself a necessary part of the causal package (necessity) and
b) Could the desired outcome have been achieved simply through the supporting factors alone and without the intervention (sufficiency).

If these conditions hold, then Mayne argues that it is appropriate to conclude that an intervention is a 'contributary cause' and have made a difference.

In most theory-based approaches, there is a focus on developing a theory of change. The ToC sets out the causal assumptions that underpin the intervention being considered. In this way, the ToC will explain how and why the intervention is expected to work (or has worked).

A ToC may be associated with Logic Models. These are the impact pathways (sometimes also called results chains) or the causal routes that show the links and connections between sequences of steps in getting from inputs to outcomes and impact and which can be embedded within a ToC. The 'results chain' language is more commonly associated with performance management approaches, notably in Canada where CA originated. The terminology of logic model is more easily associated with the field of evaluation science, and this is the term that will be used for this study.

Stocks-Rankin (2014) draws attention to the relevance of language and the potential impact this has on stakeholder involvement in the development of the theory of change. She notes the "implied distinction between the inputs and outputs focus of a results chain versus the process focus of a logic model" (Stocks-Rankin, 2014, p.6-7). In using logic models/ results

chains within a theory of change, their purpose is to support the capture and communication of the inputs, outputs, processes and outcomes and therefore it is important that they are clear and make sense to stakeholders. The term 'logic model' is suggested as being more appealing (than results chain) because it reflects the need to explain "why" an intervention is having an effect.

To articulate how theory-based approaches could inform service design and evaluation, Mayne drew on the existing literature and evidence base on behaviour change from the social sciences. Most interventions, he suggested, focus on changing the behaviour of a target population or group of people and conceive of change with reference to a COM-B model (Michie, Stralen & West, 2011). In this model it is understood that Behaviour (B) occurs as a result of the interactions between three necessary conditions: capabilities (C), opportunities (O) and motivation (M):

> Capability is defined as the individuals psychological and physical capacity to engage in the activity concerned. It included having the necessary knowledge and skills. Motivation is defined as all those brain processes that energise and direct behaviour, not just goals and conscious decision making. It also included habitual processes, emotional responding and analytical decision making. Opportunity is defined as all the factors that lie outside the individual that make the behaviour possible (Michie et al., (2011, p.4).

This can be illustrated in the following diagram, noting that both capabilities and opportunities can influence motivation and that whilst all three bring about behaviour change, each element can itself be influenced by that resulting behaviour (creating feedback loops).

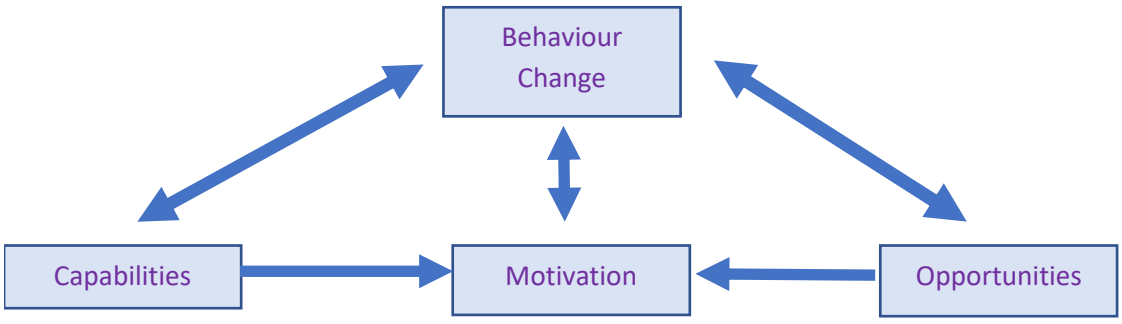


Figure 9 The COM-B System Model

Mayne (2018) took this behaviour change model and expanded it to explain the Theory of Change sequence approach, resulting in the model outlined in the figure below:

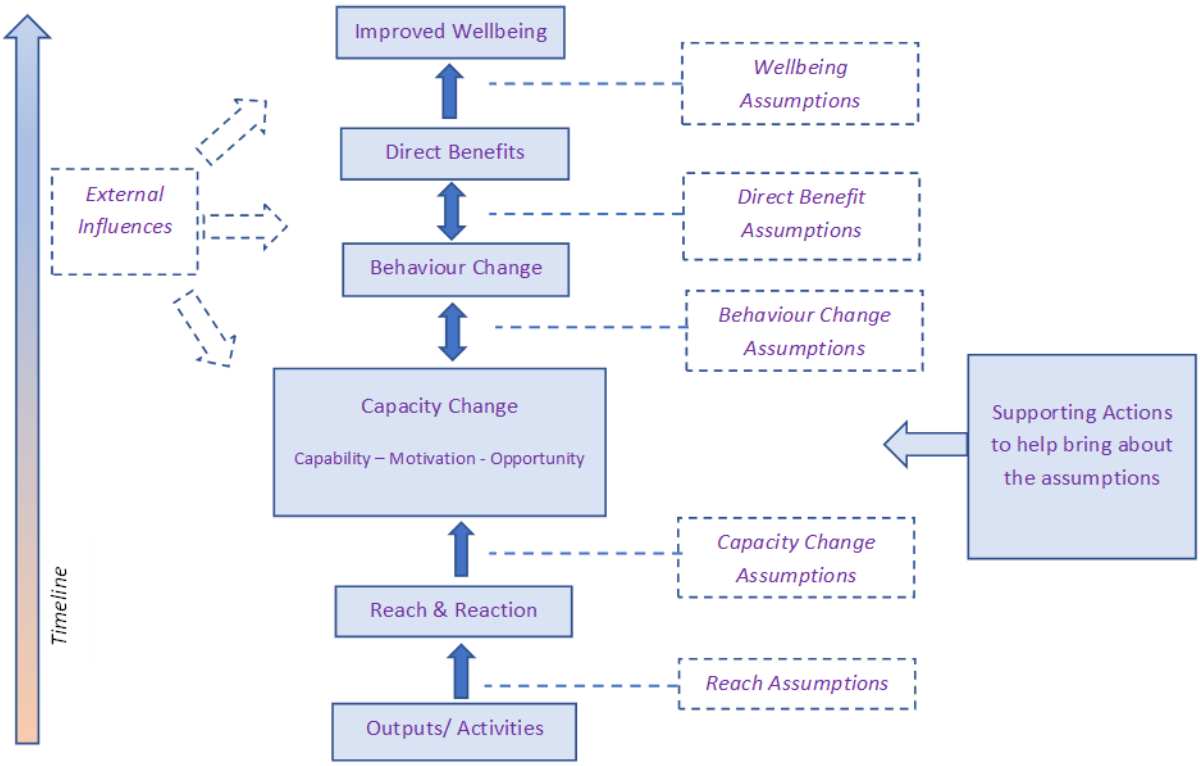


Figure 10 Mayne's adapted behaviour change model in the Theory of Change sequence.

In this model activities, underpinned by assumptions related to what they achieve, reach intended audiences and lead to a change in capacity, which leads to a change in behaviour. The desired change in behaviour, is underpinned by new capacity being acquired to facilitate the change. The mechanism to build this new capacity, requires a range of activities to be undertaken and engaged with. Each of these activities are themselves underpinned by assumptions about how and why they are understood to work. At each stage of the process there are events and conditions which are needed to get from one step to the next (assumptions).

Mayne (2019) highlighted that whilst this might appear as a linear model, in practice it is often not linear at all. One disruption to a pure linear approach are the feedback loops (indicated in the chart by the double ended arrows). Behaviour change usually takes some time to be

realised and often needs to be reinforced (rehearsed or practiced) in order for the change to become embedded and internalised. Developing this thinking further, as this behaviour change becomes more embedded, and the individual begins to experience some of the direct benefits, then this itself will impact on capability, motivation, and opportunity (Capacity).

The other disruption to the linear model relates to the supporting actions. In the diagram these are shown as affecting or influencing the assumptions. Mayne (2019) points out that in practice they are specific actions aimed at bringing about specific assumptions – and therefore they need to be made explicit.

Following on from this, the diagram below sets out Mayne's version of the ToC approach.

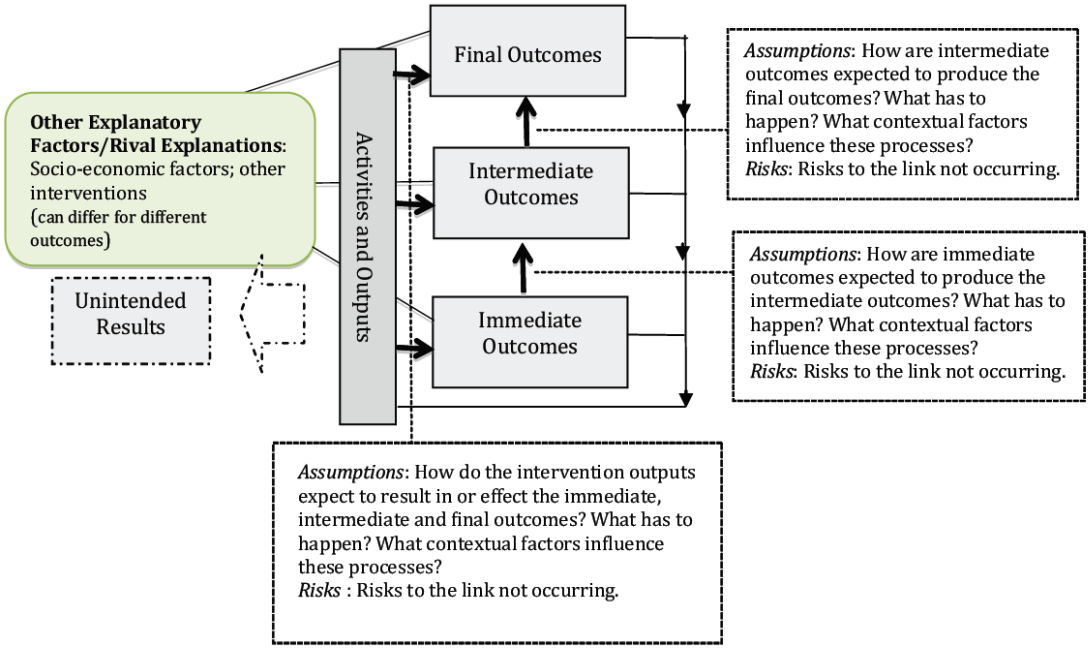


Figure 11 Diagram illustrating Mayne's (2012) logic model approach.

As shown in the model there are intervention activities and outputs which are intended to deliver outcomes at an immediate, intermediate and final stage. These are supported by assumptions as to what effects the outputs and activities are expected to have at each stage. This will also take account of the contextual factors that influence each activity and process. At the same time, whilst there may be an expected process and desired outcomes, there is the potential for other factors to influence the processes, or for both unintended or unexpected results. These need to be accounted for as well as the requirement to set out possible alternative explanations in order to create a strong contribution story.

In terms of the practicalities, Mayne suggested there are six stages to a CA as follows:

Foundation Stage

1. Determine the cause-effect issue to be addressed.
2. Develop a theory of change and risks to its success.
3. Generate evidence in response to the theory of change.

Evaluation stage

4. Assemble the contribution story and outline the challenges to it.
5. Seek out additional evidence.
6. Revise and strengthen the contribution story.

CA therefore begins with a foundation stage where the cause-effect to be explored is outlined. Here the focus is on the 'plausibility' of the relationship being postulated into existence. In his later writing, Mayne (2019) highlighted a risk is that this step is not often adequately addressed. Predominantly this is because it is relatively straightforward to set out reasonable evaluative and causal questions (e.g., has the intervention been effective?) when in fact the majority of interventions do not produce the observed results on their own (Mayne, 2019).

In respect of this thesis the cause-and-effect relationship is clear and relates to the argument that placement in a therapeutic residential environment improves life changes for children and young people who have engaged in HSB. The causal question to be explored relates to the circumstances under which therapeutic residential care can contribute to improved outcomes for children who have engaged in HSB-specifically what are the generative mechanisms linked to such outcomes. Given that the remit of such placements is towards better outcomes than might otherwise have been the case, and interventions are organised towards them, there is a prima facia case for arguing that a cause-effect relationship is plausible.

The next step is to develop the ToC. As stated, in Mayne's approach the ToC is the broad 'big picture' theory. This will focus on how specific outcomes might be achieved. The theory of change aims to articulate the pathway to change, demystifying the processes of change and showing both the challenges as well as factors that support the impact observed. The theory of change set out a clear indication of 'why' and how an intervention is to make a difference and this will be underpinned by a set of assumptions which are also made explicit. This part of the process provides the 'theory' component of CA (Stocks-Rankin, 2014).

Mayne (2012) argues that the context for an intervention has embedded within in, a complete theory of change. Further, this can be developed by incorporating the perspectives of beneficiaries, key stakeholders, and findings from existing research. It would also take account

of the context, operational landscape, political and economic climate, and any other relevant influences that affect the delivery of an intervention. Stocks-Rankin (2014) summarises that most of the writing on CA suggests that this explicit focus on context around an intervention is one of the strengths of the approach. As Patton's (2012) states, CA is usually applied to complex systems were outcomes are usually the end product of multiple and complex processes.

Developing the theory of change itself can be seen as a sequential process:

a) A causal results chain showing the basic logic of the intervention.
b) The underlying assumptions that underpin each link of the results chain.
c) An elaboration of the risks to each of these assumptions.
d) Identification of unintended effects.
e) Identification of other key explanatory factors (rival explanations).

This final step has been identified as requiring particular attention to support a robust and formal development of the theory of change. From their own application of CA in practice, Delahais and Toulemonde (2012) identified the risk of an "unbalanced attention being paid to the causal links under test at the expense of other contributing factors and rival explanations" (2012, p.284). This point was reinforced and expanded by Dybdal et al., (2010) who highlighted the difficulties in clarifying influencing factors and alternative explanations, these often blurring together and lacking detail. The relevance of this is:

> …notable when taking into account that the embeddedness of the theory of change is one of the key arguments for using CA compared with other theory-based approaches (Dybdal et al., p.43-44).

It is not the intention with this thesis to undertake a full CA of therapeutic residential settings for children and young people who have engaged in HSB or an evaluation of any service. Conversely the intention is to lay the groundwork for this activity for others to follow. The focus is on the foundational states of CA. As previously stated, developing a theory of change will address a criticism of therapeutic residential care (and indeed of residential care more generally) offered by Whittaker (2013) which is that its theory base is poorly developed and linked to this ability to evidence its effectiveness is limited.

With Contribution Analysis as a frame of reference, a general inductive approach to data analysis was adopted. Qualitative data was analysed thematically. After each round of interviews had been completed and transcription undertaken, the data was coded to create

cognate groupings of words and meanings. Subsequent data was considered in light of existing codes and a process of reading and re-reading data and codes supported the identification of themes (Pope et al., 2000). Sharp (2012, p.43) terms the process whereby raw data is digested and organised into codes to allow for themes to then be identified "familiarisation and constant comparison".

3.14 Reflexivity

Notwithstanding that the tenants of ToC informed data collection and analysis, the primary and secondary data collected for this research still had to be interpreted. The methodology adopted for this thesis eschews the positivist argument that theory-led objective research is possible. For example, it is understood that the identification of a field of study is a theory driven process. Also, that as the researcher asks one question as opposed to another; or follows up one response rather than another, the background and interests of the researcher influence the research process and outcomes. Finally, it is accepted that there is a double hermeneutic involved in analysing the data and presenting the findings of any critical realist research (Giddens, 1987). As Schwandt (1994, p.18) has stated:

> To prepare an interpretation is itself to construct a reading of these meanings; it is to offer the enquirer's constructions of the constructions of the actor one studies.

Just as the subjects of research are therefore considered to be interpreting or constructing their worlds, the researcher is understood to be interpreting that interpretation, or developing a construction of that construction. For these reasons, reflexivity is an essential part of the research process. Robson (2003, p.172) suggests that reflexivity refers to developing:

> Awareness of the ways in which the researcher as an individual with a particular social identity and background has an impact on the research process.

Ahern (1999) also suggested a due concern for reflexivity is demonstrated when a researcher foregrounds their own subjectivity and personal value systems. Equally, when a researcher considers the impact of power, where this is held in relation to the research project and where they as researcher belong in the hierarchy of power.

Given this, a short biography of the researcher will be helpful for the reader.

I am a qualified social worker of almost 30 years and have worked entirely in or connected to residential care throughout this time. Over this period, I have seen and worked through the changing trends of residential care, the profile of needs and how social care for children is understood and engaged with both by commissioning and procurement activity, but also a changing regulatory landscape. This is relevant as I have 'lived experience' of the transition from local authority delivery of residential care into purchased and commissioned services. My training and work experience have been in the context of this neo-liberal paradigm as noted in Chapter one. For the first two years my work was in a local authority, but most of my roles have been in the independent sector, in organisations of different scale and breadth of service delivery. I have worked in roles from front line shift worker, through home manager, middle and senior management roles and into formal leadership positions. This has been a portfolio career of several organisations, some regional and some having national footprints, including education provision and varying models of therapeutic input - becoming increasingly specialist over time.

The organisation of which I am a shareholder but also the operational Managing Director, was one of the gatekeeper organisations. Whilst I knew some of the young adults who agreed to take part in this study, I was not directly involved in their day-to-day care or support and one of these individuals had lived in the service some years immediately prior to me taking up my role, so I only had contact with him for some brief months as he transitioned out of the service. It has been a continual reflection throughout the study to take account of possible biases in my thinking and I was conscious to ensure that respondents, both staff and young adults, from other services outnumbered those from my own setting in the data.

I qualified at Masters level as a Psychodynamic Organisational Consultant through the Tavistock Institute in 2009 and when on to complete an Masters in Business Administration (MBA) in 2013. Additionally, I have been involved in a practice charity linked to therapeutic and relational work for 15 years and have been active in working within TC practice since 2005/6. This has included training as a Peer reviewer with the quality improvement network, Community of Communities that sits within the Royal College of Psychiatrists. This voluntary work has given me the opportunity of attending a wide range of visits to services delivering therapeutic work, in prisons, adult mental health settings and for different cohorts of children and young people. This is relevant in exposing me to a very wider range of practices and systems across health, social care, education and justice sectors. I am now a TC Specialist at the Royal College and support and promote the development of services and systems of practice. This interest has informed the nature of this study, seeking to develop approaches to evaluation that would be consistent with existing Therapeutic Service Standards.

Finally, on a more personal level, I have had my own adverse childhood experiences, some exposure to physical abuse, parental use of alcohol, domestic violence and divorce. Not all of this was experienced in my early formative years, but have nonetheless shaped my empathy and connection to the young people with whom I have subsequently worked. I also have wrestled with my own identity as a gay man and had a very troubled 'coming out' period across my twenties where I had a number of vulnerabilities and was exposed to considerable risks both in my behaviours, choices and the situations I found myself in. It was the gradual resolving of these difficulties that led me to want to help others and into social work training – there is an element of 'wounded healer' in my make-up and some affinity with the vulnerabilities of young people who are looked after. I have engaged in extensive personal therapy to explore the meaning of all these experiences and how these have shaped both my adult functioning, approach to relationships and how it has impacted my practice both as a social worker and as a manager and leader. The relevance to this work is that I have a somewhat 'detached' relational style, often favouring a more logical and systemic, rather than intimate style or approach.

3.15 Chapter summary.

In this chapter the research aims and objectives and the methodology of the thesis has been explained. Guba and Lincoln's paradigmatic classification system was introduced and the ontological, epistemological, and axiological features that distinguish one paradigm from another was explained. The positivist; post positivist; critical theory and constructivist paradigms were outlined, before the thesis's sympathies with post-positivist critical realist ontology and interpretivist epistemology was declared and explained. Why a post-positivist interpretive approach to the study was adopted was then outlined, drawing on theoretical insights provided by phenomenology. Reflecting the thesis's foundations, how a focus group, and individual interviews with 11 service users and 9 service professionals were used as vehicles for gathering data for the study was outlined. The approach to sampling and recruitment was explained, as well as issues associated with data handling. Next, the ethical issues that had to be navigated to collect data in an ethical manner were outlined. How capacity was assessed and informed consent was obtained was outlined, as well as procedures for dealing with the potential for the research to cause harm. Finally, the approach adopted to data analysis was presented. Here, notwithstanding the study's interpretive foundations, how the process of theory building in Contribution Analysis informed data analysis was explained in depth.

Chapter Four: Findings Focus Group

4.1 Chapter overview.

Working with a focus group of practitioners, Mayne's outline ToC (above), was used as a framework to unpack the activities and assumptions at play in a complex therapeutic community context which includes care, education, and therapy inputs for a specific group of young people who have displayed harmful sexualised behaviours (HSB). The mapping of this data to Mayne's model was intended then to inform a provisional ToC which could then form the basis for evaluating practice in the future.

The focus group was provided with a briefing note in advance of the session which explained the overall focus of the research and introduced Mayne's ToC structure. It also provided a set of priming questions, related to the aims and objectives of this research and indicative of the expected themes of the discussion arising from the literature review, so that members could begin to consider the issues in advance of the group. These questions were also intended to uncover some of the assumptions that sat behind progression through Mayne's staged model. The priming questions were:

1. What is the pathway of a placement and more specifically what are the steps that the young person goes through?
2. What are the activities that you are undertaking at each stage of the journey?
3. What assumptions inform your work?
4. What changes do you expect to see at each stage of the journey and how or why?
5. What things get in the way for services, staff or for the young people?
6. What things help at various stages in the journey?
7. What else impacts on your work?

The focus group was recorded and transcribed to provide a data set for analysis. In the discussion itself, a whiteboard was used to visually capture and 'map' factors and elements onto a diagrammatic representation of the ToC.

As the data was transcribed and analysed after the session several themes or aspects of service delivery with generative potential in terms of promoting better outcomes for children and young people emerged as follows:

1. Relationships
2. Assessment and Settling
3. Structure and routines
4. Capacity change
5. Outcomes
6. Supporting Activity

4.2 Relationships

A dominant theme was that of relationships and how these featured in and informed different activities within the services and contact between staff, with residents and between residents themselves.

The following data extracts give an illustration of the breadth of relevance and visibility of relationships in the data. It addresses the issue of employing staff who have the capacity to relate to others:

Focus group data extract one:

> If someone can't connect with them on a deep level emotionally, and put themselves in their shoes, and feel what they're feeling, those are like the seeds, they've got to be here. The work is all about relationships and not everyone is great at those and it requires work (Respondent B).

In this first example above, the respondent is talking about the recruitment of suitable staff into the service and where some of the support focus lies for the team. This respondent is suggesting that key competencies for staff are around empathy as a key component to engaging in relationships. This aspect of staff relational capacity was referenced by another respondent:

Focus group data extract two:

> It is like another strand. If we just employ people that actually just came here to give the boys their basic needs, and they come in and went from here without that real attachment, our boys, and us, the whole journey of our environment would be completely different. It's so key. The boys know too, they can completely tell if its ‘just a job’ or even

> those periods where we are naturally distracted or pre-occupied and 'not all there', they can spot that a mile off (Respondent C).

In this extract above, the respondent explains their understanding that there needs to be an authenticity in relationships – staff need to want to be there and the young people are highly attuned and sensitive to the genuineness (or any sense of 'going through the motions') of adult presentation. In other accounts, often this attunement ability in young people was framed as a learned skill and a protective factor from early life abuses and trauma. The respondent also refers to staff having their own lives and issues outside work which may "distract' them. Being distracted was presented as 'natural'. Whilst it was rendered detrimental to the environment, this was not in the same way as being permanently unable or uninterested in attachment. Overall, the respondent highlights that it is not about physically being at work to deliver the outcome that is the key to good practice but being psychologically present.

In another account being empathic was linked to the concept of 'presence':

Focus group data extract three:

> It is about your presence. Some people can walk in the house, and it's all over the place, and just walk in and look around, and it's all settled. Other people can walk in, scream and shout, and it carries on regardless. That is, I think experience, it is your presence and your confidence in that situation. They need to feel that you can manage everything (Respondent A*).*

Here, the respondent is expressing their understanding of how the young people sense and respond to the 'presence' or authority of different members of a team. Authority is traditionally associated with seniority of role, but here the respondent is talking about a different form of authority, one that comes from within the individual and is linked to a sense of being able to manage whatever happens. It is argued by the speaker that young people need to 'feel' that authority and so authority is associated with a sense of safety young people experience.

The extract below names an element of a strong relationship – respect. The respondent renders this something that has to be earned and achieved:

Focus group data extract four:

> I think what I always find, that is, once you've got the respect of the young people, anyone else who comes in, it's that respect you have

> for them and vice versa, and when it's flowing, the boys offer that for the new boys for you. You don't have to do much work, which I think is brilliant. The respect you have built up is almost 'shared' with the new boys until they build up their own trust with you. That's one of the great things about a group (Respondent A).

The respondent here is presenting the group dynamic and having multiple relationships in a matrix, including between young people, as important. Specifically, they identify this creating a 'short cut' or a temporary 'bridge' of respect with new admissions. Implied is that it would take time to build up respect themselves through their own interactions, but the respondent notes that the quality of pre-existing respect with residents is something that can help support new young people (and staff with new young people) during early weeks.

There was another aspect to the larger group and use of a group dynamic that another respondent noted as impactful on relationships. This respondent said:

Focus group data extract five:

> When I'm speaking to social workers, I think that's a big plus for us, the fact that we're a larger community, that the boys, they've got good potential friendships from day 1, haven't they? There are more characters, more potential for friendships and, though the boys wouldn't see this necessarily, more opportunity to practice dealing with fall outs – that's a skill in itself. It's such a rich mix of relationships that changes over time but in the sort of controlled setting of our community (Respondent C).

In the extract above, the respondent is describing that the setting they work in is much larger than typical children's homes. This is something that was reported as often commented on and explored by placing social workers who were largely used to young people being placed in smaller 2-4 bed residential settings. The larger facility is associated in this account with extended opportunities to engage in and manage the tensions that can arise with relationships.

In this part of the session, the group were discussing what they perceived as the tension between the restrictions to manage risk, especially in the early stages of placement, and the need for young people to socialise and develop social skills, a peer network and to develop their interests.

The scale of the setting and multitude of potential relationships was also expressed in the following extract:

Focus group data extract six:

> There are different things that not just turn them on, but just move them towards it. Sometimes it is having just a really good set of relationships with loads of people or one particular person. It could be the responsibility of roles young people take up or just feeling completely safe (Respondent A).

The respondent here refers to the importance of the young people's engagement in the intervention and how the key to this was very individual. To this point they have identified four different aspects of or types of relationships that could be the access point for engagement (or the route back in during periods of distress):

- The relationship with and membership of the group.
- Specific 1:1 relationship which could be with peers, a key worker, therapist, teacher etc.
- Holding roles of responsibility (which then places the young person in relationship to others in terms of accountability and being held responsible.
- The more primitive aspect of safety within a relationship – the emotional, psychological or physical experience of feeling safe.

The relevance for the respondent was that at any point in time, one or more of these relationships could be at play (or made use of by staff). For them, the larger size of the relational matrix was understood to provide greater opportunity for engagement, re-engagement, intervention and rehearsal of skills.

However, whilst the awareness of relationships in a group dynamic was seen as a benefit, the relevance of and importance of the individual relationship was also made noteworthy:

Focus group data extract seven:

> It might be if you're a key worker, and someone has had a very good day at school. You've not been there, and you pick up over the next day because you read the handover and say, "Hey, Jamie? I saw that you had a good day," that little bit of noticing and telling them things, it's like keeping them in your mind (Respondent B).

In the above example, the respondent draws attention to a concept that might be called 'holding in mind'. They note a practical element in the system, an email handover for the team each evening updating on progress. The example comment that they use, refers to a staff member mentioning something of the young person's presentation during a time when they were away. Implied by the account is significance to the young person knowing that adults are concerned enough to pay attention to something that occurred, even when they were not at work. The respondent positions this sort of behavior as communicating powerful messages about worth and value which young people with self-esteem issues could find very affirming.

The use of the individual relationship was also narrated as having another aspect to it – relating to the actual role as illustrated in the following exchange between two respondents in the focus group:

Focus group data extract eight:

> This is much stronger because for most children, our own children going to school, whatever, they do their things. They might have the odd little meltdown but actually, their emotions are picked up by their parents or their friends (Respondent A).
>
> Yes, most teachers in mainstream aren't trying to be their parents (Respondent B).

In this exchange the respondents make the residential care context, where education is also provided, remarkable. The discussion had been about the relevance of having care, education and therapy working together on shared understanding and approaches. Respondent B makes a comparison between children in residential care and those in less formalised networks of relationships. In the example, they refer to the role of teacher. In the context of the multi-disciplinary care system, whilst there are task/function roles e.g., teacher, the actual way that the role of teacher is delivered is much more relational than in a mainstream context. Teaching in schools generally has a pastoral element but what was being described was rendered remarkable and thereby beyond this – expressed by the reply from Respondent A which positions teachers in the relational setting in a parenting role.

This sense of working outside a functional role, or the sense of staff using themselves in relationships with the children as a mechanism or tool for the work was identified in another extract:

Focus group data extract nine:

> It is the attention to detail, and it's the relationship with the boys, and knowing them, and them knowing us, and giving some of ourselves. You have to put yourself out there, in a safe way, and be open. Who you are is more important than what you are there to do. Well almost if you know what I mean (Respondent B).

Here, the respondent is again referencing their understanding that staff need to be open and in authentic relationships based on mutual respect and trust. Across the data set this was something described as being generated partly through proximity and shared experience, but it is associated here with staff sharing aspects of themselves. Thus, the relationship between staff and the boys is rendered more in depth than a professional-client relationship.

Another relationship which was discussed was related to the young people's families and family contact. This was described as very variable for each young person based on their family dynamic, legal orders, and motivation. Whatever the profile, service providers understood that young people needed to work on sustaining and re- building family contacts:

Focus group data extract ten:

> Some boys aren't overly bothered about making the phone calls. Rx's parents won't phone him. They think it's his job. The social services seem to think it's Rx's job to phone as much as he can. We have to navigate around both sides of that in our relationships with the boys (Respondent B).

This extract names some of the ambivalence that young people can have towards families and how this might differ with the expectations placed on the service (and young person) by the placing authority. This example illustrates the degree of parental engagement, in this case the parents are not proactive to call or maintain contact with the young person, instead putting this expectation on the young person. The relevance for the respondent is how these competing expectations are managed or responded to in the context of the relationship between staff and young people.

The final aspect of relationships that was discussed related to the importance of the ongoing relationship with young people after they had left the service and moved on:

Focus group data extract eleven:

> That is that us talking about the fact that I spoke to Nx means that we don't disappear. That is really important for him to know. That

> relationship and trust is not a work-based relationship, yet it is a work-based relationship. It started there of course, but it became a human relationship. Actually, it's what you call authentic, isn't it? That means it's real, doesn't it? (Respondent A).

This extract illustrates the complex and changing nature of the relationships staff narrated themselves as having with young people. In it the respondent refers to a work based professional vs client dyadic, but then a different dimension is articulated associated with more intimacy and intensity based on the proximity that the residential context brings. The more focused and deliberate use of relationship in the therapeutic context is noted, but so is authenticity and the more 'human' connection. The client in this narrative is described as getting something from the ongoing relationship – the broader context for this statement reflecting the absence or lack of continuity in the young person's upbringing.

The final extract in this theme focuses on the relationships that some young people chose to maintain. Here, a structural element (a relatively new introduction for the service) was highlighted – the use of a closed Facebook group for 'leavers' as a route for young people to remain in contact with the service, or with specific staff (in a safe way) or even with each other:

Focus group data extract twelve:

> We now have the Facebook page. I know that's caused problems in its own way but actually, it's brilliant for them. They just message and you can pick up on things. For example, a message from Nx, "how are you?" That means, "I need to talk to you." Generally, from Nx. I want to tell you that I'm incredibly stressed my mum and my dad's going to commit suicide, et cetera. It's their call, they are in control, they reach out on their terms, but it's great to know that we can be there for them when they need it. It's been great to see this developed and the engagement is growing (Respondent B).

Here, the sense of 'knowing' a young person is narrated so that their words can be interpreted beyond the literal. The respondent knows from the style of communication, that if the young person initiates contact that is their way of saying they need help. The detail that is shared gives some insight into the complexities in the family dynamics of many of the boys – stress, mental health, threats (real or dramatic). At the same time, Facebook was also used to celebrate birthdays and anniversaries, share news (both ways) and so it was used as a

passive platform to maintain positive relational connection as well as being there to respond to direct requests.

4.3 Assessment and settling

This theme, or aspect of service delivery with generative potential, relates to the initial period in a specialist service and was described as concerned with detailed assessment whilst settling in. The duration of this varied between 6 and 12 weeks in the contributing respondent organisations. The historical case paperwork presented at referral by the social worker, with information potentially gathered from care, education and other stakeholders (e.g., court reports or psychological assessments) was the starting point and then once in situ, information was gathered from multiple points and sources.

This was then said to be supplemented by a range of coordinated activities and observations in the service. Direct work in therapy, initial engagement in school, perhaps with numeracy, literacy and other functional assessments, observations from the carers on the young person's presentation across the range of activities in the placement were all brought together.

These activities were described as helping to identify the individual profile for each young person, their existing strengths to work with, identifying the extent of deficits and in what domains of functioning these arose and from this, some sense of the initial priorities for intervention and 'where to start' relevant to that individual.

At the same time, as the following extract makes clear, the initial few weeks (or more) in the placement were also identified as being very significant in settling and stabilising a young person, getting to know them and starting to form the relationships that would underpin the placement moving forwards:

Focus group data extract thirteen:

> Yes, also you've got activities within and underneath activities, so that all your care activities or actually your classroom-based activities, or what happens in the early therapy sessions, they're vehicles to build relationships, to help them, then, to get the trust that's needed and the mutual respect. We are ticking things off our list but using every chance to get to know in readiness for what's to come (Respondent A).

Activities were described therefore as operating on two levels in that they were gathering information for the task of assessment, but they also helped to develop relationships as an essential thread. The shape, style and tone of these emerging relationships were narrated as highly individual to each young person based on their needs but also their presenting character and who they might engage with at the start. These activities also varied based on the individual history and background of each young person:

Focus group data extract fourteen:

> I think it's because they've all come with different bits missing, and that they need more filling in whilst they're here. Some have come from families that are more loved than others, so, for them, their journey is different to boys who have had nothing (Respondent B.)

In the extract above, the respondent addresses their comments to the individual nature of the work and how the activities required will vary between young people. Specifically, they were referring to the different experiences of being parented and loved in early childhood and how this will have impacted on the young person's development. Whilst the young people all presented with trauma as a result of adverse childhood experiences, the nature of each individual history was unique.

An early period of settling in and getting to know was seen as key to any future outcomes or success/longevity of the placement and there were multiple references to different activities, routines, approaches or structures that had explicit links back to this purpose. For example, Respondent A said the following:

Focus group data extract fifteen:

> By the set routine, timetable, et cetera, but also by trusting adults being safe, and following rules, and being good people I guess, role modelling. We are constantly focused on settling, containing and getting to know the boys in those early weeks and months. It's irrelevant to whether, as to work for us, if we are education, care or therapy or anything, it's about relationships and feeling, trusting, and safety. You can't settle without that (Respondent A).

The respondent above speaks to an understanding that their own and others' activities operate on multiple levels irrespective of what role or department they are in. The respondent is communicating a deliberate intensity of relational activity whereby the experiences of the

young person, their sense of security and staff attaching to them was as important, if not more so, than the different professional tasks being undertaken.

There were other considerations too, in relation to safety – both physical and emotional. This next extract addresses one aspect of the physical safety explicitly:

Focus group data extract sixteen:

> They've got a lock on the (bedroom) door. I know the lock on the door can be seen in different ways, but I think when you first come, it gives you an element of safety because actually, it's difficult to get in. If you've been abused bedrooms can mean all sorts of things, and then in a busy place, that's your private space too, and I guess that's a really important thing. There's a lot wrapped up in the idea of 'bedroom' when you are looking after traumatised teens (Respondent A*).*

Here the link is made between the early life abuse and often physically unsafe home environments that young people come from and the need to address this as an underpinning for relationships to be able to form. It was suggested that where young people are hypervigilant to risks from adults, they are likely to be defended and guarded against forming relationships and attachments. At the same time, it acknowledges the busyness of a care environment and that bedrooms are perhaps the only individual personal space.

In this next extract, the respondent focusses on emotional safety being created and sustained in the service and the relevance of this to the young person's early life experience:

Focus group data extract seventeen:

> You don't do that in the first month, in the first two months. It actually takes a while. Although some appear to settle very quickly, it's unnaturally quickly because actually you can't have that kind of close relationships after meeting people twice. You just don't. I think about Lx when he came, he came in that day, and he didn't want to phone his mom. He was happy with us, and stuff, in his head, but he wasn't really with us. It was his 'act' to make himself feel safe, but it's not real and so it doesn't work emotionally. I think the settling, that can take, depending on probably the degree of damage to the child, it takes longer for them to trust (Respondent A).

In the extract above, the respondent is reflecting on specific cases, one where a young person 'seemed' to settle instantly on arrival in terms of outward compliance. However, this is narrated as a mask, a defensive presentation actually intended to keep people at a distance by the young person presenting with what he thought adults wanted to see. This is 'felt' by the staff as ~~very fake and~~ inauthentic as referenced by the remark "he wasn't really with us".

Irrespective of how the initial weeks and months unfolded for a specific young person, it was suggested that at some point they begin to test out the boundaries of the service – this was related to seeing if it is safe and can be trusted.

Focus group data extract eighteen:

> You (the child) can say 'no', on condition that we're still going to care about you even when we do start to challenge you on your behaviour, which I suppose you haven't got at the beginning, so you don't have that relationship, but it just builds. All the young people have to test – for some its big rule breaking, others its playing staff of against each other, or winding up other boys, manipulating and controlling, it can even be self-harm, school refusals, picky eating…it shows itself in all kinds of ways, but it's always a test. They are watching to see how you individually and as a team are going to respond and react and they are experts at finding chinks in our armor (Respondent D).

This respondent illustrates the range of ways that a young person can be understood to push against and test the boundaries either of the service generally or with specific members of staff or departments. The issue of playing off staff in a departmental team or sub-team, or playing off school staff versus care staff, was described as a common phenomenon in the care system. This was labelled 'splitting' and described as a psychological defense mechanism – employed by young people who, anxious about the perceived threat of intimacy or ambivalent about closeness, treat staff or departments inconsistently, pushing confusion and ambivalence into the staff team(s). Implied in this extract is that consistency of understanding and approach by the adults could protect against this splitting and had generative potential in terms of producing better outcomes.

4.3 Structure and Routines

The structure and routines around the work were said to provide predictability and continuity and were mentioned as having generative potential in terms of good outcomes. These structural elements were either related to the practical and planned organisation of roles and processes, how things fitted together as a system, or to the actual experience i.e., how the rhythm and routines in the day to day were used consciously and deliberately but in a responsive way in those unplanned moments.

Focus group data extract nineteen:

> It's difficult because they can be really involved quite early on, but nowhere near the end of their journey as well. Their profiles are very 'spikey' in that regard and all individual (Respondent B).

In this first extract in this section, the respondent is expressing this duplicity of structure and process. Here they describe a generalised example of a young person who is sufficiently engaged in the process, starting to take up communication and roles in the service, but still with significant work ~~still~~ to do. In the day to day there are aspects of their presentation where they are functioning well, but other areas still requiring lots of support and that this is expected and part of the process.

Consistency in terms of the staff response to young people was considered important. Accordingly, one focus group respondent said the following:

Focus group data extract twenty:

> I guess... again the adults have got to follow all the rules. They've got to be consistent, and yet with 30, 40 adults, you're going to have inconsistency, but you've got to have a level of consistency across the board even though there'll be inconsistencies within the consistency if that actually makes sense (Respondent A).

Here, the respondent is identifying complexity associated with trying to achieve consistency across a large team, made up of sub-teams in different roles and undertaking different contributary activities, whilst at the same time allowing for a degree of variety to exist. The differing nature of individual relationships and the range of specific activities being undertaken was described as something that needed to be coordinated within a framework, a shared understanding. At the same time, there was a recognition that the process is dependent on

human beings whose mood and motivations change in any given moment or situation. Implied here is there needed to be a degree of ‘tolerance’ (from the engineering use of that term) within parameters to allow for this humanity.

This degree of flexible consistency was said to serve a containing function, helping young people to manage feelings of anxiety and to be emotionally ‘held’. In the next extract the respondent uses the language of ‘grip’ to further communicate this concept of containment and emotional holding.

Focus group data extract twenty-one:

> We are joined-up, which means that there's less gaps, less splitting, and everyone holds them, hopefully, within the same grip rather than you jump from that grip to this grip, which might be a bunch of teachers who don't know the other care staff and even knowing the therapists. We hold them in one tighter grip, and they've been loose all their life, all over the place and I think that it’s essential for any progress to be made (Respondent A).

Here, the respondent suggests that consistency was required across the entire system and any potential ‘fault lines’ between different departments whose relationship and context with young people might vary needed to be accounted for. Whilst the respondent is describing differing relationships, the relevance of the account relates to the structures that allow sufficiently consistent experience of ‘grip’ in different parts of the service or routine.

In the following extract, the way a placement journey unfolded is discussed and it is described that as the work and activities progressed, the ‘grip’ was loosened, allowing the young person to practice and demonstrate their self-sufficiency:

Focus group data extract twenty-two:

> They are held physically and emotionally into the house. As their journey goes on, that holding starts to release. Obviously, that's when it gets very individual and there can be moments when we have to contain it explicitly again, just to get over a bump in the road. Over time you expect to see less and less of that but it’s very common to see a wobble towards the end. They're held very differently when they first come to how they are held at the end of it (Respondent B).

This extract identifies that there could be episodes or events that might require a short, time limited intervention – the tightening of boundaries, the reinforcing of expectations. These were described as responsive moments, by themselves not indicative of a lack of progress, but a specific challenge or obstacle to overcome in order to maintain the broader direction of travel. It was suggested that as capacity and resilience built over time, the frequency or need for this external intervention was expected to reduce, leading towards the moment of transition. Yet even where this work has been successful, it was expected that, the anxiety around transitions would show itself in some element of rebellion or regression.

4.4 Capacity Change

The next emerging theme or aspect of practice with generative potential related to the process of building capacity in order to facilitate behavioural change in young people. Respondents indicated that to achieve change, young people need to be provided with opportunities and be motivated to take advantage of these as they arose. In order to help create opportunities and assist in engagement, the skills and capacities of young people also needed to be built up. Having more capabilities would by itself provide more opportunities for further growth and development and a sense of progress would in turn be motivating. Within this theme, respondents described where the building of capacity was being thought about explicitly and the following data extracts help to identify where these issues were addressed by staff:

Focus group data extract twenty-three:

> I was listening to Jx yesterday, and I was asking him, "Do you beat Cx at FIFA?" He says, "Yes, I do generally beat him, a little bit. It's probably best to lose with him." I said, "What do you mean by that?" He said, "He doesn't like it when he doesn't win, it bothers him." He says, "I just lose to him. It's no problem, but it saves arguing and he's happier " I found that fascinating, but he clearly knows how to get on with people. He can see that that's a trick. It's not in a bad way or manipulating - it's his skill and he's making a definite decision about how to manage his relationship in the there and then. It is a real skill and from the way he spoke you could see he was in control of it rather than just simply avoiding a row (Respondent A).

In the extract above, this respondent narrates a story which has as its central theme a young person who is developing the capacity to put himself in the mind of another young person. In the example, the young person is able to demonstrate empathy, but also to recognise how the other might respond and to make a conscious change in his own interaction to secure a desired outcome. Previous to this, the respondent had been discussing how staff model behaviour. This interaction between the staff member and the young person is narrated to illustrate the young person transferring and applying skills and capacities modelled by the staff member into a different relationship and context. Modelling is narrated as a process of rehearsal that supports internalisation and then practice.

This sense of activity in the community being transferrable was addressed by another respondent as follows:

Focus group data extract twenty-four:

> (referring to early experienced of abuse) Some might not ever be able to do that, be able to talk about it, or describe it, or even remember it, but being in that, our space, being listened to, being completely with the therapist, devoting time you in that space, whatever work they're doing for them, hopefully, will be a little part of moving them forward, being able to function outside therapy room and be able to be a bit more open in the community meetings and have that confidence. It's about helping them to make connections and insights into the unhelpful ways they respond in certain situations and allowing them to learn and practice new ways of being. They need playing with in lots of different contexts to see how they fit or how they might be personalised (Respondent B).

Here, the respondent is making the direct connection between the focused work in therapy, which can sometimes be very specific, and the broader application of the insights gained from that focused work. The therapy session is narrated as a more intimate, relational space and described as providing a safe context for young people to take early risks in expressing themselves, with the expectation, albeit expressed in hope, that this gradual building of confidence would be transferred into the more public setting of the community meeting.

Interaction, especially in group contexts, was therefore narrated as an opportunity to rehearse, observe and assess the evolving capacity in the young people.

Focus group data extract twenty-five:

> There's the relationships with the adults, which will be role modeling how to have relationships, but because there's another 11 boys, you've constantly got constant interactions. We would be picking them up where they make mistakes and cause each other problems, grumbles, arguments and fights whenever they might happen. You have to think on your feet, sometimes intervene, sometimes pick your moment and audience. Where possible we try to do this with discussion with the boys so they co-create the outcome, but sometimes an adult has to hold a line (Respondent A).

In this extract, the active use of the group and the increased opportunities for capacity development in more complex networks are named. The adults are described as acting as role models in the general day to day interactions with the boys as a group, but then undertaking focused and more tailored work with individuals. This is a pedagogical approach of being alongside young people, living and learning together and the worker therefore needs to be attuned to and ready to take advantage of opportunities in the moment. It was also inferred that the audience, in the moment, could be one or two young people, a small group or even the entire community and that staff needed to be mindful of how that momentary context might impact on any intervention they might make. In this example, the therapeutic community context with its larger group is described as creating enhanced opportunities due to the increased numbers of peers but it is implied that sensitivity is required to minimise the potential for public shaming.

That being said, given the importance ascribed to modelling, it is likely that the discussion being played out with an audience would be seen as an opportunity for more learning for both the boys involved and the boys observing. The staff here are rendered very skilled in picking up cues and knowing when to ‘pick their moment and audience’ through knowing the young people well.

As the following extract illustrates, the community meeting in homes was afforded special significance.

Focus Group Extract twenty-six:

> In the extended community meetings, we see a lot of how they're reacting to situations. How they're coping with their feelings whilst we're talking about in-depth things to each other. How they're reflecting, how they’re interacting with the other boys assessing

> whether they’re able to be open about their feelings? Sometimes you reflect back in the moment, sometimes you choose to follow up more privately afterwards (Respondent B).

The respondent in the extract above explains their view that the regular, structured group space – the community meeting – was an opportunity to observe the overall progress of boys. These spaces, which were said to be chaired by and focused on agendas created by young people (facilitated by a minority of adults) were expected to be attended by all the group. As a result, the dynamic was constantly changing both in terms of the members being at different stages of their journey, having different issues going on for them individually, but also different issues going on in the home/group at any point in time or on any given day. This was said to give staff an ideal opportunity to see different ‘facets’ of a young person’s capacity – their capabilities, motivation, and opportunity – in action, in the moment. This, it was said, provided rich material either for immediate feedback or reinforcement or for areas to follow up on in other spaces e.g., keywork sessions.

The building of capacity was said to be something that was approached individually and at times pragmatically, and with varying degrees of capability and motivation across the group and across time. It was suggested that at times conscious, tactical approaches were used as in the following extract:

Focus group data extract twenty-seven:

> He can wash. He can cook. He can clean his room. He can do all of those things. What we didn't do is push it to the point that we had a placement breakdown. Actually, he wasn’t going to go out and do cooking every night. It was just causing an argument every night. As long as he can cook enough meals to get by. When he has to, he'll learn it, won't he? He'll get by with that. I think the more important part is that we keep him feeling part of the community, feeling safe. Yes, we wean him off the community (Respondent A).

This extract, whilst initially focusing on some practical life skills, refers to the wider need for the young person to develop capacities in other areas in advance of being able to move on. However, continual rehearsal of some of these practical skills, in this case, cooking, was narrated as becoming a source of disengagement and demotivation for the young person. Forcing the issue and making him cook every night is identified as potentially undermining some of the other work being achieved through continued engagement in the community.

The building of capacities to achieve outcomes was something that it was stated, required ongoing dialogue with the placing/–commissioning local authority. The more holistic and individually unfolding maturation process for a young person sometimes seemed to be out of step with expected capabilities that social workers wanted to see. This non-linear unfolding was referenced by the following respondent:

Focus group data extract twenty-eight:

> They don't like getting caught with this sometimes because quite often, they need, even when they're leaving, they need the bits that are over here, and early on (pointing to containment and settling activities on the whiteboard). Yet you're told by social services, "Independent life skills," and all this. They're not ready at that stage. The same as at 16 or whatever, my life skills were pretty useless. Their skills need to unfold in a way that's helpful. Especially at points of transition, the anxiety leads to some regression – we see that as completely natural, often social workers don't seem to appreciate that (Respondent B).

In the above extract, the respondent is explaining the disconnect that can occur with placing authorities expecting certain capabilities in the young person either based on their duration in the placement or their chronological age, but not allowing for the extra containment or potential defensive regression or demotivation of a young person. The specific example used here relates to anxieties over the transition process, reported as fraught with uncertainty.

Broadly, the changing and growing capacities for young people were described as being both obvious to see in some instances and almost hard to see (due to proximity) in other areas. It was suggested that to counter this, having rounded feedback from multiple sources, self-reports, reflection on soft skills as well as some elements of harder data was all necessary to demonstrate progress effectively.

This richer, fuller understanding of a young person was said to be less easily captured in some of the narrower data capture processes that local authorities might use. For example, educational measure might ultimately focus on formal qualifications, yet a young person might not pass many exams or achieve high grades but might have engaged in and attended education more consistently, progressed numeracy and literacy significantly, found interest in practical subjects, improved self-esteem and self-image and had all the social developments of being in school and learning. This fuller range of outcomes was understood as being diminished if only focusing on GCSE grades 4 and above as the measured outcome.

The concept of measuring or assessing progress is illustrated by the next two quotes:

Focus group data extract twenty-nine:

> You can measure that. Witnessing in the community meeting at the start of placement to the end of placement, you can really measure the social skills now (Respondent B).

Here, the respondent is describing the contrasting presentation of young people in the group spaces from the start to the end of placement. They are labelling the growth in social skills and social presentation capacities. It was also suggested that the close relational and physical proximity of staff to the young people could make it hard to see specific elements of the progress. There were regular and structured reviews of placements and progress against interim milestones, but even with this, it was suggested because progress was incremental, changes might be missed:

Focus group data extract thirty:

> It's a bit like when you've got your own child, you see them every day, you don't notice they're growing because you just can't. They'll physically grow, but you can't see it. Then suddenly he's like, "Oh my God, you're nearly as tall as me, or whatever." Then you suddenly notice. I think that's quite often the case with our young people. You remember when they came in, you see them as they come in, and then a lot of the change you don't really notice until you look back, or sometimes we look back three months, or whatever, and saying, "He was refusing to go to bed and now he is going to bed." Sometimes you can see it like that, but the bigger picture doesn't really come until the end, and you see a massive move (Respondent A).

In the extract above, not only are the issues of proximity and time identified but this also references the importance of reflecting on the incremental steps a young person makes. The given example here of a young person being able to settle at bed (both emotionally and in terms of following rules/boundaries) related to an outcome that respondents pointed out would not be captured on any hard outcome measure. It refers to an outcome they identified as only visible in the context of a rounder and more holistic understanding of a young person.

4.5 Outcomes

The theme of outcomes identified how the success of the placements could be measured and these were expressed in both tangible hard outcomes, but also in softer interpersonal growth which could be harder to capture. The soft skills, often relating to social skills and emotional literacy were seen to be explicitly linked to the achievement of more measurable hard outcomes, such as educational success.

The intervention framework of the Good Lives Model (Ward 2007) was said to have a strong evidence base for this client group and was being used by all three participating organisations. The model was positively evaluated by respondents as in the following example where an overview of what the intervention work and framework seeks to coordinate is described:

Focus group data extract thirty-one:

> They learn to become someone, don't they, and forge an identity from the enthusiasm of staff generally, or other young people. Some of that is about the process of growing up anyway, but we have the chance to really fertilize their experience and imaginations after often impoverished starts in life and the impact that early life has before they come to us (Respondent C).

The above respondent suggests that even without intervention, young people are not fully formed adults, so they will continue to grow and develop as they naturally mature. That said, the period of time in the service is said to allow the positive influence of relationships with staff and other young people to help young people develop a greater sense of themselves. It hints at the service providing an opportunity to redress developmental deficits as a result of early life abuse and that the Good Lives Model provides the framework within which to coordinate the reparenting and intervention.

The next extract considered outcomes but more specifically related to self-esteem and the impact this has on other aspects of health and presentation.

Focus group data extract thirty-two:

> I think it is to have some self-esteem, and to feel that they are not an awful evil person, to not end up again in mental health situations, those kinds of things (Respondent B).

Here, the respondent makes the link between improved self-esteem and overall mental health, and this was not only related to mental health status whilst in placement. The respondent is referencing the potential whole life outcomes of either positive mental health, or less problematic mental health in the future. Across the data set, mental ill-health was understood as important because it had a direct negative impact on relationships, employment and other areas such as housing and socially stable behaviour.

The complexity of the connection between measured activities in placement and the impact of these on the rest of their adult life was reflected on by one respondent:

Focus group data extract thirty-three:

> I suppose for me, it's that they need to have a life in society without going to prison, not losing their children to care, holding a relationship down, all those things to what I would consider to be a successful life, I suppose. A successful Life though...when are you supposed to measure that? Really, we have a window to try to create the personal abilities for them to have a better chance at a successful life. Helping to build the resources so that the possibilities of a successful life are improved (Respondent C).

Here the respondent refers to the primary outcome of reducing offending, but immediately expands to name some of the other 'big ticket' life outcomes on a young adult's life course. The literature establishes that growing up in care makes it statistically more likely for your own children to experience care. They identify "holding a relationship down": building interpersonal capacity to give a better chance at relational happiness and intimacy. The extract also notes that these underpinning 'resources' and capabilities to live a successful life are, in many ways, intangible and hard to measure, but that the building of capacity also builds possibility. A sense of hope pervades the account.

This sense of the outcomes or impact of the work continuing to unfold and being felt over time was named explicitly by another respondent:

Focus group data extract thirty-four:

> Sometimes there's a lot of movement that you can't see until they've left. We get to stay in touch with lots of the boys, some more than others and their engagement can wax and wane, but it's fascinating to see the young men that they grow into…their relationships, we have

> former boys who are parents themselves now and doing great, and we have others that still find life difficult, but you know that it's not as difficult as it would have been (Respondent C).

This final extract emphasises this overarching 'influencing' outcome theme. The impact of the work is framed in terms of reducing dysfunctional thinking and behaviours whilst building up capacities and motivation. Here especially in relation to parenting, but also rendering the desired outcomes as liable not to emerge until some considerable time after the placement has ended.

4.6 Supporting Activity

The supporting activity theme captures the range of activities, direct and indirect, that the focus group identified as being necessary to operate the service and having generative potential. These activities were outside the main delivery of intervention work, and often about educating, informing or influencing various stakeholder – typically external – so that the internal work of the service could be maintained efficiently and effectively. These activities were identified as being necessary to support the interaction between the service and the wide range of external agencies. This was described as operating on two levels either as a service as a whole, such as supporting relationships with regulators and purchasers, or related to specific case management factors at points of decision or transition.

Within this supporting activity, much of it centred on preparing the young person for a placement, helping to manage their expectations and provide as much opportunity for them to have an informed choice about joining.

The other focus of the supporting activity related to how the service engaged with local authorities to ensure that suitable young people were admitted to the service - a matching process right at the point of referral that also included the management of expectations (of the local authority and the young person):

Focus group data extract thirty-five:

> If I read a referral, and it's screaming out saying, "There's no way this boy is going to agree to come to us," and the social worker still wants to press ahead then, especially if they are quite a distance away, I'll send them a young person's guide. I'll just make it clear what restrictions are going to be in place, the boundaries and the

> opportunities, certainly in the starting place. This helps filter out some non-starters but then I think it's worth you going to have a conversation with them to sound them out, rather than drive four hours to get told to go away (Respondent C).

In the extract above, the respondent highlighted the pressure that some placements teams apply to progress referrals even when the service's own experience (based on the case presentation) is that the young person would struggle to accept the initial boundaries. Part of the pre-placement supporting activity was about young people being able to have some informed decision making on whether to accept a place if offered. The Young Person's Guide is a printed booklet about the service and how it works. It contains essential information about some of the rules and boundaries, which are more restrictive at the start of the placement e.g. no unsupervised mobile phone or internet access, no unsupervised time in the community. Young people were expected to be aware of and sufficiently accepting of these as part of their agreement to move in.

Getting the young person to buy into or consent to the new placement was considered important. So, in the following extract Respondent A addresses themselves to that issue:

Focus group data extract thirty-six:

> They need to be willing to come as well. They need to want to come. It's not just a case of being brought to us. The willingness I suppose, hopefully, shows a little bit of willingness to change and from our perspective we need to start off that potential relationship by being straight. Relationships have to be built on trust (Respondent A).

Social workers, anxious to try to secure scarce places for young people, were said to often play down or seek to avoid sharing information they perceived young people would find negative (or indeed that provider might use to refuse a placement offer). Young people were placed from locations across the UK and face to face visits were part of the initial referral process, so being clear on expectations from the very beginning was seen to be both time efficient but also important from a relational perspective – being honest and transparent from the beginning.

The first engagement with local authorities also had relevance in terms of gathering accurate information. This was identified explicitly in the following extract:

Focus group data extract thirty-seven:

> For me, when I'm reading a referral form, I'm trying to build up a picture and trying to imagine them fitting into one of the communities, but then, referral paperwork, is you're just trusting the person who wrote it, and we see things being played down, omitted, misrepresented or even just out of date. This is a well-known issue across the sector, and we have to manage against it (Respondent C).

The accuracy of pre-placement information was considered to be important as it furnished the information and case history that would contribute to the therapeutic assessment of need and intervention planning. This assessment was described as dynamic and iterative, and at early stages the service was seeking to understand if the scope of the young person's presenting risks could be managed both in the physical location of the service, but also thinking about the profile and dynamics of the other young people already living in the setting.

This management of expectations of others, especially the placing authorities was something that was described as having to be revisited as an ongoing supporting activity, its necessity also being individual to each case and arising at different moments.

Focus group data extract thirty-eight:

> It varies, some social workers are just more on board, but you get managers putting pressure on them, or a change of social worker and then all of a sudden there's questions like…How many months for his therapy to finish? How much more time and when can we have him back? What's the situation with independence? You've got to get him to go out more. These questions often have little to do with all the information we've been providing them with his therapy plan, how he's progressing – it's like they completely disregard all the specialist and specific information we've given them (Respondent B).

This respondent identified a disconnect between the detailed therapy plan and regular progress updates provided and the (at times) changing expectations of local authorities. The tone of this respondent's contribution was also frustrated – the questions from the local authority seeming to not understand the anticipated sequence and process of the work even though the service felt it put a lot of attention into setting this out from the point of referral onwards. This is relevant as joined up, transparent, multi-agency working was considered to be necessary to ensure that all stakeholders fulfill their obligations, and that work can be coordinated and scheduled around and with the young person.

This process of often needing to revisit the original commissioning or to re-engage local authorities with the methodology of the intervention was identified by another respondent:

Focus group data extract thirty-nine:

> The team manager had a bit of a go at us, didn't he, and said, “Where is XX on this trajectory?” I had to push back and remind them what they had commissioned, the use of the Good Lives Model, the planning and regular review. You got the sense they wanted a straight-line progression and XX, in fact no one is like that in real life. That’s XXXXXX's favorite word, trajectory and he was quite rude and dismissive initially, we really had to defend ourselves and the young person from unfair criticism (Respondent A*)*

In the extract above, the respondent named some of the tensions that can emerge between the local authority and the service provider. In this example, a team manager (an individual described as typically removed from the young person) is seeking to hold the service to account but in a way that is depicted as illustrating they do not understand (or have forgotten) what it is that they commissioned. These sorts of discussions were said to impact young people in both direct and indirect ways. Here the young person and placement were under scrutiny because progress was ‘lumpy’ –strong in some areas, slower in others, the areas being defined by the Good Lives Model.

4.7 Chapter Summary.

This chapter has unpacked the themes or aspects of practice with generative potential that arose in the focus group discussion that helped to populate the emerging ToC. The dominant theme was that of relationships – between staff and boys, between peers, between staff in different sub-teams and also between the service and stakeholders in its external operating environment. The relevance of these relationships was said to be seen across all the other subsequent themes. The discussion then went on to cover factors relating to the initial stage of assessment and the process of settling young people, then moving into a focus on the structure and routines in the day-to-day delivery. A third theme of building the capacity to change was described, with examples given from across the different departments of the service. All these themes were leading towards a discussion about outcomes, both the hard, measurable and the more soft, interpersonal outcomes. A final theme, which linked back to

the predominant theme of relationships, addressed a variety of supporting activities that were necessary to sustain and maintain the intervention work.

Chapter Five: Interviews with Service Providers

5.0 Chapter overview.

Following on from the focus group, interviews with staff were conducted to further develop a ToC for therapeutic residential homes for children who had engaged in HSB. Questions were asked to explore what assumptions inform activities at TRC homes, what chain of events are expected during a successful placement, what internal and external factors influence (impede and reinforce) a young person's residency and progress (all factors with generative potential) and what influences a young person's trajectory following placement.

In this chapter the six themes identified following on transcription and data analysis interviews are outlined. These themes are:

1. Relationships.
2. Process and Structure.
3. Shared Understanding of the work.
4. Openness of communication.
5. Positive or Problematic partnership working.
6. Placement journeys.

The following sections draw on the responses of the respondents to evidence these themes.

5.1 Relationships

A dominant theme was around the importance and impact of relationships. These were not only between staff and young people, but between staff in teams and between departments, between young people themselves and with their families, and relationships between the service and other agencies. In terms of this dominance, it was captured succinctly by Respondent 7's comments:

Staff interviews data extract one:

> I don't think it matters what you trained in, what your role is, if you don't have a relationship with a young person, nothing's going to happen (Respondent 7).

Here, Respondent 7 relegates all other issues to secondary importance when judged against relationships between staff and the young person. Although the list of less important issues is not extensive, the phrase ‘nothing’s going to happen’ is fashioned to leave the hearer in no doubt as to the importance ascribed to relationships.

Helping young people to experience and make sense of relationships was understood as a foundation ‘facilitator’ to any formal intervention tasks. In the following extract, the respondent positions attachment difficulties as a result or early life trauma as the principal barrier to a young person’s development. The impact of this is a difficulty in forming, understanding and maintaining relationships and so it is the primary focus of the work in reducing risk:

Staff interviews data extract two:

> For some young people, it might purely be around engagement and just motivation. It may be that some young people really struggle to be in a therapy space or a bit suspicious, and it's about rapport building and building up a bit of trust just to have an adult around that they can build up a relationship with, because to some of these young people, the idea of relationships as we might understand them as emotionally healthy adults is totally alien (Respondent 9).

This respondent referred to the limited relational capacity that young people arrive with and that have to be worked with deliberately, often in nuanced, creative and gentle ways to help gradually build rapport. In terms of attachment needs, these are rendered individual to each young person but adults in the service were said to use formal and informal opportunities to ‘get alongside’ young people, to have shared experiences and to use proximity and familiarity to help build rapport. This impact and relevance of attachment was expressed by another respondent in the following way:

Staff interviews data extract three:

> You've got to remember that the first six months is relationship building. If you get any further than just building a relationship, you go over and above anyway, because we're working with kids that have significant attachment disruption that they've gone through. I think just help them know that they are safe, stability around them, the consistency, the boundaries, they are really important for me, the keystones of residential care need to be in place within that time (Respondent 6)

In the extract above, relationship building is rendered so significant that it is constructed as potentially sufficient on its own to address attachment trauma. The respondent refers to some specific concepts in the system – stability, routine, predictability, boundaries and how these are essential to create physical and emotional safety. They are linked in the account to relationship building. That is to say relationships are rendered more than matters of personal engagement, but outcomes of specific processes.

Respondents across the services spoke of the way they approached and planned task activities in their work with the specific intention of deepening and enhancing relationships to underpin the work. In the data extra below, a carer identifies a way of observing and assessing a young person's capabilities in the early stages but also 'being with' and doing things together. In this extract, the way the assessment task is undertaken is presented as promoting trust:

Staff interviews data extract four:

> It's all part of getting to know them, building a relationship. You can monitor, you can get an idea of the person's ability, because they're not always honest about it. They always think that they're invincible, can do anything. Without actually making them feel, and knocking their self-esteem down, by getting alongside them and doing it with them, you can build their self-esteem up, rather than knock it down. So, "We didn't quite do that right." Or, "Let's do it." You're actually getting alongside them and teaching them. This allows multiple opportunities to get to know, show care and love, be with them, be proximate to help build trust (Respondent 7).

Here, the respondent is describing an approach to the work that adopts a 'parenting' stance – they are explicit in referencing care and love and how these relational aspects can be demonstrated through a role modelling, support and building of self-esteem. The respondent gives an account of a variety of ways that young people could be interacted with and supported, which not only allowed some assessment of their capabilities which might often be over-estimated by the young people themselves, but also promoted a shared experience of 'being alongside'. It is inferred that these multiple opportunities for proximity and a positive, 'can-do' style of interaction, helped to communicate a sense of care and love to the young people.

Relationships were thought about and described in the general day to day 'life' in the service as multi-faceted as this next extract gives an account of:

Staff interviews data extract five:

> There's multiple layers and a circularity in every interaction. Whether it’s a negative or positive behaviour, it’s not just about the individual, it’s about the individual in relationship to another in a situation or context (Respondent 12).

Here, the respondent depicts every interaction as an opportunity for reflection and learning irrespective of whether the focus is positive or negative behaviour. The speaker refers to using relationships to facilitate day to day learning when the opportunity arises. This is presented in the form of opportunity led work and as a central feature of the therapeutic conceptual framework. Here a living-learning experience is narrated. Whilst such learning was often described as taking place in ‘community meetings’ or therapeutic child care settings, as illustrated in this extract it was considered something that was important to achieve as and when the opportunity arose.

This identification of relationships in the day to day was not limited to staff-child interactions. Another respondent named the importance of relationships between staff:

Staff interviews data extract six:

> I think the community wouldn’t work if there weren’t the relationships between all of the departments. We have the whole site dynamics; we have just our group dynamics and I think it's not just the communications in there but just as a whole. I don't know. You've got to have that atmosphere and that environment for the students to thrive in (Respondent 5).

In the extract above TC the respondent foregrounds facilitating reflective spaces both in teams and between departments. These spaces are intended to encourage open communication and the ‘airing’ of feelings as a deliberate mechanism to sustain positive and constructive relationships between different combinations of adults and how this leads to a facilitating culture. This account suggests that the focus on relationships between people, groups and roles creates a cumulative culture and context for the work to be undertaken.

This culture and system of relationships was described as something that would be experienced by young people in different ways depending on what they needed at different points in their journey as illustrated by this next extract:

Staff interviews data extract seven:

> I have a boy now, in the middle phase, and the thing that gets him through the struggles, through the ups and downs is the relationship (Respondent 12).

In the extract above the respondents seeks to foreground the importance of the constancy of relationships to help the young people through the ebb and flow or progress and challenges across their placement journey. The phase “I have a boy” recreates and serves to position the speaker as having responsibility for a particular service user in question. A familiarity and growing trust in relationships was presented as providing an anchor at points where the young person might be struggling psychologically or emotionally.

In the following data extract the respondent takes up an opportunity to be more explicit about how relationships matter in practice:

Staff interviews data extract eight:

> If, for example, child A has displayed quite challenging behaviors over the weekend, it was directed towards one particular person, or staff member, et cetera, having a resolution to it is essential. That could be a conversation, what we have are like restorative meetings, so you're restoring the relationship again. It could be explored in a community meeting for the learning of the group, and the group support for the individual. It doesn't have to be formal, but you need to make sure that it comes full circle, so then they know I'm accepted, you're able to forgive me, and that's then going to make them feel safe and reinforce that message that they are safe (Respondent 4*).*

Respondent 4 describes the process and methods that the staff team use to engage the young person in ‘repairing’ activities following a period of challenging behaviour. They also identify that this could happen in a variety of ways – again describing a flexible approach, making use of the most appropriate opportunity to match the situation at hand. The significance of this area of focus on continual repairing of relationships after some disagreement, challenge or breakdown is described as communicating concepts of acceptance, forgiveness and safety to the young people. The respondent also implies an ongoing and circular nature of relational rupture and repair and that each of these loops needed to have a conclusion.

There were other aspects of the work, relating to the wider system and other stakeholders where relationships were identified as relevant. In the following extract, the respondent explains the negative impact that changes in social worker had on the young person's engagement or experience:

Staff interviews data extract nine:

> They can't build a trusting relationship with that person, and so there's just an endless frustration. They just become totally apathetic - the young people become really apathetic to it, to the role of social work. Each new one that comes in, they have to play catch-up, and they may take totally different strategies in terms of how they respond to the young person or their specific needs. It may be that the family really like one social worker, and then another one comes in and they hate them, or the other way round. It's just really, really disruptive and very difficult (Respondent 9).

For any person in care, the social worker is the legal keyworker and the 'conduit' for formal decision making. There are multiple points across the placement journey, for example around changes in family contact, accessing college, work experience, significant risk assessment reduction, which require the local authority approval. Here the respondent refers to the transitory and short-term nature of some social worker's involvement with young people and their families. In a clear juxtaposition to relations between staff in the TC, young people are described as frustrated and eventually 'apathetic' where relationships they form with key professionals are shorter term.

The services were all delivering the work as part of the wider system that included the families of the young people and the courts/local authorities. The amount of involvement offered by families or allowed by courts and local authorities varied wildly from case to case and was liable to change over time. Individual family members could be supportive or disruptive to placements and to young people, they could cooperate with or try to work against the direction of the local authorities. Very often previous negative experiences involving professional staff were identified as a key early obstacle to overcome to create relationships with families and thereby young people:

Staff interviews data extract ten:

> In the beginning, that can be quite difficult while you're getting to know families because they've often had quite negative experiences of

> social services. I'm not saying we're social services. You have to spend some time in helping the families to make sense of your role and that it's a different role to maybe social services (Respondent 12).

In the data extra above, the respondent gives a specific example of these challenges. Here it is presented as important for the young people and the intervention work, for the therapist to have a positive enough working relationship with families. Where there might be family animosity towards 'the state' or authority figures in agencies, the therapist here is pointing to a need to help families understand that the services, whilst commissioned by the state, are not themselves the local authority. Families can have a mistrust of professionals as a result of the various assessments and interventions that the family will have experienced as a result of having children taken into care and so this relationship building and maintaining is important.

The role of relationships was verbalised in every part of the placement journey, and showed itself quite specifically when thinking about transitions, moving on and how relationships might end or change naturally:

Staff interviews data extract eleven:

> As they get older and they're moving on in their independence, you change from being a nurturer I mean, you can still have that nurture, but the parental figure into mentoring. To mentor them, so your approach might be different (Respondent 4).

Here the respondent identifies how there may be a deliberate change (by the adult) in the style of the relationship as the young person enters the later stages of placement whereby they are increasingly practicing and developing independent living skills. They identify different labels to the roles they perceive as adopting as the young person's needs change, moving from parent to mentor, but noting that there is a degree of nurturing that persists. The significance suggested is about the 'stance' that these different roles take up, inferring that the mentor role is more stepped back than the parental role.

The relationships were seen as significant to the extent that all the services had arrangements for young people to maintain contact with the service or specific staff after the placement had ended:

Staff interviews data extract twelve:

> In terms of when they leave, we give the boy the choice if they would like us to ring him. Some boys might say no, but the majority of them

> do say yes, I would like you to call me. We do ring them weekly, two weekly to see how they're getting on. We've had a lot of left four months ago. We still ring them randomly. I'll ring him on a Saturday afternoon. If mums said you played footy and they've lost, particularly if they've lost I'll give them a ring then to rub it in and just to see generally how they're getting on (Respondent 10).

The respondent here, in their description of the use of 'banter' to tease the young person about their football team, is describing the intimacy of relationship that lingers post placement. The account also speaks to the control that the young people have in setting how they want contact (if at all) either with individual staff or the service as a whole. The description also suggests that once the young person has expressed some interest in remaining in contact, it is the service that takes the effort to maintain this, thus allowing young people the control over whether to engage or not.

This final extract for this theme again talks about the enduring relationships that exist post placements and provides a specific example:

Staff interviews data extract thirteen:

> For example, xxx and he phones me the other day because he'd had a problem with his mom and dad, and he didn't know want to do. We just talked through his options, and he went, "I'm going to go my sisters." And I was like, "Okay, that's fine." Then a couple of days later text me, "Oh, yes. Everything is fine." I think us being able to have that and in the way that it's set up, means that those children still get what they need and they're not-- It's almost like their attachment to us is not false because in some places it's just like 'did that actually ever mean anything' because if somebody you worked with and got close to also just abandoned you when you left (Respondent 6).

Here, the respondent is not only describing how a young person feels comfortable and able to use different methods of communication to stay in contact, but the use of the relationship as a sounding board for advice or checking out. The relationship is described such that the young person updated the staff member after the advice, and the respondent was able to reflect on the degree to which the attachments feel authentic to the young person as displayed through this illustrated example. They imply that if the attachment wasn't real, the young person wouldn't remain in contact and in this updating way. They are also identifying something

deliberate in the service, in contrast to other services they have experienced, in the structured support of and use of relationships in the work. Here the professional is identifying that relationships are important, that these do not end when the young person leaves, and mechanisms are put in place to allow this support to continue to be available as young people need it.

5.2 Process and Structure

The structures of an organisation may be defined as the way in which the component activities are organised, and they were rendered important and deliberate in facilitating the therapeutic, relational work. This could be different departments leading on different areas of work and typically the departments themselves were likely to be subdivided with a structure of people/ job roles. Processes of an organisation may be defined as the actual activities as they are delivered. These could be activities wholly contained within a department. For example, ensuring that young people have up to date dental checks sits within the care department, or they could be shared between departments. Another example would be the therapy team identifies an emotional regulation technique that the staff in all three departments use in response to identified triggers in a particular young person's emotional state.

Respondents reported that the structures and processes of the services helped to promote multidisciplinary working and bridge communication between disciplines. This first extract relates to the 'community meeting', a defined structure in two of the services:

Staff interviews data extract fourteen:

> I'll say the community meeting seems to be the big linking factor in all of this. Usually, various members of the clinical team will be in a community meeting. Particularly in the staff debriefs afterwards, if we've spotted something which we think, "Oh, I see why that's happening. I understand why that is." Maybe, there's a misunderstanding amongst the staff team, then we can do those discussions within that space (Respondent 9*).*

Extract fourteen above describes the community meeting as being a 'link' between the different ad hoc or formal activities that take place in group or in one-to-one encounters across the service. Activities include care, education, therapy, sport events, and everyday interactions. In this context the community meeting was described as an important space to review and bring together to identify any trends. In this description, a further opportunity is revealed in that

clinical staff can use these observations to support consultation and case formulation, helping to illuminate dynamics and presentations in a way that can help practice.

In each setting, the commitment of every individual staff to the overall therapeutic aim was considered important. For example, Respondent 12 had the following to say:

Staff interviews data extract fifteen:

> We get high rates of engagement in all the elements of the process because that's the culture here, it's how we do things and what is expected from the get-go. The way we structure our activities and processes across departments and teams underpins this – that in itself is containing (Respondent 12).

Here, the respondent associates an effective service with the culture of the organisation and high engagement in the placement process. They also make a link to the structure of the organisation and how this is coordinated stating that this is done in a way to deliberately support and encourage engagement. Repeated references to 'we' not only articulate the issue of common culture but recreates it in the interview setting. A particular approach to practice is described as being 'expected' and so is presented as approved and sustained as staff interact with each other. References to this common approach being 'containing' serves to present the commonality as having therapeutic outcomes for children in terms of 'containing' anxieties, bringing some predictability to relationships and interactions in the service settings.

In two of the services, the Therapeutic Community model was used to structure and coordinate the activities across health, social care, and education disciplines. One of the required features in this approach was provision of regular reflective spaces to explore the relational dynamics between staff, between the resident young people and between staff and residents. In this data, reflective spaces are described as liable to form in informal exchanges as staff show sensitivity to each other:

Staff interviews data extract sixteen:

> I guess staff sensitivity, actually interestingly, can be a useful space as well, which is the staff space to talk about how we're feeling about things. If you've got particular young person who is really tricky, that is, I don't know, maybe, really targeting a particular member of staff,

> we can talk through some of those feelings that that young person is erupting up in different people. We can be quite supportive of each other within that space (Respondent 7).

In this extract, Respondent 7 presents their understanding that working with trauma and the resultant challenging behaviours that these present, can generate powerful feeling towards staff. The complexity of using multiple relationships in a structure around a young person, meant that staff reported instances where a young person had targeted a staff member –for example because they reminded the young person of a painful relationship. Whilst this was described as challenging for the individual staff member, it was also narrated as something that could bring up powerful feelings in the wider group of staff and/or young people – jealousies, envy, rivalry, feelings of inadequacy for example. Implied was that if these are not aired, expressed and identified, they can undermine and frustrate the work. In this extract, staff are described as being supportive of each other and therefore notwithstanding the community nature of the work in some settings, more personal and sensitive conversations and targeted discussions were not discouraged when individuals require support or encouragement.

5.3 Shared Understanding

Linked to this theme is that respondents considered that a shared understanding amongst staff inside the organisation was an important foundation for the work. The focus on shared understanding within and across the service was because it allowed the team to respond with one voice to a young person. This shared understanding could relate to the young person's history and how this might be interpreted to help explain presenting behaviour; understanding of HSB and its roots and presentations; or understanding of the theoretical models being used in the setting (e.g., attachment theory or the Good Lives Model). In the following extract Respondent 9 addresses this theme:

Staff interviews data extract seventeen:

> There are certain young people who are exceptional at splitting teams and people will hold very different opinions about them. Half the team might hold a really punitive stance and the other half might hold them the very opposite of that. I think that's where it gets difficult where different people have got a really different view of the young person. Where it's really helpful is when it can be spoken about and everybody

> is able to understand what is happening and how it's been enacted within the staff team, that's great (Respondent 9).

In this extract the respondent addresses the multiplicity of perspectives that a care team can come to have about a young person, whose behaviours may also be expressed differently to different members of the team. It is identified that where these different views are allowed to take hold, practice can become difficult. The solution to this is identified as being founded on communication between staff followed by a shared understanding of the young person and their behaviour. References to 'what is happening' and 'how it is enacted' in the staff group reference that the shared understanding is derived from the psychodynamic foundations of the service being discussed. In psychodynamic approaches, the use of the term 'enacted' refers to how unconscious processes in an individual or group, become played out in the visible behaviours.

In the extra below, the respondent again talks about their organisation and a participatory inclusive 'culture' is described as prevailing:

Staff interviews data extract eighteen*:*

> It's about the culture of the organisation, the right values, doing things for the right reasons and in a supportive environment…. As staff we have things done with us, not to us – we feel like we have a voice and a 'say' in the organisation (Respondent 12).

Here, the concept of employee voice and participation is highlighted, and this can be linked as a parallel to the voice and participation that the respondents in all three services spoke of in relation to young people. That is to say, staff identified that within their organisations there was no disjunction between or dissonance arising from the way they were treated as staff and the young people were treated as residents. Both groups were given voice and offered support.

Residents were described as occasionally showing challenging behaviour and when this was the case, it was suggested this would be managed within the organizational structures with openness and transparency. This was by way of a shared focus on helping young people to reflect on their own behaviors and managing the activities that young people were able to engage with on an iterative basis:

Staff interviews data extract nineteen:

> They gain the levels of trust, but they can also lose it. And it's helping them understand what's gone wrong there. The process is they must apply for it, and it comes with increased freedoms based on increased trust. They can be...this is where the chairmanship role becomes quite important., that, you know, they need to seek out the chairman in order to understand the process. There's a mutual understanding that develops (Respondent 8).

In the above extract, Respondent 8 describes processes whereby young people might be given increasing responsibilities in relation to their peers. Crucially a 'mutual shared understanding' is said to develop in this process. Whilst the precise mechanisms whereby this understanding develops are not specified, integral to the process is stepping away from a service user role and temporarily and conditionally holding office and authority. Reference is made to losing the role and learning from that process and so integral to developing the shared understanding therefore is a process of trial and reflection. But it follows that a participatory rather than a democratic approach to working is therefore being described. Power is shared with young people but is not wholly given over. That said, a mutual understanding is said to develop whereby, if only momentarily, the roles of service provider and service user become blurred.

For Respondent 6, meetings where a young person's progress was reviewed captured the essence of the service provided and was the forum around which all other activities revolved:

Staff interviews data extract twenty:

> For me, they're the most essential meeting that a young person has in our home. Every three months, we should be looking at the targets that we're giving them and it shouldn't be a case of, oh, education, do this, care do this, therapy do this because actually, it's about the good lives model, and it's about, "Okay, what are we doing to meet the need of 'having fun'? What are we doing to meet the need of 'being my own person'?" That's where there's always going to be at least two targets on each one (Respondent 6).

In this data extract a shared understanding is described as being facilitated by quarterly meetings which focus on developing a coordinated approach to meeting objectives and targets. Within the meeting the Good Lives Model is foregrounded as providing a framework

for discussions and interventions. A holistic approach is outlined, whereby formal targets are set but there is a focus on ‘having fun’ and ‘being my own person’ - domain categories from the intervention framework.

The need to constantly nurture the shared understanding was therefore, perhaps unsurprisingly, a part of respondent accounts. Hence in the following extract Respondent 5 refers to the need to be giving an account of why decisions were made:

Staff interviews data extract twenty-one:

> …there's something about needing to be clear with people about what's being done and why it's being done that way and an explanation so that people get it because otherwise there's a tendency for them to try and compare to mainstream schools inappropriately (Respondent 5).

Here the tendency to assess inputs and actions with reference to mainstream service provision is addressed. This respondent refers to the need to nourish a shared understanding between their service (specifically the school provision) and the local authority to avoid unhelpful comparisons or expectations. Specifically, they are highlighting the need to re-explain working approaches and the underpinning theory to manage the relationship with placing authorities and regulators. The account constructs the approaches adopted and the culture that prevails within the educational setting being referenced as unconventional. No apology is offered for this, indicating that notwithstanding this, they are seen as appropriate to the client group.

The importance of developing a shared understanding of a young person’s needs and joint working with families was also highlighted:

Staff interviews data extract twenty-two:

> In a session with his parents lately, they were like, "Well, we do swear all the time out in the community." Even parents said, "It probably isn't very helpful, and we'll make sure when he's with us, we're checking him on that as well." I was telling parents, "You need to be doing this." Is it ‘kind’ not to say anything, something that he's been struggling with, because somebody had to go with him out in the community and then thinking, actually it is better for him, really, if we're all singing from the same hymn sheet, doing the same thing (Respondent 12).

In the above extract, the respondent gives an account of an incident whereby the parents of a child are encouraged to reflect on their communication style and how this might differ from the style of engagement adopted by professional carers. The respondent raises the issue of whether inducting parents into a shared understanding of how to engage with the young person is appropriate. It is thus presented that in some quarters that might be considered unkind. That is to say, that in some quarters the parents might not be leveraged to reinforce learning for a young person. The advantages associated with a child receiving the same feedback from parents as from carers, and thereby a consistent message is, however, stressed as an important aspect of shared understanding.

5.4 Open communication.

The style of communication, again within and between organisations and teams was associated with better outcomes for boys. Whereas 'shared understanding' speaks to a shared comprehension or shared cognition of the causes and proper response to sexually harmful behaviour and maturation, or a shared understanding of the structure and processes to be followed in the service, 'open communication' as a theme address matters of communication style. For respondents it was the openness, effectiveness or transparency of communication that was relevant to highlight.

Put another way, this theme focussed on the style of communication as opposed to the content. In this regard it is worth noting that therapeutic practice was described as predicated on open and transparent communication. Conversely not being open or communicating in deliberately opaque ways was rendered as a defence mechanism, used in order to avoid issues that might be hard to talk about or acknowledge. Thus, as respondents were talking, they were understood to be rehearsing their therapeutic foundations. In the following extract Respondent 9 addresses this theme and states:

Staff interviews data extract twenty-three:

> I think personally where things go quite well, even with very, very tricky young people, it's where there is really good staff cohesion and a strong motivation to keep going. When people are really talking to each other about their experiences and what they're planning to do, and who's liaising with who. Where there's really good information sharing

> where things are written up properly and everybody's on the same page, even if they are finding it really hard (Respondent 9).

In the above extract, Respondent 9 is conferring importance, linked to structural mechanisms on promoting shared understanding, and of staff engaging openly. The way that language is used in conversation and reports (which are shared internally and externally) is identified as important in orientating staff towards working with young people. In this extract, the language of 'staff cohesion', 'motivation to keep going' and 'really talking to each other about how they are feeling' address concern that staff become willing and able to be open in the reflective spaces that are provided for them. The spaces provided in the structure are rendered effective only to the extent staff engage with them in a transparent way. Underpinning and informing this and other accounts of the work are Psychodynamic based therapeutic practice principles such as the potential for defensive mechanisms to arise as a natural consequence of the emotional and psychological demands of working with trauma. The following data extract refers more specifically to overcoming defenses and a deliberate use of open communication directly with young people as part of the method of the intervention work:

Staff interviews data extract twenty-four:

> … really through the three daily community meetings that we have, and we talk very openly in those meetings about sharing life experiences, daily life experiences. If somebody does X, this has an impact on me and they learn through their environment and relationship around others of the impact of their behavior (Respondent *7).*

The above extract points to the use of structured spaces in the routine and timetable of the service which are deliberately intended to facilitate open communication. 'Open' arises as an issue of concern only by dint of its opposite 'closed' communication being the potential to avoid. The respondent talks specifically about reflecting in an open way, the impact of behaviours of an individual, but in a group discussion context where feedback from wider relationships can also be explored. The account refers to a communication style and content that is not mainstream for boys in wider society where masculine norms encourage restricted conversations around thoughts and feelings. This unusual expectation in communication style was across most of the structures in the TCs. Their operating structures featured lots of different meeting spaces for different cohorts, all with an expectation of openness and

reflection and with a theoretical underpinning that the process and dynamics of a discussion or reaching a decision were actually more important (therapeutically) than the content of what was being discussed.

Staff referred to a process whereby new young residents learned to become more open in their communication. This was as they were exposed to this kind of talk by their peers and by staff:

Staff interviews data extract twenty-five:

> Actually, for them to learn the words, the vocabulary, to talk about the emotions, rather than it just being an 'F word' or something, they can actually start expressing the emotions. They can see this in themselves, and we feed it back in the meetings all the time. The progress, that they're able to own and take responsibility, to apologise, to think about how they can make something better, reparation. All of these things that they've never experienced before.
> (Respondent 7)

Here, the respondent focusses on the teaching of and role modelling to young people about recognising and labelling emotions and developing their vocabulary. By improving their understanding, communication is depicted as becoming more open and effective both in their speaking and their capacity to hear what is being communicated to them. However, as the next extract identifies these learning events were not limited to young people, they applied equally to staff:

Staff interviews data extract twenty-six:

> That's really important because it allows people to grow. It's almost like what we expect from the boys, we expect from the staff. Sometimes the staff find that bit much more difficult than boys ever do. The boys are great at that sort of thing whereas I think as adults, we've had more years of trying to hide – we either avoid situations, don't recognise them or get defensive. (Respondent 6).

In extract twenty-six the respondent explains how the openness of communication between adults, including learning and self-reflection is important in team functioning. Here they describe how the structure of the service provides dedicated spaces to facilitate this openness and also the parallel in the process between how young people and staff are expected and

supported to communicate. It follows that in respondent accounts, lack of open communication was associated with difficulties in the work. In extract twenty-seven a respondent gives an account of how this might be:

Staff interviews data extract twenty-seven:

> …difficult work dynamics... that can make it difficult, and when you're here for the boys, the boys could pick up on that. That can affect the day, or if the care staff pick up on it, that's not fair on them, or it could start gossip, things like that. Work dynamics can be really impactful and detrimental. It creeps in when there isn't open communication (Respondent 5).

In this extract Respondent 5 specifically names the challenges within a team when people are not able to communicate openly and how this can create negative dynamics in the group. The extract notes the impact of this directly on the young people if there is a blockage between two co-workers on the same team, as well as if the breakdown was between staff in different departments. Here problems in staff dynamics are associated with the absence of 'open communication'. Conversely, being 'open' is eulogised. The respondent refers to poor staff dynamics being absent where open communication prevails.

5.5 Positive or problematic partnership working.

The services operated in complex multi-agency landscapes with social services identified as the key commissioner and external decision maker. The style of the engagement by and with these key agencies was seen as influencing placement journeys, especially at key points of decision and transition. This influence could either be rendered helpful or hindering. This theme differs from the theme of shared understanding in that it is focused on the activity – proactive, absent or anti-task of other agencies. In problematic examples, even where there might be shared understanding of the therapeutic process and timetable, a local authority might seek to move a young person earlier based on financial or other factors unrelated to the actual work being undertaken:

Staff interviews data extract twenty-eight:

> I've been fortunate. The last two boys that I have been the link-worker to, their social worker will join in on the Good Lives meetings and will join in, well, they'll be very contactable, put it that way. If they're part of the Good Lives meetings, anything requiring local authority agreement is boxed off, signed, then and there – this avoids delays. It's said you can do it there. It's taken, all the minutes are made so everyone's accountable. Then you send over the risk assessments, send over the plan. "Great, this is what we agreed in the meeting". That's an ideal situation but it's a rarity. (Respondent 10).

This respondent explains how the involvement of placing social workers in formal, internal review and planning meetings is usually poor and by dint of this there are often delays in implementing plans and difficulties holding people to account. Respondents lamented that social worker time was limited and so their attendance at meetings was usually restricted to biannual legal review meetings instead of the much more frequent planning and review discussions. The individuals who attend meetings more regularly were described as being 'contactable'. Thus they are positioned as more engaged in and interested in a child's progress than those who do not attend meetings and who were rendered in the account as 'out of contact'.

In extract twenty-nine the concept of helpful working with others is applied directly to the young person's family:

Staff interviews data extract twenty-nine:

> When you've got good relationships with family members that have PR (Parental Responsibility), that always is very, very helpful and that is something that we try and build up during stage one (Respondent 10).

Here, the significance of parental responsibility is constructed around the legality of decision making. Working with families is an expected part of social work practice, but the actual legal responsibility to sign off on decisions is either entirely with the state (Full Care Order Section 31) or shared parental responsibilities (Accommodated Section 20). Problems in partnership working were identified as likely when there was a lack of mutual understanding of the work between agencies; in the absence of open and transparent communication and/or where individual workers were assessed as being less committed to individual young people than necessary. It was also stated that there were moments or events in the placement journey associated with points of progression or transition where there was elevated potential for

problems in partnership working. In the following example a respondent refers to a hypothetical conversation that might arise with a placing social worker:

Staff interviews data extract thirty:

> You get a lot of unrealistic pressures and questions from placing authorities. Things like 'oh he's been with you XX months now, so why isn't he 'fixed'…or 'when will he be ready?'…those sorts of questions. The journey is quite unmeasurable and individual and constantly changing (Respondent 12).

Here, Respondent 12 refers to a lack of shared understanding leading to unhelpful or inappropriate questions about the way the work is being done or progress is being measured. References to the young person being 'fixed', redolent of a medical approach, speaks to an understanding of therapeutic working and rehabilitation at odds with that embraced within the service where progress was understood as neither easily measured nor linear.

Participant services worked with young people from all over England and Wales. The following respondent identified a connected experience when reflecting on the inconsistency of approach, response, support, resource etc., depending on where in the country a young person was placed from:

Staff interviews data extract thirty-one:

> …it's just a post-code lottery in terms of the support they get as we work with young people from all over the country and the thresholds and capacity vary…. It helps if they have an experienced social worker or someone who's really prepared to fight their corner and ensure they get the service options and support – this really impacts on how their future looks (Respondent 12).

Here, Respondent 12 is labelling the relevance of pro-active social worker (or other statutory officer) who can assist in the sometimes-arbitrary processing in a local authority. This is described as being a decisive factor in securing decisions and resources in the face of regional variation in approach across the country. The respondent identifies how the experience or tenacity of an individual social worker can be an asset in challenging system thresholds or decision-making processes. The language of "fight their corner" communicates something of individual advocates needing to press for limited resources.

In extract thirty-two (below), the respondent reflects on whether they felt the situation with or the impact of the challenges of external agency activity had improved or deteriorated over time:

Staff interviews data extract thirty-two:

> I think that in the last 10 years we have just adapted as an organisation to minimise the negative impact of the system or the decisions the system can make. We do things now, like outreach after placement as standard, that we just didn't provide before. We do it from our own initiative, it's not funded, but you see the need and we have the relationship (Respondent 12).

Here a service is described that takes proactive steps to strengthen the impact of their work through outreach post placement in response to the gaps or shortfalls in local authority, community provision. The respondent is identifying that there are ways 'the system' works (e.g. funding being restricted to geographical boundaries impacting when young people move) or sometimes individual decisions made in placement planning that negatively impact on a young person. The respondent suggests that commitment to the young people, combined with a professional wish to see the positive impact of therapeutic work protected, has led to services extending their support beyond what is commissioned or funded.

5.6 Placement journeys

There was a consistency in the data from all three participant organisations on the overall 'shape' and stages of a successful placement journey focused on 'beginnings', 'middles' and 'endings'. The duration of each sequential stage was identified as individual to each young person, and there could be periods of regression. Respondent 12 in the extract below characterised an aspect of this first phase of 'beginnings':

Staff interviews data extract thirty-three:

> It's a very containing stage for them. It's almost like if you think of child development when they are born and they need a lot of supervision and support – a very intensive, care experience (Respondent 12).

Extract thirty-three draws an analogous comparison to child development. Respondents had spoken about the task of the work with traumatised young people as 'reparenting' them. Here, the respondent suggests the early stage in the placement journey as having a similar function to the parenting of an infant where there is a high level of adult attention and emotional containment. Underpinning the account is a commitment to psychodynamic and attachment theories, reparenting, for example, being a recurring element in therapeutic psychodynamic work.

The next extract repeats but takes the concept of 'containment' a little further into the placement timeline. It is identified that in a successful placement, having arrived and received that initial containment; young people are then better able to settle into routines:

Staff interviews data extract thirty-four:

> Often that can be quite a settled period because they enjoy having that nurture and care around them and being in the structure and routine of school for the first time in perhaps a long time….and going to therapy (Respondent 12).

The respondent above, noted the same relevance of care and nurture in the first stage of arriving, but expanded this to consider how different aspects of the structure or service delivery played a role in proving emotional containment – leading to a settled period. This was described as a 'getting to know' period, for the young person to start to build relationships.

However, there was data that described an alternative early experience of the journey: one in which the young person needed to be helped to feel safe, where there were trust issues and expectations that adults would let them down (based on previous experience). One respondent suggested: "There's a lot of testing out of us, testing our trust, testing if we are reliable, testing of attachments" (Respondent 12). Identifying where this was the case and responding appropriately was considered an important element to successful care journeys.

Respondents talked about 'middles' as being a non-linear phase where progression, successes and challenges were highly individual to each young person. Whilst there would be common threads to the work, the sequence was not consistent and would be driven very much by the young person's capacities, choice and degree of motivation. Respondents broadly referred to a process of progression from a place where there were a lot of external controls, to the young person being able to internalise these and manage them with decreasing support and prompts. Along the way, it was identified that whatever plans were being worked on, these

were subject to interruptions or disruptions – changes in the young person's family or their priorities, or legal processes such as pending court cases on offending being concluded, or new admissions to the services (young people or staff) which changed the group dynamic, changes of social worker etc. Thus, as illustrated in the next extract this stage was not described as linear but more 'three-dimensional' with a sense that it could (and often was) approached from whichever 'facet' or aspect of functioning or presentation seemed current or presented the best opportunity for the staff to engage the young person in that period of time:

Staff interviews data extract thirty-five:

> As we move into the middle phase, that definitely has its peaks and troughs, more of the troughs, more of the struggles as they are adapting to new situations and the expectations on them become greater. But that's where they are practising putting the skills we have been learning into practice and we are supporting them with that (Respondent 12)

In the above extract, Respondent 12 gives an overview of this individualised phase. Staff are depicted as using the opportunities created by the structure, to support the young people in practicing new ways of behaving in different situations and to transfer their learning from experiences of therapy, school, key working, community meetings and staff role modelling, into new contexts. This is presented as taking practice, with some elements taking longer to achieve and staff needing to support those failed attempts. At the same time, this respondent sets out the raising expectations over time.

Respondents referred to challenging behaviours on the part of young people being routine or expected. That understanding seems to underpin an ability to better deal with it as a necessary foundation for progress. Challenging behaviours were in essence the conduit for learning experiences as illustrated below:

Staff interviews data extract thirty-six:

> I think the bit in the middle is grounding of them. Where they find their feet, they're like, "Okay, now I've learned that. I've displayed all these challenging behaviors, and these people are still here for me, and they're still helping me" (Respondent 4).

In this extract, Respondent 4 imitates what they understand to be the internal narrative of the young person during this period and how the experience staff 'being there' for them during

their struggles, as grounding and containing. This ‘stickability’ through difficult times was associated with a successful placement experience, and was presented as communicating a powerful message to the young people about their value and worth.

The middle phase itself was constructed as having an arc of progression – the intended accumulation of skills through coaching, role modelling and practical application. One aspect of this was around the development of practical life skills to support future independent living: learning to cook, budget, do laundry etc. This was also linked to growing emotional maturation, growing trust from staff and self-confidence within young people. As such the ‘style’ of the adult role was depicted as adjusting:

Staff interviews data extract thirty-seven:

> As they get older and they're moving on in their independence, you change from being a nurture-- I mean, you can still have that nurture, but the parental figure into mentoring. To mentor them, so your approach might be different from boy to boy and depending on the specific thing you are looking at (Respondent 4).

Here, the respondent is giving an account of a nuanced and individual change in their style of working. Here they are explicit about still retaining nurture and care, but the ‘positioning’ of this moves from more prescriptive and directive parental oversight to that of a supporting, guiding mentor. This shift was said to occur gradually, situation to situation allowing the young person to increasingly take the lead and work more independently.

The final identified phase in the journey was the preparation for an actual event of transitioning out of the service – activities broadly referred to as ‘endings’. For the majority of young people this was said to coincide with a move into semi- or fully independent living, often returning to the geographic area from which they had originated. Associated with this was a gradual withdrawal of overt staff support. This reduction in dependency on staff support was stated by Respondent 7:

Staff interviews data extract thirty-eight:

> I know that there’ll be specific activities, but there’s also a lot of down time as well. So, it’s about kind of building up the skills to do when you’re a little bit bored, because sometimes it can be a really big problem. Isolation’s a really difficult one because, obviously, we’re a big community, and we don’t have isolation here because we’ve got

> so many of us around. What we know when they leave, they haven't got that networking, they haven't got that support, and they have to occupy space and time in an adjusted way (Respondent 7).

In this extract above, the respondent is identifying how the busy and structured routine in the service is somewhat artificial in terms of the self-sufficiency, periods of boredom and loneliness that will feature in independent life after transition. This reality and/or the uncertainty of exactly what life will be like is identified as a challenge and anxiety provoking for both the young people and the staff. Moreover, it is identified as a potential problem in terms of sustaining any gains achieved during the time in care. This issue is addressed in a similar way in the following extract:

Staff interviews data extract thirty-nine:

> That last bit can sometimes look a little bit rocky because it can be quite a scary time for them. It can look a little bit like they're feeling a little bit out of control because it's such a daunting thing, moving on (Respondent 4).

Respondent 4 explains how there can often be regression in a young person's presentation and engagement during the ending phase. The exact extent of this anxiety was presented as dependent on a wide range of factors, some of which related to timeliness and certainty of decision making in the process. They go on to note other contributing elements such as what follow up they were offered and factors that staff felt less able to control such as whether the young person returning to the area and relationships within which the original needs and risks arose:

Staff interviews data extract forty:

> Often they've got quite damaged families. Sometimes they're not always very supportive and helpful, a bit defiant. We're working with that-- They're not always terribly helpful. I think often it can be quite hard for us knowing that they will be going back. We've done all this great work, amazing work, and the lad also knowing they are going back to a very corrupt, damaged community, full of crime, and how they are going to put the skills they've learned and the safety they've learned here, back into that area (Respondent 7).

Respondent 7 identifies some of the obstacles that families can present in their engagement and during transitions. This extract identifies concerns that the young person may have been removed from a context, changed through the intervention of the service only then to be put back into a context that itself may not have changed, or may even have deteriorated. The respondent thereby expresses some concern about whether the home prepares young people for 'real life' post residency. This rendered transition planning a key feature of sustained successful resettlement post placement and extract forty-one illustrates this from the educational perspective.

Staff interviews data extract forty-one:

> Because when you've got the students, sometimes if they don't know where they're going, I've seen them disengage in school especially when it's the last few important months for qualifications or sometimes local authorities will put the placements in the middle of a term.

In this extract there are two issues ~~are~~ addressed. Firstly, the issue of motivation to remain engaged in education which is said to be sensitive to any uncertainty around the future. The second issue is around the timing of moves – the academic component of the service both has an annual cycle and rhythm where academic transition is typically in the summer. Placement moves are identified as not always coordinated to match this sequence leading to unhelpful 'mid-year' moves, meaning young people have to join new courses and new institutions and groups after they have had collective starts. Alternatively, either the timing or uncertainty of moves coincide unhelpfully with the exams cycle disrupting the young person's capacity and focus on this key milestone in the academic journey.

The relevance of the stage or timing of placement activity around transitions was also noted in the direct therapy component:

Staff interviews data extract forty-two:

> Therapy changes in the latter stages…often they have done all the 'work' and the boys will come as and when they feel they need it. We are still integrated to the care and education team, but the direct work tails off…. But we have to negotiate that the with placing authorities to manage their expectations. I guess the answer is that the therapy isn't an hour a week anyway, never has been, they may have had lots of extra sessions in the early phases, but they (Local Authorities) don't get that typically (Respondent 12).

In the above extract, the respondent describes a process whereby the pattern and frequency of the one-to one provision naturally reduces as the work undertaken is internalised, but the ongoing therapeutic support is still delivered and maintained in the wider work of the service. This, it is considered, allows the young person to become increasingly independent and self-managing, whether in a practical or emotional sense, but to still have the relational support to access when they feel they need to. The respondent also identifies potential difficulties that can arise in commissioning authorities not understanding the 'shape' of different elements of the delivery, and the misguided notion that the 'fixing' happens in the hour per week face-to-face therapy sessions.

5.7 Chapter summary.

The findings from staff interviews gave greater detail and accounts of operational application of the stages, activities and assumptions within the emerging ToC. Relationships emerged as being central to the work and the descriptions illustrated many different facets to how these were being thoughts about and used deliberately. Within the ToC there are periods where the focus is on child: adult relationships, sometimes these are focussed through the lens of specific roles e.g., therapist or teacher. At other points, the focus is experienced in the relationships between young people, both when they can act as mentors and role models for each other but also addressing disagreements between them. The relational environment was said to be important to create and maintain with deliberate attention and support spaces to support adult: adult relationships – both within teams, but also between departments.

A range of accounts give detail about the structures and processes within the services and the relevance of their design, coordination an application in delivering the service. The narrative offers generative potential in the systems and process being well matched to the relational task and being more than simply an administrative or operational configuration. Developing the ideas from the focus group, structures included practical considerations to involve young people in as much decision making as possible, sharing power and authority as much as practical. Structures also focused on forums for communication and sharing of information – again as a method to change power dynamics. The community meeting was a key vehicle for this in two of the services, but the sharing and involving principle was evident across all responding services.

Having a shared understanding was identified as important and this related to inside the service – within and between teams. Clarity and consensus in staff about the young people,

their profiles, their individual drivers for behaviours and their interpersonal styles etc was seen as necessary, accepting that different individual in the teams would have very different relationships (and often tasks) with the young people. This clarity also operated on a wider level – consensus on the model of practice and therefore on the specific contributions that roles made towards the work was seen as necessary. This shared understanding also included the young people, so they understood what aspect of work was being undertaken in what space, through what activity and this it was suggested gave them a sense of their progress at any point in time.

A different aspect of communication was described – that of open communication. Whilst this had a contributory role in developing shared understanding, the focus here is more psychodynamic. The accounts describe it necessary to reflect on communication styles within the system and between all players, noting that individuals or teams could be 'split' – played off against each other, consciously or otherwise and that this was an inherent risk in the therapeutic task. In two of the services, specific group reflective spaces were part of the operating structure specifically to respond to this need for openness.

Whilst the services concentrated on the internal communication and understanding, it was also noted that there were relationships external to the services that had a signficant effect on the placement journey. The style of partnership working with these external relationships could help or hinder progress. Points of transition, especially considering accessing college places and/or the transition to leave the service and move into semi- or independent living were particular pinch points for unhelpful experiences. There were some case variations described where young people might be on the sex offenders register, leading to justice agency oversight as a further complication when relaying on multi-agency decision making and planning.

Respondents offered accounts of how the placement journey unfolded over different stages and phases. These moved from initial plans to receive a young person and their settling and establishing early relationships, through an extended 'middle' phase where young people gradually grew emotionally and developed new interpersonal capacities, through to increasing independence and ultimately leaving. Consideration of enduring relationship post placement was also noted.

Relationships ran as a thread throughout all these sub-themes – often these were described in very explicit terms, being thought about and applied deliberately and consciously. At the same time, even in structural or procedural considerations, whether these were inside or outside the services, there was a relational underpinning. The same approach to exploring

the draft ToC was used in the interviews with former residents and their themes will be presented.

Chapter Six – Young Adult Data

6.0 Chapter Overview.

This chapter will present an account of what young adults, who were former residents of the participating services, said was generative in terms of developing personal growth, capacity and capabilities during their time in those services. The elements were closely aligned with those identified by staff participants but differed in tone and perspective. Whereas staff more readily addressed processes and systems, young adults gave an account of what mattered through personal reflections and opinions about what helped them become the adults they were. These personal reflections add depth and subjective insight to the staff data, and further insight into the broader residential experience.

As in the previous adult data chapter there was a dominant theme related to relationships, both with staff and peers, which cut across the entire data set. Accordingly, this cross-cutting theme is addressed first in this chapter, followed by subordinate themes:

1. Relationships – with staff and with young people.
2. Effective initial engagement and containment – experiences linked to joining the service and settling in.
3. Multi-disciplinary cogency and cohesion to the therapeutic task – the experiences of how staff worked with young people and each other to provide a generative environment.
4. Interagency working – where this helped or hindered the expected pathway.
5. Transitions – preparing to leave and life beyond the services.

6.1 Relationships.

Whilst there will be reference to relationships in some of the subsequent themes, this section of the chapter seeks to explore how relationships were described in more detail. The opportunity to develop relationships with staff, and peers both in formal and informal contexts was a feature of placement that young adults identified as having significant positive impact on their lives. Moving into a new setting required a new set of relationships to be established and often quite large numbers of new people to meet, in different roles and contexts. At the

same time, these young people had often moved numerous times before as a result of their care journey and had entered care with emotional needs that impacted significantly, often negatively, on their relationship building skills and capacities. The young people lived in the services for extended periods (between eighteen months and six years in this sample) and so many of the relationships were enduring and encompassed experiences that were described at times in a way that was redolent of familial, parental and sibling relationships. In the extract below, the importance of relationships to young people is addressed:

Young adult extract one:

> Every young person in care wants to feel that it's all about love for all of them. For whatever reason, they can't be with their family, so they're looking for someone to love them. That's all that they want. Never mind it's young people in care, that's all that any child wants, is to be loved, so why not show it to them? They really embrace it. When a young person feels loved, you'll see them achieving the best of their potential. (Respondent 13)

In this extract the young person places being 'loved' at the center of their understanding of what all children, including children who are in care, need. In a way that arguably highlights why being in care could be stigmatising, the family is framed as the usual source of that 'love'. But because families are distant or absent from the lives of young people in care, another person is identified as needing to provide it. Young people are described as active in looking for this other person, but as the statement 'why not show it to them?' indexes, the respondent understands young people in care can sometimes be denied this 'love'. The result which is then anticipated is that the young person would not fulfill their potential. Repeated references to 'all' children and thereby a totalising approach to presenting the point being made serves to leave the hearer in no doubt as to the universal nature and relevance of the point being made about 'love'. Equally, however, the remedial nature of anything other than a family comes across, and may explain later references to the generative potential associated with placements that offer stable and nurturing 'family-type' environments and relationships for children.

Whilst the former extract addresses the potential for a young person to be denied 'love, the following addresses the potential for a traumatic history involving failed relationships to lead to expressions of love or care being rejected:

Young adult extract two:

> I would push people away by making sure that I broke down the relationship. I'd be unnecessarily challenging everything that they were trying to work with me. I would deliberately work against them just to see whether they were suitable for them to stick around and see how much they would put up with. Now, if I act in a particular way, I would see now would they then wash their hands with me or would they stick by me? (Respondent 13)

In this extract, the same respondent speaks of how they used challenging behaviour as a protective barrier. In making their presentation confrontational, they are testing out the stickability, resilience or commitment of the staff. Thus they are testing the likelihood of and pre-emptively insuring themselves against future loss. The broader context here is that the respondent has experienced multiple moves because adults were not able to successfully tolerate his challenging behaviour, and therefore experience a more connected relational style with him. The respondent describes themselves as watching to see what reactions or responses the staff member will give. They describe this approach as a way of 'testing the water' from a starting position of mistrust and expectancy of eventual rejection.

A physicality is addressed in both data extracts. In the former children are said to 'embrace' love and in the latter to 'push' people away. Notwithstanding the physical rejection addressed in the latter example, the references evoke mental images or associations of a parent and child interacting and confers onto 'love' a physical as well as psychological and emotional quality.

Physicality and presence are addressed in the next extract where spending time with staff, especially one-to-one time is rendered important for young people as it could indicate to them that the staff member enjoyed their company and thereby validate their sense of self. In the following extract Respondent 24 refers to one worker who they had an especially good relationship with:

Young adult extract three:

> There was this one guy, he did mechanics, furniture repair, paint and decorating in River Care. We had an absolutely sensational relationship, it felt really personal to me, like he was interested in me,

> listened. I chose that particular subject because of him. I wasn't too fond of the actual subject but chose that course because I enjoyed being with him. (Respondent 24)

In the extract above, the power of the personality and communication style of a staff member is addressed. References to "it felt really personal to me" and "like he was interested in me" highlight the sense of connection and attention received from the person being discussed. For emphasis and to engage the listener the respondent adds a narrative element to their statement to illustrate the influence the man being talked about had on their decision-making. Wanting to be with an individual is presented as having outweighed other factors (a less favoured subject area in school in this example) and thereby more important than academic or future career related considerations. Thus 'relationships' in the care home are placed centre stage. The respondent suggests that spending time with the staff member was 'sensational' because that person seemed interested in them (as opposed to simply being interesting to them). Thus the contact is described as having affirmed to the young person their value and worth as an individual. In the account, words like "sensational," "enjoyed," and phrases like "he listened" serve to convey the positive emotional response being narrated and to re-create a sense of fondness and attachment.

Despite the variety of relationships, it was often very specific individuals that young adults recalled when talking about their time in care:

Young adult extract four:

> Despite being over 60, and arthritis in her knees and the legs, bless her, she sat down with me and she'd got her arm out. She was like, "Come here." I was like, "No, no, no. I don't deserve it. I don't deserve for people to be nice. I've been absolutely horrible." She said, "Oh, just come here." She came down, and she cuddled me when I was crying. I've never ever had that before. Bearing in mind what I was like, and the verbal negative things that were coming out of my mouth, and the things that I'd done, she still realised that, "Goodness, what he was doing was he was trying to reach out. He just didn't know how." (Respondent 13)

In the extract above, the young adult initially refers to some infirmities they remember a care giver was experiencing. The intention being to highlight how they might therefore, arguably

with good reason, been preoccupied with their own needs as opposed to those of the respondent. A sense of surprise at how caring the worker was in light of their circumstances pervades the account. Additionally, with how caring they were given the way the speaker had behaved towards them. A personal connection and fondness with the person being described is recreated through the use of the phrase "bless her".

Here too a physicality is associated with the care being shown. Being cuddled and cared for is not described as an unusual experience in itself. That is to say as something, because the speaker had never experienced it, they could not recognise for what it was. But being the recipient of that kind of physical and mothering type of care is narrated as novel and surprising. The contrast between the speaker's self-perception of themselves as ‘horrible’ and the person's compassionate response highlights the significance and impact of the encounter for the speaker. The respondent gives an account of the caring behavior reflecting an ability the staff member had to see challenging behaviour as communicating a need, and that need was nurture.

The speaker reflects on their own behaviour but whilst acknowledging their negativity, they also consign it to the past. Elements of the account, thereby, serve to render the experience being narrated transformational. Thus a physically, emotionally and psychologically stable relationship is invested with generative potential. As is the ability to see beyond presenting behaviours.

In the next extract, the respondent more explicitly addresses parental care as they recall experiences with male staff:

Young adult extract five:

> Well, I think most of the male staff got… Two of them acted like my dad because I didn't see my dad in five years, because he ran away with his new wife and all that. That's another whole history stuff, [chuckles] but they acted like even though I've done something wrong to get to where I am, obviously they can't judge me on what I've done, but they cared enough. They just cared about how to help me, and if I said to them I need to go for a walk with you, they'll go for a walk and stop whatever they were doing. It was good to have properly grown-up men to go to. They stood by me and sometimes you just wanted to hear

> what an older, experienced guy's take on things would be. (Respondent 22)

Here, the young adult reflects back on a loss in his early life and complex family dynamics and suggests that two staff in particular filled a paternal role for him. Here their ability to see beyond the speaker's offending is praised as is their willingness to respond, swiftly, to the respondent's needs and wishes. In a way that emphasises the positive impact or generative potential of the support provided, the caring and non-judgmental attitude of the male staff members is contrasted with the young adult's own perception of himself as having done wrong.

A specific activity is mentioned in the account. The rather ordinary activity of going for a walk. The normalcy of the activity serves to narrate the staff's willingness to spend time with the speaker as not being conditional on the activity itself. But rather based on the desire to respond to the speaker's request for company. The 'men' highlighted in the account are described as having other things to do than attending to the respondents needs. But they are presented as being remarkable for being willing to prioritise the latter.

Here too, references to the men being 'stood by me' introduce a physicality to the experience being narrated whilst references to 'properly grown-up men' and 'older, experienced guys' are evocative of a fatherly rather than brotherly or peer-based relationship.

In this next extract a young adult gives an account of how a strong sense of connection to particular staff impacted on his behaviour and how he perceived and thought about this in the context of a group dynamic:

Young adult extract six:

> When I have certain people come on (shift), I try and impress them. There's another thing I used to do. I used to impress them and behave and try not to have any problems and try not to make any mistakes. This was where I had a good relationship, or a favourite person. Even sometimes on the shift if there were 3 or 4 staff, you would have a preference of who you wanted to spend time with, so you try to make them want to be with you (Respondent 28)

The extract above can be analysed on several levels – on the one hand there is a straightforward wish to please someone where there is a desire to further develop the relationship. Thus, a bond to a staff member is narrated as having generative potential in terms of promoting better behaviour. On the other hand, there are further layers around the complexity of the setting. Firstly, the language of 'behave and try not to have any problems' touches on the reality that the young people are living with others with interpersonal difficulties, in an environment which has restrictions and frustrations built into it. Secondly, it is possible to imagine the increased potential for young people to be in challenging situations, and yet the respondent notes a specific sensitivity to wish to avoid these. Thirdly, a further contextual element relates to the division of staff and how they are allocated when at work. There is competition for the attention of staff and the young person therefore feels the need to 'perform' to try to influence this. It is in this context that the young person describes navigating different relationships with and between peers and staff.

Be that as it may, the respondent highlights the importance of positive connections and the way they can motivate certain behaviours. Moreover, the account indirectly highlights the potential inherent in residential settings for social approval or disapproval to impact upon and drive personal conduct.

Relationships with staff were not without their difficulties and young adults illustrated some examples of ways that these could show themselves. In this next extract a young adult describes initially not liking a new manager (some of this being related to loyalty to the previous manager) but how this changed over time.

Young adult extract seven:

> At first, young people struggled to take to him - I certainly didn't see eye to eye to him at all, too 'tough love' for me. I did not get on with him at all, but he was very, very complementary of the young people and actually he always put young people first, always backed us up. You could see the passion coming from him in the way that he would organise these events and organise these special occasions. He really liked the parties and in-jokes and getting the staff to be creative. I think once we started doing more things day-to-day, that's when the children's home changed and for the better. (Respondent 13)

Here, again it is the perception and experience of the staff that influences how the relationship is made sense of by the young adult. Initially, the respondent finds the manager's style too direct and suggests that this was the general experience of the group. However, the evaluation of the manager changed over time and the respondent is very clear in listing the positive qualities that they displayed. Certain actions are described as underpinning a positive cultural change for the service. They mention the person being complementary towards young people, always putting them first, and organising events and special occasions with passion. The emphasis on parties, in-jokes, and staff creativity evokes enjoyment, camaraderie, and a positive atmosphere within the children's home.

Relevant here is the way the manager is invested with a particular ability to shape the atmosphere of a home or to set the relational tone. But also, as will be discussed further later, how elements of the culture of a home were dependent upon structured performances and/or deliberate use of language (in-jokes).

Sticking with the point that relationships with staff were not without their difficulties, the length of time that staff worked in the service and the impermanent nature of their employment could be problematic as highlighted by the following respondent:

Young adult extract eight:

> I think they were trying their best to really help young people, but I think sometimes they were taken aback on some situations. There were a lot of staff members leaving for various reasons, and I identified with the staff who would only come on for a shift, or who only would stay for a couple of weeks. The house went through a really horrible period of disruption, loads of incidents, damage and the like. No wonder some of them couldn't hack it, but we didn't have a choice. It was hard because you might take an initial like to someone, but there was no point because you didn't know if they would make it. (Respondent 13)

The extract above provides an illuminating account of two aspects of the residential context. Firstly, young people have no control over how long adults choose to stay in their roles. There is a reality of people coming and going, individual circumstances changing and the organisational challenge to recruit the right people and to retain them to facilitate relationships. Secondly, it speaks directly of the very challenging periods that residential homes can go

through – there are a multitude of factors that can influence this: emotional distress of specific residents at points in time; inappropriately matched young people being introduced to the group; or ineffective working in the staff team leading to a loss of containment and order. If these challenges cause staff to leave, there is then a pressure for new staff to be recruited to maintain the resources, but these new people (both new staff and new young people) enter a very challenging dynamic situation where they will be emotionally (and perhaps physically) tested.

Be that as it may, perhaps unsurprisingly staff recruitment and retention is invested with generative potential in the account. Given the importance ascribed to relationships and as illustrated, that they could take some time to develop, employing the right staff and then retaining them is associated with a more settled residential experience. A bidirectional relationship between disruption and staff turnover is narrated. It is asserted that the inability to cope with incidents and damage contributed to some staff members deciding to leave. Yet at the same time, it is suggested staff turnover contributed to children having difficulty bonding with staff.

Here, therefore generative potential is associated with staff permanence and so activities that promote such an outcome be they related to recruitment, training or retention are invested with significance in terms of being associated with a better organisational performance story.

Most of the young adult respondents referred to the importance of maintaining contact with staff after their time in the residential communities had come to an end. For example, Respondent 25 said the following:

Young adult extract nine:

> I think definitely it's the relationships you build with the staff, but in particular, with my key worker, I thought was amazing. I still keep in contact with the house and tell them how things are going on and like the friends I'm making or about the painting I've been doing, the grades in getting in university and stuff like that. You always get a nice reply back. (Respondent 25)

This example draws attention to a wider sense of connection with the service, but more special or meaningful relationships within that. There is a continuity of connection with the service that

seems to go beyond simply ‘a place I lived between x and x dates’. This respondent explains that their sense of connection enjoins them to remain in contact with the service and with individuals within it and they experience a sense of genuine interest in them. This ongoing concern and interest is redolent of the enduring parental interest that for many young people in care may be absent, inconsistent or unreliable.

The strength and duration of staff relationships and the importance and relevance of them to the young people’s experience is highlighted in the following extract:

Young adult extract ten:

> I was definitely loved. It was my family and it still is my family in many ways, because whenever I do see you guys again, it's like-- because I've seen young people and staff from the community and whenever I see them, it's just like no time has passed and that's so lovely because you're just able to reconnect and pick up where we left off, which is so comforting to me that they still valued me. That's really special. Yes, I felt loved, because I felt my voice in that home. (Respondent 13)

This extract speaks of feeling loved and of being cared for, heard and valued, and equates the time in the service with being part of a family. The respondent highlights the comfort they derive from being able to pick up where they left off, and thereby narrates a continuing sense of belonging to the family. The respondent specifically notes that the ongoing connection is associated with the opportunity to remain in contact with staff and young people and the chance to see them. All the services provided some form of reunion or the chance for people to go back to visit. Where that opportunity was embraced, the placement was, as in the above account, described as a safe haven to which the respondent might periodically return and like an anchor point in their personal narrative.

This penultimate extract of the theme draws attention to the feeling of closeness and intimacy that was experienced, even in this care setting with multiple adults:

Young adult extract eleven:

> It didn't feel like they were staff, they felt like they were family if you know what I mean. In as real as a sense as you could put it because they weren't putting up a facade for you because ‘you were a young person so it had to be formal’. There was formalities, don't get me

> wrong, but it didn't feel like it was all box ticking, it felt real and I like that difference. (Respondent 25)

The extract above gives an account of an acute awareness the respondent had about the nature of the relationships they had with people who were ultimately doing a paid job within a formal system. The language used 'you were a young person so it needed to be formal' speaks to the negative impact that institutional care can have on relationships - a need to maintain professional boundaries that leads to young people feeling that staff are holding something of themselves back – here described as only showing a "façade". This young adult explains clearly that the authenticity of these relationships is noticed and felt in the experience and when the balance between 'realness' and the inevitable formal processes is right, the young person feels a connection that is described as relating to a sense of 'family'.

The final extract gives an account of how young adult participants also made specific reference to the relationships that they had with each other during their time living in the service and what these were like at different points in the placement journey. Here, the respondent offers insight into the reality of proximity with other residents, but how this still differs from a wider network of friends outside the care context:

Young adult extract twelve:

> Don't get me wrong, I still adored the young people in the children's home. They still were my best friends at the time. To have friends outside the children's home meant a little bit more because they didn't know me. College was great for that, but there were boys that were part of sports clubs or did other activities, even part-time jobs. (Respondent 13)

Here the young adult reflects back on the significance of developing relationships with peers unconnected to their status as a child in care. As noted earlier in this work, young people in care often have very little choice in where they live and virtually no choice in who they live with. In this account, the language of "adored" and "best friends" communicates a closeness that goes beyond simply housemates or cohabitants. Whilst very strong and close bonds are formed with those other residents over time, there is a shared reason that the children are placed together in the first place. In this regard, even without knowing the details of individual histories, these young people all know that they have a care status, and for this cohort, a sexualised history too. Friendships developed outside of those parameters, be that in college, clubs or during other activities, started from a place where new contacts did not have

the same level of pre-insight and ‘knowing’ of the young people’s histories. Establishing and managing new relationships in new settings, often in new geographic locations that the young people are not from originally, required them to plan and have a narrative to help manage questions about their origins that may naturally arise.

6.2 Effective initial engagement and containment

The search for and approach to a placement for the young people in the services was instigated by social services departments making a referral. Young people could be moving from a variety of situations, predominantly from foster care or other residential placements, but also, less commonly, from the secure estate or directly from their family home. In any event, the services would undertake assessments to determine the suitability of the young person for the placement and gauge their willingness, such as it was possible in context, to take up residency. The extracts in this theme address experiences and processes that young people described as having generative impact in terms of their preparedness to take up placement. Thereafter it will unfold to consider accounts of the early experiences of settling into these new environments and how the containment achieved at that point had generative potential in terms of underpinning the longer rehabilitative or developmental journey respondents identified themselves as having undertaken.

In this first data extract of the theme, the respondent describes their experience of a personal approach to the process of being considered for admission to the service:

Young adult extract thirteen:

> We went and they had to look at that person in person, not just writing on just a piece of paper, which a lot of people do. They look on the paper and go, "Oh, tick boxes." They went and they met me, which I felt was really personal and really positive (Respondent 25).

Here, the respondent is explaining a two-stage process where the service had been up to meet him in person, and then this was progressed with the young person visiting the service. This is contrasted favorably with their previous experiences of placement moves, rendering superficial occasions where an offer was made on a paper assessment without ever having met the young person. In this extract physical interaction and proximity is narrated as having conferred something additional to the ‘moving in’ process. Here, a sense that they had been treated as an individual as opposed to just another ‘referral’. Thus, they describe themselves

as positive about the move, adding a sense of being committed to it even before taking up residence.

As noted in the literature, young people in care have usually experienced multiple moves around the care system. In this next extract, the respondent describes their own journey through care:

Young adult extract fourteen:

> I've moved about 10 times. This is my 11th, possibly 12th. Most of them due to behavior and the carers themselves. Some of them weren't able to cope with my behavior, and how to cope with it. Some of them were just not meant to be for what our purpose was. Some of them are short-term, some of them are long-term. Some of them were a long-time placement where it's from one age to my ending date. I wasn't happy in my foster placement and wanted to move anyway, but this move felt about me, I had a say and they made it easy. We had visits and I got to meet people first so they weren't all strangers when I did move in (Respondent 16).

In this extract, the respondent describes their reality of having experienced multiple moves around the care system and explains how different placements were intended for different purposes – shorter- and longer-term intentions, or where the ending would be triggered by reaching a certain age (it was sixteen in the example they described). The language of "just not meant to be for what our purpose was" expresses that sometimes, young people are placed because that is where there is a space at the time, rather than a more deliberate and matched setting suited to the work and care required. In the interview, there was a flatness and sense of resignation or powerlessness in the tone that this account was presented (which is not conveyed by the text alone). The respondent demonstrates awareness that their presenting behaviour could be challenging, but associated with this is a perception that often the issue was that carers lacked the skills and support to respond to this.

In contrast to these earlier experiences, this respondent gives a reflection on how different their experience was in both being considered and also preparing to join the therapeutic service. They express a sense of being involved and empowered to have a choice. This was a planned and matched move, with more than one visit and the young person makes a clear comment about the approach and process that was followed having "made it easy". The final remark of the young person also expresses a reality about the manner in which moves could

be undertaken, sometimes quickly and with little if any preparatory work, resulting in them arriving at new settings with no relational context. In contrast, the planned and incremental approach to helping the young person join, meant that when the day came to move “they weren’t all strangers”. This would have been especially relevant moving from a small and more intimate foster placement into a larger, group residential setting.

The way multiple moves can influence a young person and impact on their ability to settle into a new placement is expressed by the same respondent in this next extract:

Young adult extract fifteen:

> Obviously, like I said, it takes me time to build trust and stuff. The same with therapy. I didn't trust them for a very long time because I have very high trust issues with telling people stuff (Respondent 16).

Here, the respondent names the cautious approach that they take over an extended time period to build trust in others and form relationships with people. Following from the previous extract that explained the multiple moves that this young person had undergone, this has translated into a psychologically protective and gradual approach to getting to know new people which acts as a barrier to, or delays relationships being formed. The respondent associates good relationships with being honest and open and willing to “tell people stuff”. But that willingness is rendered conditional on developing ‘trust’ which is presented as only likely to develop over time.

Moving into a new placement is thereby presented as a psychologically and emotionally challenging event more likely to go well where it is associated with strategies or processes that recognise this and seek to generate trust.

The challenges associated with moving placement and the processes that could help a young person settle in were described by one respondent as follows:

Young adult extract sixteen:

> I can remember very clearly because my social worker at the time had informed me that a placement was interested to take me on, I suppose. I absolutely dreaded the fact it was a children's home because of the stigma that rallies itself with it. Not only from communities but from the local media, as well, how it's discussed, how it's portrayed. I was very taken aback with how much the community clicked. I could sense this strong sense of community (Respondent 13).

In this extract, reference to the "social worker at the time" indicates that young people in the care system often have transient relationships with social workers, frequently encountering several of them throughout their childhood and adolescence. As a result, young people in care often have to rely on the judgment of professionals with whom they have little established connection.

Here, the phrase "informed me" indicates that the young person had limited involvement in the decision-making process. It suggests that they were not actively participating in the decisions but rather were being informed about them. This creates a sense of being acted upon, rather than being actively involved or collaborated with.

Furthermore, the description of the service as being "interested to take me on" reinforces the notion of detachment. It implies that the young person is seen as an object of interest, a commodity. This account depersonalises the young person and reinforces their passive role in the process.

Overall, the respondent highlights the transient nature of relationships in the care system, the limited involvement a young person could have in decision-making, and the sense of being a passive recipient of actions rather than active participant. It suggests a potential lack of agency and partnership in the experiences of young people within the care system.

There is a further anxiety, more explicitly expressed about the potential move into a children's home. Here the respondent is very clear on their negative perception of such environments and the expect "stigma"- that the local community would be unwelcoming and negative. The account describes a positively surprising experience when they did move in. They describe encountering a "strong sense of community" and from their initial observations, how well people got along with or functioned together – that it "clicked". Arguably what is being described here is the process of psychological or emotional containment mentioned by staff- a holding of some of the respondents fears and anxieties, through the effective working of the community group which they can observe and feel. The positive experience of arriving into the setting, offers a counter narrative to the negative experiences of the wider care system and the descriptive language shifts from being distant and detached, to being more inclusive and hopeful.

The settings all worked with young people between the ages of 11 and 18 years and so their age at the time of admission could vary, as could the ages of the rest of the group at a specific point in time. This next extract (wherein the names have been changed) gives and account that addresses the impact of this:

Young adult extract seventeen:

> There was Jimmy, Jakob, Peter, Nigel, Steve - Francis I saw on one of my visits and then he left. Some other people I can't remember, but most of them I knew because they were really nice to me during the visits. We had spent a bit of time together; they had shown me round and we played pool and I had dinner there. They were very nice in the beginning because they got told that I was the youngest ever in history, in the community's history. They just really supported me because I was only 11 at the time. The rules, I think I just learned them gradually, as time passed. I didn't learn them straightaway, the staff told me as I went through transitioning in and settling in. I was confused, frightened, a bit cautious and meeting them first made it less scary. No offense, most of them were 16, 17, 18. All taller than me as well (Respondent 14).

Here the respondent has a very clear recollection of how young (and physically smaller) he was in comparison to the exiting residents. This moving-in process consisted of pre-admission visits and these are rendered as memorable in that the young adult recalls exactly which boys he met and some of the activities that had been planned to facilitate these introductions. Anxious feelings of being "frightened and cautious" are identified but also how the initial introductory visits made the actual moving-in less daunting. The account describes an initial process of settling in associated with informal activity and getting to know the routines and boundaries of the setting primarily through informal engagement with staff and other young people.

What is clear is that the very young age of the respondent was something that the service had identified as a potential barrier to 'settling in' and that staff and existing residents were cognisant of that point. Moreover, staff and other boys were, in response, particularly sensitive and protective towards the respondent. In the account the respondent is positioned as the younger sibling or the "baby of the group." But arguably it is that positioning, associated as it is with a clear 'place' within the established community or 'family', as much as getting to know people though activity, that may have been key in helping the speaker settle in.

The emotional experience of moving into a new setting and how engagement with the placement might be promoted is described in this next extract:

Young adult extract eighteen:

> When I first arrived, I remember Theresa. I remember when I was in the kitchen helping her make food, and she was making I think egg omelettes. She used to make lovely omelets, and I was obsessed with making cookies. Actually, the first thing I said, "Can I make cookies?", which we did as part of that first night. I remember when I came from my night over then, this is a thing that I remember is when I was sat on the sofa watching telly with I think it was Wanda, and I started to get really like upset, because I felt a little bit homesick because obviously, it was somewhere new. She helped me, and I don't know, feel more at home and supported me in a way to stop me feeling that way (Respondent 15).

In the extract above, the respondent describes two specific incidents with named members of staff, one occurring during an overnight visit as part of the preparations to move and the other on the first night of arrival. In both instances and in a way which highlights the disordered nature of many young people's lives, domestic activities that for many might be considered inconsequential- namely helping and chatting in the kitchen whilst making food and then watching TV, are rendered remarkable and significant for making the respondent 'feel at home'. Thus in the account, it is the unremarkable 'normal' activities traditionally associated with home life that are invested with generative potential in terms of helping them settle into community life.

How orchestrated the interactions being described cannot be known. But residential staff referred to making use of one-to-one moments with young people, often with the surface distraction of a task or activity, to help young people talk about their feelings in a more natural conversational way 'around the edges' as opposed to only when sitting and answering direct questions in formal therapy sessions. Here the young adult fondly recalls the making of omelettes but the culinary skills of the staff member is not primarily the enduring memory of her. Rather it is her willingness and ability to recognise and take advantage of an opportunity to help reassure the respondent and form an initial shared experience on an initial overnight visit. Later an account is given of an occasion where proximity and responsive emotional support was offered when the respondent felt "homesick". That is to say when they were experiencing emotional distress in the face of the placement move, they had just undertaken. Relevant to note is that these two examples of nurturing support and comfort are associated with female members of staff. Arguably, therefore associated with this account too are elements or qualities that are reminiscent of the relationship between a mother and child, involving nurturing, protective, loving, or familial bonds.

The emotional and actual experience of joining the service and group could operate on several levels depending on the dynamics at any point in time. This final extract for the theme offers some insights into these processes:

Young adult extract nineteen:

> Well, there's a few lads that weren't very nice towards me, but there was maybe one or two that I got to know really well and ended up being best friends with them. Those couple of lads helped me out whenever the other lads-- There were like three lads that were calling me every now and then. Then my best friend would help me and say, "That's not right, you need to stop." That for me, that was kind of difficult, that those three people were bullying me. But I felt cared for as well because I think that my best friend was helping me and he actually cared about me. After that though, after the first week everyone stopped bullying me and it just started talking to each other (Respondent 21).

Here, the respondent provides an account that outlines the processing and feeling of the individual young person when they first arrive; describes something of their initial sense of forming positive bonds with some in the group, but also offers some insight into how the wider group dynamic dealt with someone new entering the group. The respondent gives an account which conveys their bewilderment at the point of arriving at the therapeutic setting. The initial concern, however, is with forming and making attachments. His arrival is narrated as eliciting defensive responses from existing residents some of whom react by rejecting his presence. However, this experience contributes to the formation of a strong relationship with others. The act of 'sticking up for' the speaker is understood as having communicated "care for" and "cared about" them - clearly something the young person was consciously seeking. The account describes some initial bullying or testing behaviours from three other young people in the group – "calling me every now and then" but that these behaviours changed into more helpful communication after a few days. The extract provides a description of a group dynamic where different individuals were impacted and affected by a new arrival in different ways.

6.3 Multi-disciplinary cogency and cohesion to the therapeutic task

The third theme addressing what young adults said was generative in terms of developing personal growth, capacity and capabilities relates to joined-up and coordinated working between staff. This was noted across and between staff from different disciplines and sub-teams in each of the services. There were moments when this cohesion in the service included

references to the young people themselves. The generative potential of this coordination was described in terms of the overall clarity and certainty the consistency of approach introduced into the lives of young people, and the shared understanding of how change might be promoted, and individual formal and informal interactions contributed to the broader therapeutic task.

In this first extract, the respondent gives a description of how joined up working between different roles and disciplines was experienced:

Young adult extract twenty:

> they always communicate and bidirectional as well so as soon as anything happened at the house or there was a discord. At the beginning I was talking to a lot of the staff about how I was feeling and stuff like that and that would be translated over to therapy as well and then they would go, "You're talking about this with this person, do you want to go look on that and have a talk about it," and stuff like that (Respondent 25).

Here, the account provided by the respondent identifies that the staff were alert to unfolding issues or incidents within the day to day living and learning environment. In the expectation the listener would otherwise conclude that communication was one way, references to the flow of communication being 'bidirectional as well' highlight to the listener that in the setting the flow of communication was more elaborate than normal. That is to say it reflected a flattened hierarchy and a more networked set of relationships. Moreover, it is noted that irrespective of wherever in the system an issue might be noticed, the sharing of information was across the team, sub-teams and departments. They go on to illustrate their point by way of echoic repetition of what a therapist once said in the early stages of their placement. The respondent thereby emphasises that information would be shared in order that key issues could be followed up or harnessed in the direct therapy spaces. Whilst such sharing has the potential to be castigated as gossiping or as a breach confidence, that possibility is eschewed in the account and instead the sharing is framed as part of a culture of openness and transparency.

Young adults also spoke of practical aspects of how different sub-teams in the service communicated and responded in ways responsive to young people's needs in the moment as the following extract illustrates:

Young adult extract twenty-one:

> Integrated…like the therapy and the school because often when you have therapy, it would be during the school hours. So it'd be used on a particular day and they would communicate with the school and say that every Thursday sessions such and such a time they was therapy and that will be on your timetable for school. So, you know when you're going to go over to the office and you can have your thing then you'd come back to school, or if the session didn't go too well, or if there's particular issues you're not feeling up to it, you didn't have to go back to school you could head back to the house (Respondent 25).

In the extract above, two elements of joined-up cohesion are highlighted, firstly a practical element and the second more emotional. From a practical perspective the services are described as communicating with each other. There was a predictability to the day and time of therapy sessions, and these were coordinated with the school timetables such that key lessons or learning would not be missed. From an emotional perspective, the respondent explains that some therapy sessions might have brought up emotive or distressing content which could leave the young person psychologically or emotionally stimulated, and not able to reengage straight back into a focussed lesson.

All the services had therapy co-located on the same site (but a different building) to school, but the location of 'home' varied across the services. Respondents were positive about experiences where, as in the above account, there was communication between therapy, education and care sub-teams and allowances made, for example, a young person not to return to school but seek support elsewhere, in this case from care staff by going "back to the house". In this extract, the respondent illustrates an occasion where professionals around the child were balancing the need to remain engaged in education in both a practical and psychological sense, with the necessary regular commitment for one-to one-therapy but including occasions where the normal routine might need to be adjusted. What is noted here, is the generative potential where staff in all three parts of the service have a shared understanding of the purpose and therapeutic principles around how the young person's therapeutic needs might be responded to over time and at different point of a given day. The young person experiences a clear framework for engaging with the young person which allows for individual and responsive variations in way that is cohesive and consistent with the overall therapeutic aim.

The sense of cogency and cohesion across the service featured both within and between different staff relationships, but also connecting different processes or methods within the services:

Young adult extract twenty-two:

> I think I realised that after I left in a while, you know what, it wasn't just about sometimes the one-to-ones, the difficult times, it was sometimes about sitting in a group, and listening to people's problems and trying to help them and maybe you could come up with a solution that might help them. It were crazy. There were times where I had things that I said and afterwards, I'll have a chat where some people gave me tips or just little things that I could try and manage things in a better way. It was kind of joined up, between the meetings and theory and key working and just chatting with the people you were with (Respondent 20).

Here, this respondent describes a 'whole' or systemic approach to providing and receiving help and how different moments and contexts related to each other, creating the sense of cohesion. They refer to an epiphany after they left the home associated with realising that many of the opportunities for growth arose outside of formal encounters or discussions associated with addressing any particular problems or concerns. As important, were informal discussions as young people were "sitting in a group". At those times, the respondent is positioned as giving and receiving advice and guidance which might have been helpful. Generative potential is associated with this system-one that is joined up and where there is cogency between what happens in formal and informal spaces involving different combinations of people.

In each setting, membership of a group, be that the larger community or a subsidiary group was liable to change. This was either through the passage of time as people came and went or as a result of deliberate mixing of groups by staff to change the dynamics or opportunities. On the surface changes like this might be expected to disrupt cohesion but the settings worked with constant change within a cohesive frame to counter this. One respondent gave an account of his experiences of this phenomenon:

Young adult extract twenty-three:

> They changed quite a bit, to be honest. We would change some of the lads around to look at different topics. Whenever there was a new lad that arrived we had to try and reorganise them again. Some of the

> rooms changed as well. One day we'll be in this room, and then the next week we'll be in another room. I think for me, it didn't bother me about the room, but more people was difficult. For me, I prefer working in smaller groups but then as we got along more, I think it helped me a bit more. I got to know the lads more and then I started not minding a bigger group really. It helped me get to know them more, the lads more generally so we got on better in the community, but also, it helped me think of ways that I can help them. Like if they were struggling one day, it would help me get-- It helped me think of ways I can support them when they're struggling (Respondent 21).

Here the respondent conveys the idea that through navigating changing group memberships, the individual gained valuable skills, such as adaptability and coping, which could be applied beyond the immediate context. It also emphasises the importance of intimate connections and empathy in fostering successful relationships, while highlighting the intentional efforts of the staff to create a supportive and cohesive environment. In the extract, the respondent gives an account of how changing memberships of small groups impacted on him, but that over time, the experience of coping and managing change in these contexts, facilitated learning. This learning could then be transferred from the small group into larger spaces and acquired skills rehearsed further in the wider therapeutic milieu. The account is not of coincidental or serendipitous experiences, but rather experiences underpinned by deliberate design. The cohesion of task and transfer of learning between different spaces was conscious and deliberate. The account suggests that the small group memberships were sometimes deliberately shaped by the staff to allow specific themes and content to be explored, further adding to a conscious a deliberate shaping of the dynamic by the adult staff team.

The Respondent goes on to identify how more intimate spaces allowed for easier ‘getting to know’ and from this, the development of empathy – a key relational skill that was considered to underpin successful social interactions. Again, the language used suggests that the relationships between individual young people were being developed in ways that touched or influenced their interactions in the general milieu. The wider milieu also included all the adults in their various roles and across the rolling 24-hour living learning context and so cohesion was being facilitated and supported through multiple, coordinated activities and opportunities as they arose.

With multiple staff in a team, and a range of roles and disciplines, with different working patterns and availability, there were extensive opportunities for young people to seek support as and when they needed it. This variety of numbers and combinations of people provided young people with some choice as to whom they might approach as this next extract illustrates:

Young adult extract twenty-four:

> A therapy support is basically you got your therapist and then you got someone from the house, give you some extra support to help you out. Then another person's like, so you got your link worker as we call them and obviously, you've got your house manager. If you didn't want to talk to them, you've got your therapy support to talk to. If you didn't feel comfortable talking to your key worker, you've got your therapy support to talk to (Respondent 28).

In the extract above, the respondent identifies four potential avenues for emotional support. Each of the workers mentioned perform a slightly different formal task (as per their job description) but the coordination and cohesion, and communication between them, means that young people could access these individual even outside the formal boundary of their identified role. The description conveys a ‘permission’ for young people to seek support from whomever they had access to or preferred to engage with in any given instance.

This sense of working outside the limits of a job title or role was further explored by another respondent:

Young adult extract twenty-five:

> There's never been like that sort of in the way River Care has the resident team there's always been therapists and our clinical team and the staff team, but the clinical team come in, they do the hour with you, and then they go off and do their clinical work and you are left with the staff team. I wasn't quite expecting River Care House to be like that, but then obviously when I moved in to see that the therapy team did evening shift, did day shift, worked alongside everybody else was very strange (Respondent 23).

In this account, the respondent shares their surprise regarding an approach aimed at fostering cohesion. Initially, albeit the opening language may not make it explicit, the respondent draws a comparison between their current and their previous experiences of therapy. Therapy, in their previous placements was experienced as a distinct and less integrated endeavour. Within the current therapeutic setting, however, the therapists are not confined to their individual clinical roles but actively participate as members of the care and milieu team. They operate as part of the broader clinical team, which includes professionals focusing on assessment and group work, and who do not typically work outside regular office hours.

What stands out in this example is not only the blurred boundaries of the therapist's role, as indicated by the language "worked alongside everyone else," but also that these staff members, who usually adhere to regular office hours in other contexts, now work evening shifts that extend until bedtime.

As the following extract highlights, routines could also be adapted or more thoughtfully personalised in relation to individual needs. This would allow information that came to the attention of one team member to be understood and working practices adjusted consistently:

Young adult extract twenty-six:

> I was quite naughty within my first few weeks. I think most of my naughty behavior would be at bedtime. I think as it started to go on, I expressed obviously, I like settling time because obviously when I was in the other home, I'd have settling time where staff would sit with me play a game or things like that. That was put in place straight away for me and really helped. (Respondent 15)

In this final extract of the theme, a respondent, 11 years old at the time of moving in, gives an account of some disparity in their bedtime routine between a previous foster placement and the current residential facility. A bedtime routine that he had experienced in a previous foster placement that was not immediately replicated in the residential provision. Initially, the respondent could only express their needs through negative behavior, but once communication channels opened up and staff members understood the requirement (the adjustment requiring the understanding and coordination of the entire team working on the rota) the individual routine for that young person could be responsively adjusted.

In relation to this account, clearly the information about this important individual routine had not been communicated in the transition between homes, or it had become overlooked (initially) in the therapeutic setting. Be that as it may, once there was a shared understanding by the whole team of the need and how the bedtime routine needed to be adapted, the young adult identifies his needs were swiftly met.

6.4 Interagency working.

Each of the services represented one agency in a broader network of agencies and stakeholders surrounding a child or young person The broader network could include the placing social services department, school/education authority or college, youth offending team, housing provider or work experience provider. The availability or style of these wider agencies was described as either complimenting or obstructing the journey a child or young person was on through a particular placement.

In this first extract for the theme, the focuses is on complementarity and the communication between agencies as part of the process of joining the service:

Young adult extract twenty-seven:

> I think it was a mix between my solicitor and my YOT worker. I think they dealt with previous of their users and they obviously-- I think from what I've heard that they sent a few young people there in previous years and I think they felt that I was the right person to go there and get the help. I'd always accept the help. I think for them, I think it was a no-brainer for me to go there (Respondent 20).

In this extract the young adult, who was previously in a secure setting, shares their experience of being released, with license conditions, to one of the communities involved in the study. In this account, the respondent mentions two professionals who played a significant role in advocating for the new placement. Use of the phrase "a mix between" creates a sense of collaboration between the solicitor and the YOT worker, implying that their combined expertise and experience contributed to the decision that was finally reached. These professionals clearly provided accurate and consistently positive messages about the move based on their

previous experience of successfully placing other young individuals in the same service. Of note is that their first-hand experience is what allows them to effectively convey how well-suited this young person would be for the opportunity.

The broader context for the account is that staff at each of the participating homes prioritised active engagement with professionals. That is to say they focused on cultivating ambassadors in the wider community who understood and supported the work that they did. This served to ensure professionals making referrals had good prior knowledge of who might be suitable for a placement and benefit from it. The respondent in this account is a beneficiary of this engagement. The young adult gives an account of themselves feeling confident, optimistic and hopeful about the new placement having been exposed to the targeted service knowledge.

The circumstances and timing around placement were highly variable according to each young person's situation and the available resources within the timeframe being worked within. The next extract gives an account of how this was experienced:

Young adult extract twenty-eight:

> It was just about timing. Social services just wanted me in that placement as soon as possible, so I just went along with what my social worker said. I trusted my social worker a heck of a lot. I would always trust what she said, I always would follow her lead I guess because she was very confident in the decisions that she made, which obviously had an impact on me to be comfortable enough to be able to go there straight away (Respondent 13).

In this extract the respondent gives an account of having to move quickly because an existing foster placement had broken down. Due to the urgency of the situation, they underwent a swift transition which would be expected to have been associated with anxiety and strong emotions. The initial part of the extract highlights the young person's compliance with the social worker's instructions, indicating a passive and "done to" experience. However, it is important to note that the reflection also mentions trust in the social worker, which mitigates the sense of passivity. The respondent suggests that part of this trust was established through the social worker's confident, deliberate, and clear communication style. However, although not explicitly mentioned in the given text, this particular social worker had consistently been assigned to the

young person for several years, allowing trust to develop over time. Moreover, they were an ambassador for the placement who was very familiar with the new and alternative placement setting.

At different points and stages in the placement journey, new experiences or opportunities needed to be accessed and negotiations around these often-involved multi-agency discussions followed by joint decision making. For the profile of young people in this study, there were specific risks that needed to be taken account of as this next extract on work experience illustrates:

Young adult extract twenty-nine:

> We tried to get me a work experience offsite, but we couldn't find the place and then when we found the place, it was like the last three months of my placement, I went there, looked around, said, yes, I don't mind doing this because it's just unpacking and repacking things. I don't mind doing this because that helps me learn to pack it in what places sort of thing. Then the time they accepted me, it was my last three weeks into my placement and we missed the opportunity (Respondent 14).

Here the respondent gives an indication of how difficult it was to find willing work experience placements given the perception of risks. With only three months left in the placement to access this experience, an option is finally identified in an unskilled work setting. There is then a gap in the account, during which time the various agencies would have been sharing information around risk, potential disclosures and coordinating various multi-agency meetings to facilitate this process. However, by the time positive decisions had been reached, there was no time left in the service for the opportunity to be taken advantage of.

Another key point of transition in all the services was when young people were ready to access college. These could be full or part time courses and access to them could be related to the age the young person had reached, or the capacity of the existing educational provider having been exceeded. This next extract provides an account of some of the barriers to accessing college and, as it happens, housing where there were historical risks or convictions to take into account:

Young adult extract thirty:

> It was about June, July, so prior to actually leaving River Care, that transition of moving I would go into the college to actually meet him. Disclosures were made. I met up with the actual manager and the boss of, I think we called the college. I want to better my life and I think they were aware of River Care. I think it was important to know that I've not just come out of prison. Do we take a risk? There were a lot of that. The Housing Association was the hardest because they were like no, with the previous convictions or when you apply for them it was just like "No." "Sure, okay." That one was a bit of a not nice feeling because you think well they're going off a piece of paper and what they've read (Respondent 20).

The context for the above extract is that the respondent is in the final phase of their time in the service and planning their move-on accommodation and negotiating a college place for themselves in the area to which they intend returning. Attending college introduces routine into a young person's life and provides them with pathways into future employment. As discussed in an earlier chapter, it is therefore often associated with a reduced risk of reoffending. The young adult here, like all young people in the services contributing to this study, was required to disclose criminal convictions and/or whether he was on the sex offender's register. Accordingly delicate discussions are necessary to negotiate access to services and persuade providers that the risk of reoffending can be managed. In this extract, the respondents gives an account of engaging directly with senior decision makers. The respondent is aware that anxiety around risk in many agencies might lead them to simply reject a young person without meeting them. Thereby "going off a piece of paper" rather than even trying to understand how the young person came to offend and might now represent less of a risk. However, in the example described in this account, again, a previous working knowledge of the service and relationship with it, is described as helpful. A pre-existing confidence in the intervention work of the service offered some reassurance to the college in their decision making.

In the second part of the account, focussing specifically on housing applications, the process is described as more challenging. There is no account of a pre-existing service relationships to help smooth the process and the account suggests multiple approaches to various providers, perhaps reaching different stages of application before being rejected. This is a

very real issue for this profile of young person to navigate in future life – the labels and stigma attached to them, not only as a result of being in care generally, but the specific sexual nature of the problematic and offending behaviours that they displayed when they were younger.

The young person is aware that at the core of the decision making for outside service providers is “do we take a risk?”. In the extract he makes clear that he has experienced obstacles in the past because the answer to this has been ‘no’ and that this has been an outcome from housing providers in particular. The young person clearly ascribes relevance, that others did not, to the fact that he had made a successful transition from prison and had lived successfully in the intervention service before approaching college and housing. Hence a plea is made to be judged and assessed for who they had become and not simply dismissed following a superficial process of assessment.

This impact and influence of working with third party agencies had relevance even after young adults had moved on:

Young adult extract thirty-one:

> There's me, my support worker at this placement who has this job something that helps out all three of us. There's my transitions worker, my social worker and there's my police officer. My police officers are only involved in, if it needs to be disclosed and it doesn't need to be disclosed. Social worker’s there just because she has to be apparently, Rob is there because he knows my past experiences in River Care House, so if they need to know where I was living before here, he can help me with that and these guys help me with the CV and all that stuff (Respondent 14)

The context here is the young adult is reflecting on a time he was living in a supported housing shortly after leaving the therapeutic setting. “Rob” is a dedicated transitions officer in one of the services who assists care leavers by coordinating multi-agency working to facilitate their resettlement. The account gives some insight into the multiple stakeholders that could be involved around a young person. Four are identified here, but only one personalised with a name – a support worker as part of the supported housing staff team providing general day to day guidance, the transitions worker (Rob), police officer and social worker.

This young person has previous sexual offences that they would be legally required to disclose in certain contexts. The account suggests that the respondent is unclear as to the legal mandate or role of the social worker. Again, in this account, there is significance attached to the time, and the work undertaken, in the specialist setting. The helpful ongoing professional communication by the service, interacting with other agencies, is seen to provide technical detail and robust responses to questions about risk, progress and presentation. This is all presented through the 'short-cut' statement "he knows my past experiences in...where I was living before here".

Transitions required significant planning and the timing and decision making was often outside the direct control of young people. In the next extract, an account is provided of where influence and pressure was applied by the service to overturn decisions which were considered unhelpful:

Young adult extract thirty-two:

> …at that point, social workers were flying all over the place. They had different ones, lots of different ones, and we were told directly from social services, "Oh, are you preparing for this young person to leave?" We were all like, "No, because he's got another year." They were like, "No, he hasn't. We are not funding you past 18." It was a lot of work. We almost went to court around it, to try and force them into basically holding up to their word because it was going to be key to everything working out, was getting that extra time. We got it in the end but it was an anxious time and went right to the wire (Respondent 25).

In this account a sense of camaraderie prevails with the service setting and the young person united in 'fighting the system'. Services usually contracted spaces for young people for an agreed set of time and thereafter planned interventions to fit the agreed timeline. Regular reviews (at least 6 monthly) then ensured that progress was timely and as expected. The language of "social workers…lots of different ones" is referring to the different local authority roles that become involved in case management as young people approach eighteen years of age. At this point, should they have ongoing needs that meet a threshold, they will transfer from the children's department to the adult department within social services and so a new case worker will be introduced. The responsibility for funding switches from one budget silo to another within the same local authority.

From age fifteen and a half, young people in care are allocated a Personal Advisor (PA), not a social worker, but the title is often merged by young people as this is another social services officer, intended to support the transition 'out of care' and so this is another overlapping role involved in planning. The description gives an account of the local authority seeking to end funding and move the young person into independent living. This was different from the service's and young person's expectation and understanding of the planned timetable which allowed for an additional year to progress therapeutic and educational outcomes. The language used "holding them to their word" suggests that there had been an original agreement that the local authority was attempting to renege on. Staff suggested this was a common occurrence as local authorities tried to manage reduced financial resources. However, in this case more time was needed to complete strands of work and then to bring the component pieces together. The phrases "nearly went to court" and "force them" conveys the opposition faced to this and the determination the service needed to demonstrate in advocating for the young person. A successful outcome is referenced but, in all likelihood, not without cost in terms of the negative emotional impact as a result of the local authority appearing only capitulating at the 'eleventh hour'.

The extracts within this theme have addressed joint working and highlighted instances where competing statutory priorities could cause difficulties and had to be negotiated. However, young adults also referred to instances where the role performance of some individuals could cause problems:

Young adult extract thirty-three:

> My social worker was just really inconsistent, didn't seem to really put much effort into getting results for me. Allen was just a good PA. He was just well determined, got on with the job, got results. He wasn't one of them PA social workers where you call him up and explain the situation to him and expecting an answer of 'we're not sure what we can do with that' or 'that's not our jurisdiction' or something (Respondent 23).

In this final extract of the theme, the young person gives an account which contrasts their experience of two allocated local authority staff – the social worker who is the legal case worker, and the PA, allocated to support transitions and leaving care processes. Of the two, the social worker, had greater authority, but the experience of the young person is that they were ineffective, and their actions did not communicate a focus on the young person's needs over time. The PA is afforded a naming in the account, a more personalised representation of the impact they were said to have had.

The young person's encounters with social workers are characterised as sources of frustration and powerlessness, as these officers frequently offer excuses and prioritise bureaucratic procedures without taking into account the individual's needs. In contrast, the PA is perceived as a supportive figure who tailors their assistance and establishes a trusting relationship with the young person. This account suggests that young people necessitate personalised support from trusted individuals, and that fostering confidence can be achieved through positive actions, even if they deviate from rigid bureaucratic protocols. It also underscores the substantial impact that an individual's role and approach within the system can have on a young person's experience, rendering the processes more or less challenging to navigate.

6.5 Transitions: preparing to leave and life beyond

Bleeding out of the former theme and into this one, the generative potential associated with well managed arrangements for transitioning out of residential have already been touched upon. The importance of having multi-agencies involved in a co-ordinated process has been considered.

The length of time that young people spent in the respective services varied from eighteen months to over six years. In many cases, therefore, a young person's time at a service covered a substantial period of the childhood/adolescence and critical phases in their personal growth. As noted earlier, many had come to consider the service a surrogate home and the staff there as surrogate family members. Accordingly how transitioning out of the service was managed was said to have lasting impact on future progress.

All the services described a staged and incremental approach to building up and testing a young person's skills and abilities to live more independently. The impact and purpose of this staged approach to independence is unpacked in this next extract:

Young adult extract thirty-four:

> I wouldn't say I would have done anything differently because it prepared me to come home and be on my own in a way, to do things because I have to do things on my own. Now I have to go to work on my own, I don't have staff there with me. Everything I had done was relevant to what I came home to. For the college size, I had already experienced it in groups up in Mountain Care, so I was able to do it on my own down here. Going out on my own, get on a train, go and places,

> I'd already experienced it all. It was easier to do it down here on my own, because I had already done it, but it was still a shock to be on your own. Isn't it? Doing things, not having someone there to tell you how to do it or support you through it, do it on your own, making your own decisions. I guess it's a big thing, but everything I'd done was relevant, definitely (Respondent 15).

The respondent, reflecting on the style of incremental transition and how this impacted on his experiences after leaving clearly notes the generative potential of the rehearsal process. Gradually acquiring and rehearsing new skills and transferring these into new contexts, prepared them for living independently and returning to their home area. Despite this planned and incremental acquisition and rehearsal of skills, the description also introduces a sense of isolation once the transition had occurred and the structured support was no longer available. The respondent described the “shock” of the realisation of being independent and not having people around to the same extent.

Whilst the extract above addressed some of the structural or process considerations to support transitioning, the next account addresses emotional considerations:

Young adult extract thirty-five:

> The thought of me leaving were horrible. Excited, horrible, nervous, anxious. Coming up to it I think when I got that day originally to leave, things were just hitting off in the-- Kind of I've lived here for the best part of two years of my normal life, but it felt like a lot more. You do so much like birthdays, celebrations and house holidays, even the arguments. It becomes more your family more than just a place of living. I think for me it were just, it were wrapping me around the fact that I wouldn't be here forever. I wouldn't be in a place that… I can't thank them enough for what they helped me do (Respondent 20).

In the extract above, the young adult gives an account of the broad and conflicting feelings they experienced as they approached leaving – they are excited to move forward with their life, but change brought with it anxiety about being independent having experienced high levels of companionship and support in a busy environment to that point. This respondent refers to “two years of my normal life, but it felt like a lot more” and thereby refers to the significance of the placement for him and the amount of maturation that has been achieved. The young adult referred to having completed significant work across different strands of

functioning in order to be ready to move on and so the sense of growth and the extent of the generative activity undertaken is highlighted. However, what will be missed is the family. The familial style of the setting is commented on, and some account provided of the kinds of activities that contributed to create this feeling and might be lost – a household celebrating with and for each other, shared memories and experiences, but not only the 'good times', also including working through difficulties and disputes. Albeit loss is a concern, the combination of both the practical elements and the tone and feel of the environment in which they were delivered is invested with generative potential for this young adult.

When discussing transitioning, young adults referred to the range of outcomes that they perceived they had achieved. The outcomes and achievements were illustrated in both tangible ways such as exams and qualifications but also in a sense of confidence in relationships with others and greater resilience to 'be' in the world:

Young adult extract thirty-six:

> I think mainly because it has taught me the consequences of my offence that I did and how bad they can actually be. It's also helped me by like thinking people are always there to support me even if there is no one actually right next to me. If I struggle right now, I could always call River Care back up and say, "I'm struggling with this. What do you think I can do?" (Respondent 25)

Here, the young adult not only makes a direct statement about taking responsibility for their sexual behaviour and its impact on victims, but also broadens this out to recognise that there are sources of help available to reach out to in the future if needed. This direct connection between thinking and previous offending is the key stated outcome of engagement with the services – with regard to the reduction in future offending risk. However, the extract also gives and account of protective factors that would also be a supporting and underpinning continued progress. The statement by the young adult that they are able to recognise when they need help, and a sense of having people in their lives to go to for that help are two further outcomes which can be drawn out. The way in which they narrate this recognition that, notwithstanding they were moving on, they did have people to reach out to. It addresses a felt connection with, and confidence in, the service they were involved with, one that goes beyond a transactional relationship. Here there is an account that communicates a sense of enduring impact as opposed to something ending with the transition.

The placement journey and which aspects of it were felt to have the most generative potential varied by individual. In this next extract, the young adult reflects on the link between different elements of the work both practically and in terms of its emotional significance:

Young adult extract thirty-seven:

> In a way, psychologically, it just kind of just-- Yes, it changes you in a way that-- Obviously, you have to put the work in to get back. It's not all just one way, it's got to be both. For me with the little things that made a massive difference. Obviously, the work was massive as well. I think it was growing up for me that it would grow up into being not just a boy, growing to be a man that wants to-- From a boy to a man. I want to change my life (Respondent 20)

In this final extract, the young adult makes a connection with the whole of the experience – referring to the "little things" having a big impact (they had previously been talking about feeling they had enjoyed personalised and attentive relationships with others in the service). The respondent also makes specific reference to "the work was massive as well" and here they are referring to the direct therapeutic input, small group work and key-working – these were the specific recorded elements of intervention work that ultimately social services had commissioned. This narrative suggests that there is generative potential in informal and formal elements of the service and that outputs that might be relatively difficult to measure, such as sense of belonging, are as important as clinical ones to later outcomes. Whilst there is some naming of the practical 'work', the account starts and finishes with language that conveys a more emotional landscape. The opening phrase is explicit – they name a psychological change as a result of living in the setting and this then frames the account unfolding to give some account of activities within the journey. However, the account returns to a more emotional or chronological description – the maturation from "a boy to a man" and suggests that the "man" now has an opportunity to live a different life to the "boy" that first moved in.

6.6 Chapter summary

This chapter has presented some of the accounts that young adults gave of their time and experiences within the gatekeeper services. Relationships in all directions emerged as a dominant theme and the impact of these was referenced throughout the subsequent themes that were revealed. The experiences provide useful accounts of what helped at different stages of the placement journey, right from the start of initial engagement and joining. The

complexity of these multi-disciplinary and multi-agency contexts was explored in themes focussed more internally – looking at cohesion and cogency around the therapeutic task, and then more externally with the role and impact of third-party agencies. The impact of these other agencies was most keenly felt at points of transition and so one theme led naturally to reflections on the challenging processes of moving out, moving on and moving up. Across these themes, accounts have regularly described either an inner experiential expression, or more visible experiences of structures and processes that facilitated the change process.

Chapter Seven: Discussion

7.0 Chapter overview

As noted in the opening introductory chapter to this thesis, exploring what services or features of services work in a residential context with children who display abuse reactive behaviours and risks is a problematic endeavour. This is because children and young people in various settings will have been exposed to a wide range of interventions before arriving at the residential setting. They will then be exposed to a whole series of interventions and/or treatments intended to understand and process their trauma and help them learn more pro-social behavioural responses. Moreover, they may be subject to interventions external to the residential setting and coordinated by their placing local authority or, in some cases, the justice system. Additionally, a whole range of contextual variables influence a placement journey not all of them under the control of a placement provider e.g., how long a placement is provided, where a young person is subsequently placed, changes in the wider family dynamic, legal processes. Therefore, because residential care is a complex system, there is little possibility of credibly engaging in ethical scientific or quasi experimental research or a retrospective or prospective study into what models of residential interventions work. This has been the rationale for adopting Contribution Analysis (CA) as the method for this study and to use this as a systematic approach to explain the intended processes, define the intended outcomes, and explore the supporting activities and underpinning assumptions. This takes into account the complex inter, intra and external factors that might contribute to the overall placement journey, and in doing so create a ToC to be used to frame future performance stories and used in theory based evaluation.

It has not been the intention with this thesis to undertake a full CA of therapeutic residential settings for children and young people who have engaged in HSB or an evaluation of any service. Conversely the intention has been to lay the groundwork for this activity for others to follow. The focus has been on the foundational states of CA. Developing a ToC will address a criticism of therapeutic residential care (and indeed of residential care more generally) offered by Whittaker (2013) which is that its theory base is poorly developed and linked to this, ability to evidence its effectiveness is limited.

With CA as a frame of reference, a general inductive approach to data analysis was adopted. Qualitative data was analysed thematically. After each round of interviews had been completed and transcription undertaken, the data was coded to create cognate groupings of words and meanings. Subsequent data was considered in light of existing codes and a process of reading and re-reading data and codes supported the identification of themes (Pope et al., 2000). The findings and themes that emerged were used to expand and refine the emerging ToC with overlapping themes between staff and young adults helping to triangulate and confirm the relevance of and placing of the assumptions and supporting activities within the ToC framework.

In this chapter the Theory of Change (ToC) developed as an artefact from the research will be presented. Two theoretical frameworks will be used to describe the components of the ToC – Haigh's (2013) 'quintessences' as the core TC theory and Kennard's (1983) six 'common features' of therapeutic communities. A visual representation of the ToC will be introduced, and links will be made throughout to the underpinning literature and the findings from respondent data.

Based on a review of the literature and respondent data, the ToC provides a framework to be used in evaluations of therapeutic residential interventions for HSB. One that will have wider application in multi-disciplinary therapeutic residential settings responding to other profiles of need.

The ToC is a blueprint or 'map' that captures the processes and journey that young people should experience as they navigate their way through a residential intervention that intends to promote their health, wellbeing and (re)habilitation. It describes the ideal journey whereby young people arrive, and through a range of coordinated activities and relationships, have a corrective relational experience intended to support growth and maturation before moving on to independent living, or in some cases, are reintegrated to their families or foster care. Haigh (2013) described such a corrective experience as being necessary in the case of young people whose primary emotional development has been interrupted as a result of abuse. For Haigh (2013, p.14) it constitutes, the "secondary emotional development" required when a child has been subjected to trauma. The ToC captures that within this journey through a residential placement, there should be integrated and theoretically cogent individual strands of progression – primarily an educational pathway; a therapeutic work pathway (to address psychological needs and address offending behaviour); and a pathway focussed on social and life skills learning to engage in relationships and developing practical, independent living skills. At the same time, the ToC describes the integrated and deliberately coordinated nature of

these activities, a whole system approach to intervention delivered in a group relational context.

Whilst the ToC presents the journey as linear, the actual pathway for each young person will be, as indicated by respondents, highly individual, with periods of progress, stasis and regression across different pathways over time. The ToC recognises that the period spent in a service is not in isolation either and is subject to the influence and impact of external factors such as legal processes, decision making processes in other statutory agencies and wider family relationships. The overall positioning of the ToC is rooted in a wider socio-political and economic landscape which will change and evolve based on the conditions of the period and the policy decisions of the government in office. In this sense, the ToC can be considered as three-dimensional, allowing for unique journeys to unfold, but within recognisable parameters and activities, over time, both in and outside a residential service.

Because so much of the respondent data spoke to his concerns, theoretically, Haigh's (2013) 'Quintessences' have been incorporated in the ToC to recognise processes of human development that align with the TC journey. Haigh (2013) argues that each of these five principles: attachment, containment, communication, participation and agency can be thought of as having an 'inner' experiential expression – what it is like to be there, the culture, but also an 'outer' expression, through the visible activities to enact the principles – the structure. The quintessences and the concepts contained within them, appear both directly and indirectly in the data themes from both staff and young people. They are expressed and described more explicitly by staff in their accounts of the theoretical or practical assumptions that underpin the behaviour change process. Staff accounts described an understanding of Haigh's 'inner' experiential expression, but more explicit were the 'outer' expressions of activities and approaches. Young adults identified and described many of these structures, but their accounts describe more of the 'inner' expression – their feelings and experiences and what these meant to them either at the time, or now on reflection.

In relation to the structural elements a further framework that will be used to explore the structural and process elements of the ToC is Kennard's 1998 'common features' of TCs (communal atmosphere; centrality of group meetings; sharing the running and maintenance; residents as therapists; sharing authority and values). Again, both staff and young adult respondents described and gave accounts of these features. Staff respondents focussed more on the activities themselves and how they understood these to make a generative contribution. In contrast, young adults described the structural or process elements, but their accounts again spoke more of the experience and the impact they felt, either in the moment or with the

benefit of time to reflect. These two models will be considered in detail, linking back to the data and wider literature – Haigh (2013) in relation to the process of developmental human change and Kennard (1998) in relation to the structures and processes being deployed.

Accordingly in this chapter, after the ToC is introduced, Haigh's quintessences and Kennard's 'common features' will be used to frame the journey captured in the ToC, that young people should undertake in a therapeutic service that intends to assert that it is making a contribution to improving outcomes for children and young people who have engaged in HSB.

7.1 The Theory of Change

The Theory of Change developed in this work is visually represented and can be read both horizontally and vertically (see Figure 16 below).

On the horizontal axis, reading left to right shows a linear placement journey, over time, moving through different phases and stages. The TC theory of Haigh's (2013) quintessences are mapped alongside Mayne's (2012) ToC stages across the top. The body of the content left to right describes the underpinning assumptions and activities that are contained within the behaviour change process, linking back to the components of opportunity, capacity and motivation, with the expected outcomes framed on the right-hand column.

The vertical axis, top to bottom, sets out from Mayne's (2012) ToC model, the 'supporting activities', some identified by respondents as 'pre-placement' and the bulk of these being 'during placement'. As the vertical axis progresses left to right, the various supporting activities, structures and processes which respondents described, are mapped onto the horizontal stages and phases. There are 'vertical' activities here which overlap with 'horizontal' stages, and this represents the periods of rehearsal of skills and the gradual integration of learning that respondents described. This representation seeks to describe visually, the complex interaction between different supporting activities, the interconnection of the assumptions that underpin them and how these unfold over time. It is this overlapping interconnection that expresses the individuality of a placement journey.

Across the bottom of the diagram, again left to right and unfolding across the time and the placement journey, are the ToC external factors (Mayne 2012) that also have to be managed and accounted for in order to achieve the desire outcomes. The content of the ToC in its stages and phases has been informed by the described activities and experiences of the respondents

as they explained how individual placement journeys unfolded and what they understood to be the assumptions underpinning the desired behaviour changes.

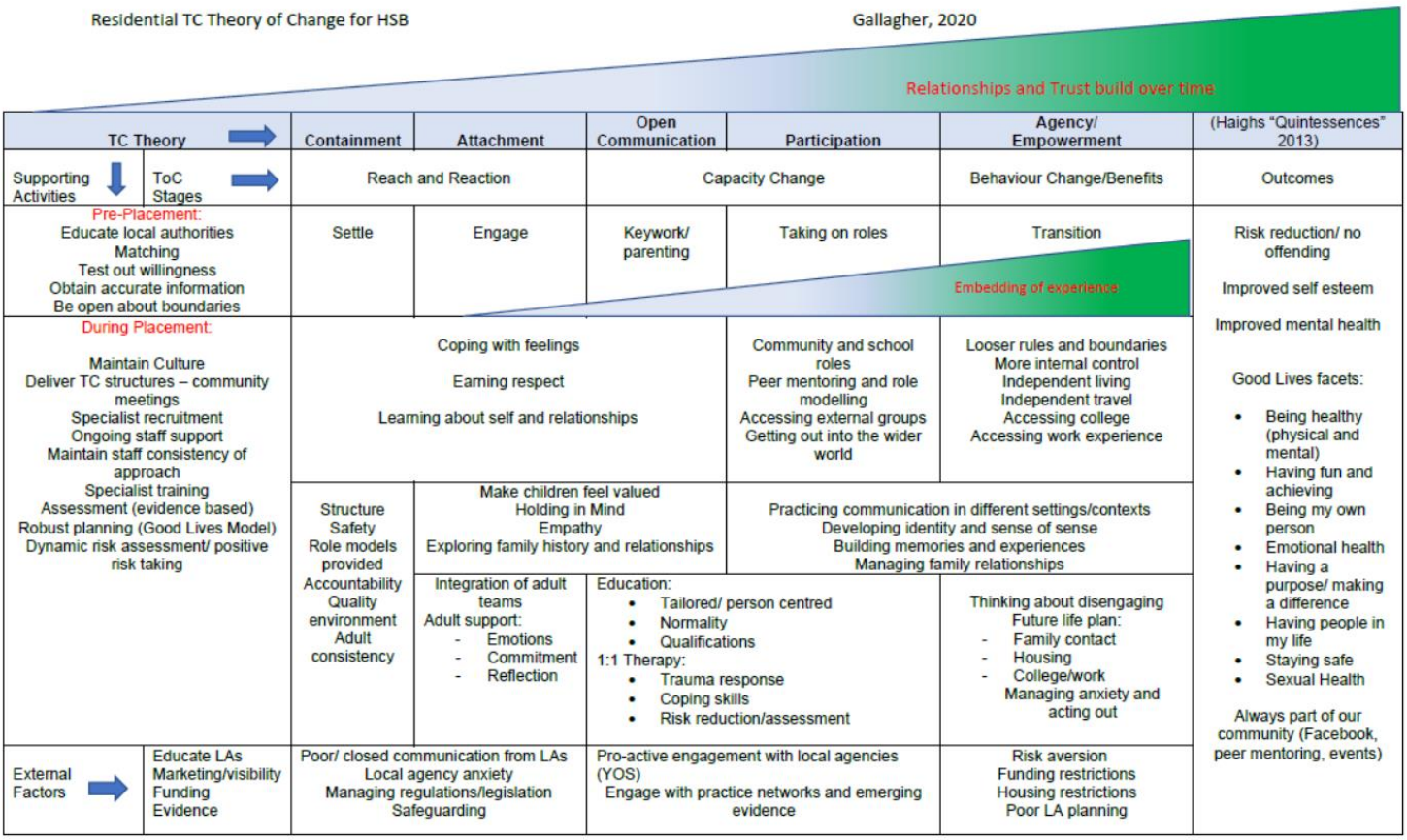


Figure 12 Gallagher's Theory of Change for Therapeutic Residential Intervention.

In the following section, the concepts and underpinnings of the ToC are explored in more depth referring initially to Haigh's concept of quintessences.

7.2 Quintessence.

As noted in the opening chapter, Haigh (2013) developed the 'quintessences' in 1999 and revised and updated them in 2013 to offer a description of an individual's journey through the experience of a residential therapeutic community. The underpinning principles were manifested in respondent accounts of their experiences as staff or former residents in therapeutic residential care homes for this thesis.

Haigh (2013) referred to five psychosocial concepts or principles that as well as relating to the process of maturation could describe the experience of moving through a therapeutic community. Accordingly, they are arranged in a developmental sequence, designed to match the sequential psychosocial development in humans. Haigh (2013, p.7) described the alignment as follows:

> …a developmental progression – from the nakedness and vulnerability of attachment, through both motherly and fatherly aspects of containment (primary intersubjectivity), to the intercourse of communication (secondary intersubjectivity). Then the struggle of involvement and inclusion (perhaps 'adolescent'), and the adult, interdependent and empowered position of agency – finding a sense of self from which to deploy one's own power and effectiveness.

Whilst the sequence is used here to describe the developments in a linear way, in a similar way to how respondents in this study described progression through a placement, Haigh (2013) noted that individual journeys were likely to be non-linear, subject to periods of progression, stuckness or regression and unique to each person. As such, he also described the culture and structures that were required to be in place and sustained in order to facilitate these unfolding journeys and summarised the links between theoretical concepts, culture and structures as follows:

Therapeutic Community Principles Applied in Culture and Structure				
Theoretical principle	**Origins in development**	**Culture in a community**	**Structures in a community**	**Rapaport's original 4 cornerstones**
Attachment	Primary bond, losses as growth	Belonging	Referral, joining, leaving	
Containment	Maternal and paternal holding	Safety	Support, rules, boundaries	Permissiveness
Communication	Play, speech, others as separate	Openness	Groups, ethos, visitors	Communalism
Involvement	Finding a place among others	Living-learning	Community meeting: agenda and structure	Reality confrontation
Agency	Establishing self as seat of action	Empowerment	Votes, decisions, seniority	Democratisation

Table E Haigh's TC Principles Applied in Culture and Structure.

In both the focus group and the interviews with respondents, the language set out in this table above was referred to, either through the lived or felt experience of attachment, feeling a sense of place and parenting, or through descriptions of structures or activities that sustained a culture such as belonging, safety, openness, having a voice and being empowered.

The five theoretical principles will now be used as a lens to discuss the processes rooted within the ToC and linked back to the staff and young person data.

7.2.1. Attachment

As noted in the literature chapter, attachment refers to the impact of early parenting on the baby and child, and its longstanding effects on the individual's approach to relationships as an adult (Haigh and Pearce, 2017). Staff respondents highlighted and the literature suggests that disrupted early emotional experiences, which are often linked to childhood abuse, can lead to the development of dysfunctional attachment styles. As noted in Chapter 2, the reasons that children are taken into care are complex, but 66 per cent are as a result of abuse and neglect and a further 15 per cent - the next largest category, are for family dysfunction. (DfE, 2022). Dysfunctional attachment may show itself in a range of anti-social behavioural traits (Bradley & Kinchington, 2018) or, as staff put it, challenging behaviours, often displaying vulnerabilities in extremes of behaviour (e.g., withdrawn, guarded, mistrusting vs loud, dominant, over-sharing) which impact negatively across all facets of functioning. As the literature describes, these presenting challenges are a result of the initial experiences of abuse and then further compounded by multiple placements across a fragmented care journey. This was expressed by Hung & Appleton, (2016, p.37) who noted that "repeated negative experiences will have taken a toll of the ability to develop reflexivity". Lanyardo (2003) describes the world perceived by children with attachment difficulties as being hostile, frightening and uncaring often based on their real experiences at key points in their development. This can lead to feelings becoming overwhelming with painful outbursts. Contained within this are feelings of rejection and loss, and common defensive responses to these include aggression and violence (fight) or a dissociation and cutting off from feelings (flight). Research into the impact of trauma on brain development has shown that brain function can become 'set' to experience minor events or challenges, often loosely connected to the original trauma, as highly threatening (Perry et al., 1995).

In respondent accounts and Haigh's (2013) description of the quintessences, the process of attachment and containment are inextricably linked. Feelings of safety are linked to trust, with trust a pre-requisite for feeling safe. Haigh (2013) suggests, the research data supports, and so the ToC captures, that the first task of treatment is to develop a secure attachment and to

use this to “bring about changes in deeply ingrained expectations about relationships, a patterns of behaviour” (Haigh, 2013, p.8). This relates back to the literature on the reasons why young people enter care in the first place, overwhelmingly for issues of neglect and abuse (66 per cent), arising in dysfunctional households (15 per cent), with poor or absent parenting (5 per cent), poor boundaries and a range of familial stress and vulnerabilities such as domestic violence, mental health issues and substance misuse (7 per cent) (DfE Data, 2022). Related to this the ToC positions developing a sense of belonging and a sense of being valued in the community, centre stage.

The deliberate maintenance of a predicable culture and rhythm was identified by respondents as contributing to creating the conditions to facilitate this sense of value. Respondents commented on the importance of feeling included which could be achieved by such actions on reception as being shown round by existing young residents, and thereafter being purposefully encouraged to join in and be part of what was happening. Perceptions of being welcome and included were associated with other micro actions on reception such as provision of favourite foods for a first meal, or ensuring that familiar staff member were on duty and that they were given 1:1 time to help with unpacking and the forming of initial relationships. Importance was attached by staff and young people to having someone ‘being alongside’ either through focussed staff support, or peer mentors or ‘buddies’ so that there is overt activity to maximise an early sense of belonging. This focus is consistent with the findings of Haigh and Pearce (2017) writing about therapeutic community concepts, but also earlier work by Ward (2003) describing the leadership of practice in therapeutic residential care. Within the TC services explored in this research, a sense of having others alongside was associated with communal and special events such as meal times, meetings, celebrating birthdays, holidays. Barton et al. (2012) note the importance of celebrating events achievements and milestones in therapeutic work with traumatised children.

Haigh and Pearce (2017) build on the concept of attachment and consider the issue of ‘belongingness’. Baumeister and Leary (1995) described belongingness as a fundamental human need for frequent interaction and sense of caring. Baumeister and Leary (1995) suggest individuals who feel they belong are more likely to feel hopeful, have better self-esteem, and are better able to regulate emotions and physical and mental health. They identify four necessary elements to achieve a sense of belongingness:

a) A minimum number of relationships. Fewer than four seems to have lesser effect.
b) A minimum frequency of contact, at least fortnightly.

c) Broadly pleasant interactions – not that these need to be positive all the time, but generally positive for the majority.
d) Longitudinal stability of contact.

Baumeister and Leary (1995) argue that where belongingness is absent or depleted, humans will engage in seeking behaviour. Haigh and Pearce (2016) describe the relevance of this for group therapeutic practice is that part of this seeking behaviour can include conforming to group norms and behaviour modification in order to achieve acceptance and that seeking behaviours can be both healthy and constructive, but also defensive and superficial, depending on the context. As such, in the context of group dynamics and relationships, respondents in this research noted how belongingness could be cultivated and provide useful material for interpersonal reflection and growth. Haigh and Pearce (2017) note that Baumeister and Leary's (1995) four conditions for a sense of 'belongingness' are rarely operationalised in psychotherapeutic or psychiatric contexts (e.g., 1:1 therapy, treatment groups, Twelve Step programmes), but they make a connection between belongingness and one of Rapoport's (1960) four cornerstones of therapeutic community practice, communalism, which is described as the "tight nit, interconnected, warm and intimate network of relationships" (Haigh and Pearce, 2017, p.66). In this PhD study, young people articulated that belongingness was important and they valued that in TCs attempts were made to provide the conditions and structures to encourage a sense of belongingness. Staff, similarly, referred explicitly and implicitly to the need for a sense of belongingness to be fostered. In this regard TC services were more explicit about this in their operating structure and more conscious of it in their description of their work than non-TC, therapeutic child care services.

In respondent accounts, developing a sense of belongingness was considered important and associated with the deliberate use of groups and processes of collective decision making. A sense of belongingness in turn was described by respondents as being associated with developing attachments. Staff respondents described the sharing of boundaries and having a voice as serving to support young people in forming early attachments once they have arrived and create this sense of belongingness by coordinating activities in a way which demonstrate the four conditions. In the ToC this is seen as part of the essential supporting activities – maintaining culture and delivering the TC structures e.g., the community meeting**.**

Respondents valued relationships between peers as much as staff. Van Ryzin et al. (2009) studied different types of relationships and how they impacted on a sense of belongingness and identified that peer relationships (horizontal belongingness) were more impactful than hierarchical ones (vertical belongingness). It is relevant to consider this generative potential

of peer-to-peer relationships in the context of the wider trends in residential care design. As noted in Chapter 2, children's homes have broadly become smaller in size over the last twenty years. The most common registration category would be for three or four bedrooms (44 per cent) with increases in the number of homes that are for only solo or dual occupancy making up 16 per cent of all registrations (DofE Data set, 2018). Staff respondents in this study highlighted how services sought to harness peer influence across the placement journey. Accordingly in the ToC it is expressed initially in the 'Reach and Reaction' stage, where activities are promoted which focussed on 'settling' and 'engagement'. Staff and young adult respondents placed value on early experiences of having buddies, or one-to-one staff support to help a new resident become oriented and established in the routines of the services, but also in getting to know everyone. These supporting activities were described by respondents as arising in all parts of the service: care, education and therapy.

Young adult respondents referred to the importance of authenticity in relationships with staff and there were several data extracts that were implicitly orientated around this principle or addressed it explicitly. Recollections about staff sharing some of their own life experiences and vulnerabilities helped address authenticity concerns. There are considerations in relation to concepts of masculinity as barrier to emotional openness that would feature in authentic communication. In western cultures, concepts of masculinity in young males often include displays of negative emotionality, deficits in emotional skills and self-derogation (Green et al, 2018). Green and Jakupcak, 2015) suggested that masculine gender socialisation also includes a desire for emotional control and self-reliance, again working against open emotional expression. Young adult respondents also foregrounded authenticity as they talked about being helped and helping others in group processes and those moments when they would be 'called out' for their behaviour, and experiencing these challenges as coming from a supportive place. Haigh and Pearce (2017) identify that in TCs, the ideal in relationships is a sense of authenticity, meaning a sense of genuineness, honesty and trust between members which includes children and adults in any combination. For these authors, 'genuine' relationships promote a sense of belonging and facilitates attachment. Whilst adult-child relationships would typically be 'vertical' in other contexts (e.g., mainstream school), the ToC reflects Haigh and Pearce's (2017, p.66) understanding that:

> it is possible that staff – member relationships in TCs are more powerful than normal vertical relationships to promote belongingness, due to their hybrid nature, having some elements more in common in peer relationships (Haigh and Pearce, 2017 p.66).

7.2.2 Containment

Drawing on Haigh's (1999) work, Campling (2001) described the links between the earlier theoretical framework for TCs, Rapoport's (1960) 'four cornerstones' (Permissiveness, Communalism, Reality Confrontation and Democratisation) and the application of TC approaches in the late 20th and early 21st centuries. Writing from an NHS context, she refers to patients bringing strengths and creativity to the therapeutic setting, with importance placed on therapeutic alliances developing between peers. Campling (2001) suggested that a flattened hierarchy with delegated responsibility has sometimes been misunderstood by commissioners or a wider public as anarchy or laissez-faire. To consider a setting related to children there is a similar misunderstanding in relation to the schools which have adopted a more democratic style of pupil-teacher relationships to respond to disaffected young people, as an alternative to the more hierarchical approaches in mainstream schools (Ward et al., 2003). However, Campling (2001) argues that the leadership and management staff in these settings remain conscious of the necessity for both leadership and responsibility in order to create a safe 'frame' within which the therapeutic work can be undertaken. This relates directly to the concept of the 'holding environment' (Winnicott, 1956). Ward's (2003, p.30) seminal writing explained the application of this to the residential context as follows:

> …'holding' goes well beyond the literal physical holding and beyond the immediate reassurance which a warm cuddle can provide to a distressed child. It refers rather to the whole quality and importance of the human context in which the child begins his or her developmental journey.

Respondents from all three participating services named the fundamental need for safety and containment as a foundation before any other work could be considered. Within the ToC, the need for safety and containment is operationalised at both the individual and emotional level for children and staff, but also collectively in groups and at a structural level for the service as a whole. Miller (1993, p.3) provided two connected insights in this context:

(i) The ~~the~~ main determinant of the quality of the holding environment that can be provided for clients, is the quality of the holding environment of the staff.

(ii) It is the form of organisation and by the process of management which mainly creates the quality of the holding environment of staff.

Within the ToC, containment and attachment are positioned as primary considerations at the start of the placement. Externally this is manifested in the foregrounding of the process of managing referrals and the planning of admissions. Key here is clarity around the boundaries and limits of what types of behaviours the provider of services is designed to manage. Respondents argued, and so the ToC reflects, that containment and attachment are more likely outcomes where new receptions are provided with explicit information and introduction to the rules and boundaries of the services, how people are kept safe, what will be expected of them, a sense of what responsibility and accountability will look like.

The literature highlights (Ward, 2003, Haigh, 2013, Haigh and Pearce, 2017) and the data support the conclusion that on reception, when young people arrive at a residential facility and are in the settling phase and beginning to engage, a successful placement is associated with the provision of support to manage strong feelings and to help recognise emotions. Haigh (2013) in particular is explicit on the need for there to be clear boundaries around joining a community and that this was helpful not only for the individual doing the joining, but also for the containment of groups anxieties doing the receiving and that this applied to staff groups, existing resident groups and the whole community as a system overall. Respondents in this study commented that sometimes this 'containment' was provided in the context of support of the 1:1 relationship either with a staff member working opportunistically as moments arise, or in planned keyworking or therapy sessions. At other times the containment came from the predictability of group meetings with the opportunity for peer feedback.

Respondent accounts highlight how containment could manifest itself through a myriad of 'micro-containments' across the structure and across different professional activities. Examples from the data include responsive changes in teaching and learning approaches in the classroom, responding to emotional needs in the moment either triggered by anxieties relating to the work, or perhaps unhelpful group dynamics in a lesson. Another example was the 1:1 keywork support around family contact visits, helping the young person to contain anxieties they have about managing complex relationships with parents, siblings and other significant family. As shown in chapter 2, the negative life impacts of not containing and addressing trauma in the care experienced population are well researched. Ford et al.~~,~~ (2007) noting children in residential care experience higher rates of educational difficulties, psychopathology and neurodevelopmental disorders in comparison to peers outside the care system. Culhane & Taussig (2009) identified that these difficulties often persist or have effects well into adulthood, with high levels of periods in prison, or episodes of homelessness and unemployment. Gearing et al.~~,~~ (2015) identified higher incidents of identified mental illness. These include posttraumatic stress disorder (PTSD), suicidal tendencies and depression in

young people in residential care in comparison to other non-care-experienced populations. This relevance of containment could also be expressed outside the boundary of the organisation, as when respondents described a focus on managing the anxieties around risk when planning to start accessing college or community clubs.

Campling (2001, p.367) drew attention to the inherent conflict and tension identified in this management of risk in transitions: “conflict between those whose main objective was preparing residents for the outside world and those whose main objective was helping residents understand themselves better”. Within the ToC, this can be seen both internally and externally to the services. Internally, the ToC reflects that structures were promoted and valued by respondents which coordinated and integrated different professional disciplines: care, education and therapy – mixed reflective supervision spaces or multi-disciplinary decision making and planning structures for example. Externally, respondents described the challenges of managing expectations, processes and timescales with other stakeholder agencies.

Looking at the internal management of conflict, staff themselves identified that they may be psychologically affected by the work and that this was an unavoidable by-product of the emotional engagement they considered they needed to bring to the relationships with the young people. This underpinning assumption would be part of the performance story associated with the application of the ToC in evaluation. Having structures in place to recognise and help staff manage these tensions was considered important. In each setting, staff drew on psychodynamic theory to help unravel some of the dynamics involved, this being an approach authors such as Menzies-Lyth (1988) suggest can be helpful in understanding the connection between the task of an organisation and the anxieties that these tasks can generate in staff. The risk, it is suggested, of not attending to managing these anxieties, is that staff can, often unconsciously, create defensive responses which are actually obstructive to the desired process. There is a link here to the literature on the current performance of the residential care system. Reports forming part of the Government’s 2022 Social Care Review indicated that clearer and more defined use of residential care, especially more specialist care responding to complex need was required. This would allow services to be structured to meet the heterogeneous needs of this diverse population (Bach-Mortensen, 2022). The systems and structures, which would include workforce profiling, development and support need to be designed consciously to underpin maintenance of this relational work (Gallagher et al, 2022). The ToC provides a framework to help guide these considerations.

The ToC recognises that the anxieties and preoccupations of staff need to be contained, explored and reflected upon in order to prevent defensive, anti-task responses emerging. Ward (2003) described examples of this where natural staff anxieties around individual children, unnamed or insufficiently contained, might lead staff to instinctively protect themselves from the anxiety by withdrawing, (physically or emotionally) or perhaps the opposite response, immersing themselves in young people's trauma to rescue them and in doing so, lose the necessary detachment required to provide help. Accordingly, in the ToC there is a structural focus on reflective spaces, group dynamics (within teams and between sub-teams), individual support, training and a focus on emotional processing. This approach to containing staff in order to facilitate their containing of children aligns with Miller's (1993) first insight. Staff respondents cited the importance of these spaces, not only on an individual level, but importantly in groups – both for teams of the same discipline and specifically between teams of different disciplines. The interplay between care and education sub-teams was identified in all three participating services as a potential 'fault line' where tensions could arise. Staff respondents also noted the potential for splits and divisions between sub-groups of the larger care teams, somewhat sub-divided by a working rota. This description is a systemic consequence, consistent with the research discussed in Chapter 2, reading the move towards greater professionalism of residential care and a move away from live in 'house parents' which occurred from the 1980's onwards (Smith, 2009, Smith et, al., 2013). The systems around residential care and looked-after young people have become increasingly complex over time.

As introduced earlier, the ToC also reflects that externally, services need to manage the expectations of local authorities, police and other agencies. In this sense, the 'holding' of risk and managing this dynamically, maintaining an expectation of progress is also a key supporting activity which contributes to a positive performance story. Respondents associated supportive external partners with children and young people making better progress. So, the ToC identifies 'educating local authorities' as a fundamental supporting activity, helping to ensure that social services departments share the understanding of the task right from the start.

As the placement journey unfolds in the 'capacity change' phases, young people should increasingly engage in the wider community and proactively with other agencies e.g., Youth Offending Services. This is a management activity (linking to Miller's (2012) second insight), whereby the structures and processes of the service seek to manage the pathways with external agencies, especially in relation to containing anxieties about risk. When undertaken well this can free up the staff teams to focus on the work without worrying or being restricted

by unhelpful external impingements. This was expressed by both staff and young adult respondents in the data, most commonly in relation to perceived risks around college transitions, but also mentioned in relation to housing and employment where barriers and obstacles were commonly cited. Pearce and Haigh (2017, p.~~50~~) described these processes as follows:

> …much of the work of senior staff can be devoted to the 'external relations' needed to establish and maintain the therapeutic culture. This is especially true in larger organisations where multiple layers of policies and procedures, as well as uncontrollable change processes and threats of cuts, demand attention in order to keep the therapeutic space feeling safe.

The ToC incorporates the understanding that 'threats' to the work must be contained or managed to minimise impact. Threats may take the form of sudden changes in timescales for plans, the lack of certainty about funding for transitions, managing risk anxieties for college applications and other such matters.

7.2.3 Communication~~.~~

For Haigh (2013, p.10), communication is linked to a culture of openness, an issue addressed in a number of respondent accounts, and in drawing the comparison with infant development, ~~h~~he states:

> Once the primitive and turbulent preverbal work is in hand, a major developmental task is to make contact with others, enjoy mutual understanding of common problems and find meaning through this connection.

Within the ToC, open communication in the sense that Haigh (2013) applied it, is located as emergent from the point young people are initially settled and begin to engage. This is where respondents referred to the middle stage or placement stage. Here, one to one keyworking within the care team was identified as becoming more focussed, the education delivery becoming more tailored and person-centred, and in therapy, some of the initial work on trauma response, labelling feelings and identifying coping skills was said to be undertaken. In referring back to Mayne's (2012) adapted logic model (that included the behaviour change consideration), these components are part of the supporting activities that underpin the capacity change, but they are also generative approaches which would be relevant to a

positive performance story about how change is created. Across the range of examples provided by respondents in the data, unique to each individual, communication was identified as developing within the different relationships and activities and being harnessed to influence the motivation, opportunity, and capabilities of the young person to grow and change. Whilst the journey for each young person was highly individual, the assumptions around the process of change that the activities are based upon are universal.

Barton et al. (2012) have also written about the need for transparency and openness in communication as an essential part of the therapeutic culture. They described this operating on all levels, and that in order to facilitate and encourage this communication from and with young people, staff should engage with each other in personal and meaningful ways. They asserted that this role models to the children what openness looks like, and that this open and transparent style also needs to occur in both directions up and down a line management structure. Further, they noted that when there is a breakdown in this communication, or staff do not feel heard and supported, splits can emerge between front line and management staff and the powerful feelings and complexities inherent in the work, unaired and addressed, can become anti-task behaviours which negatively impact on all parties. Conversely, open communication leads to greater accountability between people and this in turn supports the experiences of trust, authenticity and genuineness described earlier.

Staff respondents identified that successful placements were more likely where staff felt able to demonstrate openness and vulnerability, this role models to the young people that it is safe to take risks and that feelings are valid, even if the behaviours acting on the feelings are not always agreed with or acceptable. This provides an opportunity for each person to reflect on what has been said and consider what resonates for them. The importance of this has been described in the academic literature:

> Giving an opportunity for each individual to express his own opinion or experience in a group meeting helps develop a sense of personal boundaries and identity. Statements like ‘there seems to be such and such feeling in the group, how do others feel?’, promotes a sense of curiosity and reflection, rather than the certainty coming from more definite and fixed statements (Tomlinson, 2004, p.97).

Tomlinson (2004) also described the experience for children of being listened to, and thought about as a key therapeutic experience. In doing so he drew on the concepts developed by Dockar-Drysdale (1961) in the early development of therapeutic communities. In this work, the

importance of the creation and purpose of different opportunities for communication were set out:

> Every boy should have opportunities for group and individual communication daily. This is the only answer to unintegrated sub-culture and acting out...Unintegrated boys need structure to contain: regular small talking groups, individual communication with a grown up and immediate communication in context (Dockar-Drysdale, 1990, p.187).

In the data, these different structural elements and their relevance were noted – the frequency of predictable group or community meetings, regular planned keyworking sessions, informal opportunity leading to one-to-one support discussions and also communication in groups, in the moment, responding to unfolding dynamics were described by all the services' respondents as therapeutic opportunities or experiences. In the ToC the concepts of making children feel valued, holding children in mind, coping with feelings, learning about self and relationships, and developing empathy are all associated with the process of building the capacity to change, and open communication was key to facilitating this.

The literature identifies that open communication can only occur once there is a sense of attachment and safety, and Haigh (2013) asserts that it is the role modelling of open communication between others from the very process of joining that helps to create this attachment and containment. In this sense they are both descriptions of 'stages' in the placement but also descriptions of the theoretical concepts at play (Haigh and Pearce, 2016). The ToC reflects that as young people begin to experience and practice being open in their communication, it is a skill or way of being that may then become more embedded as the rest of their time in the service unfolds. In the theory, open communication is key to young people having a voice, being held to and holding others to account, taking on roles and responsibilities and engaging with agency and empowerment – the stages that Haigh (2013) described as lying ahead of them.

Haigh and Pearce (2016) compared this process to and adapted the work of Howard and Duggan (2010) on stages of emotional progression within the therapeutic process. This sets out a three-stage development which Haigh and Pearce (2016) then linked to Therapeutic Community structures and processes, and which are also incorporated into the ToC. The three stages relate to:

1. Interpersonal
    a. Establish therapeutic engagement – partly achieved in the referral and assessment process, initial one to one time with key staff and therapists.
    b. Establish a sense of belonging – to people and the community through settling and engaging activities, establishing attachment and connection, being part of, having a say.
2. Pro-social
    a. Managing behavioural disturbance – containment, boundaries and limits, challenge for rule breaking, consequences and reparation.
    b. Improve pro-social skills, interpersonal sensitivity and salience of relationships – giving and receiving feedback, listening and developing empathy and authenticity in interactions.
3. Intrapersonal
    a. Integrate self-states/self-concept.
        i. Narrative formulation – the development of a psychologically healthier construction of one's history and how one relates to others and the world.
        ii. Emotional competence and mentalisation – being able to recognise emotional response to events as not being caused by those events, and that feelings do not dictate actions but there is the possibility of personal choice. This skill then evolves into being able to consider the emotional life or experience of another.

In the ToC the sophistication and complexity of communication is understood to appreciate over time. Moreover, it is understood that once there is a sense of attachment or belonging to a group, pro-social skills may begin to improve (Pearce and Pickard, 2013). Pearce and Pickard (2013) argued that members of a group become more interested in each other, better attuned to each other's feelings and mood, they are able to give and receive feedback, thus developing greater sense of themselves and others where communication was open. Well-being increases, which itself encourages greater willingness to engage in the life of the group and a virtuous cycle is established. This is foregrounded by staff and young adults. Young adults for example, spoke of the role modelling by other more experienced peers, observing them taking risks and giving and receiving feedback, they spoke of 'looking up to' other young people who were able to demonstrate this ability to use meeting spaces. Another respondent described the process of challenging an adult, in a community meeting, for an interaction the young person had been dissatisfied with.

7.2.4 Participation

Whilst Haigh (2013) described these first three principles (attachment, containment and communication) as being recognisable in many forms of psychotherapy, the next two (participation and agency) he suggested were more specific to therapeutic communities. He suggested that they "took the developmental sequence through adolescence – and into real life – in a way that other therapies do not" (Haigh, 2013, p.11). It is this concept that is expressed in the ToC, especially in the latter stages of the placement journey.

This concept of being involved in and taking part in the routines and processes of the service, to take active part in one's own therapy (or education), to give and receive feedback and for this participation to be role modelled by all, was identified as important in the data and the literature. The term "living learning experience" was offered by Jones, as an early description of therapeutic communities (Jones, 1968, p.106). For Haigh, (2013) this was linked to a culture of participation and citizenship.

Kennard (1983) noted that the sharing of responsibility with young people (or patients in mental health settings) undermines the expectation of being told what to do. He argues that this expectation leads to either dependent compliance or disengaged rebellion, neither being helpful when the intention is to assist people to become more mature, responsible individuals. He also identified that:

> It also allows people to learn in a practical way, the consequences of their decisions; and it brings them into a situation where in order to get things done, they have to cooperate with others, to see other people's points of view and to know how to put their own across in a reasonable way. (Kennard,1983, p.43)

Within Mayne's' (2012) adapted logic model, this participation is rooted in the capacity change stage – providing opportunities and supporting motivation to build skills and capacity. In a practical sense respondents from each of services that contributed to this thesis linked young people taking on roles of responsibility in the settings with generative potential in terms of improving outcomes (e.g., Chair of meetings, welcome committee, representing the setting externally, chicken welfare officer). In holding roles, young people were said to be learning various practical skills; doing work for the benefit of others; experiencing the benefit of the work of other; gaining status and respect within the group and practicing the use of skills,

communication and strategies in a variety of contexts. Young people described how they derived satisfaction as the scope and significance of these roles increased over time and how, in these roles, young people then acted as role models (generally) or peer mentors (specifically) to young people at earlier stages in their journey.

Stokoe (2003) argues that there are unique opportunities that can be deliberately created to allow young people the chance to experience power and responsibility for making decisions. Power may be wielded by the young person alone (such as priority setting in their own care planning) or shared as when they influence decision making (such as in agreeing consequences in a community meeting). He suggests that:

> If the primary task is to enable the development of each young person, then it follows that, as each child moves towards greater individualisation, he or she ought to be able to take on more responsibility for him-herself. In this way the community, like the 'good enough' parent, needs to be able to encourage each young person to take responsibility, but be flexible enough to intervene if this seems to be too much. The technique is about taking calculated risks but being able to take control when this is necessary (Stokoe, 2003, p.96).

The explicit reference to risk management here, can be linked back to the data and ToC. Within the ToC, participation is noted as being facilitated not only by taking on roles within the service (where there can be the greatest degree of control) but also, through growing confidence, beginning to engage in the wider world. Practicing and rehearsing skills and then seeking to transfer them to real life interactions – the transition to college being one example, or joining local sports clubs another. The data described very incremental and practical approaches to this, unique to individuals to take account of their interests, strengths and areas for development. Both staff and young adult respondents also noted, and referenced in the 'external factors' component of the ToC, the anxieties about risk taking expressed by external agencies. These were described as needing to be managed and worked around to ensure that opportunities for rehearsal could be taken advantage of.

This range of structured opportunities for participation, with varying degrees of incremental development, were also noted by Winship (2004). The concept of democracy and democratic practice was explored across a diverse sample of therapeutic settings including hospitals, prisons and settings for adolescents. The results demonstrated that democratic involvement in decision making through discussion (often in groups) was the most common form of participation – termed "dialogical democracy" (Winship, 2004, p.280). That said, the context

of the setting and how risk was managed was presented as liable to impact on the degree to which decisions could rest entirely with residents. Stokoe (2003) has noted the natural distinction in power and decision making between adult settings and those for children. In settings for children, adults appropriately retain a parental authority over children, which should be released, dynamically and incrementally as they mature. Winship (2004) also considered this in relation to the psychosocial process, where staff need to be mature and open to exploring issues of power and authority, at times maintaining authority in the moment as a containing function. He went on to explain:

> Arguably if the patient is to re-experience a benign authority that supersedes previous malignant or abusive internal authority, in terms of transference, the democratic aspects of parenting may need to be embraced (Winship, 2004, p.285).

The ToC also notes the need for the service to manage anxieties about risk in the external world. These anxieties can present as barriers to participation, or control elements that might be necessary to facilitate access but reduce over time e.g., staff supervision in college. This example of staff resource being required by colleges to provide a physical resource to manage their anxieties about risk was cited in the data from both young adults and staff. The approach by services in this study was to provide staffing, but to have an expectation that this would be kept under very tight review with the intention to incrementally withdraw this across the shortest practical timescale.

7.2.5 Agency.

The fifth of Haigh's (2013) 'quintessences' is agency which he associated with a culture of empowerment. Haigh (2013) described (from the early development of TC approaches in adult mental health settings) that this requires a shift in the understanding of authority – moving away from the authoritarian 'doctor knows best' paradigm to one in which authority sits between people within a rich network of relationships. To help explain this concept, he suggested links could be made to Jungian theory wherein the unconscious mind (of the patient and the analyst) intuitively knows where to guide the therapy, better so than does the professional conscious expertise of the therapist (Jung, 1939).

Haigh and Pearce (2016) considered the component parts of agency, suggesting that these include self-efficacy and empowerment. They suggested that self-efficacy is the 'capacity to mobilise motivation to lead to action in exercising an element of control over events in one's life' (Haigh and Pearce, 2016, p73). This leads to increased self-esteem, improved mood,

lower neuroticism. Higher self-efficacy has been associated with lower recidivism rates amongst adult sex offenders, higher educational achievement and better health outcomes such a smoking cessation or pro-active weight management (O'Leary, 1985; Kadden and Litt, 2011).

Empowerment is a less precise construct, but one which goes beyond self-efficacy to include a "combination of the belief that one can influence things, knowing what to do when situations arise and feeling one has something to offer" (Haigh and Pearce, 2016, p.73). Within the ToC, this principle is expressed in the Behaviour Change/–Benefits stage of the placement, it underpins the beginning of preparation for transition and in a practical sense, involves a loosening of external rule and controls, more independence from the group, greater engagement individually in the external world and an increasing degree of control and authority over decisions. In the data, staff and young adult participants described engagement in empowering activities such as young people beginning to budget their own money, starting to cook and prepare meals away from the main group, being supported incrementally with independent travel.

This phase is related to giving back control and responsibility for decisions and functioning to the young person in order that they may exert their own will and agency on the decisions and choices they make. In the ToC this is envisioned as being achieved in a scaffolded way, with staff involved in rehearsal and planning prior to tasks and activities, and being available to support young people thereafter. Haigh and Pearce (2016, p.74) described the underpinning process as follows:

> In order to effect change, one must feel that the primary agent of change is oneself, and that one has the power to do so. The first of these is referred to as an internal locus of control; if this is external, change appears dependent on the powerful others, or on chance, and the likelihood of improvement stemming from personal action is perceived as low, undermining any incentive to put effort into changing.

A cumulative effect is anticipated during this phase, whereby a young person, properly prepared for a new experience, although nervous or anxious, may become able to successfully achieve the task, thus building their self-confidence and self-esteem, in turn making it less anxious to repeat this task, but also building up a level of self-confidence that can be transferred to other situations. The data from the young adults, especially around transitions and their reflections on their early/immediate experiences on leaving demonstrated that feeling

prepared and able to cope was important to them. This was in relation to practical skills – cooking, living skills and more emotional or interpersonal tasks such as making friends or managing family relationships.

7.2 Kennard's 'common features'

The second framework that will be used to consider the findings and the ToC comes from Kennard's (1983) analysis of different types of therapeutic communities, evolving over time, in the UK and the US, for different client contexts (adult mental health, addictions, prisons and children and young people). Whilst there were some conceptual or structural differences, often around authority and/or power, he identified six common features:

1. An informal communal atmosphere
2. The central importance of group meetings in the therapeutic programme
3. Sharing the work of running and maintaining the community
4. The therapeutic role of patients/residents
5. Sharing authority
6. Values and beliefs

Each of these will be considered in relation to the earlier literature chapter, the data findings from staff and young adults and the ToC.

7.3.1 An informal and communal atmosphere

Kennard (1989) summarised the sense of the atmosphere in communities as:

> This is often the first things to strike a visitor or newcomer to a therapeutic community. The atmosphere is homelike rather than institutional, casual, perhaps untidy even. People are dressed informally, no suits, no uniforms. The visitor wonders 'who are the staff?' (Kennard,1989, p.23).

This atmosphere was described as crucial by one of the young adult participants, reflecting on his early experiences visiting and entering one of the services. In the ToC, even as a supporting activity, 'maintaining the culture' is identified as essential. At the point of referral,

adult participants spoke of the centrality of a young person experiencing the dynamic and relationships when they come to visit. Young people were described as having opportunities to spend time with some of the existing residents, to meet some staff, perhaps to stay for a meal, even if just to observe. This was seen as important to help young people have an expectation of what it might be like to join.

In early writing on therapeutic communities, Rapoport (1960) referred to this culture as that of communalism (one of his four cornerstones) – this is related in the data collected to shared experiences, not only in the formal groups and meetings but in the downtime between therapy sessions, school and other structured activities. Haigh and Pearce note that the informal spaces between the structure are often referred to as “milieu time” (2016, p.158) and that it is during these times that members (which can refer to staff and other young people) can gain insights into each other’s thinking and functioning. In the settings accessed for this research, events and behaviours that occur in these periods provided material that could be the basis for further discussion in structured meetings and spaces. The shared experience is of a period of time spent together with others in the service and this was identified as helping with the connection and sense of belonging discussed earlier.

Ward (2003) has also written about the atmosphere and feel of a place being central to creating a systemic and holistic environment within which both structured, and opportunity led work could occur. Specifically, Ward (2003) considers how workers must judge and assess the context and atmosphere in any given moment as part of deciding how to respond, intervene, support or contain. The atmosphere here relates to the “emotional climate” of the place, but also to the “micro-climates”’ which often develop in different locations and times around a premises and/or with different groups (Ward, 2003, p.23). The adult participant data described this process in reflecting on examples where they were managing dynamics between different individuals, sometimes in the context of a wider group discussion. This suggests a flexibility and attunement necessary for the worker.

In the ToC, the reach and reaction phase (Mayne, 2012) is identified as correlating to the settling and engagement activities in support of the young person. This was an immersive process, occurring on multiple levels – in groups both in care and education, in structured key working and one to one therapy, in informal living and learning and in community and house meetings.

The atmosphere of the environment provided the foundations or context for supporting activities occur. Its creation and maintenance required deliberate activities on behalf of the staff and adults. They described a focus on maintaining the predictable structure and timetable

for the services, which thus created the formal and informal spaces within which the atmosphere would occur. However, this by itself was not sufficient and it was evident that deliberate focus on the role modelling of behaviours by staff within these spaces was essential. This in turn required specific training, supervision and the use of group reflection, which were structured spaces, protected and built into the system. These structural activities are incorporated into the ToC because they were identified as helping to integrate different professional disciplines and sub teams and communicate to young people that they were valued because they could use and engage in these spaces in the same way as the adults. This deliberate creation of atmosphere and informality can be strengthened through a range of other rhythms or rituals such as communal dining, celebration of birthdays, community events such as Halloween and sports days, celebration days for the school and a range of informal ceremonies around leaving.

7.3.2 The central place of group meetings in the therapeutic programme

Kennard (1986) noted that the use of group discussion was an important feature of a relational, therapeutic approach as it supported the process of change on several levels. In most TCs, including the two in the sample, the main meeting is referred to as the 'community meeting' – one setting in the sample held these three times daily as the main space where work of the community unfolded, in the other TC service there was a shorter daily meeting in the morning for practical information sharing, a longer community meeting at the end of the school day for reflection on the behaviours of the day and handover from school to care teams, and then extended community meetings twice per week, longer in duration to allow deeper exploration of feelings and dynamics. In the therapeutic childcare setting, the use of group meetings was less overt and conscious as method, but still 'house meetings' were at least weekly, and with smaller group numbers, allowed for some of the same content and approach, even where these was less deliberate in its purpose.

Drawing on Kennard (1983) and what respondents said about group meetings, they are associated in the ToC with the ability to make stronger contributory claims, based on their utility in relation to:

i) Maximising the sharing of information:

Part of maintaining the culture and structure to underpin the atmosphere involved the open sharing of information. Staff respondents described how the use of community meetings supported the practical sharing of information between adult staff within and between teams, but also involved the young people in the running of the service, advising of visitors for the day, appointments in the diary, news and announcements etc in a transparent way. This is represented in the ToC within the 'reach and reaction' stage (Mayne, 2012) but was described as starting out in the manner the services intended to continue in. Both staff and young adult respondents referred to this ongoing maintenance of information sharing culture in their descriptions of regular meetings in the day-to-day rhythm of life in the settings. This helped reduce or respond to the power imbalances that naturally exist between children and adults or residents and staff by allowing information to be shared openly.

ii) Building a sense of togetherness and cohesion within the community:

Staff and young people described that the transparent and open nature of the meetings, helped to provide a sense of inclusion and belongingness, but it also operated on other levels. The house meetings and especially the community meetings, were described by respondents, as places where opinions were shared, disagreements aired, feedback given. Respondents talked about being involved in discussing consequences for the breaches of rules by others, or discussions and negotiations about rules, or rewards. This sense of inclusion was seen as cumulative over time. The ToC captures this with an increasing pattern of relationships and trust building over time leading to increases in status and responsibility. In terms of the therapeutic work, continued rehearsal, role modelling and witnessing embeds and internalises the skills and strategies the young person is developing. Respondents described this process as building the capacity necessary for change but also, having this 'lived' with and in front of others, can help motivation and encourage compliant, pro-social behaviours within the group dynamic. This account by respondents resonates with the earlier work of Kennard (1983) and Ward (2002, 2003) who both spoke of the community, communal and 'in public' nature of the therapeutic work being enhanced in the context of a harness group structure and dynamic.

iii) Rendering the process of decision making transparent:

With links to power and authority, allowing the whole community to be involved in decision making was rendered something that could help build trust. This in turn was described as contributing to a reduction in the potential for defensive assumptions about how the service makes decisions or what factors they take into account. Respondents described this as an

opportunity for helping all views to be heard and weighed up, often by other members themselves in live discussion. This 'in the moment' experience allowed the role modelling of pro-social behaviours by staff or more progressed peers. Respondents also explained that the public process of decision making also allowed young people to begin to practice and experience holding and sharing authority and being heard. Within the ToC, this is shown in the 'capacity change' stage (Mayne, 2012) and linked to the behaviour change factors of capability, motivation and opportunity. The young adult data contained several extracts that illustrated this process, where respondents described the experience of being held to account by peers, and also then being part of the holding others to account for behaviours. They described experiences of being in both positions. Kennard described this openness as follows:

> This contrasts from the rather 'Kafkaesque' quality of many institutions where decisions emanate from secret places and are then handed down in such a manner that the recipient feels helpless to do anything about it should he disagree: a situation familiar to staff and inmates of many traditional institutions (Kennard, 1983, p.24).

iv) Providing a forum for personal feedback:

Respondents from the TC organisations described the use of the community meeting as a deliberate space for giving feedback – staff to young people, peer to peer and, importantly in relation to flattening the hierarchy, young people to staff. Whilst this structural element was not present in the TCC setting, respondents suggested that house meetings did provide some occasional space for this process but more often, the feedback was experienced more in keyworking and other 1:1 sessions. Within the ToC, this feedback and reflection is represented in the Capacity Change phase where it is indicated that a young person should be supported to develop their communication skills in a variety of contexts because by doing so they will learn about themselves and others in the context of relationships. Worthington (2003) described the large group process as operating on several levels and for different purposes, arguing… "it is a place where the incidents and conflicts that impact on the group can be raised, looked at, discussed and even resolved, but at least contained" (Worthington, 2003, p.167). Respondents in this study described how this exploration of behaviour and dynamics within the group allowed feelings and impact to be aired, for people to be heard and where necessary challenged, often by peers. Young adult data extracts identified this as being very powerful as they experienced this feedback as more authentic coming from other young people with similar struggles. The TC settings described harnessing this potential explicitly

whereas in the TCC setting, this was vastly reduced and only arose in occasional interactions which were then reliant on a worker recognising and facilitating the discussion. Ward (2003) described this need for workers to develop the skills to recognise these moments in his description of 'opportunity-led work'.

v) Being a vehicle for community members to exert pressure on individuals to support positive change:

The final facet of the overt use of the large group meeting relates to its therapeutic use in harnessing peer pressure and support to encourage pro-social behavioural change. This is represented in the ToC across both the capacity change and the behaviour change/benefits stages (Mayne, 2012). Both staff and young adults respondents described the Community Meeting, by dint of being a forum for feedback, allowing for collective authority to be exerted. It facilitated the exploration of problems for and between individuals and across the matrix of relationships, and created the potential to challenge and change problematic behaviours in several ways, as illustrated in the data.

The first way, as described by Kennard (1986), was through exhortation – peers (or staff) suggesting different/better ways of achieving an outcome – 'why don't you try…next time', alternatively this could be about being held accountable for the manner in which they were taking up a role held. Kennard (1986) also identified the use of contracts to change a particular behaviour. Staff and young adult respondents from the TC services both described use of contracts, regularly reviewed and incrementally progressing with the example around the use of mobile phones/internet access and social media given.

In the ToC this is still rooted in the capacity change stage (Mayne, 2012) and also appears in the behaviour change/benefits stage, underpinned by the theoretical concepts of open communication, participation and a growing sense of agency and empowerment. The TCC setting did not harness a group meeting space for this purpose and so on one level, opportunities could be seen as fewer, however, the more matrixed structure with several small homes located in a network around the school, gave a broader mix of relationships that were more 'external' to the individual home dynamic. Whilst this potentially provides greater and more diverse interactions, the consensus of thinking and understanding was reduced by the more fragmented nature of the structure, and interactions were more likely to be rooted in the more dyadic adult-child power dynamic.

7.3.3 Sharing the work of maintaining and running the community:

Whilst Kennard (1983) was writing specifically about the features of therapeutic communities, his focus on the therapeutic role of participating and being part of the daily routines, were set out in four sub-themes that were identified in respondent accounts of what mattered in both TC and TCC settings. From the ToC, this involvement is rooted theoretically in the concepts of participation and empowerment, and these are linked to the stages of continued capacity change through the taking on of roles, but also underpin moving into the behaviour change/benefits phase. This is linked to the cumulative acquisition, rehearsal and internalisation of skills to support the intended future transition toward greater independence.

The four sub-themes are set out and explored below:

i) Participating in the community's daily tasks:

Kennard (1983), states that this contribution to daily life helps members to feel part of the community, to feel that it is theirs, thus linking back to the earlier ideas of belongingness. By contributing to its upkeep, young people were recognised as valued members of the community. Respondents from the TCC service also noted the involvement of young people in completing chores, but their description of this was framed more as a domestic activity, engaging in life skills as opposed to harnessing a more explicit therapeutic contribution to the change process.

Haigh and Pearce point to a powerful role effect which "leads people to alter their behaviour, taking on aspects of the role that might not have appeared as a normal part of their repertoire" (Haigh and Pearce, 2016, p.134-5). In the data, the difference between the TC and TCC settings was notable with the TC settings making much more conscious, deliberate and explicit use of roles, jobs, responsibility and accountability in the context of interdependence. The TCC settings in contract made less overt use of roles, and where responsibility and accountability were discussed, this was with a more individual focus.

ii) Acquire skills and confidence to live independently:

Respondents from both TC and TCC settings described the overt training, coaching and rehearsal of a range of practical self-care and independent living skills as part of the work in the behaviour change/ benefits stage within the ToC. The examples given ranged from

incremental budgeting and managing money, shopping, learning cooking skills, managing travel independently, laundry and simple household maintenance, but also examples of wider tasks like accessing GPs and Dentists, managing application forms and paperwork for other agencies (e.g., college or benefits) and, in later stages, dealing with housing applications. In the ToC, these activities are acquired and rehearsed in the capacity change stage (Mayne, 2012), but the rehearsal continues both inside and increasingly outside the service as the timetable for transition became clearer. This is theoretically underpinned by the concepts of self-efficacy (Haigh and Pearce, 2016) linked to increased self-esteem which they suggest "probably contributes to the affective elements of good decision making" (Haigh and Pearce, 2016, p.73).

iii) Bring to light interpersonal problems in working with others that emerge through tasks:

TC respondents regularly described, with only occasional passing reference in the TCC data, the deliberate use of jobs, chores and more formal roles as activities to practice and explore interpersonal relationships. Kennard (1983, p.25) described this process as follows:

> Working with others in ordinary, everyday tasks will bring to light many interpersonal problems which might remain dormant in group meetings. Reluctance to share or cooperate with someone else, fear of responsibility, insistence on always doing things one's own way, lack of persistence, may all appear more clearly in a shared task of work than in a group space. Having emerged, these difficulties can then be examined in group meetings.

This continued rehearsal of interpersonal skills, in a range of contexts and tasks is evident in the ToC as an ongoing reinforcement of capacity change (Mayne, 2012) and moving into the behaviour change/benefits stage. The respondents noted a duality in the rehearsal as the tasks and activities themselves had a practical skills development component. These opportunities these were being accessed in a relational and interdependent context, thus allowing the interpersonal skills rehearsal in the same moment with opportunities arising over time as the placement unfolds.

iv) Provide a microcosm of social responsibility and citizenship:

As young people progress through their placements, the ToC describes a process of embedding experience over time. This becomes much more explicit and visible as young people move through the capacity change stage with the greatest expression of self-management and the application of skills in experiences outside the service, being seen in the behaviour change stage. Haigh and Pearce (2016, p.75) described this process as the engagement of "responsible agency", based on the idea that individuals in treatment or receiving hep have choices, both in the behaviours that they choose to display and equally where they might choose not to engage. This is linked in the ToC to Mayne's (2018) adapted CA model that incorporated the behaviour change concepts of capability, opportunity and motivation. Haigh and Pearce (2016) explain this in more clinical terms, considering that an individual needs to feel they have the power to change things and that the locus of control moves from an external construct (I am powerless, others need to change around me, I cannot change my situation) to an internal model (It is up to me to make a change, I am willing to be an active participant in changing). Respondents gave accounts of using the concepts of capability, motivation and opportunity as three different ways of approaching individual support needs with young people. Different techniques used for different individuals and different moments, but all rooted in the same underpinning assumption and theoretical frame.

7.3.4 The therapeutic role of residents

As noted at relevant point in the findings, a key difference in the data between TC and TCC settings related to the active and overt use of the experience of, and relationships with peers and other residents as a therapeutic tool. In the ToC, a cumulative building of relationships and trust unfolds over time and both the harnessing of specific staff-child relationships as well as using peer support or mentoring was identified as useful supporting activity across all respondents. For TC settings, the explicit therapeutic role of peers was referenced by young adult respondents as well as by adult respondents from all three professional disciplines (care, education and therapy). Haigh and Pearce (2016, p.197) describe the deliberate use of mentoring and peer support in TC settings. They explain that "the intention is for member to look to each other, particularly more senior members and those making progress, rather than to staff, with whom they are less likely to identify with". They identify the therapeutic principle of instilling hope as being intrinsic in this process and young adult respondents named this explicitly in their accounts. In the ToC peer mentoring is represented explicitly in the capacity change stage (Mayne, 2012) and theoretically underpinned by Haigh's (2013) quintessence of 'participation'. In contrast the TCC setting had a more individual approach and focus with a

smaller group of individuals cohabiting and a much-reduced description or reference to the group at all, let alone to harness other young people as a therapeutic resource.

It was interesting to note this double status as individual and group member, and the harnessing of this duality in the TC, needed to be continually explained and revisited with placing local authorities as one of the supporting activities included in the ToC. Respondents described an expectation and assumption in most external agencies for all aspects of the young person's development to be thought about in very individual terms and activities. These assumptions and focus are likely to have deep roots in policy and professional training, linked to the trend for small residential homes, less use of groups, a move against fears of institutionalisation and a highly individual framing of care planning which were noted in the opening literature chapter. Haigh and Pearce (2016) identified the necessity of TCs to engage with, educate and manage the relationships and expectations of external agencies – especially those commissioning the services but also with regulatory bodies. This is represented in the ToC predominantly as part of the supporting activities (Mayne, 2012) through educating local authorities at the point of referral and then an ongoing dialogue throughout the placement, matched with ongoing internal governance to maintain the culture and approaches. However, the ToC also references the importance of this ongoing external dialogue with the identification of risks in external factors (Mayne, 2012). Haigh and Pearce (2016, p.256) referred to both these dimensions as follows:

> It is often difficult for managers outside a therapeutic community to understand the clinical work, and what is needed to support it. With their spontaneity and generally unpredictable process, the treatment programmes can appear complex, somewhat chaotic and opaque. Effective relationship building therefore requires and educational approach to demonstrate the benefits of treatment, often involving patients, and showing the associated benefits of having a TC programme.

For Kennard (1983), effective TCs harness this by formally recognising the role of peer residents as "auxiliary therapists, commenting on and influencing each other's attitudes and behaviours" (Kennard, 1983, p.25). When a culture of enquiry exists, it provides the conditions for this source of influence to be harnessed (Main, 1977). This culture of enquiry refers to a continued curiosity about what might be at play within the dynamics between individuals and/or groups and how these change based on the task or how people were feeling. This approach does not immediately differentiate between staff and children – they are all 'members of the community. In this way, there is an assumption that even the newest and most inexperienced

group member could provide insight in any given moment and that this ability was not linked to longevity, status or title (Haigh & Pearce, 2016).

Beyond the culture or atmosphere of a setting, the TCs also described structures and processes deliberately designed to include the experience of peers as a method of feedback, support, role modelling and reflection. This was not limited to responsive issues discussed in community meetings, but also more formal voting and involvement of peers – as mentors, agreeing and reviewing consequences or sanctions for rule breaking, offering opinion on progression through the structure (e.g., readiness to move into the bungalow (River Care)). This accords well with Haigh's (2013) quintessence of active participation, but also aligns with the earlier work of Rapoport (1960) and specifically his cornerstone of democracy.

There was another expression of the role of and significance of others in the growth and development of young people which was described by both a TC and TCC setting in the data. These settings were both using the Good Lives Model (Ward, 2007) as the intervention framework to understand and respond to HSB. Within the 'domains' that this is sub-divided, one refers to 'having people in my life' and this broad heading allows the significance of family, friends and peer relationships to be accounted for in providing protective factors to reduce risk. Within the ToC, this is represented as building across the capacity change stage and becoming increasingly embedded in the behaviour change/benefits stage (Mayne, 2012). As the young person's strengths and abilities in each domain were reviewed quarterly, respondents described how evolving relationships, both inside and outside the services, and how these changed over time, could be either targeted for rehearsal opportunities, or used as strengths to transfer to new contexts or to build upon.

7.3.5 Sharing authority

Within the ToC, the sharing of and exercising of authority can be seen as a broadly linear transfer of power from adults to young people as the placement journey unfolds. In the initial and early stages, much of the authority is held by staff as part of the containing safety and maintenance of boundaries. As the journey unfolds from the reach and reaction stage through capacity change and progresses into behaviour change, the level of adult authority is incrementally and situationally reduced, allowing young people to experience and rehearse the exercise of authority over their own lives and decisions. One indicator of this expression is contained within the Good Lives Model (Ward, 2007) domains – 'being my own person' and

linking back to Haigh's (2013) quintessences, the concept of authority to self-determine is captured in the fifth concept of agency, achieved through increasing empowerment.

The process of sharing authority was described as having particular resonance by the young people in the study who often had little or no control over the events in their family and early life that had brought them into care. They then found themselves in a complex care system of processes and decision making where they sometimes felt 'done to' as opposed to 'worked with'. Tomlinson, (2004) describes that young people in care are often mistrustful of authority and that attempts to impose authority without a relationship often have little effect and are fought against. He explained that:

> Children allow us to have authority over them if they have gained trust in us through their experiences of our responses to a whole range of situations. This is similar to the authority that an infant lends to his mother through the experience of having his needs met by her repeatedly (Tomlinson, 2004, p123).

Obholzer (1994) also considered the different components of authority and how it arises, considering that "authority refers to the right to make the ultimate decision" (Obholzer, 1994, p.39). Obholzer suggests that authority can be experienced as coming from above, below and within, with greater emphasis placed on any one of these expressions depending on the context. An example of authority from above cited by respondents was as the parental role of staff over children, or of teachers over students in the classroom. Authority from below was described by respondents through examples in relationships where trust had developed – young people gave authority to keyworkers and trusted them to liaise with family, especially at points of difficulty. Another expression of authority from below was described in the TC settings with the election of young people to positions of power in community meetings. The role of chairman of these groups is supported both by the delegated power from above, vested in the scope of the role, but also by the voted in support of the rest of the group. Obholzer's (1994) third expression of authority relates to and individual sense of their own personal authority. This is suggested as having much to do with the individual's relationships with the figures in their inner word – especially those past authority figures. These three aspects of authority and how they arise and are experienced, impacts on the capacity and motivation in different situations, varying by individual based on their own history. This concept was explained in the following illustration:

> An individual might be appointed to a position of authority, sanctioned from below, yet be unable to exercise authority competently on

> account of an undermining of self-in-role by inner world figures. Such 'barracking' by inner world figures is a key element in the process of self-doubt, and if constant and evident, is likely to prevent external authorisation in the first place (Obholzer, 1994, p.41).

The ToC describes all three of these expressions of authority operating across the stages of the placement journey. Initially it highlights that young people need to be offered autonomy in terms of the opportunity to agree to take up a placement. In the case of children who have committed HSB they may have only limited ability to make a choice, but the opportunity to consider and then cognitively elect to take up residency is still important in terms of its generative potential in the ToC. Moving on, the formality, limits and boundaries of the routines, adult supervision, expectations of school and therapy attendance etc are expressions of the authority from above. But these activities are important in the ToC because they help to provide the containment necessary for the settling and initial engagement of young people. Ultimately, as the engagement builds through attachment to people and/or place, the ToC captures that relationships will begin to strengthen allowing more agency and open communication. This process allows young people to access the third expression of authority – the authority from within oneself, a sense of agency and self-determination. This progression of the application of authority can be seen in the ToC represented by the evolving style of supporting activities as time in the placement unfolds.

Whilst there is a growing movement in various fields of practice to give greater voice to service users either in the design of services (co-produced), or in their constitutions (user-led) or day to day running (user-voice), these are variable and can be subject to criticisms of tokenism. Barton et al., (2012, p.188) summarise the concept of authority in working with children as follows:

> With authority comes the requirement to take responsibility and to be held accountable. If authority is fudged, no one knows who is responsible for what and holding anyone accountable for anything is impossible. It is immediately clear how this issue is of direct relevance to the development of children, whose relationship with authority is often negative, immature and distorted by their experiences.

The ToC expresses that in order to make a contribution to better outcomes, power and authority are concepts that need to be worked with openly, subject to ongoing reflection in the culture of enquiry and open to challenge. This is rooted in the early principles and flattened hierarchy in Rapoport's 'four cornerstones' (1960), in particular that of democratisation. The

ToC attempts to flatten the hierarchy as much as possible, seeking to devolve power and responsibility down into the members in a variety of configurations and groups - who then have to manage the responsibility and accountability for making and enacting decisions. This is presented as a principle of the approach and shown in the supporting activities, but also something that unfolds incrementally for the individual as the grow and develop, thus adding to the capacity and opportunity for change (Mayne, 2012). However, Ward (2003) outlined the challenges, especially in external perceptions of the approach, in the sharing of power and authority with children for whom adults retained a legal duty of protection and responsibility. Ward (2003, p.284) offered an updated recasting of Rapoport's (1960) democratisation:

> Power sharing: feelings of power, effectiveness, expertise, insight and outsight as well as those of impotence, frustration, ineffectiveness and blindness should be shared across groups and roles, without denying issue of training, expertise, skill and actual role and power differentials.

The application of Ward's (2003) description is represented in the ToC in the capacity change and especially in the behaviour change/benefits stage (Mayne, 2012). Both staff and young adult respondents described examples where power and authority were shared, open to question and how increasing opportunities were built over time and across the placement journey. In doing so the young people are described as being provided with opportunities to develop personal capacities, which in turn create further expanded opportunities, all building the motivation for changing behaviours (Mayne, 2018).

Kennard (1983) describes two different systems of sharing authority: the first being an egalitarian form of power sharing where decisions are reached through voting, one member one vote, or on the basis of a consensus of views through discussion. The alternative is a hierarchy where decisions are delegated down, for example from a director to a staff team, who in turn delegate activities and decisions to the group of residents, who then coordinate themselves through discussion to allocate tasks or reach consensus. For Kennard (1983), it was important that whilst the first approach might appear to be the more democratic, both represented ways of giving residents real responsibility and authority for the day to day running of the service. Linking back to the earlier commentary in this chapter on Haigh's (2013) application of containment, Ward (2003) notes that in replicating a corrective relational experience for these young people, there is a reality of some adult control or limits, a sense of parenting that keeps everybody safe, but where that containing authority is gradually handed over from adult to child as they mature and develop the capacity to self-manage. Haigh and Pearce (2016, p.155-156) addressed this principle directly, writing about the democratic

processes in adult TCs, they note that even where the intention is for power to be devolved to the members, the staff still retain a responsibility to maintain safety.

> Staff have a responsibility to ensure that community members are not harmed, and that community decisions are in the best interests of its members...staff influence is invariably very significant, and when used judiciously can influence the democratic process without damaging the principle that each member and member of staffs view is equally valuable...The aim is for democratic decision making and empowerment to be genuine rather than an illusion underlain by covert staff direction, and that staff should aim to monitor and input to the process in the same way as other member..

Ward (2003) describes this as a delicate balance and links it back to the TC concept of the 'culture of enquiry' (Ward, 2003, p.287). In order to facilitate sharing as much authority as possible with young people, accepting that in a group each individual will be at a different stage in their development and competence, allowing experiential learning and reflection, whist keeping the process safe and protected for all, requires an ongoing open reflection and attunement not only to what is happening, but why this might be. The culture of enquiry is expressed as essential in TC practice. Haigh and Pearce (2016, p.57) explain that its relevance is 'more important in the effectiveness of the method than in the structure of the programme' and applied to this ToC, the culture of enquiry provides the ongoing reflection and balance that facilitate power sharing and the questioning of authority between young people and adults. These processes were described by respondents as being deliberately worked with in residential interventions, the TC structure facilitates this explicitly as part of its method, whereas in the TCC setting, the relevance is much more restricted to the individual therapeutic journey but respondents from all settings gave illustrations of this process in action.

Tomlinson (2004, p.125) describes the connection between the necessary safety for therapeutic work to be undertaken with children, by asserting that this comes from a clear sense of authority from the adults.

> Effective authority will need an appropriate balance of attending to feelings and emotions, and providing authoritative direction. For example, it may be appropriate to consider children's and adults feelings and views about something, and for this to influence the decision making. In another situation, it might be necessary to take a decision and then deal with how people feel about it and their views.

The ToC illustrates a process from arrival through to transition out, whereby much of the authority, containment and controls are initially external – rules and limits agreed and maintained by the adults, in the TC setting, as much of this was said to be shared with the group as practical. However, as the young person progresses through the setting, accessing coordinated formal and informal activities to experience emotional holding and engaging with authority, young people are understood as developing internal capacities and becoming incrementally more self-managing. In the ToC, this continued rehearsal activity is expressed through the engagement, keyworking/parenting and taking on roles phases, allowing for feedback and corrective support and scaffolding as required. This leads to the transition phase, the behaviour change/benefits stage which was where the day-to-day evidence of changes in behaviour could be demonstrated, not only to the young people and staff themselves, but importantly, respondents described how these outcomes could be demonstrated to other agencies such as placing local authorities or youth offending services.

The practical work of young people holding authority is a feature throughout the TC journey, but is most explicitly held by them individually in the participation and agency/empowerment stages. This is represented across the ToC with incremental and sequential supporting activities (Mayne, 2012) and described in both group contexts and through specific projects, especially leading towards transition. The activities described by respondents in the focus group and staff interviews were about looser controls and boundaries, greater integration with life outside the community (college, work experience and friendships) and providing opportunities for young people to have a greater sense of an independent self. It is these more individual expressions of authority where the TC and TCC settings were most closely aligned.

7.3.6 Values and beliefs.

Whilst these common attributes to date have focussed on the practice, and through this the routines and structures to facilitate practice, it would be incorrect to assume that these are neutral in terms of values systems and beliefs. Ward (2003, p.39) was explicit about this:

> In reality nothing could be further from the truth, since at every moment in therapeutic community work with young people we are forced to reflect on our own personal values systems and how they might coincide with or differ from the professional values which we need to uphold.

There is an expression of this principle in the ToC where respondents described the challenges in navigating different values and beliefs between the services and a range of external agencies, often in relation to risk management and most commonly felt at points of transition. Respondents, both staff and young adult, from all three services, all described frustrating experiences in relation to the differing values or beliefs between themselves and external agencies.

Kennard (1983) also noted that there were certain values or beliefs which characterised TC's. The first inherent belief is that 'an individual's' difficulties are mostly in relation with other people' (Clark, 1965), that is to say that expression of disordered behaviour, anxiety, anti-social presentation, self-destructive acts etc are seen as the outward expression of emotional conflicts and tensions in a person's relationships with others.

However, as the ToC illustrates, the overall psychological change process that effective services would be seeking to achieve, are an improvement in the young person's ability to understand themselves and to strengthen their interpersonal skills, this reducing emotional and psychological stresses. These outcomes would reduce the risks of offending that arise out of these deficits, and resonate with some of the domains of the Good Lives Model: emotional health, having people in my life, being my own person (Ward, 2007).

A second shared belief proposed by Kennard (1983) was that therapy is essentially a learning process. Kennard (1983) noted this is two dimensions: the sense of knowledge: learning about oneself and others, and skills: learning how to relate to others e.g., being more assertive. He suggested that this understanding of therapy is very different to the medical view in which the patient is the relatively passive recipient of treatment.

> In a therapeutic community, as in other forms of psychotherapy, the process is more like that of education. The resident is in a position of a learner, who benefits the most when he is interacting with the material to be learned. In this case the material includes the other people in the community and the individuals' own thoughts and feelings (Kennard, 1983, p.27).

In the ToC, this dual expression of therapy as the learning of knowledge and the application of skills is evident across the placement stages. In a setting applying the ToC, this principle would be evident across the entirety of the young person's activities, so not only rooted in the 1:1 or small group focussed therapy but an interconnection between learning in one area being

applied in another aspect of functioning. Again this would resonate with and accord with elements of the Good Lives Model.

A coordinated and whole system approach was more explicit in the TC context – partly because the idea of therapeutic work being in the entirety of the activity (and not limited to the therapy room) was more explicit (Kennard, 1983), but also because the larger group context provided, and indeed was intended to provide, greater volume of relational moments – more opportunity to rehearse, more opportunity for feedback. (Ward, 2002), Haigh & Pearce, 2016). Away from research on TC practice, the generative potential of opportunities for multiple relationships in a residential context, was described in chapter 2 as relevant for all children's homes (Smith, 2009).

Kennard's (1983) third shared value of TCs is the recognition of the basic equality of all members, whether staff or residents. This is an area where there was difference in focus between the participating services. The TC settings demonstrated this principle in all aspects of their systems and processes, the flattened hierarchy, the use of democratic decision making, the ability for young people to challenge adult behaviour, the use of peer feedback as part of the method of work. However, in the TCC setting, the application of this belief was partitioned into the individual approach to care and intervention planning as opposed to a more general feature of practice across departments. Respondents described the focus as being more on the individual, and whilst there would be assessment of and reflection upon the interactions with others – in the home, with staff, at school, with external friendships and with family, these were not thought about through a lens of equality between the stakeholders. The young person would be empowered as much as practical to minimise power differences and/or to bring about as much equity as possible in a relationship, but this was considered in a dyadic way as opposed to a wider and more group or system context. The ToC places more emphasis on relationships between peers and between peers and staff, and this resonates with the literature outlined in chapter 2 in which the significance of relationships for young people in residential care is often acknowledged (Gallagher and Green 2012; Harder, Knorth & Kalverboer, 2013) and relationship-based practice is promoted (Cahill et al., 2016)

The fourth value identified by Kennard (1983) was the principle of psychological equality – by which he described the recognition that all members of the community, staff and residents – and applying to this study, children and adults – share the same psychological processes. The importance of this is that neither group has a monopoly of strengths or weaknesses, which then means that any member of a community, irrespective of their status, or length of experience, can have valuable insights and contributions to make. Kennard (1983) illustrated

this: “Staff members can at times feel upset, anxious, or helpless and patients can at times be caring, creative and competent” (Kennard,1983, p.27). This belief in basic equality does not suggest that there are no differences between people, but rather that the whole possibility of a person’s experience and thinking is able to be seen and used, rather than a truncated version of a person based on the label of resident or young person. This is expressed in the ToC by the parallel use of both group and individual reflective work, in meetings, in small groups and in keyworking. It is also represented in the ToC through the process of care planning, target setting and progress review – supporting activities which are approached with the young person fully involved and central to the discussions.

The final value which Kennard (1983) noted was present in TCs is a strong ideological commitment to the approach and ideas. He described an inherent contradiction that sits within this value – on the one hand, a promotion of curiosity and all things being open to question, but the safety and containment of the community is predicated on the members aligning to the idea that the TC is a good thing. The ToC identifies the importance of this in the supporting activities of sustaining the culture and a range of activities named in the focus group, and again in the staff respondent data were described as achieving this. These included examples such as values-based interviewing to help recruit suitable staff, ongoing reflective support spaces for staff, ongoing specialist training and a commitment to staff visiting and experiencing other practice settings in order to help them contextualise their own workplace. Haigh & Pearce (2016) identified that activities to maintain the culture of practice and culture of enquiry were key activities for management and leadership to attend to.

As the previous values sections describe, the respondents gave accounts and examples of beliefs and assumptions about the relationships between people and about how staff should take up their roles and work with authority in the TC context. These principles were less open to change in the TC and for newcomers, staff and residents alike, there is a strong experience of the culture and the order of things, more than just the dynamics of the group at their time of joining, something more deep rooted in the belief and commitment to the TC method and its moral value. Respondents from TC settings described the experience of arriving and settling in, and how the existing sense of ‘how things are done’ helped to make them feel safe and that there was a degree of control, order and routine. Kennard flags that this can be seen as both “asset and risk” (1983, p.29) – it is a strength to have high levels of enthusiasm and commitment, but a potential weakness which can lead to idealisation and a blinkered approach to criticism.

7.4 Transitions and Outcomes

The ToC attempts to describe the mechanisms and activities that are necessary to support behaviour change and risk reduction in a specific population of looked after young people. Various outcomes and contributing capacities are cumulatively acquired across different domains of the young person's functioning during an extended living period in the service. However, whilst some outcomes can be tangibly measured e.g., qualifications achieved or improvements in psychometric scores, other impacts are softer, more intangible or might only emerge some years after young people have left the services. These might be expressed in their sense of their own quality of life or ability to navigate future life hurdles. These outcomes seek to build the capabilities and create a wider choice of opportunities (Arnett, 2007) to support young people as they leave the care system and go on live independent lives.

This transition is particularly challenging for looked-after young people in comparison to non-care experienced peers. Arnett (2000) noted social changes which suggest that non-care peers remain "dependent on parental financial, concrete and emotional support throughout their 20's" and describe this developmental period as "emerging adulthood" (Arnett, 2000, p.1). In contrast, young people transitioning out of care lose many of the support networks available to them and benefit from only limited assistance (Arnett, 2007). These findings are consistent with other research (Greenwood, 2017, Stein, 2005) which indicate that care leavers in the UK are at heightened risk of custody, homelessness, mental health issues, becoming not in education, employment or training (NEET), sexual exploitation and early death. The profile of poor educational experiences and outcomes for this population, also leads them to be disadvantaged in securing employment (Jackson and Cameron 2012). Respondents placed significance on building capacities and using the time available to test them in an many different contexts as possible as part of this preparation work and to mitigate against these known risks.

Within the ToC, the individual journeys of young people with regard to these capabilities, unfold across the capacity change stage and throughout the behaviour change/benefits stage. This in the phase of the placement journey where respondents described the practical and emotional preparation for transitioning out of the service as increasing in an explicit way. In terms of some of the activities, the rehearsal and demonstration of more independent living skills were described in physical changes to the living arrangements, moving to specific accommodation on the site where there was a degree of separation. Separate flats and bungalows were named as examples of this, where young people perhaps lived alone or with

one or two others, managing household budgets and being responsible for their own domestic management.

Within the ToC, the unfolding placement journey over time is characterised theoretically as the agency/empowerment element from the quintessences (Haigh, 2013), the supporting activities were reported as having greater focus with and on external organisations and factors. Both staff and young adult respondents highlighted social services as the key agency driving plans, but also housing stakeholders, colleges and, depending on specific case requirements, police/Youth Offending Teams where issues of disclosure or licence management were relevant to decision making. The ToC addressed these systemic issues by building their relevance into the underpinning assumptions. Applying Mayne's (2012) behaviour change adaptation to the model, the ToC focusses on the opportunities for change at this point of transition. The supporting activities need to be focussed on managing potential obstacles and maximising opportunity and in doing so, this maintains motivation with a sense of influencing what is happening as reflected in both staff and young adult accounts. However, this was also the stage where the availability and reliability of this coordination was very variable, often leading to less than optimum plans and an increased sense of anxiety. Internally, both young adult and staff respondents highlighted that this anxiety could lead to acting out behaviours and some regression which needed to be contained and managed. The structures and activities within the ToC are intended to support this containment process whilst also expressly identifying these external factor risks.

Housing instability and lack of choice was noted as a key obstacle and this is consistent with the experiences of care leavers around the world (Perez & Romo, 2011). The ToC notes the challenges of both choice and location restrictions on housing but also the accompanying challenges around funding and the respondents placed significant emphasis on their perceived lack of power and influence over the external processes in this final stage of the placement. The availability of options seemed more based on geographical lottery and often a tension where young people might want to remain in or close to the area of their placement, perhaps to sustain college, with a local authority 'pull' to want to offer accommodation and limited support back in the area of origin.

7.5 Limitations

There are several limitations to the study. The research, particularly the data collection stage, was conducted during the COVID-19 pandemic which meant that whilst the focus groups was

able to be conducted in person, the respondent interviews were all online. Additionally, this is a relatively small sample of organisations, just three included and this was with five organisations being approached at different points to help generate the access to suitable numbers of individual participants. Of these, two organisations did not engage, one did not respond to approaches, the other expressed interest but this did not translate to any activity. Whilst the sample is small, it represents approximately 35~~per cent~~ of the UK based organisations that focus solely with an HSB client group. As the data and themes unfolded, the relevance of the HSB became less prominent and the ToC relates more to the therapeutic residential context rather than the specific risk profile being managed.

Of the organisations that did engage, in acting as gatekeepers, the research is reliant on their providing access to individual participants, especially to former residents. Those young adults that came forward all volunteered and so there is a question about how reliably their accounts represent the experiences of others who chose not to engage. These were also young adults that the services were in some form of contact with – some more than others, which raises a question about whether these ongoing connections might infer this is a group with more favourable views, or perhaps due to the ongoing nature of the contact, feel restricted in sharing their thoughts openly for fear of reprisal in some form. The presence of negative and critical reflections and experiences in the data helps to mitigate against these limitations as participants appeared confident in expressing frustrations.

As noted in the reflexivity section in Chapter 4, the researcher had a role with one of the organisations and so knew (in degrees) the young adult respondents from that service. It is possible that their answers might have been influenced by some sense of loyalty or seeking to please. That said, the previous contact was not direct, and, in each case, it had been some years since the young person had left the service. Additionally, these respondents felt comfortable to share reflections on negative experiences they had during their time in the service. A critique of the focus group could be the TC operating context that the multi-disciplinary respondents all came from. Their familiarity and day to day working experience of TC practice undoubtedly influenced the thinking and language of their focus group responses. However, as the ToC unfolded and especially when conducting the individual interviews, it became clear that the key issues were about the processes within the therapeutic residential care context, specifically around the journeys that looked after young people undertake whilst in a placement. This was consistent across the interviews from all three~~3~~ gatekeeper services and whilst there was some difference in some of the theoretical or structural language between the TC and the TCC respondents, the conceptual frame, supporting activities and underpinning assumptions remained consistent.

It is possible that there are other factors, internal supporting activities or aspects in the external operating environments that are relevant to the ToC assumptions which have been missed. This study has created a first iteration of the ToC for therapeutic residential interventions which would be a first step in then using this artefact to undertake more formal theory-based evaluation. This itself is an iterative process and so there would be opportunity to test out this potential weakness.

7.7 Conclusions

This study represents the first stage in approaching a theory-based evaluation such as CA. A ToC has been produced which can form the basis of evaluation in a range of settings. As such and following the iterative assumption of that methodology, further revisions and enhancements would be expected.

The current study has looked specifically at settings working with a defined client group (HSB) yet the principles identified are relevant to the therapeutic task in a relational, residential context. As such, there may well be supporting activities or features in the structure and routines of a setting that might be linked to different cohorts of clients and so adapted ToCs are likely to be helpful in those contexts.

This approach to ToC development as a pre-cursor to service evaluation is likely to have relevance in foster care systems, in a wide range of residential care for adults, in educational environments, in prisons, supported housing, addiction services and any complex context where the relationships between the staff and the clients forms part of the 'technology' of the intervention or service. The common feature of these settings is that: "how the intervention is expected to work is not straightforward, causality is complex and there will be a number of different causal factors at work in bring about the observed results" (Mayne, 2019). There are numerous studies and research that focus in on specific elements, theories or techniques which might all feature in different performance stories, but the ToC produced here provides a framework to consider these in combination as part of a deliberately designed system for change.

Service evaluation based on a developed ToC has benefits for existing services seeking to review existing systems, cultures and procedures with a view to service development and improvement. Equally, in complex and changing landscapes, services may well need to reposition themselves or reorientate their task, retaining some of their operational competence

but adding to and reshaping this to better fit the outcomes required by clients and funders. The ToC assists in helping to ‘map’ what elements can be carried forward and what gaps might need to be addressed in this reorientation process.

For purchasers and commissioners of complex services, the ToC offers a new way of understanding and conceptualising the assumptions, activities, conditions and processes that will be ideal and necessary to deliver the desired outcomes. In a context where finances are under pressure there is a greater need to ensure public funds are spent on ‘what works’ and a route to achieving this is to understand why or how an intervention works. This could add to a more sophisticated commissioning whereby the factors and conditions to deliver outcomes is that which gets specified, as opposed to a list of desired outcomes. This would respond directly to some of the recommendations from recent, and indeed previous, government reviews on the social care system for children.

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Appendices

Appendix A: Ethics approval:

Ein Cyf/Our Ref id440

29 December 2022

Kevin Gallagher
S16002465
Faculty of Social and Life Sciences

Dear Kevin

Re: 'Working with Young People Who Display Harmful Sexualised Behaviours: A Contribution Analysis'

This is to inform you that Glyndŵr University's Research Ethics Sub-Committee has confirmed ethical approval for the above study as set out in your application for ethical approval and any further clarifications and/or amendments requested by the RESC.

If you wish to make any changes to your plan of work during the course of your study, the RESC must approve any amendments before you continue the work.

Please do let me know if you have any queries regarding this approval.

With best wishes

Stewart Milne

Stewart Milne
Head of Research Services
rescadmin@glyndwr.ac.uk

On behalf of the Glyndŵr University Research Ethics Sub-Committee

Appendix B: Gatekeeper Information Sheet and Consent Form

Gatekeeper Information Sheet

Date: September 2020

Research Study Title:

Working with Young People who display Harmful Sexualised Behaviours: A Contribution Analysis

Introduction

- My name is Kevin Gallagher, and I am a qualified social worker who has been working in and around residential child care for 25 years.
- This research forms part of my PhD study at Glyndŵr University and you are being invited to take part in this study. This is optional and you have no obligation to take part.
- Before you agree to do so, it is important that you understand the purpose and nature of the research and what your participation will involve, if you agree.
- Please read the following information carefully, and please do ask if anything is not clear, or if you want more information. Contact details are given at the end of this information sheet.
- This research is independent, it is not being carried out for any specific organisation or institution and it is not in receipt of any funding.

What is the purpose of the study and how will it be carried out?

The research objectives are:

1. To hear directly from adults who, when they were young people, lived and were cared for in specialist residential settings. The research seeks to give a voice to their lived experiences.
2. To hear directly from staff and other stakeholders (for example social workers) who were involved at the time to add their perspectives.
3. To explore hard data on progress and outcomes (that will have been routinely gathered) and relate this to the lived experiences as described by the people who were there.
4. To use this information to help improve the way services are shaped around and experienced by young people in the future.

The research methodology (in outline)

The way I am going about conducting the research is by using a method called Contribution Analysis.

This approach is increasingly used in 'people based' contexts such as education, health, social care and justice settings where there are lots of factors that might contribute to outcomes. The combination of these factors is often unique in each persons situation and circumstances.

This approach uses a mixture of both numerical data (which will have been routinely gathered in a childrens home) but adding this with interviewing people who can describe their own recollections

of their experiences. This will look at the way things were being done at the time, what people felt were useful and any aspects that felt less helpful.

Specifically, for respondents who were young people living in these settings, I am interested to hear about the impact, positive or negative, that these experiences have had on their lives as they have grown up. In essence what helped and what didn't.

By bringing all these elements together, I hope to create a clear description of the contribution that different elements had on the outcomes that young people either achieved at the time and how these have contributed (or not) to the lives people are living today.

Basically, what things helped, and why did they…and what things got in the way, and how did they.

Why have I been invited to take part?

I aim to recruit respondents who are 'experts by experience'.
By this I mean individuals who have their own lived experience of being in services – either living in a service when they were younger, or working in them as staff members in a range of roles (carer, teacher, therapist), or connected to a service e.g. a social worker for a young person

In order to achieve this, I need to recruit four 'gatekeeper' organisations and this is why I have contacted you

Do I have to take part?

Participation is entirely voluntary.

It is up to you to decide whether or not to take part. If you do agree to take part, you will be asked to sign a consent form.
If you agree to take part, you may still withdraw at any time, without giving a reason. If that happens, please note that you will not be able to withdraw your data after it has been anonymised. Personal data is usually made anonymous quickly after data collection.

What will taking part involve?

Taking part will involve 3 types of activity – two of these relates to the gatekeeper organisations and the other activity refer to individual respondents.

1) **Organisations**
   a) Services that provided care will be asked to act as a conduit, to extend the invitation to individuals to participate on my behalf. Once individual have expressed an interest, I will take over the communication.
   b) I will wish to access historical data from your records. These will be numerical data relating to the records of the home and/or school and will include things like school attendance, numbers of previous placements etc.

      NOTE: The names of organisations will be anonymised, and the purpose is to make any comparison between these young people (as were) and the wider aggregated statistics and data on young people in residential care per se.

2) **Individuals:**

a) Former residents, and staff and other stakeholders will be asked to take part in interviews. These will either be at home, or a neutral but private venue, or for staff working in services, at your workplace. These is the possibility that some interviews or follow up could be done by phone.

Notes:

- All names will be changed and/or given labels e.g. carer A, teacher B
- Interviews will be recorded, and they will then be immediately transcribed into anonymised word documents. The recordings will then be destroyed.
- The interviews will follow a broad structure of themes/headings which will be shared in advance but there will be space for you to share whatever you feel is important to put across.
- The interviews are intended to be informal and unchallenging.
- I anticipate that the interviews will last 2 hours and where these are by phone, I will be calling respondents, so they will have no costs. If we are using a neutral venue, I will arrange this with refreshments and there will be no costs.

3) **When:** It is anticipated, subject to the process of recruiting respondents, that interviews and data collection will take place Autumn 2020 to Spring 2021

4) **Where:** The activities will take place in one of 3 locations, whichever is easiest or most appropriate:

a) Some data gathering and interviews will take place in a confidential space on site at a participating organisation.
b) Some interviews can take place at the home of a participant or a confidential but neutral venue which we can agree.
c) Some interviews and follow up can take place by phone or video call.

Will my participation be confidential?

- All information about you or your organisation collected during the study will be kept strictly confidential and stored securely in accordance with the General Data Protection Regulations. Please see the attached Privacy Notice at the end of this information sheet.
- The only people who will know about you are myself as the researcher, and Professor Iolo Madoc-Jones who is my supervisor overseeing my research at the University.
- Voice recorded data will be destroyed as soon as it has been transcribed with anonymous labelling. This will be a priority task after each session of data collection.
- Written and numerical data – once anonymised will be retained indefinitely in order that:
  a) The PhD can be fully completed to the correct standard.
  b) Further papers or research questions can be explored from within the anonymised data already gathered.
- The data from one participant will not be shared with any other participant during the collection process.
- Respondents will be able to read the research for themselves when it is published.
- The only circumstances in which any information would need to be shared is in the event of disclosure of information which has a safeguarding implication in the present.

What will you do with the results of the research?

The primary purpose for the research is to complete a PhD thesis which will be academically published and available for other academics and researchers.

There is the probability that parts of the research might be published in academic or practice journals to help develop understanding. This could also include presenting findings or aspects of the research at professional/ practice conferences.

Very short elements of the research might be used in staff training to compliment other content.

Very short elements of the research might be published on professional social media to highlight particular issues. These might include LinkedIn or a professional blog or online practice forum such as The Therapeutic Care Journal

No participant will be named in any of these publications.

What happens next?

Thank you for reading this information sheet. If you agree to take part, please complete the enclosed consent form and return it to me in the envelope provided. The postage is already paid.

If you prefer, I can email you the consent and you can email a signed/ scanned copy back to me. You will be given a copy of the consent form to keep.

I will then be in touch with you to confirm safe receipt of your consent and begin to discuss the practical arrangements and preferences for your participation.

If you wish to raise any concerns about any aspect of how you have been approached or treated in respect of this research study, please contact:

Professor Iolo Madoc-Jones
Glyndŵr University
Mold Road,
Wrexham, Wales
LL11 2AW.

Tel: 01978 293443
jonesim@glyndwr.ac.uk

Contact for further information

If anything is not clear, or if you want more information, please do contact me:

Kevin Gallagher

Tel: 07841 495227
kngconsultancy@aol.com

PRIVACY NOTICE INFORMATION SHEET FOR RESPONDENTS IN RESEARCH PROJECTS

Introduction

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Type of Information	**Basis for Processing**
Your personal information and associated research data collected for the purposes of conducting research	It is necessary for the performance of a task carried out in the public interest
Certain types of personal information such as information about your race, ethnic origin, politics, religion, trade union membership, genetics, biometric (where used for ID purposes) health sex life, or sexual orientation are defined as @special Category' data under the legislation	It is necessary for the performance of a task carried out in the public interest, and It is necessary for scientific or historical research purposes in accordance with the relevant legislation (Data Protection Act 2018. Schedule 1, Part 1 Para 4)
Criminal conviction/offence data	It is necessary for the performance of a task carried out in the public interest, and Is processed in accordance with Article 10 of the General Data Protection Regulation and the Data Protection Act 2018, Schedule 1 Part 1 Para 4

Retention of consent forms

If you participate in a research project, you may be asked to sign a participant consent form. Consent forms will typically be retained by the University for at least as long as the identifiable research data are retained, In most cases they will be retained for longer, the exact time frame will be determined by the need for access to this information in the unfortunate case of an unanticipated problem or a complaint six (6) years after the research is completed for many projects, but beyond 20 years will be considered for any longitudinal or 'high risk' studies involving children, adults without capacity or a contentious research outcome.

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You have the right to: be informed about the collection and use of your personal data; to request access to the personal data we hold about you; you are entitled to request to have personal data rectified if it is inaccurate or incomplete; you have the right to request to object to your data being processed and you can request to restrict the processing of your personal information. To exercise these rights please contact dpo@glyndwr.ac.uk

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Participant Consent Form

Research Study Title: Working with Young People who Display Harmful Sexual Behaviours: A Contribution Analysis

Name of Researcher: **Kevin Gallagher**

Please tick the box(es) to confirm each statement.

I confirm that I have read and understood the Information Sheet dated September 2020 for the above study. If I have asked for clarification or for more information, I have had satisfactory responses. ☐

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that any data I have contributed cannot be withdrawn after it has been anonymised. ☐

I understand that relevant sections of the data collected from me during the study may be looked at by the researcher and his university supervisor. ☐

I consent to interviews being recorded. ☐

I consent to anonymous quotations being used in the thesis / reports and publications. ☐

I agree to take part in the above study ☐

_____	_____	_____
Name of Participant	Signature	Date

Kevin Gallagher		_____
Name of Researcher	Signature	Date

Appendix C: Participant information sheet and consent form

Individual Participant Information Sheet

Date: 24th September 2020

Research Study Title:

Working with Young People who display Harmful Sexualised Behaviours: A Contribution Analysis

Introduction

- My name is Kevin Gallagher and I am a qualified social worker who has been working in and around residential child care for 25 years.
- This research forms part of my PhD study at Glyndŵr University and you are being invited to take part in this study. This is optional and you have no obligation to take part.
- Before you agree to do so, it is important that you understand the purpose and nature of the research and what your participation will involve, if you agree.
- Please read the following information carefully, and please do ask if anything is not clear, or if you want more information. Contact details are given at the end of this information sheet.
- This research is independent, it is not being carried out for any specific organisation or institution and it is not in receipt of any funding.

What is the purpose of the study and how will it be carried out?

The research objectives are:

- To hear directly from adults who, when they were young people, lived and were cared for in specialist residential settings. The research seeks to give a voice to their lived experiences.
- To hear directly from staff and other stakeholders (for example social workers) who were involved at the time to add their perspectives.
- To explore hard data on progress and outcomes (that will have been routinely gathered) and relate this to the lived experiences as described by the people who were there.
- To use this information to help improve the way services are shaped around and experienced by young people in the future.

The research methodology (in outline)

The way I am going about conducting the research is by using a method called Contribution Analysis.

This approach is increasingly used in 'people based' contexts such as education, health, social care and justice settings where there are lots of factors that might contribute to outcomes. The combination of these factors is often unique in each persons situation and circumstances.

This approach uses a mixture of both numerical data (which will have been routinely gathered in a children's home) but adding this with interviewing people who can describe their own recollections of their experiences. This will look at the way things were being done at the time, what people felt were useful and any aspects that felt less helpful.

Specifically, for respondents who were young people living in these settings, I am interested to hear about the impact, positive or negative, that these experiences have had on your lives as you have grown up. In essence what helped and what didn't.

By bringing all these elements together, I hope to create a clear description of the contribution that different elements had on the outcomes that young people either achieved at the time and how these have contributed (or not) to the lives people are living today.

Basically, what things helped, and why did they…and what things got in the way, and how did they.

Why have I been invited to take part?

I aim to recruit respondents who are 'experts by experience'

By this I mean individuals who have their own lived experience of being in services – either living in a service when they were younger, or working in them as staff members in a range of roles (carer, teacher, therapist), or connected to a service e.g. a social worker for a young person

In order to achieve this, I need to recruit individuals who were formerly looked after in these settings and also some staff or other stakeholders who were involved at the same time.

Do I have to take part?

Participation is entirely voluntary. You are receiving this invitation and information because an organisation that you were involved with has agreed to send this information out to former residents and staff on my behalf.

It is up to you to decide whether or not to take part. If you do agree to take part, you will be asked to sign a consent form and I will then communicate with you directly.
If you agree to take part, you may still withdraw at any time, without giving a reason. If that happens, please note that you will not be able to withdraw your data after it has been anonymised. Personal data is usually made anonymous quickly after data collection.

What will taking part involve?

Taking part will involve activities for organisations <u>or</u> for individuals.

5) **Organisations**
   a) Services that provided care will be asked to act as a conduit, to extend the invitation to individuals to participate on my behalf. Once individual have expressed an interest, I will take over the communication.
   b) I will wish to access historical data from your records. These will be numerical data relating to the records of the home and/or school and will include things like school attendance, numbers of previous placements etc.

6) **Individuals:**

a) Former residents, and staff and other stakeholders will be asked to take part in interviews. These will either be at home, or a neutral but private venue, or for staff working in services, at your workplace. These is the possibility that some interviews or follow up could be done by phone.

Notes:

- All names will be changed and/or given labels e.g. carer A, teacher B
- Interviews will be recorded, and they will then be immediately transcribed into anonymised word documents. The recordings will then be destroyed
- The interviews will follow a broad structure of themes/headings which will be shared in advance but there will be space for you to share whatever you feel is important to put across.
- The interviews are intended to be informal and unchallenging.
- I anticipate that the interviews will last 2 hours and where these are by phone, I will be calling respondents, so they will have no costs. If we are using a neutral venue, I will arrange this with refreshments and there will be no costs.

7) **When:** It is anticipated, subject to the process of recruiting respondents, that interviews and data collection will take place Autumn 2020 to Spring 2021

8) **Where:** The activities will take place in one of 3 locations, whichever is easiest or most appropriate:

a) Some data gathering and interviews will take place in a confidential space on site at a participating organisation
b) Some interviews can take place at the home of a participant or a confidential but neutral venue which we can agree
c) Some interviews and follow up can take place by phone or video call

Will my participation be confidential?

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What will you do with the results of the research?

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Participant Consent Form

Research Study Title: Working with Young People who Display Harmful Sexual Behaviours: A Contribution Analysis

Name of Researcher: **Kevin Gallagher**

Please tick the box(es) to confirm each statement.

I confirm that I have read and understood the Information Sheet dated 24th September 2020 for the above study. If I have asked for clarification or for more information, I have had satisfactory responses.	☐
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. I understand that any data I have contributed cannot be withdrawn after it has been anonymised.	☐
I understand that relevant sections of the data collected from me during the study may be looked at by the researcher and his university supervisor.	☐
I consent to interviews being recorded.	☐
I consent to anonymous quotations being used in the thesis / reports and publications.	☐
I agree to take part in the above study	☐

_____	_____	_____
Name of Participant	Signature	Date

Kevin Gallagher		_____
Name of Researcher	Signature	Date

Appendix D: Data management plan

Data Management Plan – RESEARCHERS USING PERSONAL DATA

Project Title	**Working with Young People Who Display Harmful Sexualised Behaviours: A Contribution Analysis**
Researcher(s)	Kevin Gallagher
Brief Project Outline	This research explores whether children and young people who display harmful sexualised behaviours, and who subsequently experience therapeutic communities as the environments for their therapeutic care and education, enjoy better outcomes (mental health, wellbeing, work, education, criminal justice, social capital) than those who do not experience such settings.
Collaborating Organisations	None
What data will you collect or create?	The data collected and created will be as follows: • Narrative experiences of current and former staff will be created • Narrative experiences of former residents will be created • Narrative experiences of other stakeholders such as social workers, therapists, teachers and youth offending workers will be created • 3rd party/ existing data will be collected from a single source: 1. Existing data from the gatekeeper organisations central logs and records such as numbers of safeguarding referrals, numbers of incidents requiring police involvement, school attendance data, therapy attendance data. Note: This data is routinely gathered by children's homes and will be used to make a comparison with aggregated data on looked after young people which is routinely gathered by government and used widely in the literature. • The data being collected will be a mixture of numerical incidents under different categories which can be captured on spreadsheets **Guidance:** Give a brief description of the data, including any existing data or third-party sources that will be used, in each case noting its content, type and coverage. Outline and justify your choice of format and consider the implications of data format and data volumes in terms of storage, security, backup and access.
How will the data be collected or created?	The data will be collected or created as follows: • Voice recordings of interviews with current/ former staff and former resident respondents which will then be transcribed • 3rd party/ existing data will be collected on site at gatekeeper premises through access to archives and records.

	• This data will be captured either into spreadsheets or tables for purely numerical items **Guidance:** Outline the methods you will use to collect or create data (whether quantitative or qualitative), and what implications that has for organisation and secure storage.
How will research subjects' consent be obtained?	**Gatekeeper organisations:** • Gatekeeper organisations will be provided with an information sheet and invitation to participate. This will also include a signed consent process. • It will include information on the purpose and context for the research and that any involvement by their current or former staff or former residents will be anonymous for both those individuals and the gatekeeping organisation itself. • I will ask one senior manager in each organisation to be the point of contact and to ensure that the processes are adhered to **Current/ Former staff respondents and other Individuals:** • The lead contact in each gatekeeper organisation will share a letter of invitation and information sheet for individual respondents which will explain the purpose and context for the research. • This will be framed specifically to explain how their lived experience as recipient of or stakeholders in the delivery of services is an important resource to help explore what helps or hinders the work with these young people • Interested individuals will have all the details explaining the methods to be used and explaining the approaches to data protection and anonymity (including a privacy notice). • The participation information sheet will include a written consent for those staff who wish to take up the invitation **Guidance:** Outline the methods you will use to inform prospective subjects about your research – its purpose, what you propose to ask them to do, what their rights are, how you will store data and for how long, who data might be shared with, what you will do with the data – and to gain informed consent for participation.
How will you manage data storage, access and security?	There are a range of approaches to confidentiality and data storage all compliant with the GDPR: a) All respondents whether they be organisations, stakeholders, staff or former residents will have their identities changed either through the use of changed names for former residents and organisations, or use of job titles for staff and stakeholders b) Existing quantitative data from the gatekeeper organisations will be collated into spreadsheets and word documents which will be processed and handled on an encrypted and password protected laptop c) The actual files and data will be stored on a secure server with firewall protection, hosted by one of the gatekeeper

	organisations (of the researcher) but the drive and specific sub-folder will have restricted access solely to the researcher. d) Where possible and with a Wi-Fi connection, a secure VPN connection will be made straight to the secure server and data will be immediately stored here. Where this in not available, the data will be stored in a password protected folder, on the encrypted and password protected laptop and then saved to the server at the first available opportunity. e) The consent processes for gatekeeper organisations and all respondents will make specific reference to privacy notice and GDPR data handling including a link to the Information Commissioners Office with details of the underpinning principles and protocols for any data breach f) The gatekeeper organisations will be providing confirmation that their own systems are GDPR compliant and that engaging in the research is consistent with their policies. As registered and regulated services these systems should already be in place as required by legislation. g) Personal data will not be shared via email. It will be collected directly on site and then processed remotely using the secure server access outlined above. h) Direct data from stakeholders, staff and former resident respondents will be gathered in one of 2 ways: 1. Face to face interview – recorded and then transcribed. Once transcribed the recordings will be deleted 2. Telephone interview – also recorded and subsequently transcribed. Once transcribed the recordings will be destroyed i) A privacy notice has been included in the participation information sheet(s) j) There is a policy in place to deal with any disclosures of information which would require handling under safeguarding processes. The researcher is an experienced practitioner as a trained Designated Safeguarding Officer. **Guidance:** How will you ensure the confidentiality of research subjects? How will you protect the identity of research subjects if required? e.g. via anonymisation. How will you ensure that the data are stored (and transferred, if relevant) securely? Describe the methods / media of storage and transfer. Are there any potential risks to data security (and so, risks to research subjects)? Will anyone else have access to personal data? Researchers must have subjects' explicit permission and disclose personal data to others, and must ensure that other parties are themselves compliant with data protection legislation. It's best to avoid transferring data via email or any other medium vulnerable to hacking. Any breach of data security must be reported to the University's Data Protection Officer.
What is the long-term preservation plan for the dataset?	Raw data will be swiftly transcribed into an anonymous format and all recordings or identifying materials will be destroyed.

	Once in an anonymous format, data will be stored indefinitely to allow for completion and publication of the thesis but also to support further research arising from the data or other partial publication in journals etc. The details of storage and usage is specifically addressed in the information sheet and consent process. **Guidance:** What data must be retained/destroyed for contractual, legal, or regulatory purposes? Consider how the data may be reused e.g. to validate your research findings, conduct new studies, or for teaching. Decide which data to keep and for how long. This could be based on any obligations to retain certain data, the potential reuse value, what is economically viable to keep, and any additional effort required to prepare the data for data sharing and preservation. Remember to consider any additional effort required to prepare the data for sharing and preservation, such as changing file formats.