A Critical Approach towards the Professionalisation of the Youth Justice Workforce: A Research-Led Design of a Mental Health Module.

Vicky Palmer

N0231706

A thesis submitted in partial fulfilment of the requirements of Nottingham Trent University for the degree of Doctor of Social Practice

Date: November 2015

Word count: 35,707

Copyright statement

'It is a terrible business to mark a man out for the vengeance of men. But it is a thing to which a man can grow accustomed, as he can to other terrible things; he can even grow accustomed to the sun. And the horrible thing about all legal officials, even the best, about all judges, magistrates, barristers, detectives and policemen, is not that they are wicked (some of them are good), not that they are stupid (several of them are quite intelligent), it is simply that they have got used to it. Strictly they do not see the prisoner in the dock; all they see is the usual man in the usual place. They do not see the awful court of judgement; they only see their own workshop' (G.K.Chesterton, *The Twelve Men* 1909).

'My heart leaps up when I behold
A rainbow in the sky:
So it was when my life began;
So it is now I am a man:
So be it when I shall grow old,
Or let me die!
The Child is father of the Man;
And I could wish my days to be
Bound each to each by natural piety'
(William Wordsworth, *My Heart Leaps Up,* 1802).

'These prolific offenders are not criminal masterminds. There are young boys with learning difficulties so profound that they are unable to get on a bus alone, dumb enough to get caught for stealing cheese from the Salvation Army, they are teenagers who have suffered from ADHD for years…men who have attended special schools for people with behavioural problems' (Gentleman, 2009: 1).

'I think there's a fear that we're losing our profession and also they're bringing in like generic youth justice qualifications, which is going to exaggerate that fear, is my feeling…I also question anything that's called a diploma and takes six-months to complete. But it hasn't got the value-base attached to it, it doesn't look at how you treat somebody, why you treat somebody that way, it doesn't address the power differentials in the social worker-client relationship and all that sort of stuff' (Kerry – Social Worker. In, Shaw, 2006: 196).

For Sam and George; my sons.

Acknowledgements

I would primarily like to thank my supervisory team, Dr Adam Barnard, Dr Kevin Flint, Professor Jane Ching and Dr Tina Byrom. Their complementary styles and approaches challenged me to the extreme, were giftedly inspirational and compellingly influential. Their comments were astute, they did not avoid the discomfort of honesty and they guided me through these seven years with enthusiasm, encouragement and constructive critique.

I also wish to convey my appreciation to my colleagues at Nottingham Trent University; to Charlotte Hargreaves for our exchanges of ideas, and quirky 'word-banks', to Elizabeth Twells for her constant supply of relevant news items and to Anne Owen, who unknowingly helped to smash through the loneliness and darker times of uncertainty. Particular thanks go to Mark Bower, David Ellicott, Sam Murphy, Jo Ward, Ricky Gee, Anthony Pointon, Sean Creaney and Timinjeet Sandhu. Also to Tom Dodsley who outclassed me in his role as 'critical friend', our informal conversations regarding our research areas and philosophies proved a valuable source of support; frequently regenerating the inevitable flag of enthusiasm. And to my fellow probation service veteran and friend, Cathy Symes, for her unwavering optimism and humour.

I would additionally like to express my gratitude to my late father, George Dennis Palmer, for sowing the seeds of unconventionality and for drawing me into his unique world of the eccentric, the peripheral and the bizarre. This thankfulness further extends to my sister, Jane Russell, for her classic literary references and her prodigious insight into the quintessence of 'madness' itself, and to my son, Sam Palmer-Flood, for his assistance with IT and unerring curiosity over obscure subject matter.

Finally, I would like to articulate my gratefulness to all of the practitioners and ex-students of NTU's BA (Hons) Youth Justice Course who participated in the research for each Document. Their thoughtfulness and generosity were invaluable and none of the research presented here would be possible without their insights and contributions. Any thesis of this nature can never match the importance of their work; at the very fringes of society where many would not dare to tread. I have enormous respect for their 'calling', a vocation I sorely miss.

Table of Contents

List of Tables and Appendices

Abstract

Vicky Palmer

Submitted for the professional doctorate in social practice

A Critical Approach towards the Professionalisation of the Youth Justice Workforce: A Research-Led Design of a Mental Health Module.

Over the last 15 years, the youth justice system has expanded and taken on a life of its own, accommodating novel and diverse occupational ideologies within a managerialistic and neo-liberalist agenda, to realise New Labour's aggressive reductionist targets. One of the unforeseen consequences of this strategy has been a gradual decline in ownership by youth justice practitioners of crucial forms of knowledge; critically that pertaining to mental health. This qualitative and interpretivist study attempts to assess how educators may bridge this gap. It focuses on the experiences and consequent requirements of a group of individuals who have all studied the youth justice discipline to BA level, many of whom are now experienced practitioners in this field.

This thesis examines the association of mental health with crime, drawing heavily from Foucault's *oeuvre* of archaeological works, yet shining the light on its specific impact on children and young people. The research methodology is developed through the lens of social constructionism and attempts to challenge the naivety of certainty that is often expected in late modernity. The findings are presented with one eye on participant requisites in the enhancement of their knowledge of mental disorder and the other on critical pedagogy which seeks to contextualise the results within society's pre-ordered perception of 'culpable' children. It argues that the delivery of a university module encompassing mental disorder, learning disability and autism will assist youth justice practitioners to form more insightful

assessments of the youth offending populace. In turn, this should assist in a movement away from increasingly defensive, punitive and exclusionary responses exercised by the police and court machinery; a shift from a control ideology to one of care. Furthermore, it is suggested that the timeliness of module development is in keeping with the conservative government's emerging ideology of revisiting intricate professional judgement alongside a strategy of diverting children and young people from the youth justice system.

Concerning Madness

> 'Statements belonging to Psychopathology all seem to refer to an object that emerges in various ways in individual or social experience and which may be called madness…It would certainly be a mistake to try to discover what could have been said of madness at a particular time by interrogating the being of madness itself, its secret content, its silent, self-enclosed truth: mental illness was constituted by all that was said in all of the statements that named it, divided it up, described it, explained it, traced its developments, indicated its various correlations, judged it and possibly gave it speech by articulating, in its name, discourses that were to be taken as its own…the object presented as their correlative by medical statements of the seventeenth or eighteenth century is not identical with the object that emerges in legal sentences or police action' *(*Foucault, 1972: 1).

It is possible that Foucault was referring not only to psychopathology and 'madness' here, but to all that constitutes mental illness, learning disability, various forms of autism - and more. His declaration indicates that it is a subject that remains little-understood, yet in modern times, there is a crucial impulse to compartmentalise and label the un-characterisable. In Foucault's eyes, it may be that any distinction between various manifestations of 'madness' is not actually real, but merely an evolving social construct. Nevertheless, his final proclamation still rings true today; that diagnosis and causation bear little resemblance to how such conditions are treated within the criminal justice system. This appears to remain so, even for children.

Concerning Guilt

'The Confiteor

Confiteor Deo omnipotenti,
Beatae Mariae semper Virgini,
Beato Michaeli Archangelo,
Beat Ioanni Baptistae,
Sanctis Apostolis Petro et Paulo,
Omnibus sanctis, et vobis, fratres (et tibi pater),
Quia peccavi
Nimis cogitatione, verbo et opera:
Mea culpa,
Mea culpa,
Mea maxima culpa.
Ideo precor beatam Mariam
Semper Virginem,
Beatum Michaelem Archangelum,
Beatum Ioannem Baptistam,
Sanctos Apostolos Petrum et Paulum,
Omnes Sanctos, et vos fratres (et te, pater),
Orare pro me ad Dominum Deum nostrum.
Amen.'[1]

Fault, guilt and culpability are germane to elements of this study and the sentiment behind this prayer has resonance with the provision of a particular moral certitude by the state to justify the enactment of punitive and repressive policy towards children.

[1] The *Confiteor* is a penitential prayer that has its place in the Catholic Mass where the guilty concede their sins before God. It translates to 'I confess': 'I confess to Almighty God, to blessed Mary ever Virgin, to blessed Michael, the Archangel, to blessed John the Baptist, to the holy Apostles Peter and Paul, to all the Saints, and to you brothers, (and to you Father), that I have sinned exceedingly, in thought, word and deed: **through my fault, through my fault, through my most grievous fault.** Therefore I beseech the blessed Mary, ever Virgin, blessed Michael the Archangel, blessed John the Baptist, the holy Apostles Peter and Paul, all the Saints, (and you Father), to pray to the Lord our God for me. Amen'. It was traditionally spoken while striking the breast as a physical signifier of humility. Written in the 8th century, it was later added to the Mass in the 11th century (Martin, 2013).

I – INTRODUCTION: From knowledge reduction to knowledge production.

This thesis presents the culmination of the complex and interconnected findings of the previous four papers so far submitted for the Professional Doctorate course; Documents One to Four.[2] The substance of this thesis is both student and practitioner-led and is a reflection of only one of the multifaceted requirements for the up-skilling or re-skilling of the youth justice workforce. One of the major findings from Document Four was that the participants called for the development of a discrete mental health module as part of Nottingham Trent University's BA (Hons) Youth Justice Course. With this in mind, I set out to determine what the tailored contents of such a module should be, according to the requisites of those tasked with the messy intricacies of working in the field of youth justice. Practice-based research requires practice theorists to rely upon 'shared, embodied know how' (Schatzki, 2001: 12) . Hence those who have taken part in the research for the crafting of this paper comprise past students of the BA (Hons) Youth Justice course at Nottingham Trent University, many of whom are currently highly experienced practitioners in their field who have, to an extent, been inculcated into a number of shared skills, understandings and possibly misunderstandings in the youth justice discipline.

At the commencement of the Professional Doctorate course, Document One charted the evolution of the youth justice system both pre- and post-1998 when the seminal Crime and Disorder Act 1998 was passed by the then New Labour government. This Act saw the merging

[2] Each of these unpublished Documents is located in the references section under Palmer, 2009a; 2009b; 2011a and 2012 respectively. Although the Documents are featured by name throughout the thesis for contextualisation, they will remain unreferenced in text.

together of elements of five previously autonomous agencies, namely the Probation Service (National Offender Management Service), social services (Social Care), health, police and education departments under one roof to form new collaborative Youth Offending Services (YOS).[3] These teams were tasked with the singular, overarching remit of preventing offending and reoffending by children and young people. What followed represented a radical shift in the administration of youth justice in England and Wales which was both welcomed and yet also criticised from many angles (see Pitts, 2003; Muncie, 2004; Smith, 2007; Jamieson and Yates, 2009; and Goldson, 2010a). This Document exposed how the restructuring of the youth justice apparatus led to an unparalleled adaptation by practitioners of how they were to work with young offenders, one which was located within the seemingly unwelcome influence of a particular aspect of the diverse natures of managerialisms, that of New Public Managerialism (Zifcak, 1994; Clarke *et al*., 2000; Newman, 2000; Kirkpatrick *et al*., 2005).

The notion and impact of the varied character of managerialisms was further explored in Document Two, which comprised an extended critical literature review. This Document chronicled what has been written about the history and evolution of the youth justice system, noting the polarised reaches of the pendulum swing from justice to welfare approaches and back again, according to the prevailing social and governmental view concerning how we should approach young people who have transgressed the law (see Pitts, 2003; Souhami, 2003; Hopkins Burke, 2008; Goldson, 2010a and Muncie, 2011). It concluded by interrogating the assumption that the elaborate forms of standardisation utilised in late modernity's re-conception of youth justice practice are unproblematic for the youth justice profession, or that they represent a high-quality and meaningful scaffold with which

[3] Formerly called Youth Offending Teams (YOTs).

to support such a complex enterprise. As an alternative to this, for the purpose of module development, I would prefer to adopt a more critically reflective curriculum, one that that has been underpinned by a caring, holistic, client-centred and Rogerian[4] form of practice; and one which is underpinned by social work values and ethics.[5]

In order to ascertain whether it is true there is scepticism concerning the promulgation of rationalisation, standardisation and procedural regulation by the Youth Justice Board (YJB),[6] I undertook an initial primary investigation to examine if, and potentially how far, New Labour's directive and vision of a centrally controlled youth justice system has led to a distancing in practitioners' relationship with young offenders. This formed the central tenet of Document Three and the results were indicative of a gradual, yet on-going, process of de-professionalisation of the youth justice workforce (Muncie, 2011). This has apparently entailed an increase in workforce and procedural regulation, allied to a discouragement of critical or reflective thinking. The latter has seemingly been usurped by 'centralising' and 'managerial' approaches at the expense of holistic knowledge gained from appropriate research-informed policy (Robinson, 2001; Goldson, 2010b; Hester, 2010b). The Document revealed a notable dilemma concerning practitioners' desire to work in an autonomous and tailored manner with young people, against a backdrop of managerialistic impositions whereby a disproportionate amount of their time was spent at the computer interface, ostensibly completing records, regulated

[4] Psychologist Carl Rogers was concerned with the whole person. He believed that people are not simply motivated by internal compulsions or forced into actions by their environment, but are always dynamically attempting to make sense of their experiential understanding (Rogers, 1951).
[5] According to the International Federation of Social Workers, (2004: 1), the social work code of ethics comprises, '1) Respecting the right to self-determination. 2) Promoting the right to participation. 3) Treating each person as a whole. 4) Identifying and developing strengths'.
[6] The Youth Justice Board is an executive non-departmental public body that oversees youth justice services in England and Wales.

forms, checklists and reports (Nellis, 2002; Carlen, 2008; National Audit Office, 2008; Davies and Gregory, 2010).

Document Three further exposed an anomaly regarding a rapidly decreasing knowledge base held by practitioners for working productively with such a disparate, vulnerable, deprived and occasionally depraved group of young offenders (Hester, 2008; Kubiak and Hester, 2009; Hester, 2010a; Hester, 2010b; Phoenix, 2011). Indeed the increasing augmentation of predictive actuarialism, risk management instruments and performance management techniques, all enshrined in technology and dedicated, evolving databases (Pitts, 2006), was reported as detrimental to the child–practitioner relationship. This is not surprising because in such technical practice, all parties tend to be reduced to that of 'standing reserve'; akin to an excess of surplus energy utilised in the system (Flint and Peim, 2012: 193). These findings are not unique to the youth justice profession and have been mirrored in that of social care (Social Work Task Force, 2009; Munro, 2011).

Potentially the most conspicuous revelation uncovered in Document Three was the absence from the BA (Hons) Youth Justice curriculum of necessary content concerning mental health, extreme violence and controlling character traits; omissions also noted in the associated professions of social work, health and social care and probation (see Littlechild, 2005; Prins, 2005 and Simon, 2011). The research for Documents Four and Five was developed in concert with these emerging concerns about aspects of practice in the context of research and policy-based initiatives that are seeking to change the structure of youth justice practice. In writing Document Four, I commenced an investigation into the potential for the youth justice workforce to reconnect with both its historical knowledge and value-base by determining how it wishes to bridge the *lacunae* of their own personal

knowledge. A secondary round of empirical research was conducted specifically for this purpose and the findings thematised into three categories, 'One form; two modules; one ethos'. 'One form' related to practitioners' desire to update the generic *Asset*[7] core profile form, including simplifying its multifarious accompanying documents into a single supplement. This was considered pivotal in reducing time spent ticking boxes and inputting repetitive narrative. Though I deliberated whether to pursue this valid proposal for further enquiry and consolidation, the YJB was already several steps ahead and has now overhauled the *Asset* and its associated assessment tools into one dedicated form called *AssetPlus*[8] (YJB, 2013a). Deployment of this new form, which has been marketed as professional judgement–friendly, will be completed by 2015.

The final category, 'one ethos', refers to the overwhelming request by practitioners to realign the tenor of youth justice training to that of social work. In particular, they requested the development of the middle category, 'two modules', one with regard to mental health and the other concerning conventional criminal law. I opted to investigate the former recommendation, since it most aligned with the specific appeal to synthesize youth justice training content to that taught to students of social care. This seemed even more pertinent given the similar drivers within other professions such as those championed by the Social Work Task Force (2009) where working with challenging behaviours under the Mental Health Acts (1983 and 2007) is embedded in practice and the Health and Care Professional Council (HCPC, 2013)

[7] *Asset* is a questionnaire-style tool to assist practitioners in making effective assessments of the needs of young people and the degree of risk they pose and then to match intervention programmes to their assessed need (YJB, 2000).
[8] '*AssetPlus* has been designed to provide a holistic end-to-end assessment and intervention plan, allowing one record to follow a person throughout their time in the youth justice system' (YJB, 2013a: 1).

who have recently published their approval criteria for Approved Mental Health Professionals (Appendix 1).

Document Five therefore starts to design a brand new module entitled, 'Mental Disorder, Learning Disability and Autism' since the title 'Mental Health' alone does not do justice to the many hidden and diverse forms such conditions take (see Denney, 1998; Pringle and Thompson, 1999; Prins, 1999; 2005, Brammer, 2010 and Baker, 2014). The aim of this study is to identify the knowledge-base required for this module, as perceived by students and practitioners themselves. It is intended that the outcome of the research conducted will supplement, or potentially take the place of, existing curriculum content taught to students who aspire to work in the field of youth justice. Though there is not the requirement to seek approval from the YJB, it may clearly be of interest to this regulatory body who actively welcome the submission of youth justice related 'effective practice' resources (YJB, 2012).

Before setting out the structure of this Document in more detail, I would like to define my ideological, ontological, epistemological and philosophical positions. I believe that youth offending has its roots in shifting sands that are ultimately grounded in the functioning and structure of contemporary society (Taylor *et al*., 1975; Taylor, 1982; Scraton and Chadwick, 1991; Young, 1999). Drawing from critical pedagogy (see Debord, 1967; Giroux, 2003), one arm of its literature's discursive field suggests that our contemporary structure has tarnished the modern view of youth as a direct result of the state's ever-increasing reliance upon repressive and punitive social policies towards them. This movement from an ethic of care to a system of control is seemingly a result of the state apparatus focusing upon the representation of people that accord with the government's own economies and metrics, leading to an equal pull upon youth justice practitioners into those same economies. Policies of deregulation have

also reduced the number of organisations who are disposed to advocate children's rights. Indeed Giroux (2003: xvii) reflects,

> 'in a society deeply troubled by their presence, youth prompts in the public imagination a rhetoric of fear, control and surveillance… leading to the criminalisation of social problems and the prioritising of penal methods over social investments'.

Giroux's views could be seen as a more contemporary echo of Foucault's (1977) systematic analyses of disciplinary discourses and his (1978) analysis of power which can take over individuals, categorise them and organise them, with the commission of troublesome behaviour providing its lead apparatus. Giroux (2003) believes that youths have been subject to commodification, so being denied entitlement or agency, with the consequence that their rights have been gradually stripped away and the problems they present have become relegated from a place of adolescent 'normality' to one of criminality. Giroux's (2003) argument becomes further disquieting when applied to children with mental health problems. This issue has also been explored by Debord (1967) who confirms the treatment of individuals as commodities and suggests that we are all reduced to commodification in such a society.

My epistemological leanings encompass relativism which rejects absolute truth or objectivity concerning 'knowledge' or indeed 'social facts'. In concert with Foucault's discourse (1966, 1972, 1980), truth claims to knowledge can be understood as historical phenomena – historically located truths emerging from regimes of truth. This aligns with my research framework of social constructionism which argues that 'truth' is moulded, shaped and constructed by social factors. This perspective opens space for imagining that conventional life inhabits a world of social and interpersonal influences (Gergen, 1985). In this context, I believe that 'sanity' and 'madness' are not unequivocal or even axial in nature, but are relative and variable, dependent upon

circumstances; if indeed they exist at all. As Protagoras metaphysically speculated, there is a multiplicity of obstacles that stand in the way of knowledge, including obscure subject matter and the transience of human existence (Buckingham *et al*., 2011).

Regarding ontology, I consider myself to be a realist in that I believe that the world around me does exist and can be objectively perceived. According to Crotty (1998), a belief that reality is socially constructed is not a reason to necessarily believe that it is not real. The critical realism perspective is potentially a version of realism that most aligns with my beliefs where our understanding of the world around us is always a construction from our own standpoint (Maxwell, 2012). We may not have knowledge about the world that is certain and there are different valid accounts of any phenomenon, yet mental states and attributes 'although not directly observable, are part of the real world' (Maxwell, 2012: 8). Concerning philosophy, owing to the proximity of Foucault's multi-dimensional writings to the subject matter under discussion – mental illness in the context of the social sciences – some of his corpus of discursive archaeological works will be drawn upon further in the Document.

The Document is composed of nine sections. The second of these, the rationale, examines the perceived need for a mental health module within the youth justice curriculum and how both the Document and the module may be disseminated to a wider audience. A review of the literature is provided in section III, commencing with an overview of the equivalence of mental illness with youthful transgression and the resulting problems that may arise, paying distinct attention to mental disorder, learning disabilities and autism. It provides a detailed examination of training and resource deficits in these areas and the complications that children and young people experiencing them may encounter. It then moves on to consider contemporary initiatives and

interventions into the debate, including the development of the new *AssetPlus* core profile and the means by which young 'offenders' may be diverted or rerouted from the youth justice system. The Document's theoretical framing is delineated in section IV, drawing closely on the work of Michel Foucault while being mindful of the pre-given, positivistic status of mental health. This thesis then moves to a discussion concerning methodological development in section V, incorporating a brief examination of the imprecise conceptualisations of 'practice'. Section VI explains the selection of the research method and provides an analysis of the evolution of this Document's sample frame. The means of data analysis is presented in section VII followed by a detailed provision of the narrative findings within a framework of Foucauldian terminology. Concluding remarks are advanced in section IX, paying attention to audience dissemination and the applicability of module development to contemporary government initiatives.

II – RATIONALE: Reversing the hollow simulacra of the knowledge requisite.

> 'If you want to know a certain thing, you must personally participate in the struggle to change reality to change that thing' (Tsetung, 1971: 71).

It is unfortunate that like so many public service agencies, and bureaucratised industries before them, the contemporary youth justice system has seemingly been disregarding the full needs of its service-users, responding in their stead to the specifications of its 'producers' – the YJB (Beck, 2008). Government reforms in the public sector channelled new ways of working by a deconstruction of old operations, followed by novel forms of reconstruction with a view to the improvement of the efficacy of service provision (Evans, 2008). Documents One to Four have attempted to uncover some of the, perhaps unintended, consequences of such major centralised bureaucratic control, 'whereby the organisation and its bureaucratic apparatus is becoming the main locus of professional activity' (Faulconbridge and Muzio, 2008: 20).

Such control in the youth justice sphere, as with social care, has meant that administrative targets, functions and accountability have tended to become the focus of the work (Barnard, 2008; Batmanghelidjh, 2008; Hughes, 2012). Some would postulate that this has led to a shift in the forms of knowledge that underpin practitioner decisions, a move from 'social' to 'informational' intelligence, or from the 'narrative' to the 'database' (see Aas, 2004; Munro, 2004; Paton, 2008; Broadhurst *et al*., 2010 and Fitzgibbon, 2012). This shift corresponds to the reduction of practice to that of technique – a mere means to an already pre-judicial ends defined by 'the powers that be'. This has potentially been at the expense of an accumulation of knowledge and experience that is so necessary for working with vulnerable, damaged and disruptive children. Much of the 'know how' derived from the

experience of working in practice is clearly not reducible to coded words on a page in the form of evidence, data, or findings. As Schön (1983: 14) argues, 'professionals have been called upon to perform tasks for which they have not been educated'. This has possibly been a result of Higher Education curricula becoming increasingly modelled upon corporate culture (Giroux, 2001), one that is delimiting and inauthentic (Flint, 2014).

(i) Identifying the knowledge-divide

The knowledge-gap identified primarily in Documents Three and Four concerned the areas of mental disorder, learning disability and autism. In these Documents, not only did respondents – all of whom were graduates of the BA (Hons) Youth Justice course as well as current practitioners in the youth justice field - report a lack of tuition in these fields, but also their frustration with the sensibilities of the youth justice apparatus itself. For their lack of know-how seemingly paled into insignificance when confronted with its parallel to the lack of know-how in the Court arena. Such disappointment was typified by the following observation from a participant in the research for Document Three:

> 'a re-occurring difficulty has been dealing with the emotional strain of seeing children going to prison due to issues beyond their control. The system took an already disturbed and troubled child, misdiagnosed his level of competency, locked him up and made him go through the humiliation of putting him on a stand in a court room and ask him to answer questions that he didn't understand'.

Hence, I felt that it was imperative to encapsulate the contributors' ideas and initiatives in order to assist them to negotiate their own learning (Maclure, 2003). This accords with Flint and Barnard's (2008) proposition that the professional doctorate has at its heart, the recognition that participatory human activity is suited to the generation

of new knowledge at the vanguard of change and overhaul within professional practice.

It is hoped that this Document will provide findings that tangibly assist practitioners and service users via the development of a new core module to guide future practitioners' learning in an area that has clearly been taxing them. The research undertaken could be viewed as an agentic approach whereby practitioners themselves make their exigencies clear about what they wish to accomplish and how this will contribute meaningfully to their approach to young offenders, and to the courts that settle their fates (Johns, 2004). The research methodology also challenges the current hierarchy of technical rationality over Schön's (1987) influential concept of waterlogged, lower-ground knowledge that is essential for working with crises and unpredictability. Moreover, the research as a whole brings to the fore the important role of practice reflection, that allows respondents to reframe their knowledge in order to attain the stage where their competence and confidence enables them to meet practice challenges head on (Simon, 1987; Lockyer *et al*., 2004). Yet it is Important to make the distinction between delimited forms of practice associated with extant professional spheres of action and institutionalisation from practice *per se* that knows no such institutional and delimiting boundaries (Flint, 2014).

It has long been acknowledged that better understanding, quality assessment and smoother coordination of services for mentally disordered offenders[9] have been found wanting (see Tonak, 1991;

[9] The Mental Health Act 2007 defines mental disorder as any disorder or disability of the mind (Moore, 2009). Mentally disordered offenders (MDOs) are defined as those '(i) who are in need of mental health care (ii) who have a challenging behaviour as a component of their mental health problem (iii) to whom the label MDO or challenging behaviour is currently relevant (iv) whose principle problem is mental illness,

Harding, 1999; Prins, 2005 and Brammer 2007). Looking back at previous government-driven investigations, this issue was formally raised following the publication of the critical Butler Committee Report[10] in 1975, which itself had been precipitated by the realisation that many criminal justice professionals found this particular client group problematic to work with owing to a lack of dedicated expertise (Harris, 1999). Almost two decades later, in 1993, a further keynote inquiry resulted in the Reed Report,[11] which recommended the requirement to divert mentally disordered offenders away from the criminal justice system and into health and social care provision (Department of Health, 1992). However it is clear that this ideal continues to remain far from realisation (Harding, 1999; Vaughan *et al*., 1999; Littlechild and Fearns, 2005; Shaw *et al*., 2012). Indeed, the more recent Bradley Report[12] of 2009 once again emphasised the lack of diversionary measures from prison to potentially more appropriate services for offenders with learning disabilities or mental health problems. In addition, it identified the circumstance that most of the professions working within the criminal justice system have little to patchy expertise in pinpointing such offenders in order to invoke the pathway to diversion (Bradley, 2009).

---

psychopathic disorder or learning disability; or (v) whose self-harming and/or suicidal behaviour requires treatment in conditions of security' (Vaughan *et al*., 1999: 106).

[10] This report considered the court process, from trial through to sentence and punishment, of mentally 'abnormal' offenders. It found that such offenders were automatically incarcerated in mainstream prisons owing to a lack of dedicated resources. It recommended the provision of Regional Secure Units with an ethos of treatment as opposed to punishment. Subsequently, a major feature of development since the 1970s has been the occupation of the chasm between criminal law and psychiatry with what are known as forensic services (Littlechild and Fearns, 2005).

[11] The Reed Report (1993) was a holistic investigation into how mentally disordered offenders were provided for in the criminal and psychiatric services. The Report made more than 200 recommendations, including the provision that such offenders should be diverted from penal institutions and dealt with in the community wherever possible (Littlechild and Fearns, 2005).

[12] The Bradley Report (2009) followed a government request to ascertain to what degree offenders with learning disabilities or mental health problems could become diverted from custody to alternative provision and significantly, what were the barriers preventing this.

(ii) Shining the light on children

Although all three reports focused upon the need for comprehensive knowledge regarding this group of offenders, none alluded to nuanced detail concerning children and young people in these categories. Indeed, Giroux (2003: xii) speaks of a 'thunderous silence' concerning the injustices experienced by young people, one that has been intensified by the state's repressive social policies such as the significant reduction in spending on youth services (Pandya-Wood, 2014) and more alarmingly, the rapid increase in the use of Taser devices on those aged under-18[13] (Chester, 2014). Lord Bradley (2009: 19) compellingly advised the government that 'this vital area requires dedicated scrutiny in a separately commissioned piece of work'; owing to the key differences in the manifestation and recognition of mental ill health in this younger client group (Magill and Rivers, 2010; Bailey, 2012). For mentally disordered young offenders are among those denied individual agency (Giroux, 2003) and often fall between the gap amid agency boundaries of relevant organisations such as GP surgeries, Child and Adolescent Mental Health Services (CAMHS), social care, education and the YOS (Harding, 1999; Bailey, 2012).

It is my belief that practitioners of youth justice may be undermining their capabilities of becoming competent assessors of young offenders presenting with the complexities of mental disorder, learning disabilities and autism. It would also seem apparent that YOS practitioners might be well-placed to develop their own understanding of each of these areas and their relationship to a young person's offending so that staff may enhance their capacity for reflective, holistic

[13] 'a Taser was deployed more than 320 times on under-18s in 2011…Freedom of Information requests have revealed that over the past three years, at least six children aged 14 have been shot with Tasers, while children as young as 11 have been threatened' (Chester, 2014: 53).

and intricate risk management (Bowers *et al*., 2006; Dowsett and Craissati, 2008; Shaw *et al*., 2012). Yet it has been reported that youth justice and probation personnel do not necessarily receive specific training focusing upon this target group (see Hatfield *et al*., 2005; Bailey, 2012; Khan, 2012; Minoudis *et al*., 2012; Shaw *et al*., 2012 and Bradley, 2014). Training in this composite area would not lend itself to that provided via computer-based, multiple choice assessments available online through the YJB's interactive learning space (YJB, 2008a) owing to the complexity of its field of application. Instead, along with social care, such learning would be more usefully situated in universities (Burnham and Balls, 2009; Social Work Task Force, 2009).

Developing the youth justice teaching curriculum to incorporate mental disorder, learning disability and autism may also begin to assist the courts and society in their understanding of these complex conditions. As Gunn (1992: 202) implies, 'clusters of personality problems that amount to clinical syndromes should be treated as such and not discriminated against'. It could also make inroads into reversing the trend of incarcerating overwhelmingly disproportionate numbers of children and young people suffering from these conditions (Wacquant, 2012), since the youth justice workforce would be more conversant with the complexities of mental health and hence more able to argue for alternative outcomes in court. The latest figures suggest that some 90% of prisoners in England and Wales, inclusive of young offenders, have diagnosed or diagnosable mental health problems (see Singleton *et al*., 1998; Sainsbury Centre for Mental Health, 2008; Bailey, 2012 and Caulfield and Twort, 2012). This high percentage is perhaps more understandable given that drug dependency and alcohol misuse are included in its reach. Hence there exists a not inconsiderable rationale to improve practitioner knowledge in this area. If all local authority social workers are required to understand those statutory powers in

existence that relate to those suffering from mental illness and those with learning disabilities (Ball and McDonald, 2002), then it would seem fitting that the same should apply to practitioners of youth justice. Yet currently there appear to be no clear national guidelines concerning what mental health training needs actually comprise (Hatfield *et al*., 2005; Bailey, 2012).

(iii) Translation for dissemination

It is clear that central to the writing of professional doctorates is the target audience for dissemination (Nelson and San Miguel, 2000; Flint and Barnard, 2008). This should not however be purely restricted to the production of books or papers for academic communities with an interest in social practice such as criminologists, sociologists, psychologists and those related to youth justice, social work and probation, where one of the key criteria is sharing a common textual language (Bizzell, 1992; Lee, 1998). The content and impact of the work within the professional doctorate course is formulated around improvement of practice alongside an enhancement of critical understandings of aspects of practice (Maxwell and Shanahan, 1997), in this case, that of delivering youth justice for young offenders who may have mental health problems. If the essence of the writing is an attempt to make a difference, it surely needs to be accessible to those wider professional discourse communities – the social, the institutional and the policy makers (Lee, 1998). This includes students and practitioners of youth justice, social work, probation and health and social care as well as the leading professional regulatory bodies such as the Youth Justice Board, the Health and Care Professions Council and the Association for Child and Adolescent Mental Health. It may also assist in the alignment of *practice* standards such as those adhered to

by the Social Work Capabilities Framework for Advanced Practitioners[14] and *occupational* standards, for example those produced by the Financial and Legal Skills Partnership[15] on working with young offenders. However, accessibility or dissemination is a slippery concept since I need to be mindful of 'courteous translation', demonstrating some mastery of the multifarious genres and discourse-enframing required for each audience (Maxwell, 2003). In addition, the written discourse should afford authority and credibility to this wider audience via genre, monograph and journal-specific publication.

The eventual primary audience however must be the potential recipients of the intended final product – the taught module itself. The reach of the module would initially be for level three students of youth justice. Should the module be well-received following evaluation, it may be rolled out to a wider student body such as those studying the disciplines of social work, health and social care and criminology at either level three or postgraduate levels.

Having identified the knowledge-dearth perceived by practitioners of youth justice and distinguished the contours of the target audience; the next section strives to explore some of the existing considerations in the areas of youth justice and mental health via a critical reading

[14] The College of Social Work (2013), in their level descriptors for Advanced Practitioner Capabilities, maintain that this group of professionals should have their practice in a specified field (e.g. mental health) recognised as exceptional. They should be in a position to promote innovation and initiate new methods of working from renowned sites of excellence; making use of complex, critical interpretation and reflective practice.

[15] The Financial and Legal Skills Partnership (formerly called Skills for Justice) is an impartial, employer-led association which takes its lead from the requirements of organizations from the areas in which they work. It provides a constructive relationship between employers, government and education in the areas of policing, law enforcement, courts, prosecution services and youth justice (Financial and Legal Skills Partnership, 2014).

and evaluation of how the two have been traditionally interlocked and interdependent; how society has attempted to confront and disentangle this relationship and how the syllabus may assist in this endeavour.

III – CRITICAL LITERATURE REVIEW

(i) Preliminaries: Pragmatism, process and preparation

This section of the Document concerns itself with a review of what we 'know' about the association between mental illness, learning disability and autism and their potential impact upon offending behaviour in children and young people. In Document Four, youth justice practitioners revealed that one of their greatest concerns was the challenge of working with young offenders who were showing clear signs of some form of mental health issue. There was strong evidence that these professionals struggled to separate or address the disparate array of needs exhibited by affected young offenders owing to a scarcity of resources and a significant omission in their training, leading to an inadequate and ineffectual personal knowledge-base alongside a reduction in their autonomy and professional identity. This literature review seeks to examine how far this has resonance in the wider youth justice field along with an exploration as to how this may be addressed.

(ii) What is the Problem? – Troubled and troublesome

> 'Madness was individualised, strangely twinned with crime, at least linked with it by a proximity which had not yet been called into question. In this confinement…these two figures – madness, crime – subsist alone' (Foucault, 1967: 228).

Foucault (1991) maintains that an essential feature of modern governance and regulation is the appreciation of individuals as engaged, self-determining and rational agents in which the regulation of the self is the organising methodology by which to achieve government goals. Such technologies of the self mirror the new 'politics of conduct' (Nixon *et al*., 2007: 38) whereby influential moral discourses are utilised to remodel individuals as participatory members

of conscientious communities (Flint, 2003, 2006). This position emerged from the period of Enlightenment with its discernment of 'man' as, 'a rational being who through reason could be taught good behaviour' (Emsley, 2002: 221). It is discourses formed by government that create the rules of behaviour; determining what is correct. Government control is evidenced through the perceived legitimacy of particular 'rules of behaviour' and such 'rules' permeate through into individuals' sub/consciousness and therefore influence conformity. The legitimation and normalcy attached to government discourses thereby become 'fact' (Foucault, 1991).

Shortcomings in conformity to normative conduct mean that the individual becomes subject to 'otherness', they become marginalised; estranged from societal values and moreover, the antithesis of 'reason' (Foucault, 1967; Giroux, 1992, 1997). Consequently, they are made subject to a raft of interventions or disciplinary sanctions as a means of mediating their affront to the established social order (Nixon *et al*., 2007; Giroux, 2009). Crime committed by children and young people will render them liable to such governmentality in terms of interventions and sanctions, but given the abstruse nature of mental disorder, learning disability and autism, they may be problematical for youth justice practitioners to recognise and hence separate from criminal intent. The idiosyncrasies of the conditions can easily be misinterpreted as deliberate offending behaviour (Bishop, 2008; Browning and Caulfield, 2011; Hughes, 2015).

Taylor *et al*. (2010: 25) axiomatically ascribe the prevailing paradigms of criminal motivation as '*Homo Economicus* – the rational, calculating criminal…and *Homo Criminalis* – the happenstance criminal'. The categories of *Homo Incompositus, Homo Eruditio Fragalitas, Homo Autisticus* and *Homo Ludens* can be added to this. If we consider the latter category alone, the play and risk elements that personify the

construct of childhood are important because, 'play constitutes the training of the young creature for the serious work that life will demand later on' (Huizinga, 1949: 2). By placing the transitional phase of play into the realms of 'otherness' via frowning upon certain elements of it, we are culturally culpable of criminalising the very act of play itself (see Gamble, 1999; Wacquant, 2012). One would presuppose that the two categories of criminal advocated by Taylor *et al*. (2010) already know the advantages and values of their society and have a reasonable understanding of its laws and customs (Abbot, 1981), but the latter four classifications are more likely to be deficient in their grasp of the rules of social order, disengage from it, or subconsciously re-write the rubrics. These four categories could also be said to be living a 'bare life'; one that is lived on the margins of society with limited access to legal redress yet 'still in a precarious relationship to law itself' (Downey, 2009: 109). Add to this mix the incontrovertible detail that we are principally dealing with vulnerable children, we are in danger of breaching the realms of judicial fairness when dealing with behaviour that goes against accepted practices (Narey, 2010; NCB, 2010; Smith, 2014; Haines and Case, 2015).

There exists a plethora of literature that identifies a profound association of mental disorder, learning disability and autism with offending behaviour (see West and Farrington, 1973; Williams, 1995; Denney, 1998; Hatfield *et al*., 2005; Prins, 2005; Hutchinson *et al*., 2013 and Hughes, 2015). Prins (2005) usefully summarises the manner in which these conditions may invoke the attention of the criminal justice system. He points out that an individual may lack the comprehension that his or her action was legally wrong, that he or she may be more easily apprehended, or may be coerced by others in felonious escapades, or that his or her condition may render them volatile, destructive or impulsive. Petersilia (1997) and Glaser and Deane (1999) add to this summation by suggesting that sufferers are

generally quick to confess, are powerless to articulate their rights and have difficulty assisting their defence lawyers. But a deeper understanding of the association between those with identified difficulties and felonious activity is more problematical to grasp. Hatfield *et al*. (2004) recognise this complexity and whereas they – along with others (see Prins, 2010; Fyson and Yates, 2011; Hughes *et al*., 2012; Hopkins Burke and Creaney, 2014 and Hughes, 2015) - acknowledge the links between mental health problems and offending, they also remind us that other contributing factors could be found in sufferers' additional experiences of poverty and disadvantage (Yates, 2009; Fyson and Cromby, 2013; Haines and Case, 2015).

In the three distinct syndromes of mental disorder, learning disability and autism, the simplicity of their definitions belies the complexity and obscurity of their diagnoses, not least because their definitions are fluid and transitory. Yet the entire spectrum of mental illness is not obvious to the observer who could easily misperceive 'madness' as criminal intent (Pringle and Thompson; 1999; Prins, 1999; Browning and Caulfield, 2011). Even in perceptibility, the three syndromes can be confused, such as learning disability being misconstrued as mental illness (Wootton, 1959; Mencap, 1997; Brammer, 2007; Bradley, 2009). This is further obfuscated by schools of thought that deny that some forms of mental disorder even exist, believing instead that the label is attached purely because certain behaviours represent an affront to society (Becker, 1963; Szasz, 1987, 1993); suggesting a conformity to neo-liberal agendas and societal governmentality of populations (Foucault, 1991; Larner, 2000; Giroux, 2004). Still others consider labels to be merely moral judgements, masquerading as a diagnosis (*see* Lewis, 1974; Blackburn, 1988; Lewis and Appleby, 1988 and Cavadino, 1998). Further critics insist that most mental illnesses have their roots in social and familial tensions (Bowlby, 1975; Laing and Esterson, 1970; McFarlane, 2013).

During the 1960s, Becker (1963) considered the notion of labelling theory and its significance for moral judgements upon the concept of deviancy itself. He maintained that the wisdom concerning social deviants as pathological law-breakers was erroneous and that the prevalence of deviancy was more frequent than generally thought. Becker also proposed that deviant behaviour is attributed to negative labels commonly attracted by certain individuals which are subsequently acted upon in a self-fulfilling prophecy. He deduced that deviance is a societal creation and that it is constructed by social groups by deciding upon the rules whose infringement makes for deviance. By applying these rules – to young people in the instance of this study – they become labelled as outsiders. Indeed, 'the deviant is one to whom the label has successfully been applied, deviant behaviour is behaviour that people so label' (Becker, 1963: 9).

Whatever the origin of both deviance and mental disorder, be it societal creation, genetic disposition, familial and environmental influences, birth trauma or psychodynamic factors, young people enduring the effects of these disorders may find themselves under-protected by society which may criminalise even mild transgressions of the law (Newburn, 1993; Yates, 2004b; Hine, 2007; Fyson and Yates, 2011). The following section examines more closely the association between mental disorder, learning disability and autism with youthful offending.

(iii) Contemporary Understandings of Mental Health Conditions and Youthful Aberrance

According to Eadie and Canton (2002) and other prominent writers in the field of youth justice (see Harding, 1987; Fox Harding, 1991; Howe, 1994; Allen, 2002; Yates, 2004a, 2009; Trevithick, 2005 and Muncie,

2011), young peoples' offending is associated with multifarious psychological and social issues. These may include parental neglect or abuse; peer pressure; lack of opportunities; poor school attendance; homelessness; impulsivity; boredom and drug and alcohol misuse. However, it would seem that there are other critical links which are gaining in prominence. Although mental disorder, learning disability and autism are significant recognisable features in the youth offending population (see Asperger, 1944; Baron Cohen, 1988; Ghaziuddin *et al*., 1991; Holland, 1997; Wing, 1998; Howlin, 2004; Harrington and Bailey, 2005; National Autistic Society, 2007 and Hughes, 2015), they were not universally incorporated into investigations of causes of offending.

It is now more clearly documented that children and young people suffering from mental disorder and learning disabilities are over-represented in the youth justice system (Hall, 2000; Fyson, 2007; Khan, 2010; Berelowitz, 2011; Fyson and Yates, 2011; Hughes *et al*., 2012). For those with autism, the research is less clear, but the early and emerging evidence suggests that this is also the case (Browning and Caulfield, 2011; Fyson and Yates, 2011; OHRN, 2014; Hughes. 2015). As cold facts, each of these authors' findings combine to sit worryingly tidily with Foucault's (1967: 5) formulae of institutional exclusion whereby, 'poor vagabonds, criminals and deranged minds would take the part played by the leper'. If and when the combined conclusive statistics emerge more clearly, then Foucault's (1967: 21) postulation that, 'madness now leads the joyous throng of all human weaknesses' may be difficult to refute.

The following three sections examine what constitutes the various forms such conditions may take and some of their associations to criminal acts. In addition, statistics relating to the prevalence of each in a variety of youth justice settings will be scrutinised.

(iv) Mental Disorder : The dispossessed and the marginalised

Mental disorder – defined by section 1 of the Mental Health Act 2007 as, 'any disorder or disability of the mind' – is a generic term used for a variety of conditions such as depression, schizophrenia, phobic disorders, hypochondriacal disorder, sexual disorders, psychoactive substance use disorder, bipolar disorder, anxiety, eating disorder, personality disorder and post-traumatic stress disorder (PTSD). The association between mental disorders and offending behaviour is far from clear cut; however there is awareness in the field, for example, that depression has clinical associations with certain types of criminality, markedly *vis-à-vis* violent crime (Ryan *et al*., 1987; Grisso, 2009; Hodgkinson and Prins, 2011). Those young people with emerging personality disorders have a tendency to display disturbed and unusual behaviour and to act impulsively without thought for victims or consequence (Hare, 1998; Khan, 2010; Prins, 2010). Associations between mental disorder and being made subject to an anti-social behaviour order (ASBO) have also been clearly documented (see NAPO, 2005; BIBIC, 2007; Fyson and Yates, 2011 and Hopkins Burke and Creaney, 2014), as have those committing sexual offences (Gordon and Grubin, 2003; Harris *et al*., 2010; Lord and Perkins, 2014).

Dual diagnosis – a diagnosis of mental disorder accompanied by substance misuse - affords its own difficulties with the separate applicable agencies renouncing primary responsibility (Harding, 1999; Littlechild and Fearns, 2005; Bailey, 2012). So common is this inter-agency dysfunction that it is epitomized by one service user who mordantly observed,

> 'I was pushed around like a tennis ball. The alcohol people said I had a mental illness and the mental illness group said I had a drink

problem. Neither of them did very much for me' (Rorstad and Checinski, 1996:1, cited in Bailey, 2012: 160).

Substance misuse in itself can cloak the presence of mental disorder, making its detection more problematic (Bradley, 2009).

When the statistics for young people enduring mental disorder within the youth justice system are analysed, a confusing and inconclusive picture emerges. This is because the data reported and conveyed in the literature either tends to refer to dissimilar conditions or amalgamates them. The problem is further exacerbated when data are situated in assorted locations and are connected to divergent or imprecise age-ranges. In addition, different agencies and organisations utilise a range of disparate vocabularies to define mental health problems (Bradley, 2009). The highest percentage is recorded by the Department of Health (2001) who maintain that 95% of young people under the age of 21 in custody have a diagnosable mental health problem. This proportion is potentially sustained by Burnham and Balls (2009) and Atkinson (2010), who assert that 85% of children in detention exhibit signs of a personality disorder and 10% demonstrate symptoms of psychotic illness. Pitts (2006), reporting the findings of the Chief Inspector of Prisons, Sir David Ramsbotham (2003), informs us that over 50% of young prisoners remanded in custody and 30% of those actually serving sentences suffered from diagnosable mental health issues. Exploring the statistics for young female offenders, Khan (2010) reveals that 71% of those in the secure estate suffer from a variety of psychiatric disturbances. Each of these indicators could be said to be approximately correlative with each other and surprisingly high.

Regarding those on community orders, Fyson and Yates (2011), after analysing a study conducted by the British Institute for Brain Injured Children (BIBIC, 2005) for their work on those who attract ASBOS,

note that 37% of a sample of 345 young ASBO recipients suffered from either a learning disability or mental disorder. Talbot (2010), following from the work of Lord Bradley (2009), records a slightly higher figure of 43% of children on community orders as suffering from mental health issues. Looking at the youth justice system as a whole, the prevalence of mental disorder among young people has been more recently analysed by the Offender Health Research Network (OHRN, 2014) who reveal that rates of depression vary between 13-22%, anxiety between 21-31% and disturbingly, suicide attempts fluctuate between 11-16%.

Ostensibly, the mental disorder most associated with young offenders is that of personality disorder[16]/conduct disorder; however it is difficult to discern which of the disorders is the most disquieting or dangerous in the youth offending population. A diagnosis of any of the conditions noted in this section is not necessarily an indicator of extreme violence (MOJ, 2011); however diagnoses associated with psychopathy have been revealed as the most perilous in the adult population (Hare, 1998; Prins, 1999; Campbell *et al*., 2009).

(v) Learning Disability: Simply criminal

According to Sinason (1994: 44), the term 'learning disability' dates back as far as 1492 when it symbolised, 'want of ability, impotence leading to legal disqualification…it denotes a restriction resulting from an organic impairment'. A more contemporary definition of learning disability is the official legislative delineation given by the Mental

[16] Personality disorder is clustered into three separate categories by DSM-V (American Psychiatric Association, 2013). They have been recorded by the Ministry of Justice (2011: 5) as, 'Cluster A – Paranoid, schizoid, schizotypal; Cluster B -0 antisocial, histrionic, narcissistic, borderline; Cluster C – dependant, avoidant, obsessive compulsive'.

Health Act 2007 as, 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning'. What is omitted here though is any reference to legal disqualification of those suffering from learning disabilities by the courts and this has significance to the thrust of this study.

Although the Youth Justice Board in 2004 maintained that, 'practitioners are unlikely to encounter many young people with general learning disabilities in youth justice services' (YJB, 2004: 51), it is now well-established that children and young people with learning disabilities have a more pronounced risk of presenting challenging behaviour (Prison Reform Trust, 2010; Fyson and Yates, 2011; Hughes *et al*., 2012; Challenging Behaviour Foundation, 2014; YJB, 2014c; Hughes, 2015). However, despite the legal definition, no clear clarification exists to explain what actually constitutes learning disabilities (Criminal Justice Joint Inspectors Group, 2014). Hughes *et al*. (2012) inform us that it can be defined by three criteria: an IQ score lower than 70;[17] profound difficulties with routine daily tasks and the condition originally manifesting itself in childhood. The Department of Health (2011a: 5) broaden the definition to,

> 'a significantly reduced ability to understand complex information or learn new skills (impaired intelligence); a reduced ability to cope independently (impaired social functioning); a condition which started before adulthood…and has a lasting effect'.

More recently, the *Diagnostic and Statistical Manual of Mental Disorders, DSM-5* (American Psychiatric Association, 2013) asserts that learning disabilities are typified by developmental defects that

[17] This score is further broken down by the World Health Organisation as follows: 'mild – IQ 50-69; moderate – 35-49; severe – 20-34; profound – less than 20' (OHRN, 2014: 29).

challenge academic, social, personal and occupational functioning. Often disconnected from the global developmental deficiency that characterises learning disabilities, are an assortment of particular learning difficulties. A young person with learning difficulties may have an average, or higher than average IQ, yet their skills in reading, writing and mathematics do not appear to complement this ability (Loucks, 2006; DOH, 2011a; OHRN, 2014).

'Learning disabilities' is therefore a broad term, lacking in definitive accepted elucidation which as a result may attract a host of negative repercussions. According to Fyson and Yates (2011: 104), these may include,

> 'hampering effective communication between professionals; poor screening and assessment practices; and the resultant invisibility of young people with learning disabilities within official records'.

Indeed, the Criminal Justice Joint Inspectors Group (2014) confirms that we have no real means of knowing the number of sufferers throughout the criminal justice system. This uncertainty could, to some degree, have arisen from the compartmentalisation of fields of practice whereby the YOS has historically concentrated on crime related issues, education has maintained its focus on teaching and the secure estate has directed its energies on rehabilitation for community re-integration. Learning disability is essentially invisible; the micro-skills associated with them being obscured by their more perceptible and mature macro social skills (DOH, 2009). This may be one of the reasons why, during an inspection of the treatment of offenders with learning disabilities within the criminal justice system, the Criminal Justice Joint Inspectors Group (2014) found that in two-thirds of cases, the Crown Prosecution Service was not furnished with details of offenders' learning disabilities. In addition, they discerned that fewer than 50% of pre-sentence reports took learning disabilities into consideration

within the 'offence analysis' section. If it can be determined by practitioners that the learning disability influences the behaviour of those before the courts, this is clearly a problem that may be rectified.

Children with learning disabilities are coming to the attention of youth justice services for a number of reasons including sexual offending (Hall, 2000; Fyson, 2007). They may also exhibit challenging behaviour including aggression, running away, self-harm and destructive behaviour (Humber and Shaw, 2009; Challenging Behaviour Foundation, 2014), some of which they may rely upon as the most effective form of communication, which in turn may attract ASBOs (Fyson and Yates, 2011; Hopkins Burke and Creaney, 2014). Much of this could be a result of the specifics of their disability which, 'relegates them to a shadowy world of not quite knowing what is going on around them or what is expected of them' (Talbot, 2010: 9). Once arrested, charged and indicted, they may encounter difficulties with legal processes that necessitate an aptitude for grasping complex legal detail (NACRO, 2011; Lamb and Sim, 2013). This obstacle is further compounded when we consider the confluence of learning, behavioural and attentional difficulties, together with economic, social and structural inequalities whose comorbidity escalates the likelihood of educational detachment and hence, delinquent involvement (Humber and Shaw, 2009; Yates, 2009; Stephenson *et* al., 2011; Fyson and Cromby, 2013).

The statistics for young offenders having some form of learning disability are not currently as accurate as they could be owing to poor means of interpretation regarding the actual constitution of the disability (Fyson and Yates, 2011; Criminal Justice Joint Inspectors Group, 2014). For the general population, the figure is in the range of 2-4% (Hughes, 2015). The figure for young offenders however is more confusing, with Hall (2000) maintaining statistics of between 5-13%,

Khan (2010) citing a figure of 20%, Berelowitz (2011) and Hughes (2015) finding approximately 30%, Humber and Shaw (2009) alleging 50% and others suggesting it is as high as 60% (Atkinson, 2010; O'Hara, 2013). For communication disorders, the figure rises even higher and has been gauged variously as 75% (Khan, 2010) and between 60-90% (Moser, 2014; Hughes, 2015). What seems clear in the literature is that, in general, the more recent the publication, the higher the statistic disclosed. This may suggest that there have been potential improvements in screening and assessment techniques.

(vi) Autism : 'A devil, a born devil'[18]

Autism is classed as a lifelong developmental disability that affects the construction of an individual's comportment, communication competences and how they relate to those around them. It is also sometimes accompanied by violent and aggressive eruptions (National Autistic Society, 2007; Browning and Caulfield, 2011). Some may say that the autistic subject has emerged as a new trend within psychiatric discourse (Vakirtzi, 2010), and one that requires further scrutiny within youth justice dialogue (Browning and Caulfield, 2011). The genealogy of Autistic Spectrum Disorder (ASD) as a classificatory arm of psychiatry commenced as far back as the early 1900s. It first made its appearance as a discrete psychiatric discourse in the 1940s and in recent years, its intensification in diagnosis could be seen as a clear act of government, operationalized by paediatric experts – via the family – for the purposes of normalisation or segregation. It is an outside mechanism of control whereby the family is subject to intervention from external penetrative agents, such as the Child and

[18] Shakespeare (1611) *The Tempest*. Caliban, the illegitimate son of the witch, Sycorax, is frequently referred to as a 'monster' by characters in *The Tempest.* Here, Prospero takes the analogy further by referring to him as the 'devil'. Taking the quotation away from its original context, Caliban's base and amoral character could be viewed as organic and unchangeable by any form of nurture. This could also be said of anyone who experiences the effects of mental disorder, learning disability and autism.

Adolescent Mental Health Service (CAMHS), as a form of tutelage (Donzelot, 1997; Hopkins Burke, 2011; Barnard, 2013). This custom of tutelage seemingly operates when children fail to abide by the enduring pull of the norm within schools, and the execrable alternative to diagnosis and pathologisation is exclusion (Southall, 2007; Hawes, 2013).

Autism represents a wide spectrum of impairment, often characterised by noticeably limited and stereotyped sequences of behaviour and preoccupations, along with social awkwardness (DOH, 2011a; Hughes *et al*., 2012; YJB, 2014c). However, Asperger's Syndrome is a diagnosis attracted by higher-functioning and more intellectually able individuals, representing a significantly more difficult locus of concern for youth justice practitioners to recognise (Asperger, 1944; Baron Cohen, 1988; Browning and Caulfield, 2011). Young people with a diagnosis of ASD, Asperger's Syndrome, Conduct Disorder and Pathological Demand Avoidance Syndrome (PDA)[19] struggle with psychological dysfunction that is manifested by a triad of impairments; otherwise known as a deficit of 'Theory of Mind' (Wing, 1998; Attwood, 2007; DOH, 2011a). This is described as the capacity to place oneself in another's shoes; appreciating their feelings and thoughts. A significant proportion of those experiencing the range of ASDs may have an additional diagnosis of ADHD which is typified by restlessness, impulsiveness, disorganisation, aggression and distraction (DOH, 2011a). Characteristically, the subject experiences a 'de-coupling of cognition and emotion' (Williams, 2013: 14) conveyed as impatience, sensation-seeking and problems controlling emotional responses.

Those experiencing any of the diverse components of ASD may come to the attention of youth justice services by virtue of self-medicating,

[19] First identified during the 1980s, PDA is similar in presentation to both autism and Asperger's Syndrome but with additional atypical features such as social manipulation and an obsessional avoidance of the ordinary, everyday demands of life (Christie, 2007).

illicit drug use (Hughes *et al*., 2012; OHRN, 2014), anti-social behaviour (Fyson and Yates, 2011; Hopkins Burke and Creaney, 2014), risk-taking (DOH, 2011a), sexual offending (Hall, 2000; Fyson, 2007) and aggression (Grisso, 2009). However, Browning and Caulfield (2011: 168) remind us that,

> 'the reporting of rare acts of violence committed by offenders with autism, both in academic literature and the media is potentially harmful, serving only to assist in the creation of inaccurate perceptions of affected individuals'.

Yet there still remains a dearth of studies of children in the youth justice system with ASD (Browning and Caulfield, 2011; Hughes *et al*., 2012; OHRN, 2014). The only study located in the literature is that reported by Hughes *et al*. (2012) which indicated a rate of 15% compared to 1.2% of the general population. Clearly this remains an emerging area of study that would appear ripe for empirical research and the findings section of this Document will elucidate further this under-researched field.

The next section seeks to establish 'why' and 'how' mental disorder should be fully integrated into the curriculum for students of youth justice and those of associated professions, including an examination of the present difficulties of access to mainstream mental health support by young offenders.

(vii) Training and Resource Deficits: Implications

Owing to the sheer volume of young people subject to youth justice procedures experiencing a variety of mental health issues, it would seem evident that the core curriculum for youth justice practitioners

should embody, not only this in itself, but the means by which it may be identified and potentially dealt with in a more ethical and humane manner. This particular aspect of the curriculum has been unseen over the last 15 years owing to a positivistic focus instead on a 'risk-need-responsivity model' (Hester, 2010b: 85). This has usurped a more holistic and bespoke knowledge-base, limiting practitioners' capacity to intervene more benevolently in young peoples' lives (Robinson, 2001; Farrant, 2006). Hence, a form of teaching that encourages intellectual judgement *per se,* and criminological and psychological sophistication specifically, would appear more apt (May and Vass, 1996; Nellis, 1996; Hester, 2008, 2010b).

Currently, even a basic grounding in mental health awareness is not universally provided to youth justice personnel (Fyson, 2007; Talbot, 2010; Fyson and Yates, 2011; Baker, 2014; Hughes, 2015) and there is a 'wide variation in the understanding and recognition…of young people's emotional wellbeing and mental health problems among frontline criminal justice professionals' (RR3, 2012: 24). When one considers the additional, interrelated problems of prison staff being ill-equipped to recognise mental illness (HMIP, 1998; Baumbach, 1999; Vaughan *et al*., 1999; Short *et al*., 2009; Hodgkinson and Prins, 2011), the deterioration in probation officers' skill-base in working with mentally disordered offenders (McCartney, 1992; Hudson *et al*., 1993; Reed, 1993; Ward and Spencer, 1994; Prins, 1995, Brooker and Glyn, 2012) and the reported deficit of knowledge possessed by police officers and youth court solicitors (Farrington-Douglas and Durante, 2009; Browning and Caulfield, 2011), there is clearly a requirement for dedicated tuition in this area.

This generalised training deficit can have far-reaching, damaging, discriminatory and sometimes unlawful consequences for young offenders. In the past, the youth justice system was relatively informal, meaning that children and young people had little need to resort to the

rights of adult offenders because the system was designed for rehabilitation rather than chastisement. However, in the 'punitive archipelago' (Muncie, 2004: 212), they may now receive similar penalties to adults, yet their rights have not been similarly aligned (Grisso, 2009). The Prison Reform Trust (2010) argue that those with mental impairments are having their rights breached in terms of their right to a fair trial under Article 6 of the European Convention on Human Rights owing to their limited comprehension of legal and judicial process. Others suggest that criminal justice services are neglecting their duty to challenge discrimination as embraced by the Disability Discrimination Act 2005 and that this inequity is 'personal, systemic and routine' (Talbot, 2008: 75; Gregory and Bryan, 2009; DOH, 2011a).

It has been implied that secure settings are routinely used for warehousing young people with mental health needs (Shelton, 2004; YJB, 2004; Pullman *et al*, 2006; Khan, 2010; Lepper, 2015a) because the criminal justice system makes little allowance for their limited culpability, seeming lack of empathy or fitness to plead (Talbot, 20210; Browning and Caulfield, 2011; DOH, 2011a; Hughes, 2015). Such systematic warehousing, termed by Foucault (1967: 61) as, 'the great confinement', is indicative then of a process of power, whereby the vulnerable, the mentally fragile and those without a 'voice' are further disempowered and disenfranchised with scant means of redress. The reality of this is captured by Talbot's (2008: 21) powerful testimony from a young offender with suspected learning difficulties, who recalls,

> 'I didn't like it; it shocked me [court]. The judge asked me if I understood and I said yes even though I didn't. I couldn't hear anything, my legs turned to jelly and my mum collapsed'.

Although there are clear guidelines regarding interview procedures for children who are victims of crime, the rubric concerning young suspects

is less developed and does not take into account developmental or mental health research (Humber and Shaw, 2009; Lamb and Sim, 2013). For some however, incarceration via confinement may be the only means by which they can access services at all (Talbot, 2008; Grisso, 2009). As Lamb (2015: 24) starkly explains,

> 'the way we organise and commission children's mental health services is broken. The majority of those suffering don't get access to support. That is a system that would not be tolerated in physical health'.

Whilst Norman Lamb, the previous Health Minister, was referring here to children with mental health difficulties in the general UK population, those included in the youth offending populace are seemingly even further disadvantaged (see Prison Reform Trust, 2010; Fyson and Yates, 2011; Hughes *et al*., 2012; Hopkins Burke and Creaney, 2014 and Hughes, 2015). The literature review uncovers a complex and multi-faceted picture as to why this is apparently the case. It is clear however that there is a lack of or inconsistent access to resources for specialist assessments, places of safety and therapeutic interventions - both in the community and as in-patients – for this group (Khan, 2010; Talbot, 2010, Berelowitz, 2011; Lepper, 2015a).

The lead agency for provision of such services is considered to be CAMHS (YJB, 2004, Harrington and Bailey, 2005, Perry *et al*, 2008; House of Commons Health Committee, 2014). However, such services have been reported to be both laboriously delayed and restricted (McGorry *et al*., 2013), with the added artificial upper boundary of access set at 18 years. Some of these restrictions stem from a cultural inflexibility within CAMHS' systems and procedures that do not take account of the impoverished social landscapes of children and young people in the youth justice system (Talbot, 2010; Berelowitz, 2011). Some CAMHS refuse referrals for ADHD, autism and conduct disorders

owing to a lack of resources (Harrington and Bailey, 2005; Khan, 2010; National Autistic Society, 2010; Lepper, 2015b). Research also indicates that some areas will only accept referrals for 16 and 17 year-olds if they remain in either training or education (Berelowitz, 2011; Royal College of Psychiatrists, 2012). This has led to one anonymous commentator in public life to ascribe to them the phrase, 'a ghost service…the dog end of a public provision' (Anon, 2015: 24).

The YOS in particular has described difficulties with CAMHS ranging from tenuous relationships arising from poor communication, unclear referral routes and reluctance to share information; bordering on the secretive (Callaghan *et al*., 2002; Talbot, 2010). Harrington and Bailey's (2005) empirical study into these issues from the reflections of CAMHS professionals themselves unveiled their belief that they lacked training on working with young offenders with many feeling frightened of them and regarding them as entirely the responsibility of the YOS. Viewing the problems from an alternative angle, Callaghan *et al*. (2002) assert that solely employing western, middle-class models of intervention to young offenders may serve to alienate them further. More importantly, there is currently scant evidence to suggest that CAMHS interventions make a difference in terms of outcomes (Davidson, 2008; Joint Commissioning Panel for Mental Health, 2013), leading to a firm recommendation for the service to develop outcome and impact measurements. Yet not all commentators focus solely on the negative aspects of CAMHS. It has been voiced that CAMHS provide an outstanding service on an alarmingly diminishing resource (Anon, 2015) and Callaghan *et al.'s* (2002: 59) qualitative study on mental health support for the YOS concluded that the overall service was, 'good, once they had a foot in the door'. It is hoped that CAMHS undergo a reversal of fortunes with mental health clearly ascending the list of politicians' priorities (see Durcan, 2013; YJBb, 2014; Cavendish, 2015; Lepper, 2015 and the National Autistic Society, 2015).

The literature counsels an array of areas to be covered in the curriculum including recognition of the masking features of substance misuse (YJB, 2003; Hughes and Prior, 2008; Caulfield and Twort, 2012), exploring in-depth methods for assessing young offenders and assisting practitioners to recognise moderate and severe learning disabilities (Williams, 1995; Denney, 1998; Fyson and Yates, 2011; Hughes, 2015). This should be augmented with a detailed knowledge of the spectra of mental disorder and autism (Prins, 1999, 2005; Brammer, 2010; YJB, 2010) including the incorporation of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a standard mental illness classification system utilised by mental health professionals (Kirk and Kutchins, 1992; Jackson, 2003; Vakirtzi, 2010).

The use of the DSM however has attracted criticism for its historical and social construction according to its governance by restrictive scientific fields and discourses; the clinical definitions can contrast sharply to the fluidity and interrelatedness of the conditions it seeks to categorise. It advocates a 'medical model' for both interpreting impairments and for their treatment (Mallett, 2006; Hughes, 2015), making little allowance for any social model approach with its intrinsic focus on oppressive practices, exclusion and discrimination (Mulvany, 2000). However, although even Foucault (1972) could be critical of any form of labelling or taxonomy, they evidently have some value. Only by diagnosing the psychopath may we be spared potential human misery and similarly, recognition of the autistic subject may attract targeted support. Finally, ensuring that students are versed in new and emerging research which examines the relationship between brain chemistry and behaviour deemed criminal would seem appropriate (Leake, 2013; Raine, 2013). These inferential findings may concur with the empirical research findings for this Document, but the module end-product will inevitably be practitioner, as well as research-led.

Some of the more recent innovations developed to address the masked problem of the pervasiveness of mental health conditions in the youth justice system and how these initiatives may facilitate support will now be explored.

(viii) Contemporary Initiatives and Interventions

It is evident that assisting and supporting those with mental health problems in the youth justice system is not solely a CAMHS responsibility (Khan, 2010), but that of all of those involved in youth justice services. Berelowitz (2011: 15), reporting on the emotional and mental health of children and young people in the youth justice system asserts that, 'training in mental health awareness and child and adolescent development should be mandatory for all staff' and that 'all YOTs should have a specialist mental health worker' (Berelowitz, 2011: 55). These sentiments have been echoed by many others (see Cant, 2007; Talbot, 2008, 2010; YJB, 2008b; Khan, 2010 and OHRN, 2014). According to Lord Bradley (2009), the early identification and treatment of children with mental health problems and learning disabilities could curtail their offending behaviour and prevent their potential for recidivism into adulthood. Early identification of any neurobiological deficit could assist decision-makers in courts to exercise appropriate consideration for those with impoverished emotional lives who lack many of the normal inhibitors against 'criminal' behaviour (Murrie *et al*., 2002; Browning and Caulfield, 2011), rather than viewing them as unfeeling, devious and remorseless. To support this endeavour, Talbot (2010: 81) recommended the development of a, 'standardised suite of screening tools', a recommendation that has seemingly been heeded as in recent

years, there have potentially been an array of significant improvements.

The most notable of these developments has been *AssetPlus*, a dynamic and iterative assessment and planning instrument developed by the YJB (2014b); a single tool used throughout the young person's journey through youth justice services. Some may view this from a Foucauldian perspective as an instrument of observation and manipulation and in this case, as Hester (2008: 1) cautions, 'knowledge of the subject to be controlled…should be handled with care if that knowledge is not to be corrupted and incorporated into processes of surveillance and control'. Interestingly however, *AssetPlus* was initiated as a holistic, reliable and validated supportive tool to professional practice rather than a substitute for it, with far greater emphasis afforded to professional discretion (Baker, 2014; Haines and Case, 2015). It does not produce a score, save for the Alcohol Use Disorders Identification Test (AUDIT), can be filled in electronically or by hand and contains some thoughtfully considered prompts for practitioners (YJB, 2014a). It conveniently amalgamates nine previous discrete reports and planning documents, including the pre-sentence report and assimilates embedded screening tools such as those for neurodisability, mental health, autism and speech, language and communication (YJB, 2014b).

The impact of the new screening processes in terms of outcomes will not be known for some time as rollout only commenced in the summer of 2015, but it is anticipated that heed will be taken of the caveat issued by Menary (2014: 28) 'in amongst all the activity…don't lose sight of the young people and why you are working with them'. It may effectively assist practitioners to improve their ability to identify particularly dangerous young offenders, from whom society requires protection, bringing us back to Foucault's (1977) notion that a

treatment mode of intervention could be considered as merely a covert method of restriction and constraint; notwithstanding its necessity.

If students of youth justice are trained and equipped more appropriately to recognise and work alongside young offenders presenting the full range of mental health problems and their inherent idiosyncrasies, it is possible that the trend towards their 'discipline' and 'punishment' may be shifted away from the carceral institutional regime of the panopticon[20] towards its potentially lesser iniquitous, decentralised modern counterpart, the synopticon.[21] The panoptic regimes, according to Foucault (1977), expanded during the Classical period and have remained a stable and systematic method of dealing with the fallout of mental illness. His starkly illustrative depiction of how neuropathic disorders were addressed still holds validity today, 'madness was shown, but on the other side of the bars; if present it was at a distance, under the eyes of a reason that no longer felt any relation to it' (Foucault, 1977: 70). However, softer and subtler than panoptic regimes, the synopticon nevertheless produces a form of 'dataveillance', which is a form of 'mediated watching' of the few by the many (Lyon, 2006: 3).

Nevertheless, a more robust, clinical assessment of young offenders that includes a detailed social history as well as the full circumstances surrounding the commission of the crime should canvass the potential that the young person's challenging behaviour may stem from, for example, an undiagnosed ASD. If a subsequent diagnosis is made, this may open the doors to a plethora of apposite resources to meet the

[20] Designed by Jeremy Bentham in 1791, the panopticon was a building constructed as an architecture of surveillance to control the lives of those within it such as a prison. 'the panopticon was a circular construction of open single 'cells', built around a central inspection tower, by means of which both the inspector and the inmate were under constant surveillance' (Marshall, 1998: 476).

[21] The Post-Foucauldian vision of the synopticon moves us away from the hierarchical panoptic observation of the many by the individual, towards the decentralised surveillance of the individual or group by the many (Lyon, 2006).

young person's needs. Hence, a targeted, selective process of synopticism would channel them away from the unhelpful institutions of incarceration (see Foucault, 1977; Abbott, 1981; Pitts, 1999; Rogowski, 2002; Smith, 2005 and Goldson, 2010a) towards a more cost-effective, individualised programme of appropriate support, underpinned by the consistency of contact with a well-informed YOS practitioner

Other related assessment tools which could also be drawn upon include the Gilliam Autism Rating Scale (GARS) to identify the presence and severity of autism and the Learning Disability Screening Questionnaire developed by Drs McKenzie and Paxton (YJLD, 2011). Additional informative literature has also been identified such as a guide produced by the National Autistic Society (2011), offering a plethora of trusted and productive approaches to working with autism and a handbook for working with offenders with learning disabilities designed by the Department of Health (2011a) to assist with identification and understanding.

Further progressive interventions into the debates have included the active promotion of statutory instruments such as the provision of section 104 of the Coroners and Justice Act 2009, 'which provides a statutory framework for the provision of registered intermediaries for vulnerable defendants' (Criminal Justice Joint Inspectors Group, 2014: 8). In addition, the Council for Disabled Children (2014) are encouraging the YOS to refer children to the local authority if there is suspicion that they may have special educational needs under the Children and Families Act 2014. Furthermore, the Department of Health (2011a) remind professionals of the court's power to request mental health assessments and to be mindful of the Disability Discrimination Act 2005, the Equalities Act 2010 and the Domestic

Violence, Crime and Victims Act 2004 whose criteria[22] should be used when determining if a young person is fit to plead. Finally, the sentencing Council for England and Wales have been urged to integrate the,

> 'relevance of neurodisability to criminal behaviour and to the efficacy of potential sentences and interventions, including the potential impact of difficulties with reading, processing and memory, maturity of judgement, impulsivity and an understanding of the perspectives of others' (Hughes *et al*., 2012: 15).

The next section undertakes to establish by what means young people in the three main categories may be diverted from the youth justice system and how this may be achieved in practice.

(ix) Diverting the Course of Justice

Document Two revealed the extensive conviction by a significant number of academics and youth justice practitioners that the criminalisation of children should be avoided. This sentiment has been articulated by a number of professional bodies including the signatories to the United Nations Convention on the Rights of the Child (UNCRC); the European Network of Children's Ombudspersons (ENCO); the National Association for the Care and Rehabilitation of Offenders (NACRO); the British Association of Social Work (BASW); the Howard League for Penal Reform; the Family Rights Group (FRG) and the Family Welfare Association (FWA) (Smith, 2005; Hammarberg, 2008).

[22] The criteria to be used by the defence council or judge are: 'the ability to plead (their case); the ability to understand the evidence; the ability to understand the court; the ability to instruct a lawyer and the ability to challenge a juror' (DOH, 2011a: 42).

This philosophy of penal parsimony however had not, until perhaps more recently, been implemented in practice in England and Wales (Allen, 2002; Rogowski, 2002, Armstrong, 2004; Goldson, 2010a). Similarly, it is generally held that those experiencing any form of mental disorder should also be diverted from the apparatus of the iatrogenic and marginalising criminal justice system, either prior to, or at the point of arrest (see Reed, 1993; Brown and Geelan, 1998; Harding, 1999; Bradley, 2009; YJB, 2009; Khan, 2012 and Haines and Case, 2015).

For the purposes of this Document, Lord Bradley's (2009: 16) broad definition of diversion is adopted; 'a process whereby people are assessed as early as possible in the offender pathway…thus informing subsequent decisions about where an individual is best placed to receive treatment'. Yet it must be acknowledged that there are multiple perceptions of diversion, as Richards (2014: 122) explains,

> 'what young people are to be diverted from and to, whether young people are to be diverted from the criminal justice system or offending; whether young people are to be diverted from criminal justice processes or outcomes, and whether diversion should be considered distinct from crime prevention and early intervention'.

The diversion of those experiencing mental disorder from the criminal justice system in to the health or associated services is far from a novel concept and its history can be traced back at least as far as the 1800s (McKittrick and Eysenck, 1984; Littlechild and Fearns, 2005). Diversion in this sense is defined as, 'the halting, or suspending of proceedings against an accused person in favour of processing through a non-criminal disposal' (Littlechild and Fearns, 2005: 127). Likewise, discretion in prosecution is not new. As Sir Hartley Shawcross (1951: 681), in fulfilment of his role as Attorney General, outlined 'it has never been the rule of this country – I hope it never will be – that suspected

criminal offences must automatically be the subject of prosecution.' He went on to pronounce that prosecution should only follow if the crime, or the context of its commission, is of such a nature that indictment is required in the public interest.

There are three junctures in the criminal justice process where diversion is legitimately feasible; at the police station, following a remand into custody and at the youth court (Blumenthal *et al*., 1993). When a detained young person arrives at the police station, the police are expected to apply the Gravity Factor System to apportion a gravity score (Home Office, 2006). This system is intended as a signifier to resolve whether the public interest test is met. However, research has implied that the scoring is ambiguous and that there remain inconsistencies in its application. Moreover, inquiry has established that some police officers disregard the system altogether, instead trusting their 'experience' and 'common sense' (Evans and Puech, 2001; Holdaway, 2003; Kemp *et al*., 2011). It would appear then that the entire pre-charge decision procedure represents a discretionary process rooted in subjective appraisals (Field, 2008).

Since 1986, it has been the role of the Crown Prosecution Service (CPS) to pronounce a 'public interest' decision on every case, constructed upon evidence furnished by the police. Such judgements also hold an element of discretion which is calculated to divert defendants with learning disabilities to more apposite health and social care agencies (Denney, 1998; Magill and Rivers, 2010). The CPS also seeks to take account of the probable penalty and to consider whether this would be nominal only. It additionally attempts to take 'youth' into consideration in making a decision as to whether undue stigma would damage their future prospects. Furthermore, it is invested with the power to deliberate mental illness and whether a prosecution may aggravate a defendant's fragile state of mind (Brown *et al*., 1992). Yet

discontinuance from arraignment in the public interest is a notoriously underused solution (Brown *et al*., 1992; Blumenthal *et al*., 1993; Bradley, 2009; Kemp *et al*., 2011; Khan, 2012).

If the young person is remanded into custody at any stage, the court may request a psychiatric assessment which may ultimately lead to the imposition of a Hospital Order and the offender transferred (Blumenthal *et al*., 1993). This practice is also sanctioned by government bodies, including the Home Office (1990), who consider that mentally disordered offenders should receive treatment from health and social care provision, rather than remain at the mercy of the criminal justice system. If mentally disordered young defendants fall below the radar of the CPS public interest test, they would usually find themselves before the youth court. Here, the court may be guided by the defence counsel that the respondent is unfit to plead, or is mentally unwell. Should this come to light later on in proceedings, any trial should be terminated owing to an abuse of process, as the young person is unable to appropriately contribute. All of this should be underpinned by medical evidence (Moore, 2009).

It is clear then that at every step of criminal justice proceedings there exists the legal and technical apparatus to permit diversion. Indeed, Bailey (2012) highlights the role of Arrest Referral Workers who employ the knowledge and methodology of drug workers and social workers, whereby potential defendants are assessed for drug and alcohol misuse or mental disorder and are then referred to these priority agencies. The same author brings our attention to the potential function for a Criminal Justice Liaison Team, embracing approved mental health professionals, learning disability experts, psychiatric nurses, psychologists and psychiatrists to procure the early identification of offenders with mental health problems to divert them beyond the remit of criminalisation (DOH, 2005; Bailey, 2012).

Blumenthal *et al.* (1993) suggest that diversion is based upon individual initiative rather than any formal contractual obligation. If the key individual vacated their position then the scheme itself could be subject to its own discontinuance (Pawson and Tilley, 2004). Research undertaken in 1994 exposed the existence of 60 court diversion schemes (Backer-Holst, 1994). However, there was little connectedness or coherence in their administration with some remaining arbitrary 'paper exercises' (Joseph, 1990; Davies, 1994). The reason for their limited usage appear to be a labyrinthine structural interplay of influences that contribute to these decisions which may include professional or personal agendas, media frenzy, moral panic and victim assuagement (Prins, 1992; Littlechild and Fearns, 2005). A number of other contributory factors have been identified, including the position of magistrates having little option but to remand defendants into custody, the dangerousness posed by the individual and a lack of structured, embedded multi-agency cooperation (Straite and Martin, 1993; Straite, 1994).

It would seem ironic that prior to the paradigm shift that accompanied Parliament's passing of the Crime and Disorder Act 1998, the youth justice system acquiesced to the wholesale employment of diversion in all its guises (Hagell and Newburn, 1994; Cavadino and Dignan, 1997; Hine, 2007; Hopkins Burke, 2011). This was a strategy based upon rigorous and extensive research, formulating a body of knowledge which had been welcomed by policy-makers (see Goldson, 1997. 2000; Empey, 1999; Hendricks, 2002; Muncie and Wilson, 2004 and Phoenix, 2010). The research findings centred upon 'radical non-intervention' (Phoenix, 2010: 74) and a 'minimalist response' (Hine, 2007: 2) and they elicited the most remarkable reduction of young people entering the youth justice apparatus (Bell *et al*., 1999*;* Goldson, 2000; Kemp *et al*., 2002; Pragnall, 2005). The shift away from the diversionary

principles of the 1960s through to the 1990s towards an era of popular punitiveness from the late 1990s seemed to airbrush out the deep reservoir of evidence to ground zero. Yet as Goldson says (2010a: 164),

> 'excessive reliance on youth justice systems to 'manage' profound contradictions in the social order is shown to be both ethically unsustainable and practically counter-productive…it amounts to the criminalisation of social need and the intensification of social justice'.

In recent years, diversion has commenced the process of resurrection with the introduction of a number of diversionary initiatives. In 2008, the Department of Health launched the Youth Justice Liaison and Diversion initiative to garner assistance for children and young people with developmental problems, mental health and communication difficulties (Smith, 2014). Originally a piloted initiative, the scheme was rolled out nationally in 2014 (Kelly and Armitage, 2014; Public Health England, 2014). The police now have the power to issue a Youth Restorative Disposal (YRD); a swift and effective method of dealing with low-level crime as an alternative to formal processing through the courts (YJB, 2011). Although welcomed and viewed largely as a positive move in terms of reduced criminalisation of youth, questions have been raised about the efficacy of blanket diversionary measures as to,

> 'whether or not there is a more deliberate and intentional process at play in the withdrawal of the state from areas of human life with which it is no longer concerned' (see Yates, 2012; Smith, 2014: 119).

Other critics strongly believe that young offenders with learning difficulties should not be diverted as they need formal court acknowledgement that what they did was wrong and that court processing was essential in terms of assessment for an official record

of the young person's pattern or escalation of offending (Cant, 2007; DOH, 2011a).

In conclusion, it would appear that the circumstance that many young offenders with mental health needs are suffering the iatrogenic and criminalising consequences of the youth justice system has been identified and acknowledged. The key question for the future centres on whether anything can be done about it and if so, whether a constructive difference can be made. Having reviewed the literature concerning the relationship between aspects of mental health and crime, the positioning of the subject into the teaching curriculum and periodic attempts at diverting mentally disordered offenders away from the criminal justice system, my theoretical framing of the contemporary treatment of children and young people with mental health difficulties in the criminal justice system will now be explored.

IV – THEORETICAL FRAMEWORK:

> 'Social science is a social construction of a social construction' (Bourdieu, 2004: 88).

So far, the rationale for this Document has outlined the importance that knowledge concerning those with mental disorders, learning disabilities and autism holds for practitioners of youth justice for a more meaningful, ethical and holistic execution of their role. This need not only coincides with my personal beliefs, but also is even more convincingly disclosed by the findings of the critical literature review. It may seem germane to pause at this point to consider why youth justice practitioners and eminent writers in the sphere of justice are asking for this significant gap to be filled. It would seem that those for whom it holds great import are those that are touched by a societal vacuum of integrity concerning sufferer's judicial treatment and subsequent management. The literature review exposed these agents to be social workers, probation officers and youth justice practitioners; collectively, part of the workforce at the secondary line of social control. It is for this reason that in the theoretical framing of the Document, I turn to the lateral thinking of Michel Foucault.

(i) Michel Foucault: The excavator

Foucault has yielded hypostatic influence in post-modern readings of social control by disencumbering criminology so that it may understand the manner whereby multifarious welfare state institutions are implicated in the regulated orthodoxy of life, allowing for greater sensitivity to the interplay between social structure, power dynamics and government administration (Smith, 1995; Rogowski, 2002). He was concerned with the archaeology of knowledge; that is, exploring the discursive traces noted in the past so he may write a historical account of the present. He was not, however, concerned with wisdom

as 'facts'; his greater interest lay in the underpinning structures behind the 'facts'. In considering this, he was fundamentally drawn to the power of discourse. Discourse is a central element of Foucault's *oeuvre.* His work was idiomatically concerned with the manner in which discourses and their accompanying practices begin their journey to 'truth', through 'truth's' historical location; how they become ratified via changing social processes and then developed into ideation, or how they become, 'practices which form the objects of which they speak' (Foucault, 1972: 49). Hence discourse actually constructs the topic and it structures the means by which that field may be explicitly talked about and perceived. This, in turn, modifies how concepts are inculcated into practice and are then applied to modulate the conduct of others (Hall, 2001).

All of this is linked to 'Governmentality', another significant thread arising from Foucauldian literature. Governmentality may be viewed as a pre-planned form of social control and conditioning via governmental administration which aims to procure individuals who are programmed to maintain the *status quo* (Burchell *et al*., 1991). The literature review in its entirety could be viewed as the embodiment of a Foucauldian disciplinary discourse with various degrees of social control at its heart. Those who suffer from mental disorder, learning disability and autism could be regarded as those least likely to harbour the ability to exhibit the proficiencies of self-regulation. Societal condemnation of this flaw situates them as one of the last vestiges to command, as an alternative requirement, an externally enforced discipline – punishment and prison; devices of Governmentality (Maclure, 2003).

The literature review made explicit a number of sobering statistics *vis-à-vis* the fate of those judged to suffer from these conditions should their disorder propel them into situations where they transgress the law. Yet prison is not a true penance in the physical sense of the word

(Foucault, 1977), but a system of administration that is taken against those considered to be socially problematic. Just as in the nineteenth century, 'madness' remains constrained to the realms of societal failure, continuing to be a judicial space where even youngsters are inculpated, adjudicated and condemned (Wanli, 1998). From Foucault (1977: 299), we learn that,

> 'it was no longer the offence, the attack on common interest, it was the departure from the norm, the anomaly; it was this that haunted the school, the court, the asylum or the prison…it is not on the fringes of society that criminality is born, but by means of ever more closely placed insertions, under ever more insistent surveillance, by an accumulation of disciplinary coercion…the universality of the carcereal lowers the level from which it becomes natural and acceptable to be punished.'

It is through this lens that we may understand why even children and young people with atypical mental conditions are subject to the full force of the law.

Foucault also talks of 'technologies' and how these are a conduit by which individuals can govern themselves. 'Technologies' are methods of reasoning, of employing processes that define and procure a principled comprehension of the world. He conceived technologies of the self as a variety of 'operations on their own bodies and souls, thoughts, conduct and way of being' (Foucault, 1988: 18). Technologies of the self then metamorphosise into knowledge and stratagems that enable agents to generate by themselves, or with the assistance of others, obligations on their identities or ways of being (Foucault, 1988). For children and young people experiencing mental health difficulties, such technologies would appear to have a place in the youth justice system, but only with the assistance of other agents who may have the capacity and power to invoke the process of diversion from prosecution or incarceration. As Flint and Barnard (2010: 215) acquiesce, 'the self has become dominated by

technologies of power'. These agents of power could be classed as 'moral entrepreneurs', a binary unit of 'rule creators' and 'rule enforcers' (Becker, 1963: 147). Though the literature review elicited a robust pre-existing structure of diversionary apparatus positioned by the 'rule creators', its manipulation had precipitously declined from the early 1990s owing to the re-politicisation of youth crime (Muncie, 2008). Thus, it would appear that the 'rule enforcers' are largely steered by their employers' expectations. Encapsulating the role of 'rule enforcers', Becker (1963: 149) maintains,

> 'he is not so much concerned with the content of any particular rule as he is with the fact that it is his job to enforce the rule. When the rules are changed, he punishes what was once acceptable behaviour just as he ceases to punish behaviour that has been made legitimate by changing the rules.'

Though the rudiments of the means to diversion still remain, Becker's (1963) contention is still true since the rules concerning the prosecution of children were undeniably changed by the Crime and Disorder Act 1998. This Act mandated that informal action was to be reserved for less serious offences and that formal prosecution was obligatory for a third infraction[23] committed by a child, regardless of the character of the offence or the circumstances of its commission (Bateman, 2012). It is as if the third offence had propelled them to the derisive status of 'incorrigible rogue'[24] (Steedman, 1984: 56). Here we

[23] Under the Crime and Disorder Act 1998, the police had strictly limited discretion to take informal action. 'A reprimand will be given to first time offenders…a final warning is used for offenders who have been reprimanded previously and…therefore cannot be given a further reprimand…in no circumstances can a juvenile receive more than two warnings' (Moore, 2009: 28-29).

[24] Crime has long been associated with vagrancy and the police were invested with powers to deal with it under a series of evolving Vagrancy Acts. The Vagrancy Act of 1824, for example, contained a three-part division between 'idle and disorderly', 'rogue and vagabond' and 'incorrigible rogue'. Individuals could work their way up to the demeaning label of 'incorrigible rogue' following a third conviction (Steedman, 1984: 56).

witness the denudation of the relationship between the individual and society from one where the state would exercise responsibility to its citizens, to one where its citizens owe their duties to the state (Garland, 2001; Pitts, 2003, 2006). Nonetheless, the exceptional circumstances clause continued to afford some remnants of latitude for those experiencing mental disorders; however a rounded knowledge concerning whom this clause may capture seems lost to the consciousness of youth justice personnel. As one participant in the research for Document Four elucidated,

> 'understanding the 'mens rea' of their offending – does someone with autism have the capacity for intent or recklessness or are we treating them unfairly? They cannot go on offending, but is the criminal route the best route? Having knowledge about alternatives to prosecution would be useful, but not sure if there are any?'

There is little doubt that this practitioner would be aware that the Crime and Disorder Act 1998 compelled the courts to formally process a third offence, at the latest, but as Feyerabend (1975: 19) cautions, 'a little brainwashing will go a long way in making the history of science duller, simpler, more uniform, more objective and more easily accessible to treatment by strict, unchangeable rules'. Though he is discussing the philosophy of science here, he could similarly be alluding to paradigm shifts in the approach to the management of offenders. It could undoubtedly be construed as a mechanism of transformation of the relationship between youth justice practitioners and their knowledge-base (Pitts, 2006). But the Crime and Disorder Act 1998 did not hold a universal truth, and in the spirit of post-structuralism, it became ratified as a 'situated' truth produced by the government for theoretically superficial public approval, having potentially misunderstood the complex nuances of a successful technique of diversion (Goldson, 2000; Muncie, 2008; Bateman, 2012). Though the mechanisms remained *in situ* for the rerouting of mentally disordered

offenders, the language of diversion fell out of accepted discourse. The power of its concealment lay not just at the feet of the state, but through the much finer networks of the youth justice workforce who had, until more recently, a diminished grasp of knowledge required to exercise their own power of promoting any route to diversion (Foucault, 1988).

(ii) The positivistic twist

The research undertaken for this study includes an attempt to recapture and revise the remnants of this discontinuity. Discontinuity in this sense refers to 'the fact that within a space of a few years a culture sometimes ceases to think as it had been thinking up till then and begins to think other things in a new way' (Foucault, 1966: 56). This notion is similarly conceptualised by Williams (2005) and Flint (2009: 1) who add further context by determining the premise that, 'if something residual is truly oppositional to the dominant, the dominant tries to forget it or marginalise it'. The terms 'recapture' and 'revise' may both be timely concepts since the previous coalition government and the current conservative government are keen to 'recapture' the essence and sustainability of diversion (see Pitts and Bateman, 2010; Bateman, 2012; Haines *et al*., 2012 and ICPR, 2012). There have also been resolute attempts to 'revise' our understanding of youth crime through surveying its biological foundation in an ascending discourse that links genetic heritage to violence and antisocial behaviour (see Raine, 2002, 2013; Rose, 2007 and Penna and Kirby, 2009). An example of this can be seen in the work of Fairchild (cited in Leake, 2013), a lecturer in clinical psychology, whose research uncovers the indication that shrunken amygdala in adolescents are associated with aggressive conduct disorders, hence they have a brain development disorder rather than a general propensity to violence. This genetic or medical approach has some attractive characteristics. In particular, it

removes the construal of psychological disturbance as the prime mover behind criminal intent, and replaces 'badness' with 'madness' (Banton *et al.,* 1985). Moreover, 'of all the misfortunes that afflict humanity, the condition of madness is still one of those that with most reason call for pity and respect' (Foucault: 1967: 236). Yet it is important for both practitioners and academics to appreciate and identify that whatever view they take is likely to have its roots in established thoughts of liability and morality and that the connection between mental health and criminal behaviour is both equivocal and beset with on-going controversy (Treves - Brown, 1977; Hodgins, 1993; Prins, 1999). Bavidge (1989: 11) has conjectured that philosophers who wish to comment upon,

> 'issues of responsibility and the law…[take]…on the thankless task of stalking the boundaries between law, psychiatry and philosophy, which like most border territories, are matters of wars and disputes, of danger and confusion'.

Personally, I have always viewed positivistic approaches to the social sciences - as opposed to constructionist methods - as at best insufficient and at worst, inappropriate, and have had to wrestle with the hazardous notion of positivism in the field of psychiatric taxonomy, including its categorisation and inherent hierarchies. If I am to design a module that enriches students' knowledge of the character of various mental illnesses, learning disabilities and autism, then there is an *a priori* assumption that I have consonance with scientific classifications and hierarchies of such conditions. Bavidge's (1989) considerations hold applicability here, since there exist 'dangers' in labelling (Mead, 1934; Tannenbaum, 1938; Becker, 1963; Matza, 1969), and 'confusion' in psychiatric diagnoses (Scheff, 1966; Wing, 1981, 1998; Prins, 1999). Yet as Sykes and Gale (2006) remind us, the hegemonic inspiration of positivist paradigms is powerfully persuasive and may need to be positioned for the purposes of erudition to some form of

'regime of truth' (Foucault, 1977). However, it is useful to be mindful that,

> 'there are no techniques for totally accurately and truthfully capturing and relating aspects of life…all attempts…can only be re-presentations, and, hence, interpretations' (Sykes and Gale, 2006: 14).

It would seem important for students to consider how to enhance their contour-mapping abilities on the complex axis between *mea culpa*[25] and *inculpatus Sum*[26] and we are aware that the judicial process now allows for gradations of both. But, 'who says how we are guilty and what guilt signifies?' (Heidegger, 1962: 326). Contemporarily distinguishing these degrees of guilt would require some knowledge of DSM-5 (American Psychiatric Association, 2013), a comprehensive classificatory guide for recognising and classifying mental disorders, and in itself, a vehicle of governmental psychiatric power. Indeed it could be said that treatment and welfare models of intervention are merely covert methods of restriction and constraint. All of this poses the problem of the ethicality of the modern investiture by society - through the courts – in the psychiatric and youth justice workforce to define problematic youngsters as abnormal, amoral or 'mad' and therefore to intervene and attempt to 'normalise' them. Such delegated power could be seen to be proliferated within society in order to control family life at both micro and macro levels (Becker, 1963). Clearly however, this has to be contextualised within a discourse of 'rights' (Muncie, 2004); principally those of the victims of crime.

Foucault recognised that knowledge itself is not always what it appears to be and would conceivably position psychiatrists and youth justice

[25] See footnote [2].
[26] Translated as 'I am without blame'.

practitioners as 'subsidiary judges' via a construction of power through knowledge (Foucault, 1977: 21). As he further elucidates,

> 'it is this whole technology of power over the body that the technology of the 'soul' – that of the educationalists, psychologists and psychiatrists – fails either to conceal or to compensate, for the simple reason that it is one of its tools (Foucault, 1977: 30).

Such a brief consideration of a complex and extensive area of study however can only offer a taste of Foucauldian punishment ideology where, 'a corpus of knowledge, techniques, 'scientific' discourses is formed and becomes entangled with the practice of the power to punish' (Foucault, 1977: 23). Foucault's (1977) interpretation of the links between power, knowledge and the body lies at the heart of any comprehension of control and penality. Hence,

> 'knowledge of the 'subject to be controlled' (in this case young people and their rights) should be 'handled with care' if that knowledge is not to be corrupted and incorporated into processes of surveillance and oppression' (Hester, 2008: 1).

DSM-5 is a cold, clinical manual, noticeable by the absence of aetiological factors or of any 'subject' (Vakirtzi, 2010). It is reminiscent of Foucault's (1973: 15) externalising precursor, 'if one wishes to know the illness from which he is suffering, one must subtract the individual, with his particular qualities'. Any teaching from this standard text must therefore be done so with certain caveats, as students would typically prefer to situate their individual service-users within their backgrounds, family upbringing, personalities, self-image and idiosyncrasies (Prins, 1995). Hence, in mastering the relevant detail of DSM-5, students would need to rely in some way on the fact that, 'the pure 'that it is' shows itself, but the 'whence' and the 'whither' remain in darkness' (Heidegger, 1962: 173). And as we have already discerned, mental illness does not always 'show itself' (see Wootton, 1959; Prins, 1999 and Bradley, 2009).

(iii) Shaping and manipulating the youth justice enterprise

The final theme to contemplate within the theoretical framework is my position in the procurement of social control through the actual teaching curriculum for future practitioners of youth justice. Probation, social work and more recently, the youth justice profession have always been situated in a location of facilitation of social and political control (Young, 1976; Walker and Beaumont, 1981; Garland, 1985; Whitehead and Statham, 2006). Whether youth justice personnel are managing young people who are subject to one of the triad of impairments discussed in this Document in prison, the community or via early diversion, they remain in the role of 'policing'. They are 'ratifying a relationship of force' (Donzelot, 1997: 3). It is an uneasy standing, and one which I, along with other youth justice personnel, find difficult to accommodate or rationalise (Hopkins Burke, 2008). It accords with Foucault's (1977, 1980) observations that criminological methods are in the service of power. Foucault's work has been extended upon by other social commentators, such as Donzelot (1997), Cohen (1985) and Garland (2001) who all examined strategies of power with particular emphasis on the carceral surveillance society. This has been further developed by Hopkins Burke (2011) who explored the increasing surveillance and tutelage of young people as a form of 'civilising process' and hence a controlling function in the provision of services.

Diagnostic psychiatry itself as a form of practice cannot be positioned as benign, but rather as a means of legitimising the suppression of the dispossessed, the marginal and the strange (Brewer, 2000). This subdual may not merely take the form of panoptic or synoptic watchfulness, or of reductive medical pacifiers, but occupies a space of

unique privilege with the state sanction to forcibly detain anyone against their wishes (Vaughan *et al*., 1999; Littlechild and Fearns, 2005; Brammer, 2007). The powers conferred on social workers and psychiatrists by the Mental Health Acts 1983 and 2007 outweigh those of the police, magistracy or judiciary (Cochrane and Sashidharan, 1995). Yet few could disagree that an individual displaying the following traits, as observed by consultant psychiatrist Dr Turner[27] (2013), would require recourse to compulsory admission and containment:

> '[he] is a full on psychopath. He was also a sexual sadist; he enjoyed cruelty in the context of satisfaction. He is a control animal, in the sense that he has to control the environment around him…He has all the characteristics of someone who's manipulative, who's pathologically charming, who is violent towards other people without even thinking twice about it, and who's cold and remorseless'.

Fortunately, such cases are a rarity, especially for children. During 2012, 13 children under the age of 18 years were indicted for murder; five for attempted murder and nine for manslaughter (Bateman, 2012). What does appear to be more typical is the following scenario concerning an 'Asperger's boy' reported by a respondent during the research for Document Four who, 'couldn't think like a normal person. He lashed out and got put away'. The irony here is that the dangerous, narcissistic adult psychopath is treated in a secure hospital, but the 'Asperger's boy' endures punishment in the mainstream secure estate. Such judicial dysfunction sees the transformation of the autistic subject into the realms of the criminal convict solely for reasons of his act's affiliation to one of criminal intent (Deleuze and Guattari, 1987).

[27] Dr Trevor Turner was discussing Ian Brady in the ITV documentary, *Brady and Hindley – Possession,* broadcast on 27th June 2013. It was produced by Jonathan Jones and directed by Paul Hamann for 'Wild Pictures'.

If we consider the alternative path for the 'Asperger's boy', we are still within the boundaries of agents and agencies of control; potentially more hidden, but no less potent. He continues to be an object of policy in terms of monitoring, surveillance and intervention, be it via the youth justice apparatus or that of the paediatric, health or psychiatric services (Rogowski, 2002). Whatever the mode of intervention, he is at the mercy of control logistics and the structures that support their realisation (Smith, 2011) and all could be termed 'ideological state apparatuses' (Althusser, 1971: 36). It is a movement away from Donzelot's (1997) analysis of the role of the family in policing its members' social order. It is a passing over of, 'the soul of the young person…[to]…become the object of government expertise' (Rose, 1999: 134).

It is difficult to argue against the presupposition that as governmentality and surveillance is dispersed away from custodial settings and into the community, they become more deeply absorbed within the social fabric (Cohen, 1979, 1985; Muncie 2004). In turn, it has been said that this has led to the creation of a 'punitive archipelago' (Muncie, 2004: 212), acting anywhere along the disciplinary/enabling continuum. Ultimately, in Foucault's (1966) view, this facilitates the close monitoring of an individual, or docile body that emerges as a product of the affiliation of power and knowledge; a metonymic individual who fits neatly into knowledge economies rather than a unique and expressive person who has an authentic understanding of their own sense of self.

I would take the view that although the discourse terrain for mental illness, learning disability and autism is complex, at times confused, devoid of nuanced debate concerning children and potentially provocative, the medical gaze is preferable to relying solely upon regarding aberrant acts through the lens of the criminal law (Cooke,

1991; Moody, 1993; Bushfield, 2002). Moreover, 'having a mental illness entitles the sufferer to medical and nursing care, rather than punishment' (Banton *et al*., 1985: 59). It may well be timely for the previously broken, indeed shattered, practice of an informed diversionary policy to re-surface, yet not necessarily along old lines, but more on contemporary, emergent, enlightened lines (Deleuze and Guattari, 1987) because, 'the absolute privilege of madness is to reign over whatever is bad in man' (Foucault, 1967: 21).

In the next section, attention focuses upon the Document's methodology that is derived from my social work and criminal justice background. The discussion includes a deconstruction of the concept of 'practice' before narrowing down my methodological choice given a host of logistical hindrances. Finally, some of the ethical considerations germane to this study are surveyed, including my position as neither an insider nor an outsider to my chosen sample.

V – METHODOLOGY

(i) Epistemological and ontological reflections

> 'Resistance is power's defining difference. Crime itself is a refusal of the law; eccentricity is a repudiation of norms; vice is a rejection of conventional ethics' (Belsey, 2002: 55).

There was a time when I may have semi-endorsed the above statement, but through the course of the professional doctorate I have learnt that such views of crime, eccentricity and vice are but one interpretation and there are many other ways in which the three interrelated themes may be considered. Though I have met many in these categories for whom such interpretations of resistance may hold true, I have equally met numerous who would interpret their subjective meanings of their actions very differently (Bryman, 2008). There may be youth justice practitioners who agree with this statement, but if that were the case, there would be little demand for a practitioner-driven study of this nature. This practice-orientated empirical investigation then may be regarded as a phenomenological one; one where the research topic is probed from the viewpoint of its participants, yet tempered by my personal observations and experience and interwoven with contemporary interventions into the debates (Aveyard, 2007). Yet it has to be accepted that, as with Belsey's declaration, 'no methodology…can claim a privileged position that enables the production of authoritative knowledge' (Kincheloe and McLaren, 2005: 311).

My epistemological stance is grounded in social work values and ethics and is one of social constructionism, the belief that knowledge cannot be situated as a conception of absolute truth, but is always context-bound[28] (Corby, 2006; Smith, 2009; Stainton Rogers, 2010). In an

[28] It perhaps should be noted that context itself remains a hegemonic discourse, as no context is ever truly fulfilled. Since context never reaches its plenitude, it must remain an inherent limitation of social constructionist methodology.

ideal world, we could utilise a study of this nature to seek out 'facts', but instead, I have to remain content with an overarching epistemological stance of investigating what actions are possible within this particular version of social reality. Regarding ontological positioning, I would position my own reality and conceptions of being in the much-maligned camp of postmodernism where liberating views are manifest concerning the tenuous nature of 'facts' (Dyson and Brown, 2006; Hagyard and Keenan, 2006; Smith, 2009). What is true and what is real seemingly remain veiled concepts that are cloaked in the repetition of fragile language and signs that are always open to contingency. I believe that not every question can be answered and that certain human predicaments have no solution (Bateman and Pitts, 2005; Palmer, 2011b). This is a thorny conviction to propagate given that contemporary youth justice practice is particularly reluctant to acknowledge this impasse (Haines and Case, 2008).

(ii) Methodological construction and process

It is partly my theoretical assumptions about the social world that have shaped my favoured methodology (Silverman, 1999), the rest being determined by logistics. This study is essentially concerned with researching the perceptions, wisdom and requirements of students and practitioners of youth justice in their quest to transform part of the youth justice teaching curriculum. This specific request comes in the form of the development of a new module called, 'Mental Health, Learning Disability and Autism'. This, they believe, will critically enhance their understanding of its subject matter so that it may further the interest of youth justice practice along with the young people with whom these practitioners work.

The process of investigation entailed the development of a methodology that would allow me to analyse respondents' perceived

prioritised contents of the new module using a blend of quantitative and qualitative techniques. This mixed-method research strategy, using both positivist and interpretive paradigms, was considered important for a number of reasons. Firstly, this was in terms of consistency of approach since this method was profitably employed for my two previous empirical studies for Documents Three and Four. Secondly, to minimise any potential ripple of personal bias contaminating the research process arising from the inflexibility of a single methodology (Denzin, 1989; Henn *et al*., 2006). Thirdly, such an approach equates, rather than eclipses, quantity with quality and measurement with experience, when attempting to humanistically evaluate the social world (Howe, 1987). Fourthly, as Gadamer (2004: 7) assures us, 'the human sciences have no method of their own', *a*nd a purely quantitative concern, with its concomitant expectations of a disengaged, detached and even disinterested observer has no particular apposite space within human studies (Kohler Riessman and Quinney, 2005). Finally, social practice has been described by many as both an art and a science (see Katz, 1975; Davies, 1981; England, 1986, Parton and O'Byrne, 2000 and Smith 2009) and 'we need a sophisticated and comprehensive approach to understanding complexity, but not at the expense of rationality' (MacDonald, 1999: 96).

Bryman (2004) has argued that qualitative research is seeking to cast the process of implementation of the research findings above their eventual contribution to outputs. He also maintains that quantitative research is aligned more towards the investigator's own concerns rather than those of the participants. However, I would err more to the belief that my study is concerned with both the execution and the realisation of the research findings along with the employment of quantitative methods that both compute and thematise the subjects' own perspectives rather than those of my own. This particular mixed-

methods approach is consistent with Feyerabend's (1975: 306) relegation of the one-dimensional, *'extra scientum nulla sallus'*[29] to the realms of voodoo. Further authenticity is given here by Heidegger (1962) who challenges the very existential foundations of oversimplified mathematical approaches, believing them to be narrower than those of historiology. Billig (1996: 354) encapsulates the argument in more laconic terms, believing that, 'experiments are neither holy nor taboo, but, if interesting, they can take their place, along with the rest, in the promiscuous parade'.

In the final analysis, it is generally clear that qualitative studies enhance our understanding of the circumstances whereby both crime arises and youth justice is administered (Noaks and Wincup, 2004), but that such studies should also assist to flesh out the bare bones of quantitative data and we should not allow any epistemological compulsion towards pure statistics to obscure the people behind the numbers (Lyotard, 1979; Bottomley and Pease, 1986; Coleman and Moynihan, 1996).

(iii) Deconstructing the inference of 'practice'

Having qualified the need for a methodology that will meet the challenge of the 'swamps, messes and wicked problems encountered by senior professionals in their practice situations' (Lester, 2004: 7), space should be devoted to a deconstruction of the notion of 'practice' since it can have variations of meaning in discrete, context-bound circumstances. It may be viewed in terms of the nebulous corporate buzzword of 'best practice', or the more formalised, occasionally vacuous, human services notion of 'evidence-based practice' with its emphasis on the measurable and predictive at the expense of the

[29] Translated from Latin to mean 'there is no knowledge outside science'.

hermeneutic (Earle, 2010). We may talk in terms of Wenger's (2006: 1) 'Communities of Practice', defined as, 'groups of people who share a concern or a passion for something they do and learn how to do it better'. Such improvements may be effected by 'reflective practice', a term originated by Schön (1983) that relies upon agents engaging in continuous reflective and reflexive learning, leading to a more refined level of problem-solving and hence 'professional practice'.

Each of these terms plays upon the precarious concept of 'practice' itself, but it is the latter denomination that this study seeks to enhance for practitioners of youth justice. Gibbs and Flint's (2012) phenomenological overview of professional practice incorporates a delineation which draws upon the collective engagement of social agents with the rules and procedures of their work to garner a professional means of being. Regarding the requirements of professional practice, the same authors question the pre-occupation with a need for a rigorous knowledge and skills base, presumably imposed by external educators, interrogating instead the potential for the supremacy of experiential, discursive practice (Dall 'Alba, 2009 cited in Gibbs and Flint, 2012). Yet the practitioners contributing to Documents Three and Four specifically called for external teaching input since the knowledge-base sought could not be found in either their practice orientation or service discourse. Nevertheless, this is not to say that a different outcome might have been realised had I selected a more experienced sample of participants who were educated under the old social work tradition.

(iv) The virtualisation of ethnography and action research

Having determined the broad, bespoke requirement for a mixed-methods study and acknowledged the complexities of scaling up the existing knowledge-base for professional youth justice practice, I then

moved to narrowing down my methodological choices. The preferred methodological option would have been a constructionist-centric; ethnographic study by participating in respondents' daily professional lives,

> 'watching what happens, listening to what is said, asking questions – in fact collecting whatever data are available to throw light on the issues that are the focus of the research' (Hammersley and Atkinson, 1995: 1).

This form of ethnographical practice however was neither practically nor logistically feasible since the participants were positioned in a variety of team contexts and locations throughout the length and breadth of England and Wales.

I also contemplated employing the ideals of action research, which is seen as an extension of cyclical reflective practice (Webb, 1995). It is seemingly a fluid conception, aimed at the production of knowledge to better the aims of the group (Reason, 1994). Here, positive action is formed over a period of time via dialectic changes between performance and reflection (Smith, 1997), with the ultimate aim of gathering knowledge to address a perceived problem (Fals-Borda, 1991; Reason, 1994). However, I prefer Kidd and Kral's (2005: 187) colloquial definition whereby, 'you get the people affected by the problem together, figure out what is going on as a group, and then do something about it'. This, in its pure form, was yet another methodology out of the reach of this study for the same reasons as those indicated for ethnography. However, it should be acknowledged that technically, the manner that the professional doctorate is structured and organised, with three separate yet interconnected pieces of empirical research, means that it inherently assumes its own research cycle. This is one of the defining characteristics of action research. As Denscombe (2007: 125) says,

> 'the purpose of research, though it might be prompted by a specific problem, is seen as part of a broader enterprise whereby the aim is to improve practice through a rolling programme of research'.

It is an ongoing, circular process that should feedback directly into practice.

With both methodological paradigms, in their classical forms, ruling themselves out by virtue of the remoteness of participants, I turned to the lateral thinking of Denzin and Lincoln (1994: 2) and adopted the role of '*bricoleur*';[30] using the techniques that were to hand in order to study the phenomena in question. Without the means of physically accessing the majority of the respondent group, as a desk-bound researcher, I opted to combine aspects of ethnography and action research in a virtual form; a variation of 'virtual ethnography' (Hine, 2000). Virtual ethnography may be viewed as the cyberspace equivalent of the material form of traditional ethnography. Novel apparatus of social interaction pave the way for participants to remain absent, yet at the same time to become present within the study via the internet. Likewise, any researcher may reciprocate by both their absence from, yet presence with, informants. Hine (2000: 65) further clarifies,

> 'the technology enables those relationships to be fleeting or sustained and to be carried out across temporal and spatial divides. This is ethnography in, of and through the virtual'.

[30] According to Crotty (1998), there is no exact equivalent of the *bricoleur* in English, but the focus is on the researcher's ability to utilise a range of tools and methods. It differs radically from most traditional forms of research since it might employ unconventional tools. 'Research in the mode of the *bricoleur* requires that we not remain straightjacketed by the conventional meanings we have been taught to associate with the object. Instead, such research invites us to approach the object in a radical spirit of openness' (Crotty, 1998: 51).

In short, it is an assimilative ethnography that attempts to suit itself to the circumstances in which it locates itself. It is easy to be flippant about such an approach, attracting allegations of lazy opportunism, engineered manipulation, or stripping the 'virtual's' physical 'superior' form of social significance, but as Stone (1995: 243) adeptly observes, the internet is now replete with, 'researchers swarming over the virtual landscape, peering around at virtual natives and writing busily in their virtual field notes'. Rather than being naturally interactive, cyberspace is composed of texts, but it is possible to adapt our thinking in order to embrace virtual ethnography and action research as lived crafts as well as a joint textual 'practice' (Hine, 2000).

The same principles could be applied to 'virtual action research'. The participatory and collaborative elements take their accessible and interactive dialogue out of the physical environment and into an electronic means of exchange. Whereas the initial task of the action researcher is to propose an area where dialogue can be commenced and experiences pooled, the space for these exchanges and the mode of participation is adjusted to that provided by the internet. Here, cyberspace instantly opens doors in order to access the views of informants. Kidd and Kral (2005: 190) contend that,

> 'the knowledge brought by the researcher and the knowledge of the people can then combine to help people to understand and alter systems that were previously invisible or perceived as formidable or insurmountable barriers'.

However, though analytic approaches to internet text can usefully coexist with virtual ethnography, it has to be acknowledged that it may present a challenge to observability, reliability and validity as there will always remain potential participants who choose to remain silent and hence become lost to the analysis with the usual accompanying criticisms of producing a partial or biased account (Hine, 2000). Yet this criticism could be levelled at any number of methodologies and it

does not mean that the views of those who do choose to participate are any less valid.

(v) Ethical considerations

The uniquely constructed methodology of 'virtual ethnographic action research' tries to lay the foundations for an inclusive study where prospective respondents have a real choice of opting in or out of participation. This is important when it comes to ethical considerations or interactions with others and the duty or ethic of care. The British Psychological Society (2006) stress that ethics is concerned with the controlling of power and it is here that we may usefully return to Heidegger. He realised the unqualified antidote to power in his construal of the ethic of *Gellasenheit,* an abstruse but tranquil concept that adopts the visualisation of meditative thinking. According to Heidegger (1966: 47), it is achieved when we,

> 'dwell on what is close and meditate on what is closest; upon that which concerns us, each one of us, here and now; here, on this patch of home ground, now, in the present hour of history'.

Regarding the participation of youth justice practitioners and students, *Gellasenheit* provides a legitimate, principled and circumspect point of reference from which to commence. I already had familiarity with respondents in various teaching contexts, but I did not wish them to feel compelled to take part. It seemed more pertinent to 'think *Gellasenheit* towards others, the sense of respect or reverence the other commands, which arises from the fact that we know that here we are dealing with deep waters' (Caputo, 1987: 267). As Costley and Gibbs (2006) insist, caring involves more than a shallow verification of one's actions demonstrated via a signature on a voluntary consent form or the completion of university ethical approval documentation. The ethic of care holds resonance with Heidegger's (1966) discourse

surrounding aboding in the world of others, questioning how we interact with others without the tainting traits of privilege or manipulation (Costley and Gibbs, 2006). It is a principled sensitivity to participants' rights as well as the language inhabiting our research activities (Flint, 2008).

More formal ethical guidelines were nevertheless complied with by Nottingham Trent University's (2009) *Research Ethics Policy* and by the British Educational Research Association (BERA) (2011) *Ethical Guidelines for Educational Research*. The former involved the completion and approval of Policy Document A2 (Appendix 2) that was a relatively straightforward procedure as the respondent pool did not contain any vulnerable populations (NTU, 2009). The simple completion of a form however belies the caution that needs to be exercised when a lecturer adopts the role of researcher who may unconsciously have a degree of control over respondents (NTU, 2007). This may impact upon the ability of informants to act as autonomous agents who agree to take part freely in the research enterprise (Oliver, 2003). BERA (2011) equate the ethic of care to that of respect and is inclusive of respect for 'the person, knowledge, democratic values, the quality of educational research and academic freedom' (BERA, 2011: 4).

In seeking to gain voluntary informed consent, I sent out an initial email inviting present and previous students of youth justice to participate in an online survey (Appendix 3). This was an open, non-intrusive invitation where it was implicitly clear that any contributions were voluntary and that completion automatically amounted to informed consent. Yet this too is a contentious issue since each participant was aware of two matters; that I was their lecturer and that I had also served as a youth justice practitioner. In both instances, I could be classed as an insider with innate empathy and rapport. Thus,

we must concede that informed consent could be construed as a form of inadvertent coerced consent with its attendant complexities of biased disclosures (Dunscombe and Jessop, 2002).

Because this was the third time that participants had collaborated for the on-going research for the professional doctorate, all respondents were aware of their right to withdraw (though none exercised this right) and were mindful that their data would be treated in confidence with names and places anonymised (BERA, 2011). All data was kept in a separate computer file that was password protected and any printed hard copies were stored in a locked office in my home, ready for destruction following the completion of the professional doctorate process. Despite following each of these principled ethical considerations, there are always the niggling pricks of conscience of what Clough (2004: 376) outlines as,

> 'the ethnographer's dilemma – the conscious theft of glimpses of people's lives in the interests of research. We steal in the name of research…and because we suitably disguise and anonymise, we justify our theft'.

If we add to this Kincheloe and McLaren's (2005) caveat that research practices themselves are all culpable – usually unwittingly – of reproducing systems of class, race and gender oppression, the ethical duty of care towards the humanistic purpose of the research, as well as the participants, takes on greater significance.

Now that my methodology has been articulated, my attention turns to an analysis of the chosen research method. This is prefaced by an examination of the evolution of the selected sample and supplemented by a discussion of the value and anomalies of the research tool.

VI – RESEARCH METHODS

(i) Sample historicity

I have now had a lengthy history of association with my purposive sampling frame; those who have had exposure to the phenomenon of interest (Denzin and Lincoln, 1994; Aveyard, 2007). Some of the frame had been taught by me for five years, from 2005 to 2010, initially on the part-time, distance learning Foundation Degree in Youth Justice and thereafter on the BA (Hons) Youth Justice course on the same basis. During the course of the teaching, each of these students – a total of 170 – was aware of my professional doctorate interest and all were mindful that they would be contacted with an open offer of participation. They were aware that a two-way dialogue between research and practice was essential for progress in their own studies and that, 'these are integrated activities that borrow from each other, inform each other and support each other' (Furlong and Cancea, 2005: 8).

The first round of research commenced for Document Three in 2010 with a postal questionnaire sent to all 170, by then, ex-students in an attempt to ascertain how far the Crime and Disorder Act 1998 had impacted upon their professional working lives with young offenders. Each of those contacted were practitioners in a number of Youth Offending Services, their roles variously comprising team leaders, senior practitioners, case managers, specialist posts and team assistants. The response rate on this occasion was 32% with 54 questionnaires returned. The findings revealed a dearth of knowledge required for working with the messy intricacies of practice reality. The areas where tuition was considered deficient were those of working with young offenders with mental health difficulties, many of whom

had been found guilty of conduct involving extreme violence and some who had sexually abused.

The second stage of the research process was embarked upon in 2011 and involved 12 semi-structured telephone interviews with a randomly chosen sample of practitioners from the consortium of respondents who had previously returned questionnaires. The purpose of this strand of the research was to investigate the potential for youth justice professionals to regain some autonomy in their working practice, underpinned by a reconnection to their value-base and bridging the gap in their knowledge. The findings are outlined in the Introduction section to this thesis and have clearly shaped its genesis.

(ii) The evolution of the current sampling frame: In pursuit of the consumers' views

> 'Sampling always needs to be done thoughtfully, since the sample of respondents or informants affects the information that will be collected and determines the sort of claims that can be made about the meaning of that information' (Askey and Knight, 1999: 56).

In electing the potential sample for the final round of research, I was mindful that the unfolding of the previous findings indicated the specific requirement for a new module to be integrated into the BA (Hons) Youth Justice course at Nottingham Trent University. This led to a subtle shift in choice of sampling frame, firstly concerning the make-up of the historical sample collective and secondly, by affording consideration to the addition of a new and formerly unmined respondent group. Regarding the former, I decided to pare down the original sampling body of 170 past, part-time students to include only those who had undertaken the BA (Hons) Youth Justice Degree following the completion of the Foundation Degree. The rationale for this was that those who had solely engaged in the teaching content for the Foundation Degree would not be familiar with the curriculum for

the BA (Hons) Degree and would therefore not have a clear picture of major omissions of content. Allied to this was the continued sense that I should maintain an open dialogue with,

> 'frontline practitioners and managers about the reality of practice on the frontline, the burdens practitioners are carrying and how they can improve services' (Social Work Task Force, 2009: 10).

This determination reduced this particular sample frame from 170 to 104. This reduction however continues to maintain integrity, since it included over 100 youth justice practitioners from a range of town, city and rural services extending from the Isle of Wight to Northumberland. Regarding the latter, I cannot entirely claim the credit for the decision to enlarge the participant pool to also include (at the time) present, full-time, 3rd year BA students of youth justice. The thought had not been entertained until my final-year students, following many discussions of the doctoral research findings to date, questioned the validity of my study *without* their own collective inclusion in the process.

These students felt unjustly excluded and perhaps, rightly so. Their omission had hitherto been based upon the fact that they were not part of the youth justice practitioner population and had no experience of 'practice' realities. This justification was swiftly dismissed however when these students reminded me of their observational placements and the fact that the preponderance of them were involved in associated contexts in either charitable or remunerated capacities The potential for employing this offer as a triangulation strategy in terms of a further 'site' of study was not lost on me (Denzin, 1989; Bryman and Bell, 2007; Smith, 2009). Neither was the conceivable reversal of power relations in both the research process and that of knowledge creation (D'Cruz *et al*., 2006). It also elevated the idea of a sample of 'convenience' to one of 'stratification' and 'collaboration'. Though there

were dangers in the ethical incorrectness of over-rapport (Silverman, 1999), I was reassured by students' confidence in their own professionalism and guarantee of impartiality. Smith (2009: 532) further encouraged their inclusion by advocating 'direct involvement in research of those currently or about to be involved in practice', since their blended views broaden insight and may reveal areas for study previously unscrutinised. In addition, there is surely benefit to be gained from the inclusion of a group as yet ostensibly untainted by the trivialities of bureaucracy or over-immersion in occupational culture (Evans, 2008). Finally, I felt unexpectedly humbled by this unanticipated offer of contribution, since if nothing else, it pointed to a clear element of trust. As Lincoln and Guba (1985: 303) illustrate,

> 'building trust…is a developmental process to be engaged in daily: to demonstrate to the respondents that their confidences will not be used against them, that pledges of anonymity will be honoured, that hidden agendas…are not being served…and that the respondents will have input into, and actually influence, the inquiry process'.

A decision was therefore taken to include not only present final-year students, but also previous full-time graduates of youth justice. This increased the overall sample size by 70, to 174 and confounded the notion of a typified sampling approach, confirming it to be rather a mixed methodology of purposive, convenience, volunteer and stratified techniques (Hargreaves, 2013). It goes without saying, however, that had I selected respondents from other locations, with different academic experiences and perspectives, the data collected might have taken on an altered perspective.

(iii) Constructing the research tool

The development of a third research tool for this final piece of research was not unproblematic. I had already exhausted the postal questionnaire technique with handwritten surveys impersonally completed and returned in enclosed self-addressed envelopes. I had also exploited the method of interviewing, albeit over the telephone, which lacked the benefit or intrusion of body language, yet allowed for more probing of interviewees along with space for clarification (Maxwell, 1996; Denscombe, 2010). Cultivating an entirely novel form of research instrument seemed unfeasible given the distance in location of primary informants. The idea to utilise a tempered form of virtual ethnography, amalgamated with action research, was originally sown by a guest lecturer on the final professional doctorate taught day. Appreciating the fact that the participant pool comprised busy professionals, she suggested pursuing a research instrument that minimised their workload and that of my own. Mindful of the fact that youth justice practitioners spend significant proportions of their time at the computer interface (see Pitts, 2003; Fletcher, 2009 and the Social Work Task Force, 2009), she advocated a co-construction of narrative analysis either via email or social networking sites. She recognised however that all research involves risk and most is flawed (see Hughes, 1990; Hammersley and Atkinson, 1995 and Maxwell, 1996).

The final decision regarding method was underlain by pragmatism, confidentiality, ethics, personal preference and time constraints; the latter being severely restricted given the limited time available for research as a full-time teaching practitioner. I did not feel able to manage the chaos of researching purely by email where data analysis may become impossible to accomplish and may hypothetically spiral out of control. In addition,

> ‘a methodology that offers little in the way of prescription to its practitioners and has no formula for judging the accuracy of its results, is vulnerable to criticism from methodologies such as surveys, experiments and questionnaires that come equipped with a full armoury of evaluative techniques’ (Hine, 2000: 41).

The conception of an investigation via social media felt equally challenging, with the added dimension of inadvertent breaches of confidentiality, given the sensitive subject matter and the unreliability of individuals’ privacy settings. Yet the lecturer’s suggestion laid the foundations for the final solution to method that was to construct a mixed-method survey to be sent as an email attachment, providing the opportunity for consistency of response, and the prospect of swift follow-up should verification be required. There was an inbuilt flexibility to this in that respondents could fill in the survey on their iPad, tablet or smartphone. The survey provided the basis for a strictly controlled experimental device with the added benefit of an opening for discursive email correspondence which worked both ways. Because the participants were dispersed and fragmented in time and space, the idea of using technology as text was alluring (Grint and Woolgar, 1997; Hine, 2000).

The survey, as a research tool, is championed as being concerned with, ‘the demographic characteristics, the social environment, the activities or the opinions and attitudes of some groups of people’ (Moser and Kalton, 1979: 1). Therefore it seemed distinctly useful in the pursuit of how prevalent the views held by practitioners and students were and whether any underlying patterns could be gleaned (Askey and Knight, 1999; Bryman, 2004). Other benefits associated with the utilisation of questionnaires that theorists have deemed noteworthy are the convenience aspect, expediency, the cheapness of dispersal and the advantage they hold over interviews in gleaning information that may otherwise prove too anxiety-provoking to disclose (Bryman, 2004;

Bryman and Bell, 2007; Denscombe, 2010). In addition, Oppenheim (1992) conjectures that questionnaires hold the utility of reaching those respondents who are geographically dispersed. Since youth justice practitioners are spread across the length and breadth of England and Wales, such a tool certainly held its advantages.

I began crafting the questionnaire by listing all of the questions deemed in need of answer in order to construct the module (Askey and Knight, 1999; Gorard and Taylor, 2004). Many of these questions were drawn from the findings from Document Four, hence had been generated by previous participants (Cresswell, 2009). The pilot stage of the research instrument saw the administration of hard copies of the survey to second year students of youth justice who were part of my smaller tutor group, the aim being to ascertain time taken for completion, lucidity of questions and comprehension of terminology. The final product was adopted and is located in Appendix 4. Though this final stage of design took a further three weeks, including its construction in PDF format, I took heart in Denscombe's (2010: 156) assurance that, 'the successful use of questionnaires depends on devoting the right balance of effort to the planning stage rather than rushing too early into distributing the questionnaire.' However, despite testing the compatibility of the PDF survey with university IT systems and with an ex-colleague in a local YOS, the format was not without its reliability problems as shall become clear in the next section where we consider, theorise and reflect upon the analysis of the data. In the spirit of action research however, it should be acknowledged that the results of the data analysis will not provide any indication of how it may develop practice for better or worse. Though the knowledge produced might be potentially credible, it may not be clear, at this stage, about how the research will impact upon practice and this may open the space for a further, more longitudinal study.

The following section moves from an analysis of the research tool to the welter of data produced by this method. Thought is devoted to the response rates and the means whereby I attempted to make sense of the diverse nature of the quantitative and qualitative results.

VII – DATA ANALYSIS: Reflections upon, interpretation and theorisation

> 'Medieval alchemy aimed to transmute base metals into gold. Modern alchemy aims to transform raw data into knowledge' (Patton, 2002: 423).

Research may be distinguished from simple enquiry by the methodical manner of data collection and analysis to reach deductions about the issues at the heart of the study (Jupp *et al*., 2000; Rogowski, 2002). In this case, the matter under scrutiny is what a ground-breaking module on 'Mental Health, Learning Disability and Autism' taught to undergraduates of youth justice should look like. The analysis of the results of the present study should not be viewed in isolation, but as a sustained, unfolding and evolving process that has traversed a six year cycle of research, spanning Documents One to Six. This process has involved reading, the formulation of ideas, the articulation of those thoughts in a research proposal, reflection upon the concepts raised and a refinement of perceptions, leading to the production of a critical literature review. The review incorporated the development of a conceptual framework alongside issues of epistemology and identity and this was followed by two discrete pieces of research commensurate with the professional doctorate process (Flint, 2008). I have now reached the penultimate stage of this process, having researched a major issue in an identified area of concern in my erstwhile profession, youth justice. In this section, we commence with a detailed examination of response rates followed by a discussion of how I determined to analyse the findings.

(i) An analysis of overall response rates

Of the 104 ex-part-time student practitioners canvassed via email, the final number of responses was 28 (27%). However, if we delve more deeply into this low statistic, we note that 25 emails ricocheted back

as ‘undeliverable’, four respondents replied with promises to complete the electronic questionnaire but did not follow through, three participants frustratingly completed the questionnaire but subsequently lost the data owing to a design and compatibility flaw in its PDF format and one informant usefully, but rather belatedly, responded solely to comment upon and offer convincing advice concerning an improvement to format. Taking only the first of these irretrievable forfeitures into account, I believe that the ‘undeliverable’ emails were a result of previous participants leaving the field, changing jobs or obtaining promotion. Subtracting only these practitioners from the final sampling frame meant that the closing potential pool of informants from this group reduced to 79. With a total of 28 questionnaires completed, the final response rate rose from 27% to a slightly more respectable 35% which is higher than that achieved for Document Three. While it is recognised that this is a significant sample for a working practitioner, in terms of credible quantities for research of this nature, the response rate is clearly limited.

Regarding the present and previous full-time graduates of the BA (Hons) Youth Justice course, of the 70 students contacted, 42 responded. There were only two emails returned as ‘undeliverable’ and one ex-student who was discouraged owing to the PDF design flaw. Here, the final response rate increased significantly to 62%. I can only account for such an anomaly in response rates – 35% for ex-part-time students and 62% for current and ex-full-time students – by means of proximity of time since teaching. It may also be the result of on-going dialogues concerning the research topic and results of the more longitudinal doctoral journey with all full-time students. All of this perhaps links to trust, rapport and a sense of real involvement. The combined overall response rate of 70 out of 149 settled at 47%.

The PDF blueprint fault was noted initially following its first draft. Whereas completing the survey was unproblematic, university computers were unable to save and hence send the completed product. Following its second draft, this difficulty appeared to be rectified after testing via university email facilities and those of a local YOS. For reasons unknown to me, the problem apparently remained for a total of four respondents, although the final totality of attrition by this means is unknown as only these four actively reported the glitch. Despite resending the original questionnaire in Word format for a second attempt, understandably none obliged and *Gelassenheit* prevailed. Reporting non-response and attrition such as this is important since it may introduce a potential bias to the study (Gorard, 2001). But bias in a study is not confined to diminution of sample size and can be inadvertently introduced at every level, including by my own presence and biographical identity, the type of questions asked and the sifting and selection of data for analysis and reporting (Lincoln and Guba, 1985). All of this in turn affects the reliability and validity of the research findings and hence the authenticity of the sociological gaze through which it has been conducted (Gertz and Talarico, 1977).

(ii) Participant attributes

Of the 70 final respondents, 64% (45) were female and 36% (25) male. The over-representation of female participants reflects the historical make-up of Nottingham Trent University's full-time BA (Hons) Youth Justice course rather than that of the preceding informant pool who on this occasion, as with Document Three (Palmer, 2011a), comprised of 57% female and 43% male. Participant ages ranged from 21-62, with the majority of 64% (45) falling within the 21-30 age group. This skew towards the younger age group can once again be explained by the preponderance of current and recent full-time students rather than the part-time ex-student practitioners where the average age was 42.

Whereas for Document Three, informants were each canvassed as to qualifications, professional backgrounds and their current roles and length of tenure in the YOS, such questions were not interrogated for this particular study as the unifying factor of interest was that all had gained the BA (Hons) in Youth Justice at Nottingham Trent University and all were either serving practitioners or had undertaken voluntary work or student placements in a YOS. Though this assisted to preserve participant anonymity, their individual 'voices' take centre-stage with the provision of verbatim quotations.

(iii) The process of analysis: A multi-step technique

> 'Qualitative analysis transforms data into findings. No formula exists for that transformation. Guidance yes, but no recipe' (Patton, 2002: 432).

I devised my own recipe for analysing the data utilising an amalgam of techniques in the *bricoleur* tradition (Gibbs, 2007). Data collection spanned a period of ten weeks, taking into account time spent on survey completion, the collation of responses, separating, categorising and the hand-written transcription of these responses and finally, engaging dialogically with informants where clarification or enlargement was required. The latter could be seen as a form of 'member checking' for validity; returning to participants and confirming whether I have understood the stakeholders' original meanings and that my interpretations of them are recognizable and representative (Lincoln and Guba, 1985; Padgett, 1998). Though hand-writing responses may seem an unnecessary, time-consuming, repetitive activity, I believe that it enhanced my connectedness to the data (Silverman, 1999; Hargreaves, 2013). It felt intuitive to engage with the data in this manner. It felt respectful of participants' own input and it assisted the process of reflection and interpretation (Bryman, 2008). Nevertheless, the transcribed responses were eventually captured in

typescript and are arranged in Appendix 5 in the order that they were received, under the distinct section headings.

The inclusivity of quantitative data and analysis was considered important to overcome any propensity to anecdotalism (Silverman, 1985), as well as to develop a sense of perceived importance concerning desired module content. Determining the nuances and trajectory of the qualitative responses held distinctive challenges as informants' views meandered through unexpected terrains perceived for the module such as dementia, Alzheimer's and participants' personal and familial experiences of mental health. This may be a result of a limitation of the survey instrument or that some participants may have misunderstood that all of the questions were predicated on *youth* justice (Hutchinson *et al.,* 2013). It is also conceivable that for some informants, this is the first opportunity they had encountered to consider the implications for their own and their families' mental well-being; merging the private with the public spheres of life (Sykes and Gale, 2006). The accumulated welter of seemingly disconnected detail required an analytical strategy of particularising core concepts to provide a framework of thematic ideas (Boeije, 2010).

I found some solace in grounded theory, 'a qualitative research method that was developed for the purpose of studying social phenomena from the perspective of symbolic interactionism' (Eaves, 2001: 655). It involves the systematic categorisation; thematisation and codification of data until patterns emerge to explain models of thought that are grounded in the data (see Glaser and Strauss, 1967; Charmaz, 1983; Strauss and Corbin, 1990 and Morse and Field, 1995). The aim is to inductively develop a 'theory' from that data in a hierarchical and recursive manner (Morse and Field, 1995; Eaves, 2001; Bell, 2005; Punch, 2006). It is described in various ways by the research community as not a specific method or technique, but more as an

analytical 'style' (Bell, 2005). Describing it precisely is almost impossible since it has developed, expanded and moved away from its original conception (Eaves, 2001). However, one of the central features agreed upon is the constant comparative method of analysis where not only patterns are deduced, but relationships between these patterns may be conceptually identified (Strauss, 1987). It was deemed of particular use for this study as it seeks to promote an original development of theory rather than concentrating on the verification of pre-existing principles and its roots in the tradition of symbolic interaction have relevance to both social psychology and sociology (Glaser and Strauss, 1967).

Although I have not rigidly adhered to grounded theory in its purest form, aspects of it have been employed to assist with analysis of the unadulterated, rich data throughout my doctoral journey. Though particularly helpful to novice researchers (Melia, 1996), it cannot be considered a failsafe procedure as the analysis will inevitably be governed by my subjective perspectives of the youth justice discipline, my methodological proclivities and indeed my unique biography and identity (Thorne, 1997).

Following receipt of each completed questionnaire, I logged every quantitative response by hand into a dedicated exercise book using the unary numeral system of simple tally marks, clustered in groups of five under each quantitative heading (Moncayo and Romanowicz, 2015). The tally marks were then added up and converted into percentages. Regarding the rationale for the coding of the qualitative data, each narrative response, together with the respondent's anonymised name, was transcribed in full by hand under the heading informed by the original question. The total narrative data was initially overwhelming and voluminous such that organising and analysing it seemed an impossible task (Patton, 2002). Though I wished to pursue an analytic-

inductive approach (Henn *et al*., 2006; Maxwell, 1996; Stainton Rogers, 2010), which would allow for a, 'good 'fit' to develop between the social reality of the participants and the theory that emerges' (Saunders *et al.*, 2009: 503), I sought the assistance of a grounded theorist to advise on the process of categorisation since the precursory stages of both procedures had similarities.

The process of summarising, ordering and coding began by utilising a system of convergence (Guba, 1978) whereby recurring themes were identified by, 'juxtaposing different accounts…looking for commonalities, points where the stories coincide' (Wilkes, 2005: 1257). Where inconsistencies or negligible anomalies were detected in the data, these were placed under the heading, 'other'. These decisions – tantamount to, 'sifting trivia from significance' in order to trim the raw data (Patton, 2002: 432) – were not taken lightly and were made in the context of me having previously been an 'insider' with an, 'informed knowledge of the culture, politics, power relationships and issues of the study setting' (Askey and Knight, 1999: 67). It should clearly be acknowledged that such decisions may well act as a limitation to the study.

The original, transcribed responses were then photocopied and each answer – or unit of data – individually cut out and affixed under the relevant heading, which had been recorded on separate sheets of flipchart paper. This ensured that all of the related units of data were distinct, clustered and visual and had the effect of condensing and rearranging the data into a more understandable and manageable form (Saunders *et al*., 2009). However, grouping the data in this manner proved to be merely the first stage of data analysis; the more intricate step involved establishing how these emerging components dovetailed together to facilitate interpretation (Gorard and Taylor, 2004; Saunders *et al*., 2009; Silverman, 1999; Strauss and Corbin, 2008).

Where idiosyncratic meanings held similarities or convergence to others, these units of data were further categorised and coded under a one word précis such as 'mental disorder', 'learning disability', 'Autism', 'diversion', 'causes', 'diagnosis', 'therapy' and 'other' and were added to the foot of the narrative. The latter stage may attract justified criticism since it has been exposed to a dual hermeneutic, my personal interpretation of the respondents' own initial interpretations; my own words cementing the ideas of others. Hence, verbatim transcriptions are included for reasons of transparency (Silverman, 1999; Bryman, 2008; Denscombe, 2010). The final themes to emerge are presented in section VIII.

Many researchers would consider the usefulness of matrices and 'face sheets' in the process of data analysis as advocated by those such as Miles and Huberman (1994) and Grbich (2007). However, I do not think by means of visual mind-maps, nor was the data sufficiently manageable to slot neatly into any matrix of reasonable proportion. It might have been sensible to utilise a software package such as NVivo, a qualitative data investigative instrument used to analyse significant volumes of rich, narrative data (Bazely and Jackson, 2013), but I have little trust in the expediency of such techniques that may take more time to master than tried and tested manual techniques (Patton, 2002). Instead, I employed a manual, analytic-inductive method which enabled the development of theory from the evolving patterns emerging from the data that were subsequently studied, compared and organised (Henn *et al*., 2006; Stainton Rogers, 2010).

Following the process of selective coding (Saunders *et al*., 2009), the next task was to devise a structure for transferring the essence of the data revelations (Patton, 2002). The focus here was upon drawing out constituent components of knowledge and skills apposite for working

with young offenders with mental health needs (Hatfield *et al*., 2005). These findings will be limited by the parameters of the core questionnaire areas which exclude, for example, knowledge of psychiatric medications and their side effects as well as mental health law or the specific roles of mental health professionals. There was however space for participants to request such input in the final question that asks for information not covered by the research questions. Had these fields been specifically referred to in the core questionnaire, the data amassed may have been too unwieldy and varied to analyse (Silverman, 1999).

The following section presents the research findings, contextualised with reference to the literature, with the provision of an additional layer of critical pedagogic filtration. Respondents will be referred to by their allocated pseudonym.

VIII – FINDINGS

This research initially set out to illuminate the gap in professional preparedness of practitioners within the youth justice sector to work with young offenders experiencing the consequences of a variety of mental health issues. The research then moved forward to determine specifically how this gap may be bridged by the development of the content of a dedicated undergraduate module entitled, 'Mental Disorder, Learning Disability and Autism'. Since all research is essentially biographical (Rogowski, 2002; Yates, 2004a; Smith, 2009; Maxwell, 2012), it should be acknowledged that my personal values may have, at times, clouded the findings. This is because it is a personal interpretation, with myself continually infusing an array of personal assumptions into the respondents' qualitative responses (Kincheloe and McLaren, 2005; Bryman, 2008). In addition, I will clearly have approached the data through the lens of my professional experiences, providing insight, understanding and possibly value to the concepts under investigation.

The findings were analysed using a method similar to grounded theory as articulated in the preceding section.

This section seeks to incorporate a constructivist approach towards the analysis of the transcripts located in Appendix 5. Within these transcripts, participants spoke candidly about their experiences, both of the young people they work with and of their own personal understandings relating to self, family or friends; an unexpected aspect to the findings.

(i) Mental Disorder: Its secret content

One respondent, Russell, poses a common uncertainty concerning mental disorder, 'is it learned behaviour, or mental illness?' and it remains unclear if either suggestion touches upon the secret of the

truth (see Szasz, 1993; Hare, 1998; YJB, 2004; Khan, 2010 and Hughes, 2015). Yet developing a basic understanding of mental disorder and its bearing upon offending has been deemed important by youth justice practitioners in their ability to form rounded, in-depth assessments of their young people (Bowers *et al*., 2006; Dowsett and Craissati, 2008; Bradley, 2009; Shaw *et al*., 2012; OHRN, 2014). With this in mind, participants were asked to specify which types of mental disorder they had encountered in their work that they would like to know more about and were provided with prompts taken from the mental health charity, MIND's (2013), most frequently diagnosed mental health problems. Table 1 illustrates the outcome of the quantitative responses:

Types of Mental Disorder	Percentage
Depression	76%
Anxiety	51%
Eating Disorder	50%
Bipolar Disorder	43%
PTSD	41%
Schizophrenia	40%
Personality Disorder	30%
Psychoactive Substance Use Disorder	21%
Phobic Disorder	20%
Sexual Disorder	20%
Hypochondriacal Disorder	11%

Table 1 – Percentage of participants requiring more knowledge about different forms of mental disorder

The association of depression and crime amongst youth offending populations has been long-established and well-documented (see Stott, 1950; Ryan *et al*., 1987; Domalanta *et al*., 2003; Ryan and Redding, 2004; Grisso, 2009 and Hodgkinson and Prins, 2011). Added to this, it has been reported that, 'mixed anxiety and depression is the most common mental disorder in Britain' (Mental Health Foundation,

2013: 1). It is not surprising therefore that Table 1 reveals that depression and anxiety are the conditions most frequently highlighted regarding participants' desires for knowledge. The accompanying narrative responses showed that some participants are keen to explore the links between various forms of child abuse and depression and others would prefer to examine treatment options beyond medication. Some indicate that the associated stigma make it challenging for young people to own up to, leading to a lack of diagnosis or even being misdiagnosed in preference to, for example, bipolar disorder. Several participants share their personal knowledge and experiences of depression which has worked in their favour professionally as,

> 'having had depression myself previously, I understand and recognise such disorders in others quite easily' (Andy).

These experiences of depression could provide useful recognition tools in the light of Floyd's comment,

> 'in my experience it is rare for young people to have any formal diagnosis of a mental health disorder'

and Russell's observation of, 'mental health professionals not wanting to diagnose pre-18s'. The latter remark is supported by the literature, particularly with respect to personality disorders owing to the unstable and transient nature of adolescence combined with the disorder's stigmatising affects (Freeman and Reinecke, 2007; NICE, 2009; Laurenssen *et* al., 2014). So participants are making explicit some of the difficulties associated with practice, providing a clear case for the requirement for teaching and learning within these areas.

One of the more surprising findings revealed in Table 1 is that half of the participants are interested in knowledge surrounding eating

disorders, seemingly not for their association with crime, but out of fundamental concern for the young people they work with,

> 'anxiety and eating disorder I believe are not talked about enough. Some people don't see it as so important' (Jolene).

It is estimated that 4,610 girls and 336 boys aged between 15-19 years are likely to be newly diagnosed with an eating disorder each year, representing an increase of 15% since 2000, suggesting that this is the most common diagnosis for young females after depression (Micali *et* al., 2013). The links between eating disorders and youth crime are scarcely recognised in the literature and are deemed relatively low (NACRO, 2008). However, this may be a result of these disorders being beset by stigma and hence shrouded in secrecy, meaning that true figures are yet to emerge (Puffett, 2013). Alternatively, owing to the age and physical maturity of young offenders, a diagnosis at this early stage may not be forthcoming, as observed by one respondent,

> 'I have had no actual diagnoses but have had concerns, mostly about young males, however the issues raised with their eating problems are complicated by puberty, growth spurts, lifestyle and poor childhood eating routines/patterns' (Levent).

Around 40% of respondents mention that they would like to know more about bipolar disorder and schizophrenia; in particular, how they are triggered, whether they are hereditary, how they are manifested and what the treatment options might be. For PTSD, a similar number of participants show an interest in this and many recognise its innate link to trauma, however Kate believes that,

> 'it is not something widely acknowledged in youth justice and needs to be raised as a priority in working with young people'.

Conversely, this maybe an area which is beginning to be more widely recognised and understood, as indicated by Molly who supposes that,

> ‘PTSD is a relatively new diagnosis for young people in the criminal justice system but one that is more easily resolved these days’.

Certainly the YJB (2015) believes that YOS personnel have become better at recognising and dealing with complex mental health issues and this study, in some instances, adds weight to the YJB’s conviction given the some of the more insightful narrative responses. However, the overriding sense was that participants had a naïve or limited understanding of mental health issues and would welcome a reversal of this deficiency. The contributions of the findings of this research, combined with eventual module rollout, would undoubtedly assist to make some inroads here.

Regarding personality disorder, Table 1 demonstrates that around a third of participants register their interest in this condition, some for professional requirements, but others as a result of personal experience. The responses were illustrative of a lack of understanding such as, ‘is personality disorder something you are born with?’ (Adeeba) and,

> ‘it’s the whole nature nurture debate, some people I think are predisposed to mental health problems and the environment they’re brought up in can trigger this. But again you have people with no family history and a ‘normal’ family life, go on to develop problems’ (Judy).

One participant raises the difficulty of those experiencing these disorders who are undiagnosed who are,

‘often expected to ‘fit’ with the programme of work set out by the court’ which in turn, ‘often results in repeated offending, breaching orders and resentencing’ (Kate),

demonstrating a clear need for a more nuanced understanding within the profession.

Another finding highlighted in Table 1 was that only one-fifth of participants are interested in knowledge concerning sexual disorders. This may potentially have its roots in the repulsion surrounding these offences and alarmism when faced with their perpetrators (Prins, 1995; NICE, 2009; Shaw *et al.,* 2012). It could be related to Foucault's (1982) notion of the subjectification of the self; those socially constructed processes that produce self-formation and understanding through discourse structures. Here, conformity is achieved through the stigmatisation of particular activities that are then observed and avoided by the majority. It may be that participants do not view sex offenders under the umbrella of mentally disordered offenders and until October 1st 2008, when the Mental Health Act 2007 was enacted, sexual deviance of any form was excluded from the remit of mental health law in terms of requiring compulsory treatment (Brammer, 2010). Alternatively, such knowledge may be viewed as irrelevant since so many sex offenders refuse to accept their guilt (Finkelhor, 1986; 1988) and legally, youth justice practitioners may only work with those who have admitted their complicity. Emily vents frustration here,

> 'I think all sexual offences should be dealt with in offending behaviour work and more focus on uncovering the possibility of it having relevance to a sexual disorder upon conviction/sentencing and not just brushed off because we "can't" work with those who don't admit guilt'.

The general consensus however is that the spectrum of mental disorders deserves more attention at the teaching stage in order to effect better outcomes and sentencing decisions for young people in trouble.

(ii) Learning Disability: The 'statements' that named it

Kemp *et al.* (2013) inform us that 'learning disabilities' is a collective expression for a varied array of learning problems that are not

connected to intelligence or motivation, but rather a result of a different wiring of the brain which affects how individuals collect and process information. Whilst the literature couches the phrase, 'learning disabilities' in the language of them being problematical, Amanda offers a differing perspective in that, 'any person with any of these disorders could be 100 times more intelligent than you or me'.

Participants were asked what aspects of 'learning disability' they had encountered in their work that they would like to know more about and were provided with a variety of conditions, together with brief explanations, taken from Kemp *et al*'s (2013) list of the most common types of learning disability. The percentages of respondents' selections are given in Table 2:

Types of Learning Disabilities	Percentage
Dyslexia	79%
Dysgraphia	47%
Dyspraxia	39%
Dysphasia	36%
Dyscalculia	33%
Visual Processing Disorder	24%

Table 2 – Percentage of participants requiring more knowledge on different aspects of learning disabilities

According to the British Dyslexia Association (BDA) (2013), dyslexia is classed as a disability that affects 10% of the British population and which attracts a 'statement' of special educational needs. It has been defined as,

> 'a complex neurological condition which is constitutional in origin. The symptoms may affect many areas of learning and function, and may be described as a specific difficulty in reading, spelling and written language' (BDA, 1995: 1).

It is clandestine in nature and may block sufferers' abilities to reach their full potential. In stark contrast, it is claimed that over 50% of young offenders are dyslexic (Loucks, 2006; Hughes, 2015) and although its relationship to aberrance is complex and contentious, it is thought to be associated with a distinct and direct route to offending owing to the inherent proliferation of behavioural difficulties, departure from mainstream education and the consequent drift into delinquency (Rix, 2004; BDA, 2005; Hughes *et al.,* 2012). The results in Table 2 above seemingly underscore this observation with more than three-quarters of respondents wishing to know more about this condition.

For the participants of this study, the link between dyslexia, and indeed many of the other learning disabilities, and offending was hardly seen as controversial, with the following narrative responses being examples of what was seen as a common viewpoint:

> 'I work with young people who are all excluded from school and who all show at least one of these difficulties' (Taryn).

> 'this really affects young people coming into the youth justice system as first time entrants … and sometimes they have spent years in fact where such disorders have not been diagnosed and therefore accelerating their progress through the system. Getting the courts to understand the impact is also difficult' (Josh).

Informants identify that the complexity of the link seems to lie more with failure, or at least tardiness, in obtaining diagnoses and this may be the result of a plethora of reasons. According to participants, these may include avoidance owing to embarrassment; the stigma it entails; prioritising diagnoses for those with interested parents; the cost to schools of diagnosis; lack of communication between primary, secondary schools and Pupil Referral Units; different service priority thresholds between local authorities and importantly, a propensity to focus on the behaviour at the expense of the learning need. Informants also recognise that dyslexia may be associated with other conditions

and this was something that they would like to explore further, for example, 'I also wanted to know if ADHD was connected to dyslexia' (Nicole) and,

> 'I have basic knowledge around dyslexia but would be interested to know whether you are more likely to suffer from the others if you suffer from one' (Jane).

There was an overall tendency by participants to group each of the six discrete learning disabilities together, typified by one respondent who, 'thought dyslexia covered all difficulties described' (Helen) and extended by another respondent who paradoxically observed,

> 'if the title of these disorders were easier to spell, they could become more widely accepted by society and in turn, understanding may one day supersede ignorance' (Penny).

Yet we have to accept that the language presented to us is already pre-ordered. This lack of perception and language perplexity may also contribute to the attached stigma, as seen through the eyes of one of the respondents, 'What causes dyslexia? Is it inherited? Can it be cured?' (Eileen). It would appear that some participants struggle to accept the intractability of some 'statements' of learning disability, as consolidated by the following scepticism,

> 'a label is often a way of explaining why a young person is disruptive at school/community level. More work needs to be done at educational level to encourage them to learn and overcome these conditions' (Molly).

Here we may see Foucault's (1966) 'power of the norm' in operation where Molly feels driven to normalise the dyslexics' behaviour through close monitoring in school to create a more regulated, homogenous and conformed individual. Indeed, the main thrust of participant sentiments is that more should be done earlier in schools and the YOS to assist those experiencing these conditions so that their risk of

offending may be reduced, and it is discourses of risk that act as a form of governmentality, through shaping and regulating groups to align with governmental policies (Foucault, 1978, 1991). This outlook has more compelling patronage however from the Task and Finish Group for Reducing Reoffending (RR3, 2012) who believe that addressing speech, language and communication needs is crucial and where this has been undertaken in pilot form by the Department of Health, 'there were statistically significant reductions in overall need, levels of depression and levels of self-harm' (Lepper, 2012: 1).

There is clearly a need then to include learning disabilities within the module content and the focus will be on dyslexia. Although participants registered some significant interest in other forms of learning disabilities, particularly dysgraphia, there was scant reference to any of them in the narrative responses. However, each of the additional forms will be examined briefly to foster greater understanding and hence, recognition.

(iii) Autism: Its silent, self-enclosed truth

> 'The functions which genetics bestow on the rest of us, as a birth-right, people with autism must spend their lives learning how to simulate. It is an intellectual and emotional task of Herculean, Sisyphean and Titanic proportions…people with autism must survive in an outside world where 'special needs' is playground slang for 'retarded'…Autism is no cake-walk' (Mitchell, 2013: 3).

Autism remains a silent, controversial and often taboo subject with its condition sometimes leaving observers at best perplexed and at worst dismissive (NAS, 2010, 2012, 2013; Vakirtzi, 2010; Browning and Caulfield, 2011). The literature review revealed that there is a genuine absence of studies of children in the youth justice system with Autistic Spectrum Disorders (ASD) (Browning and Caulfield, 2011; Hughes *et al*., 2012; OHRN, 2014) and that the only study located in the literature is that reported by Hughes *et al*. (2012) which indicated that 15% of

children in the youth justice system have been diagnosed with ASD. Hence, in this section of the survey, participants were canvassed as to whether they had encountered young offenders either on, or suspected of being on the autistic spectrum. The results of this small scale enquiry reveal a significantly higher number of 31%; double that exposed by Hughes *et al*.'s 2012 study. In addition, respondents are keen to point out the commonplace nature of the variant conditions, 'these are common diagnoses concerning young people who the YOT work with' (Levent) and, 'I have worked with many young people who have been diagnosed with ADHD, Asperger's, EBD and Conduct Disorder' (Penny). Participants helpfully elucidated further regarding why and how these young people come into contact with the youth justice system, such as,

> 'most of them don't understand what they have done wrong or why their actions have upset people. I currently work with someone with Asperger's, context is the main problem with this person, they say things and no one understands what they are on about' (Judy).

Penny divulges that,

> 'these are challenging behaviours which often accelerate our young people into difficult situations through misunderstandings by the public, victims, police etc.'

Both of these observations chime pointedly with Prins' (2005) and Browning and Caulfield's (2011) reflections concerning the over-representation of those affected in the criminal justice system.

Diagnosis itself was flagged as an obstruction as some consider that, 'many are on the autistic/Asperger spectrum but are undiagnosed' (Taryn) and there is a request for, 'more knowledge on how to get children diagnosed' (Jane). This could indicate that the percentage may

be even higher, yet there are complexities levelled at this matter such as,

> 'diagnosis may not help when each young person's experience is different…it is hard to work through disbelief (not got a disorder) to disbelief (can't change because got a disorder)' (Russell).

The lack of research and training surrounding these complex disorders remains a tangible issue, for example, Josh believes that, 'much needed research is required in these areas to help us advocate for young people better' and Paula clarifies that,

> 'the odd training day has been provided, but essentially what we need is to learn better ways of working with young people who have these disorders'.

The latter comment is enlarged upon by Jean, who asserts,

> 'I would like to know more about what it does to these people, how it affects them, the difficulties they face. I fell autism, Asperger's is still very much a word, the actual way it works and its effects is KEY to a clear understanding – making it easier to detect for people working with these children'.

The conditions that participants said they would like to know more about are displayed in Table 3 overleaf using the diagnostic terms utilised by the National Autistic Society (2012):

Forms of Autism	Percentage
ADHD	64%
Autistic Spectrum Disorder	60%
Challenging Behaviour	49%
Asperger's Syndrome	47%
Emotional/Behavioural Difficulties	44%
Obsessive Compulsive Disorder	37%
Conduct Disorder	31%
Tourette Syndrome	30%
Social and Communication Disorder	29%
Pathological Demand Avoidance	24%
High Functioning Autism	20%
Rett Syndrome	16%

Table 3 – Percentage of participants requiring more knowledge on different forms of autism

Although Table 3 reveals that ADHD was the condition most informants – almost two thirds - wished to know more about, there appeared to be a covert, and at times, overt cynicism regarding its diagnosis. According to the NICE Guidelines (2013: 4), 'ADHD is a heterogeneous behavioural syndrome characterised by the core symptoms of hyperactivity, impulsivity and inattention'. The controversy seemingly arises out of a belief that the 'label' provides an excuse for bad behaviour. Caroline explains, 'I feel that a lot of parents use this as an easy escape to defend their children's behaviours'. Further scepticism ensued with the following comment,

> 'ADHD has been quite a controversial issue with many young people being seemingly diagnosed when possibly not the case. Some of this may be down to parental pressure upon medical professionals wanting a diagnosis' (Lizzie).

However, according to NICE (2013), diagnosis is a lengthy and involved process. Individuals must meet the criteria for diagnosis contained

within DSM-5 (2013)[31] or ICD-10 (1992)[32] *and* be affected by psychological, social or educational impairment based upon dialogue and uninterrupted observation in multiple settings *and* the condition must be pervasive, arising in two or more vital situations. For children, there should also be an appraisal of their parents' mental health. Nevertheless, the myths shrouding ADHD are all-pervading and have been well-documented, particularly amongst the American psychiatric community (see Goodman and Stevenson, 1989; Johnston and Patenaude, 1994; Barkley, 1998 and Johnston and Freeman, 2002). However, research significantly demonstrates these beliefs to be ill-informed misconceptions (see Barkley *et al*., 1990; Jensen *et al*., 1999 and Hoza *et al*., 2000; Grisso, 2009; Talbot, 2010).

Pointedly, Table 3 reveals that 60% of participants wish to know more about Autistic Spectrum Disorder and this may be a reflection of the high prevalence of those with ASD within the youth justice system (31%) that has been exposed by this study. In particular, almost half of respondents wanted to know more about Asperger's Syndrome and the link between this condition and youth crime has been clearly identified (see Asperger, 1944; Haskins and Silva, 2006; Allen *et al.,* 2007 and Newman; Ghaziuddin, 2008 and Browning and Caulfield, 2011). Yet the strength of the association remains under-researched. It was interesting to note that Russell believes there to be a hierarchy of disorders in the YOS where, 'Autism and Asperger's are the current focuses'. Russell may have a point as both attract conspicuous

[31] 'The Diagnostic and Statistical Manual of Mental Disorders (DSM) is one of two standard classification systems of mental disorders used by mental health professionals, including social workers and others that may be Approved Mental Health Professionals. DSM originated in 1952 (DSM-1)' (Bryony).

[32] 'The International Statistical Classification of Diseases and Related Health Problems (ICD) is the other widely used system. Both classification systems are produced jointly by the American Psychiatric Association (APA) and the World Health Organisation (WHO)' (Bryony).

[Both of the explanations above were provided, following an email request for clarification, by a Head of Specialist Open Provision Services who also holds a PhD in factors that increased the efficacy of work with Sex Offenders].

participant curiosity, though neither surpasses that registered for ADHD.

Asperger's Syndrome has only gained integrity as a diagnosis since Lorna Wing (1981) revisited Asperger's (1944) innovative explanation. It is usually categorised as an Autistic Spectrum Disorder but had only begun to be diagnosed in the UK since its inclusion in ICD-10 (WHO, 1992) and DSM-IV (APA, 2000). Its inclusion within two major diagnostic texts at this time could be seen as the catalyst for a discourse structure leading to an accrual of conventional knowledge (Foucault, 1966). Indeed the term 'Asperger's' was mentioned 12 times in the narrative responses provided by participants, indicating that it is certainly being talked about. Confusion arises owing to its proximity to characteristics of High Functioning Autism (Gillberg, 1998; Barry-Walsh and Mullen, 2003) and controversy abounds concerning to what extent its rubric ought to be stretched from the echelons of the socially obdurate and isolated. As Patrick infers, 'some disorders do act as labels of not pride, but excuses to some young people who use them when they feel cornered or pushed too hard'. The core construct however has gained in momentum and more knowledge is evidently required, yet as Document 4 revealed, the knowing is still in its infancy.

On a positive note, not all participants deem their knowledge to be wholly lacking in their work with those on the autistic spectrum, and positive results are evident when 'instructions were clear and accurate' (Carly), or when engaging them with 'physical work' (Penny), or providing them with 'extra responsibility' (Luke). There was little doubt that with the exception of the sceptics, informants cared profoundly for this group, as voiced by one respondent who had, 'worked alongside a boy with autism not sure what type he had but working with him was a privilege' (Gloria). Others could not contain their irritation concerning society's channelling of autistic manifestations into the youth justice

apparatus that presumes culpability, captured with validity and bite by one of the respondents, 'diagnose, then accuse' (Emily).

Clearly, the curriculum cannot cover every condition canvassed by the research instrument, but it has been established, through the narrative of participants, what principal forms of mental disorder, learning disability and autism they are keen to know most about. Hence, we now have a more informed impression of how module content should be tailored. The following subsections seek to sift through the findings in areas that first gained prominence through the critical literature review.

(iv) Diversion Schemes: The object that emerges in legal sentences

In section III (ix), we saw how these schemes - whereby criminal proceedings are not pursued, or are halted or suspended for the consideration of a non-criminal disposal - are considered critical for young offenders displaying signs of mental fragility (Littlechild and Fearns, 2005; Smith, 2014). However, it was noted that the current existence of these schemes was scantily recorded or still in pilot form (Hayes, 2014) and where they had been established, their administration was somewhat arbitrary (Joseph, 1990; Davies, 1994; Haines *et al.,* 2013), or they were too adult focused (Bradley, 2014).

To test the legitimacy of the literature review's outcomes, participants were asked whether they were aware of any such diversion schemes for young offenders in their area. The results are telling. Over three-quarters of respondents either answered 'no', 'n/a' or left this question blank. Of the remaining 23%, ten respondents mentioned that young people would be referred to the Child and Adolescent Mental Health Service (CAMHS), and five mentioned support networks or schemes that involve taking young people at risk of offending on confidence or

skills-building courses. Yet each of these is not a diversion scheme in the purest sense of a deviation from court and/or sentences of detention. Children and young people that are referred to CAMHS are usually referred post-conviction as part of their sentence package, and the remaining diversion schemes mentioned are designed to divert young people, from the outset, from any route to criminality. The former then, while acknowledging the presence of some form of mental disorder, does not assist to halt or suspend criminal proceedings and the latter are designed for young people more generally who are solely *at risk* of offending. Only one participant explicitly referred to a formal diversion pilot project (see Haines *et al.,* 2013 and Hayes, 2014) and this could be a sign that the principle of diversion is beginning to emerge again (Kelly and Armitage, 2014; Smith, 2014). This undertaking was pledged by the Ministry of Justice (2010: 69) who proposed to 'allow police and prosecutors greater discretion in dealing with youth crime before it reaches court'.

The government itself had pledged £15 million towards diversion schemes by 2014 (Khan, 2010) which may mean that diversion can begin its journey of re-emergence. One participant highlighted a diversionary project in Halton,

> 'this is a pilot scheme and has been recently evaluated by the University of Liverpool. This is a great scheme as it ensures that the young offenders' mental health needs are diagnosed at the earliest opportunity' (Simon).

More recently, it has been revealed that the government has provided £75 million to support the piloting of diversion schemes, with a national launch anticipated in 2017. Indeed, there are ten pilot sites currently attempting to develop liaison and diversion services in an attempt to locate alternatives to detention for young people whose behaviour has been affected by difficulties such as autism, conduct disorder, learning

disabilities or substance misuse (Hayes, 2014). Yet a contemporary return to diversion in itself may not provide the full and finite answer, a more compelling re-storying may be found in a reworking of the aim of 'normalisation'. We understand from Foucault (1976: 144) that, 'a normalising society is the historical outcome of a technology of power centred on life'. Perhaps the power technology would be better placed in securing the 'normalisation' of mental health problems, rather than an ill-fated attempt to restore the mentally ill to a place of 'normality'. Such 'normalisation' approaches have potentially been identified by one participant who reports some Nottingham-based initiatives such as,

> '[the] Amity project – project supporting people aged 16+ with mental health needs – offers a range of group activities and support, as well as offering outreach services…Young Diverse Minds: supports people aged 16-30 from African/Caribbean, Asian or dual-heritage cultures within Nottingham who have mental health support needs' (Shenoah).

(v) Causes of Mental Health Difficulties: Explaining it

> 'It is the very error of the moon; she comes too near the Earth than she was want and makes men mad' *(*Othello, Act V. Sc. ii).

It is unclear how far we have 'progressed' since Othello's graphic uncertainty, but in this section of the survey, participants were asked what factors associated with mental health difficulties they would like to know more about. To assist their thought processes, participants were furnished with a selection of suggested causes or associations. These examples however proved something of a hindrance, with participants largely choosing to view these as a list from which to select. The upside to this was that I was able to tabulate the responses in Table 4 overleaf:

Causes of Mental Health Difficulties	Percentage
Hereditary Conditions	52%
Childhood Upbringing	44%
Trauma and Stress	42%
Drug and Alcohol Misuse	32%
Societal Factors	23%

Table 4 – Percentage of participants requiring more knowledge on the causes of mental health difficulties, ranked hierarchically

It is evident from Table 4 that more than half of respondents feel that hereditary conditions are the association that they would like to learn more about. For instance, Gloria is interested in,

> 'gaining a better understanding of hereditary conditions and also biological changes which cause mental health',

whilst Amanda conjectures, 'what the odds are of passing on these mental health problems'. Jean optimistically believes that, 'if this is true, it could make detection easier'. This resulting interest is unsurprising given the current emphasis on the BA (Hons) Youth Justice course regarding the impact of childhood upbringing upon child and adolescent development with very little content concerning genetic linkages. Nevertheless, childhood upbringing still features highly in participants' interest with one participant declaring,

> 'childhood upbringing seems to be the main factor because it is what causes the trauma and stress, drug and alcohol misuse and societal factors' (Nicole).

This participant does have a point (see Bowlby, 1944, 1975; Ansbro, 2008 and Minoudis *et al*., 2012), although the broader picture would appear more intricate.

Trauma and stress were areas of equal significance for participants, particularly with regards to PTSD. Societal factors registers last on the

table and this may be because this association is routinely taught as a causal agent for all forms of offending. Attachment disorder was mentioned by three respondents, with the suggestion that,

> 'attachment disorder is rife. I repeat that attachment disorder is usual and causes years of upset, misery and agency intervention' (Russell).

Russell clearly wishes to emphasise its importance and another participant may offer a reason for the prominence he affords it,

> 'despite the fact that attachment theory is taught on social work courses, there is still a failure by organisations to recognise the importance of attachments on mental health' (Kate).

(vi) 'The Toxic Trio': Its various correlations

Continuing with explanations of causality, one participant astutely requests, 'further information about the 'toxic trio' effect within family dynamics' (Billy). This practitioner was referring to the co-occurrences of mental health, substance misuse and domestic violence. The complex interaction of this triad has been noted by Ofsted (2010, 2013) and Munro (2011) as the singular most common associative issue pervading families where statutory agencies' involvement is extensive owing to concerns about children's mental health and wellbeing (see Advisory Council on the Misuse of Drugs, 2003; Cleaver *et al*., 2006; Stanley *et al*., 2010; Ward *et al*., 2010 and Stanley, 2011). In Serious Case Reviews,[33] there is a statutory responsibility for all, including those working in the YOS, to take action and promote the welfare of any child who has suffered, or is likely to suffer, significant harm.[34] It has been noted in more recent years that in three quarters

[33] Serious Case Reviews are conducted by the local Safeguarding Children Board and follow incidents of serious injuries or child deaths where abuse or neglect has been suspected (Edwards and Ford, 2011).
[34] This is embedded in statute in the Children Act 1989, s. 47.

of these cases, the 'toxic trio' was present, but statutory bodies have been criticised because the review process lacks focus on the child (Munro, 2011). The 'toxic trio' presents a triple jeopardy for children that may cause them to become prone to anxiety, depression, delusions, hallucinations and rituals owing to an invasion of their thinking (Stewart and Whitehead, 2013). It is one of the most serious events in the undermining of children's psychological wellbeing and development and it is believed that no other social risk factor has stronger links to developmental psychopathology (Lazenbatt, 2011; Osofsky and Lieberman, 2011). Owing to the recent revelations surrounding these phenomena, this has never before been taught to students of youth justice but it must surely have a place in the new module in order to complement issues of safeguarding.

(vii) Diagnostic Adversities: Judging it

It is evident from participant responses that many young people with mental health issues had certainly been judged but never been formally diagnosed, or there were hindrances resulting from dual diagnosis. Indeed, 94% of respondents believed this to be the case. One participant, as with Khan (2012), considers how a lack of diagnosis may expedite progression through the youth justice system,

> 'a lack of diagnosis and understanding of the most appropriate approach often results in repeated offending, breaching orders and resentencing. Therefore, young people are systematically disproportionately punished due to a failure to acknowledge their disorders' (Kate).

Others refer to suitable diagnosis and treatment being denied owing to the coexistence of drug or alcohol misuse, an obstacle commonly explored in the literature (see Harding, 1999; Bradley, 2009 and Bailey, 2012). One participant confirms that,

> ‘the services for these issues are separate and there is often conflict over which one to treat first or has one difficulty resulted in the other’ (Levent).

This obstruction is embodied in the case vignette provided by another participant,

> ‘a young person was acting “a bit odd” while waiting for his court appearance. He had two confrontations with others in the court waiting area, and was seen to be muttering to himself during the court hearing. He said he had not taken any substances for the last two days. I called CAMHS to complete an assessment. My thoughts were that he was suffering from a mental health issue, but the assessment lead to a referral to the local drug and alcohol service’ (Floyd).

Herein lays a central hurdle to accessing assistance for those with mental health problems. Floyd’s experience in recognising the signs of mental illness was discounted by the very agency tasked with working alongside the YOS to provide targeted intervention. This remains indicative of Harding’s (1999) findings whereby probation officers were skilled in identifying young offenders presenting signs of mental disorder, but were frustrated by an inability to engage either psychiatric or social services; perhaps suggesting that little has changed in 16 years. It is seemingly an area that merits express attention by the research community, yet the difficulties may be more multifaceted than this. One respondent informs us, ‘we are told that especially mental health is not diagnosable before developmental adulthood’ (Russell), a point emphasized by Brammer (2010). In addition, a further impediment to the provision of targeted assistance is the scarcity of therapeutic or mental health services for children (DCSF, 2008; Department of Health, 2011b; MindFul, 2013). Finally, an inclination towards blaming parents for a child’s compromising behaviour was noted as a further barrier to diagnosis and this may be class-related,

> 'I have encountered 2-3 families where the young person is displaying ADHD and autistic tendencies including Oppositional Defiance Disorder, no diagnosis made but family informed it is a parenting issue when clearly it is not' (Rosie).

A similar scenario was encountered by another participant who drew upon reserves of experience, confidence and tenacity to resolve this situation,

> 'I once had a young person I suspected had autism. I had to argue with the family GP to get him diagnosed and provide evidence even though I am not trained in this area' (Paula).

Paula's courage of conviction chimes with Smith's (2007: vii) precept that, 'opportunities for managers and practitioners to act creatively in the interest of progressive practice remain available between the cracks'.

It is interesting to note that participants have a clear notion of the diagnostic adversities that may precipitate offending behaviour and in some instances, they exhibit more knowledge of young offenders' symptoms than the health professionals. Although the literature suggests that the wider associated professions such as prison staff, probation officers, police and youth court solicitors are in need of further training (see Farrington Douglas and Durrante, 2009; Prins, 2011; Brooker and Glyn, 2012 and Hutchinson *et al*., 2013), it would appear that the reach is also in need of extension to GPs and CAMHS staff, along with teachers. As one respondent conjectures,

> 'the question that needs to be asked is how the condition has not been diagnosed through their contact with the welfare and education systems?' (Cheryl).

If students of youth justice were to become more adept at recognising the manifestations of mental health issues, it may assist to begin a movement away from disproportionate and inappropriate punishment.

Hence, extensive coverage of these subtleties of expression would be useful in the teaching curriculum.

(viii) Therapeutic Approaches: Giving it speech

The findings from the research undertaken for Document 4 contained a request for teaching input around 'solution-focused therapeutic training'. The current participants were therefore asked what other aspects of therapeutic training and education they were interested in exploring. Responses tended to cover four main areas including 'speaking therapies' such as Cognitive Behavioural Therapy, counselling, Solution-Focused Therapy (SFT)[35] and Multi-Systemic Therapy (MST)[36]

> 'more talking therapies would be good with someone properly trained. We need to stop handing out prescription meds hoping they will be a magic fix to the problems. Medication works hand-in-hand with talking therapies' (Judy).

Counselling, as a form of therapy, tended to be seen as a specialist area with participants requesting specific access to these services,

> 'YOTs are limited in terms of the therapeutic services they can offer. It would be really useful to have specialists who are able to work one-to-one with young people in addition to case management' (Kate).

The forms of counselling were also considered by participants with one advocating, 'group counselling (make them feel included – same wave length as other children), support for family' (Johara). For some respondents, the results were also indicative of their desire to know

[35] Face-to-face therapy which focuses on seeking solutions to problems rather than addressing the factors underlying them (YJB, 2004).
[36] 'a relatively recent development of family therapy…[where]…young people are viewed as being embedded in a number of systems – individual, family, school, peer and community' (YJB, 2004: 130).

about the actual process of counselling, put simply, 'counselling – how it works' (Krishna).

Secondly, the subject of autism arose again in this context and appeared to reflect the increased prevalence findings of this study,

> 'working effectively with young persons with autistic tendencies as there appears to be an increase in young persons in this group becoming involved with the YOT' (Rosie).

Thirdly, teaching surrounding more practical forms of therapy was invited, such as, 'art therapy' (Helen) and, 'alternative therapies, progressive relaxation, holistic therapy, person-centred' (Simon). For those young people experiencing problems with addiction, there was an appeal to explore, 'withdrawal approaches re drugs and alcohol which can gradually be incorporated into daily life' (Penny). One participant requested training in such multiple and diverse areas as,

> 'medication involved, talking therapies / activity therapies / expressive therapies / alternating therapies, integrated treatment approaches, relapse prevention, DSM-IV (soon to be V) and assessment of aforementioned' (Bryony).

The curriculum for the module will target the most popular responses and this particular content may prove invaluable to future practitioners and their young people given that the cost of negotiating therapy was seen as a hindrance,

> 'today cost is the ever important cloud hanging over any service or treatment. An important asset of any practitioner is to be fully conversant with the many therapies available…once confidence is gained in using them, barriers are lowered and work carried out effectively' (Molly).

This position finds consonance with Fellowes (2012: 67) who similarly believes, 'with understanding comes confidence and skill, enabling staff to work therapeutically and safely with their cases'. I was initially

confused by one respondent's plea to know more about 'electric machines [that] are used to reset the mind' (Jennifer), until I recalled screening the iconic film, *One Flew over the Cuckoo's Nest* to this cohort with its portrayal of electroconvulsive therapy. It may be useful to include this film, or a similar documentary, as a teaching aid to encourage debate as many students wrongly believe this practice to be obsolete when in fact it is still used presently in psychiatric hospitals (MIND, 2014).

(ix) Interrogating the Being of Madness Itself

The final research question encouraged participants to reflect upon any other issues regarding mental health that they consider important. Although this particular question was answered by less than half of respondents, the responses were revealing. Some believed there should be more societal awareness surrounding mental health issues in order to lessen the stigma, for example, 'I think mental illness should be spoken about more often' (Ishmael) and,

> 'I believe it is important that everyone is educated to understand mental health to ensure behaviour is understood by public; avoiding misunderstanding and conflict' (Eileen).

This sentiment was also accompanied by an appeal for increased accessibility to treatment, for instance,

> 'there needs to be a much wider knowledge of mental health to help enhance the diagnosis of them and treatment needs to be more accessible' (Lewis).

There were also entreaties for earlier diagnosis in that,

> 'more needs to be done to support those who are just starting to show signs of mental health. We wait too long these days. If we could get the support needed at the beginning it would save a lot of suffering. It shouldn't be allowed to get to crisis point. Young

> people need to be believed when they say they have problems' (Judy).

One respondent proposes a potential means of achieving this,

> 'why aren't schools running a series of programmes/assessments each year at school which can be a fun experiment for the child but also test for things such as autism/Asperger's?' (Amanda).

A number of participants mention suicide and self-harm as areas of significance, such as, 'self injury – supporting young people through self injury' (Sunita), and this could be seen as an oversight within the research instrument given that suicide is a major cause of death amongst young offenders (Harding, 1999; YJB, 2004; Khan, 2010; Berelowitz, 2011). Indeed, it has been reported that 31 young people under the age of 18 have killed themselves in custody in England and Wales since 1990 (Gentleman, 2015). When we include teenagers *and* young adults within the remit, this figure rises to 54 in the last four years alone; most of the victims having experienced mental health issues (McSmith, 2015). Regarding self-harm, Berelowitz (2011: 28) informs us that,

> 'in 2008, there were 686 recorded incidents of self-harm by girls in custody and 743 by boys although it is likely that this is an under-representation'.

The importance of these issues is therefore self-evident and will need to have real significance and relevance in curriculum development.

The impact of government economic reform was noted, as was an over-reliance upon quick-fix medication, with one respondent questioning its use in addressing mental health issues, 'does medication really heal or soothe a person diagnosed with a mental disorder?' (Daniel). One respondent indicates that more research is needed surrounding the impact of recreational drugs as,

> ‘most YOT young people and their parents do not believe cannabis and the new fashionable recreational drugs ketamine/Mkat causes any negative problems. We do not have sufficient evidence/material to make the case’ (Russell).

This is an area of drug usage that is presently beginning to be examined by the research community as more becomes known (see Satterthwaite and de Motte, 2013; Corazza, 2014; and Sabin, 2015), providing much-needed content for module development owing to recent exposure and uptake in usage, especially in prisons. Another participant helpfully suggests some valuable additional curriculum content,

> ‘treatment of dual-diagnosis, available/availability of resources, legislation and mental illness - deprivation of liberty – safeguards, prevention of mental disorders, cultural and religious considerations, DSM-IV and ICD-10’ (Bryony).

In summary, one of the respondents embodied the entire rationale for this Document, encapsulating not only the main findings from the literature review, but also the respondents’ overall collective views,

> ‘if someone who is a professional and doesn’t truly understand all aspects of mental health when working with a group of people who are at a higher chance of having mental health issues – I believe we have a problem’ (Gloria).

It may be that this particular problem had contributed to the tendency towards moral certitude in the justification of repressive and punitive policies towards children and young people in the youth justice system.

Finally, we move to the concluding section where the overarching thrust of the findings are consolidated and contextualised through a critical pedagogic lens. Here, the potential module impact is explored

within the context of more recent government initiatives and policy direction.

IX – CONCLUSION: The generation of 'new' knowledge

> 'It is easy to ignore the fact that practitioners not only use knowledge, but are also capable of generating new knowledge – new theories and new explanations - based on their knowledge in practice' (Trevithick, 2005: 50).

The landscape of youth justice continues to evolve at the macro level, carrying in its wake its workforce who has endeavoured to keep abreast of its accompanying philosophies, policies and practices (YJB, 2015). What remains unchanged, quiescent yet prominent, are the agents operating at the micro level; the young offenders themselves. The distance that exists between government rhetoric and its consequent directives is occupied by youth justice practitioners who are required to accommodate and mediate the nuances of both. At present we continue to see an uneasy fit between policy implementation and the needs of the client-base, especially where mental health conditions permeate and generate behaviour considered anti-social or 'criminal' (Goldson, 2010a; Fyson and Yates, 2011; Hopkins Burke and Creaney, 2014).

The vehicle for reform may not move with great velocity, but the seeds of revision have already been sown with the distancing of both the coalition and conservative governments' approach to the stance taken by New Labour's previous proliferation of New Public Managerialism, where contemporary bureaucracy diluted the once dedicated professionalism of youth justice personnel (Palmer, 2011b). Crispin Blunt (2011: 1), addressing proposed revisions to probation practice, declared the government's 'commitment to reducing bureaucracy and allowing practitioners to use their judgement and professional skills'. Following from this lead, the Youth Justice Board (2013b) have since proposed their own return to professional judgement; hopefully encapsulating a return to case-specific manoeuvrability and inherent

flexibility. It is also encouraging to note that the new *AssetPlus* core assessment profile incorporates a section taking into account features such as learning difficulties and communication needs. All of this could pose an interesting challenge to policy-writers in Whitehall who will need to overturn the new youth justice dynamic whereby, 'professionalism was sold short to expediency and a generic version of youth justice emerged in its place' (Shaw, 2006: 289).

Capturing this momentum, I have sought to instigate the preparatory stage for the development of a bespoke mental health module as part of Nottingham Trent University's BA (Hons) Youth Justice curriculum. By consulting a sample of stakeholders, including experienced, frontline youth justice practitioners, as well as graduates of the Youth Justice Honours Degree, it was possible to gauge the overall defined requirements of what such a module should contain. In terms of action research methodology, the part of the cycle whereby practitioners are taught the module content will clearly not be completed until the module has been finally designed and delivered. Whether this engenders positive changes to critical understanding and modes of practice would not be evident for several years afterwards. One of the limitations of this study is perhaps its focus upon the development of a BA level course. There might be a rationale for both MA and Doctoral level studies to raise practitioners' understanding of the complexities.

The module content highlighted within this contribution will need to be viewed against current prevalent social and political climates that continue to be consumed by risk reduction and public protection. It is important to acknowledge however that other researchers holding different perspectives may arrive at dissimilar interpretations of the data (Kincheloe and McLaren, 2005). For in interpretation, it is not always simple to 'accommodate oneself to the insight of the student'

(Gadamer, 2004: 183). In addition, were I to repeat this study with a new sample of participants, the results may look entirely different.

It would have been all too easy to have presented the findings in a procedural manner, one which fosters the creation of a curriculum to satisfy positivist, corporate need and one that not only coldly categorises the taxonomies of mental illness, but that also neglects to provide the space for students to engage in critique. However, what youth justice corporate discourse lacks is any analysis of the power-knowledge nexus or how the inculcation of wider social values tempers the teaching of hollow 'effective practice and quality assurance' constructs that simply trains students for semi-skilled work in the caring professions (Giroux, 2001). Procedure is one thing, yet real life is inordinately more confusing and re-creating a system based upon efficiency, 'effectiveness' and economy is the antithesis to what is required by frontline workers.

The continued spreading of a practitioner's role into formerly administrative tasks and the oversimplification of everything brought about by New Public Managerialism has serious implications for 'caring' in all its applications. It will not solve the age-old problem of youth crime, a large proportion of which is not amenable to government-imposed solutions (Meese, 1999; Shaw, 2006; Palmer, 2011b; Haines and Case, 2015). The best it might achieve is an organisational stiffness, holding healthy critique at greater arm's length, making it harder to solve real problems and acting as a securing agent for the conduct and maintenance of social control. Managerial and centralising approaches to the teaching of students of youth justice based on 'oversimplified and fundamentally erroneous interpretations of it' (Goldson, 2010b: 68) would continue to limit the required underpinning knowledge to make critical and professional decisions

constructed on enlightened, holistic views (Hester, 2010b). As Boswell (1996: 48) sagely advises,

> 'training practitioners to work with offenders must mean that courses instil into them an intellectual, personal and professional culture which is both self-critical and critical of the broader practices at both situational micro-level and within the wider structure'.

This philosophy may assist to militate against the alarming fact that this Document is concerned with controlling the marginalised and teaching others to do so; mental health being merely an add-on to a more general trend of discipline and surveillance in late capitalism (Wacquant, 2012). However, I am more interested in the struggle to reverse the trend of the ambiguous replacement of care with control and in the substitution of machinery that was previously, benignly or malignly, placed in the way of humanist analysis. This study has revealed that practitioners wish to accomplish this also. Participants seemed to be highly aware that, 'custody often is the default setting for dealing with young offenders (to protect the public rather than treat a child) rather than costly therapy' (Russell). This is illustrative of Batmanghelidjh's (2013) conjecture that children's sense of dignity and worth is being trounced via the creeping daily intrusion of inappropriate civil structures to deal with youth disaffection and its consequent difficult behaviour. Such denial of a therapeutic alliance renders the value-base and philosophy associated with it as, 'hollow shells, devoid of their theoretical touchstones' (Shaw, 2006: 294). It would appear timely to embrace a paradigm where young people are, 'children first, offenders second' (Haines and Case, 2015: 13).

The professional doctorate is founded on research-led, reflexive action that feeds in to advances in knowledge and practice that has an impact upon communities of practice wider than that within which the doctoral process was originally situated. Therefore, there is much to be gained

from affording consideration to the potential for amalgamating the new module within Social Work and Health and Social Care courses. The requirement for youth justice practitioners to develop core social work skills is self-evident. YOS practitioners should ideally be required to draw upon social work skills in the expanding area of mental health and the compelling location to develop these skills is with other social workers within their new Professional Capabilities Framework (Ward and Spencer, 1994; College of Social Work, 2012). As youth justice enters a new era, its cyclical nature may indicate that we are waiting for the 'big-wheel of youth justice to come full circle again' (Shaw, 2006: 295); a return to the pre-2000 history of locating the profession firmly within the social work tradition. This ideological return may in itself reduce the numbers of children who experience mental health difficulties – our new 'folk devils' – from being drawn in to an overly punitive and controlling criminal justice system. Similarly, this may provide a clear Foucauldian 'game opening' where,

> 'the game is to try to detect those things which have not yet been talked about. Those things that, at the present time, introduce, show, give some more or less vague indications of the fragility of our system of thought, in our way of reflecting, in our practices' (Foucault, 1996: 137).

In the year 2000, the then Secretary of State for Education, David Blunkett said, 'we need to be able to rely on social scientists to tell us what works and why, and what types of policy initiatives are likely to be most effective' (Attwood, 2009: 33). However, it has been noted that there are strong incentives for policy-writers to ignore academic research as it can promote ideals that are at odds with extant policies (Attwood, 2009). 15 years later, this thesis may finally accord with the current government trend towards diversion and re-professionalising the caring professions (Blunt, 2011; ICPR, 2012; YJB, 2013b; Smith, 2014). Though social science research may have little immediate influence on policy and practice, over the course of time it may have

the potential to confront political discourses on the law and order debate (Noaks and Wincup, 2004). My study alone will not change government strategy, but a subsequent cumulative body of research concerning mental health, its association with youth transgressions and how to generate new ways of working might have an impact.

The Rt. Hon Michael Gove MP has recently announced that government, 'need to consider whether the current system, which was created in 2000, remains able to meet the challenges we face in 2015' (Gove, 2015: 1). Interestingly, to this end, it has been announced by Gove that there will be a departmental review of the youth justice system led by Charles Taylor, a former head teacher of,

> 'an outstanding school for children with complex behavioural, emotional and social difficulties, and an expert in managing young people's behaviour. His experience and expertise in working with children with severe behavioural difficulties gives him a real understanding of the wider challenges in preventing youth offending, and I am confident he will bring a fresh perspective and energy to the task' (Gove, 2015: 1).

The development of a practitioner-driven module entitled, 'Mental Disorder, Learning Disability and Autism' would therefore clearly be timely and would address precisely these issues of complex behavioural problems that Gove seeks to explore, in addition to a movement away from a focus on fault, guilt and culpability. Although module development would appear to be just one small step, we must never underestimate the potential butterfly effect upon the controversial concept of individual or institutional *mea culpa.*

Appendix 1

Section 2: Approved mental health professionals

Education providers must make sure that professionals who complete their AMHP training can meet the criteria set out in this section. We have based these criteria on Schedule 2 to the Mental Health (Approved Mental Health Professionals) (Approval) (England) Regulations 2008.

Knowledge

1.1 Understand legislation, related codes of practice and national and local policy and guidance applicable to the role of an AMHP, and be able to apply this in practice.

1.2 Understand the legal position and accountability of AMHPs, employers and the authority the AMHP is acting for in relation to the Mental Health Act 1983.

1.3 Understand a range of models of mental disorder, and be able to apply them in practice.

1.4 Understand the contribution and impact of social, physical and development factors on mental health, and be able to apply this in practice.

1.5 Understand the social perspective on mental disorders and mental health needs in working with service users, their relatives, carers and other professionals, and be able to apply this in practice.

1.6 Understand the implications of mental disorders for service users, their relatives, carers and other professionals, and be able to apply this in practice.

1.7 Understand the implications of a range of treatments and interventions for service users, their relatives and carers, and be able to apply this in practice.

1.8 Understand child and adult protection procedures in relation to AMHP practice.

1.9 Understand the needs of children and young people and their families and the impact those needs have on AMHP practice.

Appendix 2: Ethical Approval

How to use the new professional doctorate ethical approval procedure and forms.

The new ethical approval for research procedure for professional doctorates is based on three stages.

1. In year 1 of the programme there will be an emphasis on discussing the ethical issues that arise from doing social science research so that professional doctorate students are both sensitive to potential ethical problems and are aware of how ethical issues in research can be resolved or managed.
2. In year 2 of the programme students undertake two 'apprenticeship' pieces of research (documents 3 & 4). As they plan their fieldwork for these documents they should discuss any ethical issues arising from their plans with their supervisor(s). Before they begin their fieldwork they should complete Form A. This form should then be reviewed by one of the programme leaders who will sign it off. A form needs to be completed separately for documents 3 & 4. The responsibility for ensuring that the proposed research complies with good research ethics procedure lies with the supervisor/programme leader at this 'apprenticeship' stage of the DBA
3. In year 3 students should complete Form B (in essence it is not very different to form A). The main difference is that the responsibility for ensuring that the proposed research meets good ethical standards lies with the student. They should complete the form and sign it; but it still needs to be countersigned by a supervisor/programme leader.

Forms A & B are attached to this document.

Also attached is a policy document on good ethical practice in professional doctorate research.

The procedure has been designed to recognise the most research projects raise no unusual or intractable ethical issues and require no more than the application of good, standard, research ethics practices. In such cases none of the responses in the forms A & B that are marked with an asterisk (*) will have been ticked. If such is the case then once the form has been signed off by a programme leader the student may start their fieldwork.

If any response on form A or B that are marked with an asterisk (*) have been ticked then this suggests that a particular ethical issue or potential problem may arise with the proposed research. In such cases the student has to explain what the issue is and suggest how it will be resolved or managed. The student will need to send their proposal to the Joint Inter-College Ethics Committee (JICEC) for professional doctorate programmes to obtain ethical approval.

A full submission to JICEC comprises of

- Form A or B as appropriate
- a project proposal (this can be an extract from your document 1 or a concise account of your proposed research)
- an additional statement of up to 800 words outlining the ethical issues raised by the project and the proposed approach to deal with them.

If the JICEC comes to the view that the student's response to the ethical issues are appropriate and adequate then they will sign off the form to give ethical approval. If they still have concerns then a member of the JICEC will begin a dialogue with the

student, by phone, email or face-to-face meeting as appropriate, to agree a resolution of the issues.

The DBA administrator will monitor the progress of all submissions to the JICEC to ensure that all submissions are responded to within 2 weeks of submission.

BLSS Graduate School

Ethical Clearance Checklist – Form A

Form A must signed off by one of the student's supervisors or a programme leader, to signify that the proposed research conforms to good ethical principles and standards, before commencing any research in preparation for Documents 3 & 4 within any of the professional doctorate programmes.

Assurance that all research fieldwork will conform to good ethical standards is provided by the supervisor or programme leader signing off this form. A completed form has to be signed off for every student and for every document 3 & document 4.

Please complete this document following the guidance in the BLSS Graduate School Ethical Clearance Guidelines

Student's name	Vicky Palmer
Award title	Professional Doctorate in Social Practice
Document No.	3 and 4
Document titles	Document 3 Designing Research: Using Methodology within a Specified Area of Professional Activity: 'Give me the good ye know' Document 4 Designing Research 2: Using a Contrasting Methodology and Methods within a Specified Area of Professional Activity: 'Then fear drives out all wisdom from my mind'
Supervisors	Dr. Adam Barnard and Dr. Kevin Flint
Date	14.05.09
Identify any questions where a response marked by a single asterisk was chosen	

All the questions, except question 1 which should be completed by a supervisor/programme leader, should be answered by the student. The supervisor/programme leader will then check the answers given and if appropriate sign off the form. Any student whose proposed research did not conform to the ethical

standards, as indicated by selecting any of the responses marked with a single asterisk, will have to submit it to the JICEC for approval.

Section OA I: Familiarisation with policy

Please indicate whether the students have been familiarised with the policy guiding ethical research:

The BLSS Graduate School policy and clearance procedures for ethical research in the DBA and Professional Doctorate programmes	Yes **	No
The guidelines for ethical research promulgated by your own professional association (Appendices 1 & 2)	Yes **	No
The Regulations for the Use of Computers (see NTU website)	Yes**	No
Guidelines for Risk Assessment in Research (appendix 3)	Yes**	No

** As Research Supervisor if you have answered YES to any of the above you are confirming that the Graduate School's Ethical Guidelines have been addressed as part of the programme.

Section OA II: External Ethical Review

OB.1. Has a favourable ethical opinion been given for this project by an NHS or social care research ethics committee, or by any other external research ethics committee?	Yes**	No
OB.2. Will this project be submitted for ethical approval to an NHS or social care committee or any other external research ethics committee?	Yes**	No

** If you select ANY answers marked Yes **, please sign the declaration at the end of the form and send a copy to the Research Office. If your answers to both these questions was NO, please proceed to Section A

Section A: Participants

Vulnerable Groups

A.1. Does the research involve vulnerable participants? If not, go to Section C

A.2. If the research does involve vulnerable participants, will participants be knowingly recruited from one or more of the following vulnerable groups?

Children under 18 years of age	Yes*	No
People over 65 years of age	Yes*	No
Pregnant women	Yes*	No
People with mental illness	Yes*	No
Prisoners/Detained persons	Yes*	No
Other vulnerable group (please specify _____)	Yes*	No

* If you have answered YES to any of these questions application needs to be made to the JICEC for ethical approval.

Section B: Methodology/Procedures

B.1. To the best of your knowledge, please indicate whether the proposed studies:

Involves procedures which are likely to cause physical, psychological, social or emotional distress to participants	Yes *	No
Is designed to be challenging physically or psychologically in any way (includes any study involving physical exercise)	Yes *	No

Exposes participants to risks or distress greater than those encountered in their normal lifestyle	Yes*	No
Involves use of hazardous materials	Yes*	No

* If you have answered YES to any of these questions application needs to be made to the JICEC for ethical approval.

Section C: Observation/Recording

C.1. Does the study involve data collection, observation or recording of participants? If yes please complete section D.	Yes	No
C.2. Will those contributing to the data collected, being observed or being recorded, or those of the appropriate authority, be informed that the observation and/or recording will take place?	Yes	No*

* If you have answered NO* to this question an application needs to be made to the JICEC for ethical approval.

Section D: Consent and Deception

D.1. Will participants or those of the appropriate authority, give informed consent freely?	Yes	No*

If yes please complete the ***Informed Consent*** section below.

* If you have answered NO* to this question an application needs to be made to the JICEC for ethical approval.

Informed Consent

D.2. Will participants, or those of the appropriate authority, be fully informed of the objectives of the investigation and all details disclosed (preferably at the start of the study but where this would interfere with the study, at the end)?	Yes	No*
D.3. Will participants, or those of the appropriate authority, be fully informed of the use of the data collected (including, where applicable, any intellectual property arising from the research)?	Yes	No*
D.4. For detained persons, members of the armed forces, employees, students and other persons judged to be under duress, will care be taken over gaining freely informed consent?	Yes	No*

* If you have answered NO to any of these questions an application needs to be made to the JICEC for ethical approval.

D.5. Does the study involve deception of participants (i.e., withholding of information or the misleading of participants) which could potentially harm or exploit participants? If yes please complete the ***Deception*** section below.	Yes	No

Deception

D.6. Is deception an unavoidable part of the study?	Yes	No*
D.7. Will participants, or those of the appropriate authority, be de-briefed and the true object of the research revealed at the earliest stage upon completion of the study?	Yes	No*
D.8. Has consideration been given on the way that participants, or those of the appropriate authority, will react to the withholding of information or deliberate deception?	Yes	No*

***** If you have answered NO to any of these questions an application needs to be made to the JICEC for ethical approval.

Section E: Withdrawal

E.1. Will participants, or those of the appropriate authority, be informed of their right to withdraw from the investigation at any time (up to the point at which the study is being written up) and to require their own data to be destroyed?	Yes	No*

***** If you have answered NO to any of these questions an application needs to be made to the JICEC for ethical approval.

Section F: Storage of Data and Confidentiality

Please see University guidance on https://www.ntu.ac.uk/intranet/policies/legal_services/data_protection/16231gp.html. You will need your user name and password to gain access to this page on the Staff Intranet.

F.1. Will all information on participants be treated as confidential and not identifiable unless agreed otherwise in advance, and subject to the requirements of law?	Yes	No*
F.2. Will storage of data comply with the Data Protection Act 1998?	Yes	No*
F.3. Will any video/audio recording of participants be kept in a secure place and not released for use by third parties?	Yes	No*
F.4. Will video/audio recordings be destroyed within six years of the completion of the investigation?	Yes	No*

***** If you have answered NO to any of these questions an application needs to be made to the JICEC for ethical approval.

Section G: Incentives		
G.1. Have incentives (other than those contractually agreed, salaries or basic expenses) been offered to the investigator to conduct the investigation?	Yes*	No
G.2. Will incentives (other than basic expenses) be offered to potential participants, or those of the appropriate authority, as an inducement to participate in the investigation?	Yes*	No

** If you select ANY answers marked * then an application needs to be made to the JICEC for ethical approval accompanied by a statement covering how you intend to manage the issues.

Compliance with Ethical Principles

If you have completed the checklist to the best of your knowledge without selecting an answer marked with * the research is deemed to conform to the ethical checkpoints and you do not need to seek formal approval from the JICEC.

Please sign the declaration below, and lodge the completed checklist with the Graduate school office.

Signature of supervisor/ programme leader A. Barnard

Date 14.05.2009

Application for research ethics approval from the JICEC

If, upon completion of the checklist you have selected ANY answers marked '*' please submit your completed Ethical Advisory Checklist, accompanied by a statement covering how you intend to manage the indicated ethical issues, to the JICEC.

A full submission to JICEC comprises of

- this form,
- a project proposal (this can be an extract from your document 1 or a concise account of your proposed research)
- an additional statement of up to 800 words outlining the ethical issues raised by the project and the proposed approach to deal with them (enter in the box below).

Signature of student	V. Palmer
Signature of supervisor/ programme leader	A. Barnard
Date	14.05.09

Nottingham Trent University
BLSS, Graduate School

NOTTINGHAM TRENT UNIVERSITY

Ethical Clearance Checklist – Form B
(TO BE COMPLETED FOR ***ALL*** RESEARCH PROJECTS BY STUDENTS CONDUCTING RESEARCH FOR DOPCUMENT 5 OF THEIR DBA, DLegal Prac, D Soc Prac, EdD, and MPhil).
Within the professional doctorate programmes ALL students must complete Form B, and gain ethical approval from the JICEC if necessary) before commencing any research for Document 5

Please complete this document following the guidance in the **BLSS Graduate School's Ethical Guidelines for Doctoral Research**

Name of Student:	**Cohort**
Vicky Palmer	2

Title of Doc 5

Thesis: Critical Reflection and Reflexivity

Supervisors

Dr. Adam Barnard and Dr. Kevin Flint

Section OA I: Familiarisation with policy

Please indicate whether you have familiarised yourself with policy guiding ethical research:

The BLSS Graduate School policy and clearance procedures for ethical research in the DBA and Professional Doctorate programmes	Yes
The guidelines for ethical research promulgated by your own professional association (Appendices 1 & 2)	Yes
The Regulations for the Use of Computers (Appendix3)	Yes
Guidelines for Risk Assessment in Research (NTU website)	Yes

If you answered marked No ** to any of the questions go away and familiarise yourself with the documents and the principles of ethical research until you can answer YES to all of the questions.

Section OA II: External Ethical Review

OB.1. Has a favourable ethical opinion been given for this project by an NHS or social care research ethics committee, or by any other external research ethics committee?	No
OB.2. Will this project be submitted for ethical approval to an NHS or social care committee or any other external research ethics committee?	No

** If you select ANY answers marked Yes **, please sign the declaration at the end of the form and send a copy to the Research Office. If your answers to both these questions was NO, please proceed to Section A

Section A: Investigators

A.1. Have you attended the professional doctorate workshops on research methods (modules 1 and 2) or attended other award bearing or training programmes on research methods?	Yes	
A.2. Will professional doctorate students be under the direct supervision of an experienced member of staff?	Yes	
A.3. Will professional doctorate students be expected to undertake physically invasive procedures (not covered by a generic protocol) during the course of the research?		No
A.4 Are the research methods such that researchers in a position of authority which may compromise the integrity of participants (eg academic staff using student participants, sports coaches using his/her athletes in training)?		No

** If you select ANY answers marked **, please submit your completed Ethical Advisory Checklist accompanied by a statement covering how you intend to manage the issues (indicated by selecting a ** answer) to the JICEC

Section B: Participants

Vulnerable Groups

B.1. Does your research involve vulnerable participants? **NO** If not, go to Section C

B.2. If the research does involve vulnerable participants, will participants be knowingly recruited from one or more of the following vulnerable groups?

Children under 18 years of age (please refer to published guidelines)	Yes*	No
People over 65 years of age	Yes*	No
Pregnant women	Yes*	No
People with mental illness	Yes*	No
Prisoners/Detained persons	Yes*	No
Other vulnerable group (please specify _____)	Yes*	No
Has a CRB check been stipulated as a condition of access to any source of data required by the research?	Yes**	No

* If you have answered YES to any of these questions an application needs to be made to the JICEC for ethical approval.

Section C: Methodology/Procedures

To the best of your knowledge, please indicate whether the proposed studies:

C.1. Involves procedures which are likely to cause physical, psychological, social or emotional distress to participants		No

C.2. Is designed to be challenging physically or psychologically in any way (includes any study involving physical exercise)		No
C.3. Exposes participants to risks or distress greater than those encountered in their normal lifestyle		No
C.4 Involves use of hazardous materials		No

***** If you have answered YES to any of these questions an application needs to be made to the JICEC for ethical approval.

Section D: Observation/Recording

D.1. Does the study involve data collection, observation and/or recording of participants? If yes please complete the rest of section D.	Yes	
D.2. Will those contributing to the data collected, being observed or being recorded, or those of the appropriate authority, be informed that the observation and/or recording will take place?	Yes	

Section E: Consent and Deception

E.1. Will participants, or those of the appropriate authority, give informed consent freely?	Yes	

If yes please complete the ***Informed Consent*** section below.
*If no, please submit a full application to the JICEC.

Informed Consent

E.2. Will participants, or those of the appropriate authority, be fully informed of the objectives of the investigation and all details disclosed (preferably at the start of the study but where this would interfere with the study, at the end)?	Yes	
E.3. Will participants, or those of the appropriate authority, be fully informed of the use of the data collected (including, where applicable, any intellectual property arising from the research)?	Yes	
E.4. For detained persons, members of the armed forces, employees, students and other persons judged to be under duress, will care be taken over gaining freely informed consent?	Yes	

***** If you have answered NO to any of these questions an application needs to be made to the JICEC for ethical approval.

	No

E.5. Does the study involve deception of participants, or those of the appropriate authority, (ie withholding of information or the misleading of participants) which could potentially harm or exploit participants? If yes please complete the ***Deception*** section below.		

Deception

E.6. Is deception an unavoidable part of the study?	Yes	No*
E.7. Will participants, or those of the appropriate authority, be de-briefed and the true object of the research revealed at the earliest stage upon completion of the study?	Yes	No*
E.8. Has consideration been given on the way that participants, or those of the appropriate authority, will react to the withholding of information or deliberate deception?	Yes	No*

***** If you have answered NO to any of these questions a separate application needs to be made for the individual research and submitted to the JICEC

Section F: Withdrawal

F.1. Will participants, or those of the appropriate authority, be informed of their right to withdraw from the investigation at any time (up to the point at which the study is being written up) and to require their own data to be destroyed?	Yes	

***** If you have answered NO to this question a separate application needs to be submitted to the JICEC

Section G: Storage of Data and Confidentiality

Please see University guidance on https://www.ntu.ac.uk/intranet/policies/legal_services/data_protection/16231gp.html. You will need your user name and password to gain access to this page on the Staff Intranet.

G.1. Will all information on participants be treated as confidential and not identifiable unless agreed otherwise in advance, and subject to the requirements of law?	Yes	
G.2. Will storage of data comply with the Data Protection Act 1998?	Yes	
G.3. Will any video/audio recording of participants be kept in a secure place and not released for use by third parties?	Yes	
G.4. Will video/audio recordings be destroyed within six years of the completion of the investigation?	Yes	

***** If you have answered NO to any of these questions a separate application needs to be made for the individual research and submitted to the JICEC

Section H: Incentives

H.1. Have incentives (other than those contractually agreed, salaries or basic expenses) been offered to the investigator to conduct the investigation?		No
H.2. Will incentives (other than basic expenses) be offered to potential participants, or those of the appropriate authority, as an inducement to participate in the investigation?		No

Appendix 3: Email to potential participants

To all ex-students of Youth Justice via NTU

Many of you have already taken part in either one or two pieces of research that I have been undertaking concerning the professionalisation of the youth justice workforce. I would like to take this opportunity to thank you all for your time and contributions, even if you were not able to find the time originally to respond. I have now reached the final stage of the research process and would be grateful if as many of you as possible could assist me in the process of writing a tailored module on 'Young Offenders and Mental Health' for final year students of the BA (Hons) Youth Justice Course. You could really make a difference in the training of future professionals by answering the questions in the attached Questionnaire and then returning it by email. All answers will be acknowledged and some may be followed up with a brief email dialogue in an attempt to clarify or enlarge upon the content that you believe such a module requires. I believe it to be absolutely crucial that you, as frontline practitioners, are the drivers behind this module's content as only yourselves are aware of what students and future practitioners would benefit from knowing regarding the interconnection between young people, mental health and offending.

All replies will of course be in the strictest of confidence and all names anonymised within the research findings.

Thank you so much for your time, interest and patience.

Vicky Palmer

Questionnaire

Ref: Appendix 4

Mental Disorder, Learning Disability and Autism

1 **A 'Mental Disorder' is defined by the Mental Health Act 2007 as, 'any disorder or disability of the mind'.**

Which aspects of 'Mental Disorder' have you encountered in your work that you would like to know more about? *Please tick below one or more of the following:*

Forms of Mental disorder

- ☐ Depression
- ☐ Schizophrenia
- ☐ Phobic Disorders
- ☐ Hypochondriacal Disorder
- ☐ Sexual Disorders
- ☐ Psychoactive Substance Use Disorder
- ☐ Bipolar Disorder
- ☐ Anxiety
- ☐ Eating Disorder
- ☐ Personality Disorder
- ☐ Post Traumatic Stress Disorder

Other (please elaborate)

If you would like to say anything more about these disorders, please use the space below as this would be most helpful:

2 A 'Learning Disability' is defined by the Mental Health Act 2007 as, "a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning".

Simply put, children with learning disabilities see, hear, and understand things differently. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening, and speaking.

Forms of Learning Disability

- ☐ Dyslexia (difficulty reading)
- ☐ Dyscalculia (difficulty with math)
- ☐ Dysgraphia (difficulty writing)
- ☐ Dyspraxia (difficulty with fine motor skills)
- ☐ Dysphasia (difficulty with language)
- ☐ Visual Processing Disorder (difficulty interpreting visual information)

Other (please elaborate)

If you would like to say anything more about these disorders, please use the space below as this would be most helpful:

3 **According to the National Autistic Society, Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them**. Some people with Autism - in particular Asperger Syndrome - are prone to aggressive and violent outbursts.

Have you encountered young offenders either on, or suspected of being on, the autistic spectrum? If so, which particular aspect of knowledge surrounding this group would you like to know more about?
Please tick one or more of the following:

Forms of Autism

- ☐ ADHD
- ☐ Asperger Syndrome
- ☐ Autistic Spectrum
- ☐ Challenging Behaviour
- ☐ Conduct Disorder
- ☐ Emotional/Behavioural Difficulties
- ☐ High Functioning Autism
- ☐ Obsessive Compulsive Disorder
- ☐ Tourette Syndrome
- ☐ Pathological Demand Avoidance
- ☐ Rett Syndrome
- ☐ Social and Communication Disorders

Other (please elaborate)

If you would like to say anything more about these disorders, please use the space below as this would be most helpful:

4 Mental Health Issues in the Workplace

Are you aware of any **diversion schemes** for young offenders suffering from any of the Disorders/Disabilities noted in questions One to Three in your area?

*If **yes,** please could you tell me more in the space below:*

5

It is said that there may be a variety of factors associated with mental health difficulties. These might include **childhood upbringing, societal factors, hereditary conditions, drug and alcohol misuse, trauma and stress.**

Please list any of these, or associated factors which you would like to know more about in the space below:

6 Many young people with mental health issues have never been formally diagnosed or there may be problems resulting from confusion between dual diagnoses. **Do you suspect that you have ever come across these problems?**

If so, please state below what form the behaviour took and what aspect of this behaviour you would like to know more about:

7 Therapy, in its many diverse forms, is one aspect of 'treatment' for young people with mental health problems. **Often, such therapy is 'unavailable' to young offenders for a number of reasons.**

Please list below which aspects of therapeutic approaches you would like to know more about to incorporate within your work:

8 Potential Areas not Covered by the Research Questions

If there are any other issues regarding mental health that you consider important, please could you identify them in the space below:

I look forward to your reply and please be assured that all replies will be treated in the strictest of confidence and completely anonymised within the eventual findings.

Thank you for taking time to complete this questionnaire.

Vicky Palmer

Appendix 5: Transcripts

Question One - A 'Mental Disorder' is defined by the Mental Health Act 2007 as, 'any disorder or disability of the mind'. Which aspects of 'mental disorder' have you encountered in your work that you would like to know more about? – If you would like to say anything more about these disorders, please use the space below.

[Wherever participants' anonymised names are omitted, it is because they had not answered and had left the question blank].

'PTSD is linked to experience of trauma. It is not something widely acknowledged with YJ and needs to be raised as a priority in working with young people' (Kate).

'Working in a youth club setting I encountered young people with eating disorders; particularly relevant when we were serving food. Serving fresh butchers beef burgers on the BBQ, one young person would not eat unless all the fat was drained away and still felt that it was extremely bad for her. Explaining about the good aspects of the meat and talking about exercise, the young person still insisted the meat was 'bad for you'' (Carly).

'For many young people under the age of 18 getting a diagnosis for mental health has proved difficult, especially with certain disorders e.g. schizophrenia – leaving parents and child alike frustrated' (Adrian).

'As with most disorders, each one is unique to the individual involved. A one size fits all type of recovery programme are usually useless in

their approach and delivery. The Personality disorders unit in Nottingham is particularly crap!' (Judy).

'I think all sexual offences should be dealt with offending behaviour work and more focus on uncovering the possibility of it having relevance to a sexual disorder upon conviction/sentencing and not just brushed off because we "can't" work with those who don't admit guilt during REHAB etc.' (Emily).

'I feel anxiety isn't taken as seriously as the others but instead considered a minimal and fleeting emotion. In my experience however it has had an acute impact on personality, mental illness and happiness' (Helen).

'Would like to know more about the signs of hypochondria and how you know whether a person is just anxious about health. How much is it to do with mental health?' (Colleen).

'I lived with someone who suffered with depression. They hardly got out of bed holed up in their bedroom and isolated themselves from everything despite others' best efforts to spend time with them and help them. They were on strong anti-depressants as well' (Georgina).

'I have lived with someone with depression' (Sue).

'To what extent do these impact on others around them. What can they do to support these issues? (Caroline).

Bipolar and depression are two of the mental disorders I would like to know more about along with schizophrenia. The typical behaviour it makes a person participate is interesting and would like to know more about help available to them' (Lennie).

'I am not sure what a psychoactive substance use order is, the rest I am aware of what they are' (Amanda).

‘These are disorders that can easily be overlooked and I believe it’s vital that as many people as possible gain information about what the signs are and what it actually does to a person’ (Jean).

‘Have encountered bipolar, depression and anxiety and would like to understand treatment options better – especially non-drug treatment. When it comes to PTSD, I believe someone to have it and would like to know how this is diagnosed, treated and the effects clearer’ (Gloria).

‘Have knowledge around a few mental disorders some more than others, but I would always welcome further teaching around them’ (Lewis).

‘Depression and eating disorder are mainly the only forms I have come across but I would like to know more about sexual disorders, psychoactive substance use disorder, schizophrenia and personality disorder’ (Ruby).

‘Why do these disorders affect certain people more than others? Plus many of them go undiagnosed for so long even though the signs are being displayed’ (Zain).

‘Would like to know more about phobic disorders, sexual disorders and eating disorders as I see them as every day (more common) disorders and would like to know what causes them and how they affect people differently’ (Eileen).

‘Anxiety and eating disorder I believe are not talked about enough. Some people don’t see as so important’ (Jolene).

‘In my experience there has been a combination of these disorders’ (Amarpreet).

‘Depression is very recognisable, influences and interferes with everything you do throughout your day. Prevents you from being the person you used to be and stops you moving on in life’ (Adeba).

‘Different types of symptoms that service users experience with the same type of disorder’ (Daniel).

‘I would like to know about dementia more… there is little information on it I feel’ (Thomas).

‘I would like to know how Depression, Schizophrenia and Bipolar disorder is triggered or if they are hereditary’ (Patrick).

‘I would like to know more about mental health disorders’ (Lydia).

‘I found that many people have their own views of depression for example some people wouldn’t call it depression but someone just feeling sorry for themselves. Eating disorders are more dangerous than I thought, but in medical terms it wouldn’t be seen as life threatening’ (Lizzie).

‘Types of symptoms and their impact on sufferers’ (Kieran).

‘I don’t think it is widely known or talked about. It would be a good idea if people knew about the disorder (schizophrenia) especially if one is going to work with a client with the disorder’ (Ishmael).

‘Depression was very difficult for the person to admit or actually point out. Phobic disorder very pertinent as you do not know whether the person is ‘overreacting’ or being honest. Eating disorder can be very difficult to spot first hand’ (Olivia).

‘Due to time spent in the services, I have encountered traumatic events that have affected both myself and other team members. The loss of employment and subsequent problems this caused led to both myself and my partner becoming depressed. Also due to issues causes by loss of employment, my daughter developed an eating disorder’ (Luke).

'Close family member is going through personality disorder. The person acts out different roles to himself e.g. talking out loud to himself and talking as the opposite person himself' (Kees-Jan).

'Having had depression and anxiety myself previously, I understand and recognise such disorders in others quite easily. With regards to Bipolar disorder, I had to end a relationship due to not being able to handle his behaviour due to mild Bipolar' (Andy).

'Schizophrenia – a friend smoking a lot of cannabis over a 15 year period started showing side effects. Split personality. Schizophrenia. Depression – family – suicide of a family member' (Johara).

'I know there are different forms of depression, my mother is Bipolar and I always wondered if I would become Bipolar seeing that I already am depressed' (Nicole).

'Young minds (www.youngminds.org.uk) define mental health as "How ready and able you are to develop and learn and grow up with enjoyment and confidence" and mental health problems as "any feelings that you have that get 'too much' so that they get in the way of you leading your life. They can be many different kinds of feelings such as anger, feeling scared or sad. Some people also sometimes use the words 'emotional and behavioural problems'" I think these are helpful when working with young people as they 'normalise' mental health' (Sunita).

'In my experience it is rare for young people to have any formal diagnosis of a mental health disorder' (Floyd).

'We do not aim to be experts in the above fields but should know enough to be able to have a dialogue with CAMHS about how we can work with these young people and their difficulties. This YOT has an agreement with CAMHS and we have time with the psychologist/psychiatrist for them to help us work with the YP. It is an

expectation that we should in broad terms recognise the main symptoms of these disorders to be able to address their needs and signpost to specialist services and to be able to work effectively ourselves. The hardest thing for me is, is it learned behaviour or mental illness? Usually we have to deal with the behaviour and there is always the possibility of a mental illness plus the problem of mental health professionals not wanting to diagnose pre-18s. Often parents want a diagnosis to access services and benefits and sometimes to help them understand their child's behaviour. We tend to think it is all a bit much for one person so each takes a few disorders as their speciality, however many young people have elements of several and a one person – one disorder is refreshing' (Russell).

'It can be difficult working with YP in the YJ remit if they have a mental disorder but they have not been diagnosed. They can be dealt with and processed through the system but they may have an underlying disorder, which if diagnosed earlier may influence sentencing decisions at court' (Karim).

'In my experience there have been numerous cases whereby a parent/guardian has wanted a label in order to qualify for DLA, ADHD being the main diagnosis. PTSD too has been diagnosed in a few cases but it has been felt a misdiagnosis whereby the YP has been manipulative enough to a health professional to get the diagnosis' (Molly).

'A majority of YP with whom we have contact have issues with regard to mental health or phobias which is not dealt with within the current organisation although there is provision for YP's mental health although we have a mental health nurse the outlet to MH services, it would seem that services for YP is somewhat restricted. To further impact the issue, some YP and their parents would abuse the

appointments at the health service leading to YP being removed from the service books' (Josh).

'I have not included sexual disorders as this is my current area of work. However, if it wasn't my area of work I would have ticked this as an area' (Bryony).

'They are common with our young people' (Paula).

'During the course of my work with the YOT, I have had two young people sentenced to hospital orders, one was diagnosed with paranoid schizophrenia, the other with anxiety, bipolar and learning difficulties. Young people who have experienced severe childhood abuse often shows symptoms of post-traumatic stress, depression, anxiety and conduct disorder. I have found that conduct disorder is used with children instead of personality disorder which is more often diagnosed in adults. With regards to eating disorder I have had no actual diagnoses but have had concerns, mostly about young males, however the issues raised with their eating patterns are complicated by puberty, growth spurts, lifestyle and poor childhood eating routines/patterns. I would like to know more about eating disorders' (Levent).

'I have had many people present with the above disorders, but have known very little about them. It is not until I have had YP with these disorders that I have researched more about them' (Zoe).

Question Two - A 'learning disability' is defined by the Mental Health Act 2007 as, 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning'. Simply put, children with learning disabilities see, hear and understand things differently. The most common types of learning disabilities involve problems with reading, writing, math, reasoning, listening and speaking. Which aspects of 'Learning Disability' have you encountered in your work that you would like to know more about? – If you would like to say anything more about these disorders, please use the space below.

'As a youth support worker in a youth club I would regularly take on the task of completing forms with new members. At this point many young people would reveal to me if they had dyslexia or dyscalculia. I would always complete the form for all young people and verbally ask the questions as there were people with different reading abilities. When planning activities I would remain aware of learning disabilities' (Carly).

'These have been a significant factor in when working with children and young people. This can manifest into behavioural difficulties in all areas of C and YP life e.g. truancy, problems at home with behaviour' (Adrian).

'My time in the cells at Bridewell showed a high amount of young people coming in with learning disabilities or low level abilities in English and comprehension. In my current role I see people whose ability to read and write is also limited. Most often these people are embarrassed about this and go to all manner of lengths to avoid letting me know' (Judy).

'That at the signing of the contract stage of YP orders they should be screened for all of these instead of it being assumed they're disruptive/non-engaging during sessions. This should also be done in custody' (Emily).

'I work with children with learning difficulties/disabilities and they often, in my experience, display numerous forms and in addition to other disabilities such as Autism, Asperger's and ADHD' (Gill).

'I previously thought dyslexia covered all difficulties described above' (Helen).

'I have encountered an individual who although they were not severely dyslexic did struggle with reading and spelling at times and would often have to ask for help not only with difficult words' (Georgina).

'My brother was unable to speak up until the age of 7 – using Makaton to communicate – unable to write also' (Sue).

'I voluntarily worked with children with profound and severe learning difficulties who found it very challenging to learn and concentrate within education' (Anderson).

'Support schemes that will help facilitate their learning' (Caroline).

'I would like to know more about the different levels of dyslexia and how they could interfere with your learning' (Lennie).

'I find it fascinating that any person with any of these 'disorders' could be 100 times more intelligent than you or me. I feel people get underestimated when they are diagnosed with things such as these' (Amanda).

'I have only really come across the typical reading/writing type of dyslexia but would say that all of the above are interesting and I would like to know more about all of them' (Jean).

‘Worked alongside a child who was mute, don’t believe enough was being done for her and she communicated in different ways – the department wasn’t eager to develop her verbal skills – would like to understand what can be done in those situations and why it happens’ (Gloria).

‘I would value more knowledge around learning disabilities, in particular, dyslexia. As I believe diagnosis is often left for years which can have knock on effects in someone’s academic life and not being able to reach their potential’ (Lewis).

‘What causes dyslexia? Is it inherited? Can it be cured?’ (Eileen).

‘Children that find it hard to read, write and do maths should be helped in every way as those 3 things are 3 of the most important things in life. Also, children with dyslexia find it very hard in school which could lead to dropping out’ (Jolene).

‘Marginalises them they feel left out from their expressions will not participate in a group whereas working individually with them they are a great support and participate to the best of their ability’ (Adeba).

‘Have basic knowledge around dyslexia but would be interested to know whether you are more likely to suffer from the others if you suffer from one’ (Jane).

‘I feel it’s hard to define a learning disability. The word disability is a harsh word to use. Maths is not my strongest subject however I wouldn’t say I am disabled in terms of my work’ (Lizzie).

‘Having both dyslexia and dysgraphia I found formal education as a child very challenging and as such felt unable to continue with education. This is a situation that despite all the advances in knowledge, schools do not do enough to support struggling students in’ (Luke).

‘While volunteering in a local Nottingham youth club I have found that as a volunteer I have to fill out all forms of attendance etc. for the young people as many struggle with reading and writing. My brother, although never diagnosed due to schools refusing to pay for testing, is suggested to have severe dyslexia as does my mother. Mild dyscalculia also affects my mother, but she has learnt to deal with this and she does not see it as an issue’ (Andy).

‘A friend suffering from dyslexia made me understand the difficulties that they have to tackle and the wider help that is provided now throughout education (uni/schools)’ (Johara).

‘My younger sister suffers from dyslexia. I see how frustrated she gets at times. I know that it has something to do with the brain and how the signals do not reach as fast from the eyes but still don’t understand it. I also wanted to know if ADHD was connected to dyslexia because she has that too’ (Nicole).

‘Within the field of youth justice it is my experience that many YP suffer from these disorders but are undiagnosed or workers in youth justice are not trained to adapt and deliver programmes/interventions to meet individual needs thus reducing the effectiveness of the interventions/communication with the young people’ (Sunita).

‘Even though I have worked with groups of young people which have had a number of learning difficulties, often there is no specific training to assess their needs and difficulties accessing professionals to support and manage their specific needs. There are also issues around the work place when the young people eventually try to join the workforce. For example locally young people with dyslexia and wanting to take the test for working on a building site can’t have readers and often capable young people are put off because they can’t pass a test’ (Connor).

'Getting an early diagnosis is difficult because schools prioritise the children who are there and cooperating and have interested parents. Also knowing YP have any or usually multiple of these difficulties can only help us to a degree is minimising the difficulties when the focus of our work is to reducing offending within time scales. We are constantly reviewing all our materials to improve communication with YP to do the best we can in the time available in the middle of their lives. We are inviting interested parents and young adults who have these disorders to help us improve our services. We find many YP who have not fitted into the rational curriculum and have fallen behind their peers because of not recognised and undiagnosed problems this is the chicken and egg problem usually focus has been on the behaviour not the learning need' (Russell).

'I'm quite sure I've come across all of these conditions with the YP I have worked with over the last 11 years, the difficulty is I have never been made aware of it apart from 'dyslexia'. By the time I get to work with a YP most of them are teenagers and if they have been diagnosed at a young age in early infant/primary school, this information may get lost in translation. Although there are massive advantages in multi-agency meetings a disadvantage is that once YP become teenagers and go to secondary school, different workers then become involved, if they go to a PRU that is outside their main postcode area and another education department takes the YP on their roll you can see how much information can become misplaced' (Karim).

'Again, a label is often a way of explaining why a YP is disruptive at school/community level. More work needs to be done at educational level to encourage them to learn and overcome these conditions. On the reverse some children and YPs do suffer badly and it is incumbent on the youth services to facilitate them and their learning styles, often the YP themselves will not wish to address the issue due to embarrassment etc.' (Molly).

‘This really affects YP coming into the YJS as first time entrants as we have no previous knowledge of them and sometimes they have spent years in fact where such disorders have not been diagnosed and therefore accelerates their progress through the system. Getting the courts to understand the impact of these is also difficult’ (Josh).

‘I am of the opinion that YOT workers should have more understanding of these disorders, the fact that a YP has dyslexia, they will be very good when it comes to practical skills and should not be written off but these skills should be openly developed to enable the person to improve their skills. I have found that this is also the case with schools’ (Kirstie).

‘In the line of Youth Work it is essential that “defensive recording” takes place to “cover” the worker and show the steps taken during a programme. The use of letters shows this process during an inspection process but can be of little front line use if the YP cannot read the letter. Understanding reading issues and writing letters accordingly e.g. using pictures, less formal methods of literature or text speak can increase engagement significantly. If the title of these disorders were easier to spell themselves, they could become more widely accepted by society itself and in turn understanding may one day supersede ignorance’ (Penny).

‘All Local Authorities have a different threshold/criteria that needs to be met before they consider someone for services’ (Bryony).

‘They are common with our young people’ (Paula).

‘I work with YP who are all excluded from school and who all show at least one of these difficulties’ (Taryn).

‘Dyslexia is very common amongst young people I have worked with, but this hasn’t always been identified within the school environment,

which is where I would have suspected it to be picked up. I have also found that there is limited support within schools for dyslexia' (Zoe).

Question Three – According to the National Autistic Society, Autism is a lifelong developmental disability that affects the way a person communicates and relates to people around them. Some people with Autism – in particular Asperger Syndrome – are prone to aggressive and violent outbursts. Have you encountered young offenders either on or suspected of being on, the Autistic spectrum? If so, which particular aspect of knowledge surrounding this group would you like to know more about? - If you would like to say anything more about these disorders, please use the space below.

'Working in a residential setting a young person (who had offended several times) had severe challenging behaviour and emotional/behavioural difficulties. He would regularly assault staff and have outbursts of aggression (such as kicking things or throwing things). This young person has been diagnosed with autism. He would struggle with making friends and staff would ensure all instructions were clear and accurate e.g. If a staff member said they will come and play football in a minute (an expression often used meaning a short period of time), the young person would take this as meaning 1 minute exactly. The young person showed high levels of aggression if he did not want to do something. Having sat and done maths school work with the young person, he was however very good at the work and when focused, could work out correct answers very quickly' (Carly).

'ADHD has been quite a controversial issue with many yp being seemingly diagnosed when possibly not the case. Some of this may be down to parental pressure upon medical professionals wanting a diagnosis. However, all in their way impact upon a yp's daily

functioning and how society perceives them. Many yp with such disorders have been or are in the criminal justice system' (Adrian).

'A number of children I worked with at Halton and Warrington Youth Offending Team were diagnosed with ADHD and had to take medication. I found it much easier to undertake community reparation with them when they had taken their tablets' (Simon).

'In the police cells, I would often come across young people with Asperger's Syndrome, this would prove challenging as most of them don't understand what they have done wrong or why their actions have upset people. I currently work with someone who has Asperger's, context is the main problem with this person, they say things and no one understands what they are on about. In addition we support a volunteer who has Autism, she comes across as very rude and abrupt which if you didn't know she had Autism could cause problems' (Judy).

'Diagnose, then accuse!' (Emily).

'I have encountered a yp on the autistic spectrum who is prone to aggressive outbursts at unexpected moments which I think could one day lead him into trouble. I would like to know more about the triggers and how he would be handled if this is eventually the case' (Gill).

'They have often lead to other issues such as anger and depression' (Helen).

'I would like to understand why boys are more prone to being autistic than girls. In my whole three years of working with Autistic yp we have only ever had 3 girls on the scheme' (Colleen).

'I worked with children with a form of ADHD and challenging behaviour – I found it difficult to communicate with those individuals as I did not know much about their disorders' (Anderson).

‘Especially ADHD – I feel that a lot of parents use this as an easy escape to defend their children’s behaviours’ (Caroline).

‘At first it takes a while to actually notice the young person has a form of autism but after a while it becomes easy to spot, especially with young people’ (Lennie).

‘I would like to know more about what it does to these people, how it affects them, the difficulties they face. I feel autism, Asperger’s is still very much just a word, the actual way it works and its effects is KEY to a clear understanding – making it easier to detect for people working with these children’ (Jean).

‘Worked alongside a boy with Autism not sure what type he had but working with him was a privilege. Seeing his communication skill develop. It would be useful to know more about behavioural problems and how to identify this disorder and what treatments are available’ (Gloria).

‘I feel that more information should be available around OCD as many are unaware of the impact it can have on someone’s life’ (Lewis).

‘I’ve come across ADHD, but have only read a case file based on a yp with Autistic Spectrum and Asperger Syndrome. Therefore would like to know more about the other Autism’ (Ruby).

‘The developmental disabilities have resulted in offending behaviour. Which when combined have proved harder to maintain a working relationship with the yp’ (Amarpreet).

‘More knowledge on how to get children diagnosed would be helpful. Doctors seem very wary to label a child’ (Jane).

‘Can a person have all of these disabilities? For example ADHD and OCD together. Is this something that can come later in life or is it from birth?’ (Patrick).

'I would like to know more about Autism and Downs Syndrome' (Lydia).

'ADHD is a common disorder used to describe young offenders and I sometimes believe it's falsely used to categorise offenders' (Lizzie).

'I personally don't know anything about this disorder' (Ishmael).

'Fragile X – my nephew suffers from it – is a common form of Autism. I don't know specifics. He cannot talk and suffers socially' (Chantal).

'Having dealt with several young people who displayed behaviours within the Autistic spectrum, I have developed techniques for working with them, the provision of extra responsibility to ensure ongoing focus within group work has proven to work well as the young people are concerned that they carry out the additional tasks set well! This then prevents them from becoming disruptive in a class environment' (Luke).

'A family member suffers from ADHD and he's only a few years old, but one of the things he does due to his illness is hit girls in particular' (Alison).

'Tourette Syndrome – I know a friend who is suffering through Tourette's. More information on this would be good' (Kees-Jan).

'Encountered ADHD when I was in school with other students having to be put on medication to control their behaviour/actions' (Johara).

'I seem to encounter most of these forms in my family (ADHD, Autistic Spectrum, OCD). My mother has OCD and Bipolar. I always believe that was connected' (Nicole).

'Again diagnosis may not help when each yp's experience is different, we have learned that listening to what we are told by the yp and family may help however there is a hierarchy of disorders and it is hard to work through disbelief (not got a disorder) to disbelief (can't change

because got a disorder). Autism and Asperger's are the current focus (we are told that this is really under-diagnosed) and we believe that attachment disorder is rife. I repeat that attachment disorder is usual and causes years of upset, misery and agency intervention' (Russell).

'Although I have some knowledge on the basic behaviour displayed by yps with ASD diagnosis, I feel there is very little information available on the full range of behaviours above. I feel that this is an important area of YOT practice as we appear to have an increasing number of yps with a diagnosis of ASD within the criminal justice system. In my opinion a more in depth mental health training is essential for YOT practitioners to ensure the yp is offered intervention appropriate for their understanding and learning style' (Rosie).

'Much needed research required in these areas to help us advocate for yp better' (Josh).

'Again the number of yp who have entered the yjs who have been diagnosed with ADHD has increased over the last years. I think that YOT workers should have a better understanding of these disorders' (Kirstie).

'As a frontline worker, often working with young people in public areas I would always welcome the opportunity to learn more regarding behaviour. These are challenging behaviours which often accelerate our young people into difficult situations through misunderstandings by the public, victims, police etc. Some disorders do act as labels of not pride, but excuses to some yp who use them when they feel cornered or pushed too hard. I have worked with many yp who have been diagnosed with ADHD, Asperger, EBD and Conduct Disorder, however I have never had any issues. Managed in a team-working relationship using physical work and mentoring skills, I have always enjoyed good, rewarding and incident-free appointments with all the yp I have worked with. The success level for the physical reparation

work we have completed together for that session can be unofficially rated by how quickly they fall asleep in the car on the return journey home!!!' (Penny).

'They are common with our young people' (Paula).

'These are common diagnoses concerning young people who the YOT work with. The services available to assist the yp and their families are patchy and often short-term funded. Training and understanding these conditions is accessible, however resources and practical support are often unavailable' (Levent).

'I work with young offenders who suffer from an array of disorders. I believe many are on the Autistic/Asperger spectrum but are undiagnosed. Again, we get a number of young people with the above disorders, but I don't tend to find out much unless we research it ourselves. The odd training day has been provided, but essentially what we need is to learn better ways of working with yp who have these disorders' (Taryn).

Question Four – MENTAL HEALTH ISSUES IN THE WORKPLACE: Are you aware of any diversion schemes for young offenders suffering from any of the Disorders/Disabilities noted in questions One to Three in your area?

'No' (Kate).

'No' (Carly).

'As a general consensus there is little in terms of diversionary schemes but if we are supporting yp into college, training schemes then this would be highlighted to the scheme for them to identify relevant support. This is also similar for yps entering custody, albeit the support is dependent upon the secure estate. In the area I work, there are good links with CAMHS which has a specific team working with yp' (Adrian).

'Yes in Halton there is a diversionary project. This is a pilot scheme and has been recently evaluated by University of Liverpool. This is a great scheme as it ensures that the young offenders' mental health needs are diagnosed at the earliest opportunity' (Simon).

'No' (Judy).

'No' (Emily).

'N/A' (Andrew).

'N/A' (Helen).

'No I'm not aware of any diversion schemes for young offenders suffering from any of the disorders/disabilities in my area' (Lennie).

'No' (Amanda).

'CAMHS' (Jolene).

‘CAMHS’ (Amarpreet).

‘CAMHS’ (Adeba).

‘No’ (Patrick).

‘No’ (Lydia).

‘No’ (Ishmael).

‘No’ Grainne).

‘Nope’ (Chantal).

‘No’ (Olivia).

‘N/A’ (Ursula).

‘ACF outreach scheme to take young people at risk of offending on a course that builds self-confidence and team spirit’ (Luke).

‘N/A’ (Alison).

‘N/A’ (Kees-Jan).

‘N/A’ (Andy).

‘No’ (Johara).

‘Not aware of any’ (Sunita).

‘Other than working with our CPN and related services we have nothing ‘diversionary’ to offer!’ (Kulminder).

‘Yes, we have a dual-diagnosis worker (MH and substance misuse) who is the link worker to our in-house CAMHS/Focus team. Young people presenting mental health or emotional/behavioural concerns are referred to this worker. Also, any yp who scores 2 or above in the EMH section of Asset automatically is referred’ (Billy).

'There are a number of schools providing support, we have a CAMHS nurse within the YOS to address the issues but very few services which tailor support around getting young people into training and further education due to their special mental health needs. Or staff with enough skills to manage individual needs which result in a break down and young people becoming engaged in further offending or appearing to drop out of society' (Connor).

'Autism Anglia is a support network for young people and their families. http://www.autism-anglia.org.uk' (Floyd).

'For Officers? We are working with the Orange Box, which when built, will be a place of diversion for all Calderdale yp so we will offer courses for everyone…and expect YOT yp to be included in sessions offered by other orgs e.g. dance/art' (Russell).

'Yes – CAMHS – specialise in providing help and treatment for children and yp with emotional, behavioural and m.h. difficulties' (Karim).

'Both CAMHS and TAMHS in Swindon facilitate work with regard to many of the issues presented. There are also counselling agencies available. The YOT have mental health practitioners who also carry out work. Long term issues are dealt with at Marlborough House in Swindon, the main hub for yps with a mental issue. YOT practitioners are also trained in helping those with non-acute conditions' (Molly).

'No, as far as I am aware, there are none' (Josh).

'No' (Kirstie).

'No' (Penny).

'No' (Bryony).

'No' (Paula).

'No' (Callum).

'We have Stronger Families and YISP – both of which work with vulnerable yp to divert them from the youth justice arena' (Taryn).

'Framework, Individual Placement and Support, Community Mental Health Teams, CAMHS, Coping After Losing a Baby (CALAB), Amity Project – Project supporting people aged 16+ with mental health needs – offers a range of group activities and support, as well as offering outreach services, Awaaz Asian Mental Health Resource Project: one to one/group support and advocacy for Asian people with mental health difficulties, Young Diverse Minds: Supports people aged 16-30 from African/Caribbean, Asian or dual-heritage cultures within Nottingham who have mental health support needs' (Shenoah).

Question Five - It is said that there may be a variety of factors associated with mental health difficulties. These might include childhood upbringing, societal factors, hereditary conditions, drug and alcohol misuse, trauma and stress. Please list any of these, or associated factors which you would like to know more about in the space below:

'Despite the fact that attachment theory is taught on social work courses, there is still a failure by organisations to recognise the importance of attachments on mental health. Young people are often likely to have experienced trauma and therefore this will impact on their mental health. It would be really helpful to have more information and training on the impact of trauma on mental health' (Kate).

'Childhood upbringing, societal factors, drug and alcohol misuse' (Carly).

'All of the above' (Adrian).

'Childhood upbringing. I do not think there is sufficient emphasis on this' (Simon).

'I am a firm believer that mental health problems are hereditary. My mother has bipolar disorder and I suffer with depression, anxiety and emotionally unstable personality disorder. It's the whole nature nurture debate, some people I think are predisposed to mental health problems and the environment they're brought up in can trigger this. But again you have people with no family history and a 'normal' family life go on to develop problems. It is really hard to guess who will go on to have issues and who won't' (Judy).

'All of the above' (Emily).

'Hereditary conditions, trauma and stress' (Gill).

‘Childhood upbringing, trauma and stress’ (Andrew).

‘Trauma and stress, hereditary conditions’ (Helen).

‘Societal factors e.g. conditions brought up in, if the yp has encountered any abuse/abuse in family’ (Colleen).

‘Alcohol misuse I think can be a big influence on a yp if their parent is an alcoholic when they grow up’ (Georgina).

‘Alcohol misuse’ (Sue).

‘Societal factors, hereditary conditions, trauma and stress’ (Anderson).

‘Hereditary conditions, drug and alcohol misuse’ (Jennifer).

‘Trauma and stress’ (Krishna).

‘Any socioeconomic factor, upbringing and hereditary conditions’ (Caroline).

‘Hereditary conditions’ (Lennie).

‘Hereditary conditions, trauma and stress. I feel I understand how the upbringing and societal factors effect yp, also trauma and stress to an extent. I have never looked in to hereditary conditions and what the odds are of passing these mental health problems’ (Amanda).

‘Hereditary conditions – if this is true, it could make detection easier. Drug and alcohol misuse, trauma and stress’ (Jean).

‘I have an understanding of childhood upbringing and drug and alcohol associated with mental health, but gaining a better understanding of hereditary conditions and also biological changes which cause mental health’ (Gloria).

‘Would like to know more about the factors associated with mental health difficulties. For example is it more down to childhood upbringing (nurture) or hereditary (nature)?’ (Lewis).

‘Hereditary conditions, trauma and stress’ (Ruby).

‘Drug and alcohol misuse, childhood upbringing, trauma and stress’ (Zain).

‘Hereditary conditions, childhood upbringing’ (Eileen).

‘Childhood upbringing’ (Jolene).

‘Childhood upbringing, trauma and stress’ (Amarpreet).

‘Childhood upbringing, societal factors’ (Daniel).

‘Hereditary conditions → why are only certain family members affected?’ (Jane).

‘Childhood upbringing, societal factors, hereditary conditions, drug and alcohol misuse, trauma and stress’ (Thomas).

‘Hereditary conditions…is this something that actually exists or is it an easy answer?’ (Patrick).

‘Drug and alcohol misuse, hereditary conditions, childhood upbringing’ (Lydia).

‘Background of a child, their abilities in school, family support, peers/friends, bereavement’ (Lizzie).

‘Societal factors’ (Ishmael).

‘Childhood upbringing, trauma and stress. It would be interesting to understand in greater depth how life events affect upbringing’ (Grainne).

‘Childhood upbringing, childhood experience, drug/alcohol misuse, stress’ (Olivia).

‘Drug abuse’ (Terrie).

‘Hereditary, drug and alcohol misuse, trauma and stress, all of the above’ (Ursula).

‘Childhood upbringing, trauma and stress’ (Claire).

‘Trauma and stress, childhood upbringing’ (Amandeep).

‘I would love to find out more about how trauma affects people with regard to PTSD’ (Luke).

‘Childhood upbringing, hereditary conditions, trauma and stress’ (Alison).

‘Hereditary conditions, societal factors’ (Kees-Jan).

‘I find hereditary issues interesting and would like to know more. I have the belief that childhood upbringing affects mental health in later life so would like to know more. Also how drugs and alcohol affects this’ (Andy).

‘Hereditary, drug and alc.’ (Johara).

‘Childhood upbringing seems to be the main factor because it is what causes the trauma and stress, drug and alcohol misuse and societal factors’ (Nicole).

‘I would always like to know more about factors associated with mental health, especially when considering the family approach and when compiling family assessments’ (Sunita).

‘All of the above would be helpful’ (Kulminder).

‘I would like further information about the ‘toxic trio’ effect within family dynamics (MH issues, substance misuse, and DV)’ (Billy).

‘I am aware of the impact of both cultural and environmental impacts on young people and feel that the training provided by NTU has raised my understanding. There are courses run within Stockton but feel this

could be improved at a local level and all of the above would benefit local services' (Connor).

'Hereditary conditions' (Floyd).

'Yes we work with all of these and should have sufficient knowledge to recognise the difference and possible origin of yp's behaviour, however also feel that knowing this is only the first part and that being able to work with a yp is important to have effective change, again. However, this is difficult due to entrenched societal/parental/global recession issues. Also hard to 'put right' on a short order/vol. intervention that has been forming for several years' (Russell).

'Hereditary conditions' (Karim).

'All of the above are pertinent. Societal factors are very broad now especially with the current austerity measures that are reducing youth services' (Molly).

'Childhood upbringing, hereditary conditions, societal factors' (Penny).

'Hereditary conditions, drug and alcohol misuse, trauma and stress, co-morbidity issues – e.g. what is the relationship between OCD and say eating disorder?' (Bryony).

'Hereditary conditions' (Cheryl).

'Hereditary conditions' (Ryan).

'The effect of abuse and trauma on brain development' (Taryn).

'Attachment disorders and all of the above' (Zoe).

'Drug and alcohol misuse, hereditary conditions' (Shenoah).

'Structural factors such as poverty, lack of opportunity in ETE, diversity issues such as ethnicity and gender' (Hannah).

Question Six – Many young people with mental health issues have never been formally diagnosed or there may be problems resulting from confusion between dual diagnoses. Do you suspect that you have ever come across these problems? If so, please state below what form the behaviour took and what aspect of this behaviour you would like to know more about:

'I have worked with a number of young people who have been diagnosed with ODD and PDA disorders. Their behaviour would often be problematic in relation to the work they were expected to do. For example, YOT work relies heavily on intervention sessions around consequences of offending. For young people with particular behaviour disorders, these sessions are meaningless and they often disengage. Equally, those young people without diagnosis who demonstrate behaviour traits that might be linked to depression or personality disorders, are often expected to 'fit' with the programme of work set out by the court. A lack of diagnosis and understanding of the most appropriate approach often results in repeated offending, breaching orders and resentencing. Therefore, young people are systematically disproportionately punished due to a failure to acknowledge their disorders' (Kate).

'None that I can think of currently' (Carly).

'Yes, see section 3 as an example' (Adrian).

'Yes at the Youth Offending Team, on a few occasions when I assessed a young offender using the Asset tool, I found it was difficult to separate mental health and drug related problems. However, you were required to do this so the yp was not over-assessed' (Simon).

'In my own experience…despite several suicide attempts I was refused treatment due to being an attention-seeker. I think this is something that needs to be addressed in yp, if you think they are attention seeking maybe they need some attention, not just to be dismissed in hand' (Judy).

'I think I have come across many of these problems but due to money/time constraints I don't believe that the majority of cases have the chance to be formally diagnosed and treated before the yp is "disruptive/challenging". I also believe there is a major issue with parental diagnosis/an excuse culture of not dealing with underlying issues' (Emily).

'I work with a young girl who has been diagnosed with learning difficulties and whose mum is pushing for testing for autism as she feels the diagnosis is not complete and she is displaying signs of autism in all social aspects' (Gill).

'Yes, a yp diagnosed with depression was put on anti-depressants and later diagnosed as bi-polar therefore her behaviour became increasingly aggressive and erratic' (Andrew).

'Yes, depersonalisation and removal from reality' (Helen).

'I worked with a yp with suspected dyslexia, but because was not given a SEN statement, was difficult to access resources to provide support' (Colleen).

'I think depression/anxiety are two of the main things I believe I have seen that go undiagnosed because some people suffering with it do not seek help as they believe they can deal with it alone or don't want to face the fact they are suffering with it' (Georgina).

'Yes…extremely short concentration span, hyperactive from early morning to late evening, difficulty following rules, disruptive at nursery

school – can't sit still. Very agitated when people get too close or picks up one of his belongings' (Krishna).

'Yes, more of the time it's the parents disagreeing with the diagnosis and believe it is something else' (Caroline).

'I don't suspect that I have come across these problems' (Lennie).

'Aggressive behaviour: I think that a child acting 'good' or 'bad' is usually put down to the upbringing of the child, but with diagnosis such as Asperger Syndrome where this is a trait of the disorder should be more common knowledge. During my time at school, certain kids who would throw desks or run out of the class at the age of about 8-12, looking back shouldn't have been punished so harshly. They were never considered to be suffering from a mental health disorder' (Amanda).

'Yes, a family friend has signs of autism from a very young age, yet despite his mum questioning a possible diagnosis he wasn't diagnosed for a further 24 months and that was due to her 'pestering' them' (Jean).

'Being undiagnosed can leave a person in a state of limbo' (Lewis).

'Young person was still unable to speak at 3 years old. Had characteristics of being on the autistic spectrum. Although she was unable to speak, she was very good with puzzles' (Zain).

'Child was overly hyper and if not constantly twitching would also only speak when they felt like it. I would like to know if this could be signs of a mental health issue' (Eileen).

'Yes. Frequently. However not diagnosed' (Amarpreet).

'Yes I have. Personality Disorder. What triggers their behaviour? Is it how you talk, interact with them? Is personality disorder something you are born with?' (Adeba).

'Service user suffered from depression due to personal reasons and ate too often to sooth their pain. My question is – what is the link between comfort eating and depression and how does it sooth the pain – as the situation remains the same?' (Daniel).

'Yes…doctors seem very wary in diagnosing (labelling) children, even though they clearly are' (Jane).

'Yes, my brother wasn't diagnosed with bipolar til 16' (Chantal).

'Yes – communication' (Ursula).

'ADHD – Hyperactive, feeling they couldn't function without cannabis' (Amandeep).

'Anger management – close friend have anger management issues, different therapy have been given by doctor e.g. learn to relax' (Kees-Jan).

'My younger brother has suspected learning disabilities which were never diagnosed and therefore has never received treatment. Within the field of youth justice I have found from research that many young offenders have some kind of mental issue' (Andy).

'Yes there is a historical problem with substance using young people and CAMHS due to the fear of dual diagnosis nor are they able to access a service at times…very frustrating' (Sunita).

Some confusion about Asperger's and H. F. Autism, and would like more information on how to work with a child who is diagnosed with H. F. Autism' (Billy).

'Yes I have worked in the past with young people when there has been different diagnosis or an agency has been told there is a diagnosis and treated a yp in their care as having psychosis when the psychologist actually had said that there was no psychosis but verbal feedback had

become distorted only when he came to the YOS and we looked deeper and could put the records straight' (Connor).

'Yes, last time was on Friday. A young person was acting 'a bit odd' while waiting for his court appearance. He had two confrontations with others in the court waiting area, and was seen to be muttering to himself during the court hearing. He said that he had not taken any substances for the last two days. I called CAMHS to complete an assessment. My thoughts were that he was suffering from a mental health issue, but the assessment lent to a referral to the local drug and alcohol service' (Floyd).

'Our experience is that the mental issues have not been diagnosed or that there are 'bits' from several conduct disorders/continua. We are told that especially mental health is not diagnosable before developmental adulthood therefore we must work with the behaviours which may or may not be constant impulsivity, lack of concentration, agitation/panic, lack of control, introversion (easy to ignore the child who says nothing), admits to everything, lack of personal hygiene, inappropriate friendships, controlling, also may be obsessively focused rather than deficit. We know substance misuse can mask mental health issues and substances can be used deliberately to self-medicate and self harm. Also an issue with untreated (lack of therapeutic interventions) for sexually abused yp can lead to depression, self-harm self-loathing complete lack of self-worth' (Russell).

'Compulsive behaviour. Aggressive behaviour' (Karim).

'Young people who appear 'borderline', resulting in no diagnosis despite them displaying obvious difficulties, this means the yp and the family do not get the help they often need. More recently, I have encountered 2-3 families where the yp is displaying ADHD and autistic tendencies including Oppositional Defiance Disorder, no diagnosis made but family informed it is a parenting issue when it quite clearly

is not. I feel more information on working with yps who display autistic tendencies and those who are thought to display ODD behaviours would be beneficial' (Rosie).

'Some practitioners, dare I say it, are more able to diagnose some conditions despite the professionals not agreeing (due to length of contact). This can cause some friction. However, as the yp is the focus, adult dialogue can sometimes overcome these obstacles and a second opinion sought. ADHD is easy to mimic to a professional but consistency in maintaining the behaviour to a YOT practitioner for example is hard to do. Again this is down to the amount of time afforded to yps by YOT practitioners. With or without medication there are tell-tale signs that would lead one to see ADHD present. PTSD is a relatively new diagnosis for yp in the CJS but one that is more easily resolved these days' (Molly).

'Yes, in fact it usually means that CAMHS withdraw until other issues are sorted which doesn't help situation at all' (Josh).

'Yes…how to deal with these issues' (Kirstie).

'Many have not been diagnosed but I also feel that many have, who should not have been. Sometimes, especially with persistent offenders, the key focus simply becomes finding a reason, any reason to justify behaviour. Some minor and low level offenders never break radar cover to warrant a full mental health assessment and therefore go undetected and untreated' (Penny).

'Yes – smearing, self-harm and depression, ingesting poisonous substances and anxiety, depression and alcohol use, cannabis and mental health' (Bryony).

'Yes, I once had a young person I suspected had Autism, I had to argue with the family GP to get him diagnosed and provide evidence even though I am not trained in this area' (Paula).

‘It is evident that many young people have undiagnosed conditions when they enter the criminal justice system aged 11+. The question that needs to be asked is how the condition has not been diagnosed through their contact with the welfare and education systems’ (Cheryl).

‘The main issue that arises is in relation to dual diagnosis with a mental health problem and substance misuse. The services for these issues are separate and there is often conflict over which one to treat first or has one difficulty resulted in the other. This can be frustrating as a practitioner and confusing for the young person and is often a significant barrier to accessing treatment’ (Levent).

‘Most commonly, it’s communication difficulties. YP are able to speak but choose (?) not to communicate their thoughts/feelings with adults’ (Callum).

‘I have had a similar case where the young person was a heavy cannabis user and in my opinion was misdiagnosed as there was evidence of mental health issues from a young age but was never formally diagnosed. It is in my opinion that the cannabis exacerbated his condition and he was never formally diagnosed’ (Zoe).

‘I once worked with a young person who was diagnosed with Asperger but in my opinion he also suffered from ADHD. Mum was not aware of his condition and I encouraged her to get him assessed for the condition. He was assessed as having this and it was quite evident that a dual diagnosis was missed’ (Shenoah).

Question Seven – Therapy, in its many diverse forms, is one aspect of 'treatment' for young people with mental health problems. Often, such therapy is 'unavailable' to young offenders for a number of reasons. Please list below which aspects of therapeutic approaches you would like to know more about to incorporate within your work:

'YOTs are limited in terms of the therapeutic services they can offer. It would be really useful to have specialists who are able to work one-to-one with young people in addition to case management. For example, offering a counselling service' (Kate).

'Behavioural approaches, cognitive approaches' (Carly).

'Whatever is available would be a good starting point' (Adrian).

'Alternative therapies, progressive relaxation, holistic therapy, person-centred' (Simon).

'More talking therapies would be good with someone properly trained. We need to stop handing out prescription meds hoping they will be a magic fix to the problems. Medication works hand-in-hand with talking therapies' (Judy).

'I think for the families/young people CBT/MST can be very helpful and I wish there was more available' (Emily).

'CBT' (Andrew).

'CBT, Art therapy' (Helen).

'Anger management methods, communication skills to teach yp' (Colleen).

'Speech therapy, counselling for children with autism' (Sue).

‘I would like to know an in-depth account of therapies available for y/p and what they are used for. For example electric machines are used to reset the mind so I would like to know more about’ (Jennifer).

‘Counselling – how it works’ (Krishna).

‘I would like to know about all forms of therapeutic approaches’ (Lennie).

‘I am not aware of therapeutic approaches’ (Amanda).

‘Therapeutic approaches, counselling, hypnotherapy’ (Gloria).

‘CBT’ (Lewis).

‘CBT’ (Zain).

‘CBT, counselling, pro-social modelling, coaching’ (Jolene).

‘Counselling’ (Amarpreet).

‘Counselling, pro-social modelling, coaching, motivational interviews, CBT’ (Adeba).

‘Counselling, CBT’ (Daniel).

‘All of it as I don’t have that much knowledge on this, and I believe that if it works, then it is necessary’ (Thomas).

‘All of them’ (Lydia).

‘Counselling, CBT’ (Kieran).

‘One-to-one aspect. One-to-one time, talks, group work’ (Olivia).

‘Counselling’ (Claire).

‘Counselling’ (Alison).

‘Counselling, maybe group counselling (make them feel included – same wave length as other children), support for family’ (Johara).

‘I sometimes lose faith in treatment because it is very difficult to reassure a person. I had 6 different counsellors and it took a long time to get a diagnosis’ (Nicole).

‘I would love to learn more about therapeutic approaches and have an open mind to all approaches as I believe they should reflect the needs of the individual’ (Sunita).

‘Working with autistic children’ (Billy).

‘We do have direct access in Stockton to CAMHS and an in-house mental health nurse which does help a great deal with assessments and the speed in which a yp can be seen, however this is also up to the willingness of the yp to agree to support which often impacts on progress and achievable outcomes’ (Connor).

‘When I was a case manager, we worked closely with psychologists who were seconded to the YOT by CAMHS. I therefore would not consider that therapy was unavailable in respect of our work. We did however find that often more intervention at tier two was needed. I would like to know more about pedagogy as a therapeutic approach. This was used in a local residential unit and initial responses were quite positive’ (Floyd).

‘We do not actually provide any therapeutic work and have difficulty accessing any through CAMHS. Custody is often the default setting for dealing with young offenders (to protect the public rather than treat a child) rather than costly therapy. Focus on juvenile sex offenders and identity’ (Russell).

‘At my YOT we have MH practitioners. However there can be a waiting list for therapy. But this does seem to be improving’ (Karim).

‘Working effectively with yps with autistic tendencies as there appears to be an increase in yps in this group becoming involved with the YOT. I would also like to know more about all treatments and to gain an

understanding of the skills needed to work effectively with them to help promote change' (Rosie).

'Today cost is the ever important cloud hanging over any service or treatment. An important asset of any practitioner is to be fully conversant with the many therapies available to them that they can practice safely e.g. CBT, solution focused therapy. Once confidence is gained in using them, barriers are lowered and work carried out effectively' (Molly).

'Multi-Systemic treatments, more in-depth work around CBT' (Josh).

'Withdrawal approaches re drugs and alcohol which can gradually be incorporated into daily life' (Penny).

'Medication involved, talking therapies / Activity therapies / Expressive therapies / Alternating therapies, integrated treatment approaches, relapse prevention, DSM-IV (soon to be V) and assessment of aforementioned' (Bryony).

'Any that is available' (Paula).

'Psychological disorders and how to use the correct techniques for interacting with the young person' (Cheryl).

'Counselling, life history work, solution focused therapy' (Levent).

'How best to assess a YP's understanding of cognitive work completed when they struggle to communicate with you' (Ryan).

'All therapeutic approaches' (Zoe).

'CBT, existential therapy, systemic therapy' (Shenoah).

'MST, CBT' (Kiz).

Question Eight – Potential areas not covered by the research questions. If there are any other issues regarding mental health that you consider important, please could you identify them in the space below:

'More needs to be done to support those who are just starting to show signs of mental health. We wait too long these days. If we could get the support needed at the beginning it would save a lot of suffering. It shouldn't be allowed to get to crisis point. Young people need to be believed when they say they have problems. It is so hard to speak out when you think you are different to your peers, and to have that dismissal can cause even more suffering' (Judy).

'Increasing amounts of yp especially students, appear to be being offered medication as a treatment for depression. Other avenues should be explored first and medication should be a last resort' (Andrew).

'Can you overcome / grow out of mental health problems without the use of medication?' (Krishna).

'Why aren't schools running a series of programmes / assessments each year at school which can be a fun experiment for the child but also test for things such as autism/Asperger's?' (Amanda).

'Diagnosis needs to be priority and it needs to be done at the earliest stage possible. To achieve this a wider knowledge needs to be known. Knowledge is key' (Jean).

'If someone who is a professional and doesn't truly understand all aspects of mental health when working with a group of people who are at a higher chance of having mental health issues – I believe we have a problem. Mental health needs to be taught in school and acknowledged with the stigma removed' (Gloria).

‘There needs to be a much wider knowledge of mental health to help enhance the diagnosis of them and treatment needs to be more accessible’ (Lewis).

‘Self-harm’ (Zain).

‘I believe it is important that everyone is educated to understand mental health to ensure behaviour is understood by public avoiding misunderstanding and conflict’ (Eileen).

‘Mental health, in my opinion, is not widely covered in YOTs. Therefore there is a lack of knowledge and understanding’ (Amarpreet).

‘Does medication really heal or soothe a person diagnosed with mental disorder?’ (Daniel).

‘The treatment of people with a mental illness as I think the treatment can be extremely bad and there is a massive lack of understanding, as many people don’t understand about mental health issues they become ignorant to the reality and people with the illness fall victim’ (Thomas).

‘I think mental illness should be spoken about more often’ (Ishmael).

‘What services would people like to see available?’ (Grainne).

‘Some people who have mental health issues are not diagnosed or even if they are there is not much help available’ (Terrie).

‘I would like to cover all aspects’ (Ursula).

‘If the family have impacted the young person. If any family members suffer from mental health problems. Family counselling’ (Alison).

‘I think there should be more education with regards to lessening the stigma related to people with mental health’ (Andy).

‘Can a person establish too many different types of mental disorders overlapping one another?’ (Nicole).

‘Self injury – supporting young people through self injury’ (Sunita).

‘I have found that there is limited information regarding psychosis and autism. There are often basic training sessions delivered but I feel my work would benefit from a more detailed programme of training’ (Connor).

‘Sometimes the difficulties with yp are magnified when parents have mental health issues inc. LT substance misuse. In this area, most YOT yp and their parents do not believe cannabis and the new fashionable recreational drugs ketamine/Mkat causes any negative problems. We do not have sufficient evidence/material to make the case. Time in custody could be used for specialist assessment and starting behavioural regimes which could then be transferred into the community on YOT licence’ (Russell).

‘Government cutbacks and families becoming in dire circumstances due to lack of jobs and enterprise may have on families who encounter mh difficulties and those who have been diagnosed are struggling on benefits may become even worse if resource funding becomes strained or even cut. The new ‘bedroom tax’ that will hit most of the families we work with will have a financial impact upon them resulting in stress and anxiety making their disorder even worse. YP pick up on the stresses and anxieties of their parents’ (Karim).

‘Suicide, self-harm’ (Molly).

‘I feel that diet also plays a key part in mental health issues and should be looked at more closely’ (Penny).

‘Treatment of dual-diagnosis, available/availability of resources, legislation and mental illness – deprivation of liberty – safeguards, prevention of mental disorders, cultural and religious considerations,

DSM-IV and ICD-10 (both being updated – DSM-V due this year, ICD-11 anytime next year)' (Bryony).

'Our job is to refer these young people on to outside agencies, really we should have more mental health staff or better training. How can I manage behaviour when I am not trained?' (Paula).

'There is a long wait to get professional support from the mental health services. Should the young person fail to attend scheduled appointments then they are discharged from the service. Many young people have conditions that were not diagnosed when they were in education. Conversely, they are diagnosed but no support is offered to them' (Cheryl).

'Anxiety attacks and anxiety disorders' (Shenoah).

'One of the most common problems for myself and some workers I have managed/spoken to is the lack of trust/faith in diagnosis that they receive. Quite often the practitioners complain that the yp was only seen for a very short time and it is questionable whether a full and comprehensive assessment could be made in that time. This is often echoed by the yp, who did not engage or was only seen for a short period, yet a large report is written outlining a 'diagnosis'' (Kiz).

REFERENCES

Aas, F. (2004) 'From Narrative to Database: Technological Change and Penal Culture.' *Punishment and Society.* 6: 4: 379-393.

Abbot, J. (1981) *In the Belly of the Beast.* London: Arrow.

Advisory Council on the Misuse of Drugs (2003) *Hidden Harm: Responding to the Needs of Children of Problem Drug Users.* London: Home Office.

Allen, D. Peckett, H. Evans, C. Hider, A. Rees, H. Hawkins, S. and Morgan, H. (2007) 'Asperger Syndrome and the Criminal Justice System.' *Good Autism Practice.* 8:1: 35-42.

Allen, R. (2002) 'There Must be Some Other Way of Dealing with Kids: Young Offenders, Public Attitudes and Policy Change.' *Youth Justice.* 2: 3: 3-11.

Althusser, L. (1971) *Lenin and Philosophy and Other Essays.* London: Verso.

American Psychiatric Association (APA) (2000) *DSM-4: The Diagnostic and Statistical Manual of Mental Disorders - 4th Edn.* Washington DC: American Psychiatric Association.

American Psychiatric Association (APA) (2013) *DSM-5: Diagnostic and Statistical Manual of Mental Disorders – 5th Edn.* Arlington, VA: American Psychiatric Association.

Anon (2015) 'We All Know She Could Die.' *Sunday Times.* March 15 2015.

Ansbro, M. (2008) 'Using Attachment Theory with Offenders.' *Probation Journal.* 55: 3: 231-244.

Armstrong, D. (2004) 'A Risky Business? Research, Policy, Governmentality and Youth Offending.' *Youth Justice.* 4: 100-113.

Askey, H. and Knight, P. (1999) *Interviewing for Social Scientists.* London: Sage.

Asperger, H. (1944) 'Die Autistischen Psychopathen im Kindesalte.' *Archiv für Psychiatrie und Nervenkrankheiten*.117: 76–136. [Online]. Available at: http://www.springerlink.com/content/u350x0683r1g6432/ [Accessed 13.02.12.].

Atkinson, M. (2010) *Address to Howard League Annual General Meeting.* 24 November 2010. London: Children's Commission.

Attwood, R. (2009) 'I Can't Hear You.' *Times Higher Education.* March 26 2009.

Attwood, T. (2007) *The Complete Guide to Asperger's Syndrome.* London: Jessica Kingsley.

Aveyard, H. (2007) *Doing a Literature Review in Health and Social Care: A Practical Guide.* Maidenhead: Open University Press.

Backer-Holst, T. (1994) 'A New Window of Opportunity: The Implications of the Reed Report for Psychiatric Care.' *Psychiatric Care.* 1: 1: 15-18.

Bailey, D. (2012) *Interdisciplinary Working in Mental Health.* Basingstoke: Palgrave Macmillan.

Baker, K. (2014) *AssetPlus Rationale.* London: Youth Justice Board.

Ball, C. and McDonald, A. (2002) *Law for Social Workers – 4th Edn.* Aldershot: Ashgate Publishing Ltd.

Banton, R. Clifford, P. Frosh, S. Lousada, J. and Rosenthall, J. (1985) *The Politics of Mental Health.* Basingstoke: Macmillan.

Barkley, R. (1998) *Attention-Deficit Hyperactivity Disorder: A Handbook for Diagnosis and Treatment*. New York: Guildford Press.

Barkley, R. Fischer, M. Edelbrock, C. and Smallish, L. (1990) 'The Adolescent Outcome of Hyperactive Children Diagnosed by Research Criteria: An 8-Year Prospective Follow-up Study.' *Journal of the American Academy of Child and Adolescent Psychiatry.* 29: 546-557.

Barnard, A. (2008) 'Values, Ethics and Professionalization: A Social Work History.' In, Barnard, A. Horner, N. and Wild, J. (Eds) *The Value Base of Social Work and Social Care.* Maidenhead: Open University Press.

Barnard, A. (2013) 'Resisting the Charm of an All-Consuming Life: Riots, Rebellion and Finding New Utopias for Children and Young People.' In, Wild, J. (Ed) *Exploiting Childhood: How Fast Food, Material Obsession and Porn Culture are Creating New Forms of Child Abuse.* London: Jessica Kingsley Publishers.

Baron Cohen, S. (1988) 'An Assessment of Violence in a Young Man with Asperger's Syndrome.' *Journal of Clinical Psychology and Psychiatry.* 29: 3: 351-360.

Barry-Walsh, J. and Mullen, P. (2003) 'Forensic Aspects of Asperger's Syndrome.' *The Journal of Forensic Psychology and Psychiatry.* Manuscript No. 100381.

Bateman, T. (2012) *Children in Conflict with the Law: An Overview of Trends and Developments.* London: National Association of Youth Justice.

Bateman, T. and Pitts, J. (2005) *The RHP Companion to Youth Justice.* Lyme Regis: Russell House Publishing.

Batmanghelidjh, C. (2008) 'Forward.' In, Barnard, A. Horner, N. and Wild, J. (Eds) *The Value Base of Social Work and Social Care.* Maidenhead: Open University Press.

Batmanghelidjh, C. (2013) 'Forward.' In, Wild, J. (Ed) *Exploiting Childhood: How Fast Food, Material Obsession and Porn Culture are Creating New Forms of Child Abuse.* London: Jessica Kingsley Publishers.

Baumbach, S. (1999) 'Learning from Mental Health Service Users.' *Probation Journal.* 46: 2: 113-115.

Bavidge, M. (1989) *Mad or Bad?* Bristol: Classical Press.

Bazely, P. and Jackson, K. (2013) *Qualitative Data Analysis with NVivo – 2nd Edition.* London: Sage.

Beck, J. (2008) 'Governmental Professionalism: Re-Professionalising or De-Professionalising Teachers in England?' *Journal of Educational Studies.* 56: 2: 119-143.

Becker, H. (1963) *Outsiders: Studies in the Sociology of Deviance.* New York: Free Press.

Bell, A. Hodgson, M. and Pragnall, S. (1999) 'Diverting Children and Young People from Crime and the Criminal Justice System.' In, Goldson, B. (Ed) *Youth Justice: Contemporary Policy and Practice.* Aldershot: Ashgate.

Belsey, C. (2002) *Poststructuralism: A Very Short Introduction.* Oxford: Oxford University Press.

BERA (2011) *Ethical Guidelines for Educational Research.* [Online]. Available at: www.bera.uk/publications [Accessed 05.02.13.].

Berelowitz, S. (2011) *I Think I Must Have Been Born Bad: Emotional Wellbeing and Mental Health of Children and Young People in the Youth Justice System.* London: Office of the Children's Commissioner.

BIBIC (British Institute for Brain Injured Children) (2005) *Young People with Learning and Communication Difficulties.* Somerset: BIBIC.

BIBIC (2007) 'BIBIC Research on ASBOs and Young People with Learning Disabilities and Mental Health Problems.' In, Nixon, J. Hodge, N. Parr, S. Willis, B. and Hunter, C. 'Anti-Social Behaviour and Disability in the UK.' *People, Place and Policy.* 2: 1: 37-47.

Bishop, D. (2008) *An Examination of the Links between Autistic Spectrum Disorders and Offending Behaviour in Young People.* [Online]. Available at: www.internetjournalofcriminology.com/Bishop [Accessed 17.06.15].

Bizzell, P. (1992) *Academic Discourse and Critical Consciousness.* Pittsburgh, PA: University of Pittsburgh Press.

Blackburn, R. (1988) 'On Moral Judgements and Personality Disorders: The Myth of Psychiatric Personality Revisited.' *British Journal of Psychiatry.* 153: 505-512.

Blumenthal, S. Wessely, S. and Soper, P. (1993) 'Diverting Mentally Disordered Offenders.' *Probation Journal.* 40: 2: 98-100.

Blunkett, D. (2000) 'Influence or Irrelevance: Can Social Science Improve Government?' In, Attwood, R. (2009) 'I Can't Hear You.' *Times Higher Education.* March 26 2009.

Blunt, C. (2011) *Probation Service: National Standards Revised.* [Online]. Available at: www.theyworkforyou.com/wms/?id=2011-04-05b.59WS.1 [Accessed 10.10.13.].

Boeije, H. (2010) *Analysis in Quantitative Research.* London: Sage.

Boswell, G. (1996) 'The Essential Skills of Probation Work.' In, May, T. and Vass, A. (Eds) *Working with Offenders: Issues, Contexts and Outcomes.* London: Sage.

Bottomley, K. and Pease, K. (1986) *Crime and Punishment: Interpreting the Data.* Buckingham: Open University Press.

Bourdieu, P. (2004) *Science of Science and Reflexivity.* Cambridge: Polity Press.

Bowers, L. Carr-Walker, P. Allan, T. Callaghan, P. Nijman, H. and Paton, J. (2006) 'Attitude to Personality Disorder Among Prison Officers Working in a Dangerous and Severe Personality Disorder Unit.' *International Journal of Law and Psychiatry.* 29: 333-342.

Bowlby, J. (1944) 'Forty-Four Juvenile Thieves: Their Characters and Home Lives.' *International Journal of Psycho-Analysis.* 25: 19-52.

Bowlby, J. (1975) *Attachment and Loss.* London: Penguin.

Bradley, K. (2009) *The Bradley Report – Lord Bradley's Review of Mental Health Problems or Learning Disabilities in the Criminal Justice System.* London: HMSO.

Bradley, K. (2014) *The Bradley Report Five Years On.* London: HMSO.

Brammer, A. (2007) *Social Work Law – 2nd Edn.* Harlow: Pearson Education Ltd.

Brammer, A. (2010) *Social Work Law – 3rd Edn.* Harlow: Pearson Education Ltd.

Brewer, J. (2000) *Ethnography: Understanding Social Research.* Buckingham: Open University Press.

British Dyslexia Association (1995) *The Dyslexia Handbook.* Reading: British Dyslexia Association.

British Dyslexia Association (2005) *Practical Solutions to Identifying Dyslexia in Juvenile Offenders: Report of a Joint Project of the British Dyslexia Association and HM Young Offender Institution Wetherby 2004–05.* London: The British Dyslexia Association.

British Dyslexia Association (2013) *About Dyslexia.* [Online]. Available at: www.bdadyslexia.org.uk/about-dyslexia.html [Accessed 30.08.13.].

British Psychological Society (2006) *Code of Ethics and Conduct.* [Online]. Available at: www.bps.org.uk [Accessed 12.01.09.].

Broadhurst, K. Hall, C. Waslell, D. White, S. and Pithouse, A. (2010) 'Risk, Instrumentalism and the Human Project in Social Work: Identifying the Informal Logics of Risk Management in Children's Statutory Services.' *British Journal of Social Work.* 40: 4: 1046-1064.

Brooker, C. and Glyn, J. (2012) *Mental Health Conditions of Offenders Supervised by Probation Services – Briefing No. 45: Probation Services and Mental Health.* London: Centre for Mental Health.

Brown, A. Sarabrock, J. and Matthews, H. (1992) 'Discontinuance of Criminal Proceedings in the Public Interest.' *Probation Journal.* 39: 1: 24-27.

Brown, G. and Geelan, S. (1998) 'Elliot House: Working with Mentally Disordered Offenders.' *Probation Journal.* 45: 1: 10-14.

Browning, A. and Caulfield, L. (2011) 'The Prevalence and Treatment of People with Asperger's Syndrome in the Criminal Justice System.' *Criminology and Criminal Justice.* 11: 2: 165-180.

Bryman, A. (2004) *Quantity and Quality in Social Work.* London: Routledge.

Bryman, A. (2008) *Social Science Research Methods – 3rd Edn.* Oxford: Oxford University Press.

Bryman, A. and Bell, E. (2007) *Business Research Methods – 2nd Edn.* Oxford: Oxford University Press.

Buckingham, W. Burnham, D. Hill, C. King, P. Marenbon, J. and Weeks, M. (2011) *The Philosophy Book.* London: Dorling Kindersley Ltd.

Burchell, G. Gordon, C. and Miller, P. (1991) (Eds) *The Foucault Effect: Studies in Governmentality.* Chicago: The University of Chicago Press.

Burnham, A. and Balls, E. (2009) 'Building a Safe and Confident Future: The Final Report of the Social Work Task Force.' *Letter to Social Workers.* December 01 2009.

Bushfield, J. (2002) 'Psychiatric Disorder and Individual Violence: Imagined Death, Risk and Mental Health Policy.' In, Buchanan, A. (Ed) *Care of the Mentally Disordered Offender in the Community.* Oxford: Oxford University Press.

Butler Committee (1975) *Report of the Committee on Mentally Abnormal Offenders.* London: Home Office.

Callaghan, J. Young, B. Pace, F. and Vostanis, P. (2002) 'Mental Health Support for Youth Offending Teams: A Qualitative Study.' *Health and Social Care in the Community.* 11: 1: 55-63.

Campbell, M. French, S. Gendreau, P. (2009) 'The Prediction of Violence in Adult Offenders: A Meta-Analytic Comparison of Instruments and Methods of Assessment.' *Criminal Justice and Behaviour.* 36: 6: 567-590.

Cant, R. (2007) 'What Professionals Think about Offenders with Learning Disabilities in the Criminal Justice System.' *British Journal of Learning Disabilities.* 25: 174-180.

Caputo, J. (1987) *Radical Hermeneutics: Repetition, Deconstruction and the Hermeneutic Project.* Indiana*:* Indiana University Press.

Carlen, P. (2008) *Imaginary Penalties.* Cullompton: Willan.

Caulfield, L. and Twort, H. (2012) 'Implementing Change: Staff Experiences of Changes to Prison Mental Healthcare in England and Wales.' *International Journal of Prisoner Health.* 8: 1: 7-15.

Cavadino, M. (1998) 'Death to the Psychopath.' *Journal of Forensic Psychiatry.* 9: 5-8.

Cavadino, P. and Dignan, J. (1997) *The Penal System: An Introduction.* London: Sage.

Cavendish, C. (2015) 'Fixing a System that's Failing Sufferers.' *Sunday Times.* May 15 2015.

Challenging Behaviour Foundation (2014) *Early Intervention for Children with Learning Disabilities whose Behaviours Challenge: Early Intervention Briefing Paper.* London: Challenging Behaviour Foundation.

Charmaz, K. (1983) 'The Grounded Theory Method: An Explanation and Interpretation.' In, Emerson, R. (Ed) *Contemporary Field Research: A Collection of Readings.* Prospect Heights, IL: Waveland Press.

Chester, T. (2014) 'Don't Taser Me Bro.' *The Sunday Times Magazine.* April 13 2014.

Chesterton, G. (1909) 'The Twelve Men'. In, Chesterton, G. (2011) *In Defense of Sanity: The Best Essays of G.K. Chesterton.* London: Ignatius Press.

Christie, P. (2007) 'The Distinctive Clinical and Educational Needs of Children with Pathological Demand Avoidance Syndrome: Guidelines for Good Practice.' *Good Autism Practice.* 8: 1: 3-11.

Clarke, J. Gerwitz, S. and McLaughlan, E. (2000) 'Reinventing the Welfare State.' In, Clarke, J, Gerwitz, S. and McLaughlan, E. (Eds) *New Managerialism, New Welfare?* London: Sage.

Cleaver, H. Nicholson, D. Tarr, S. Cleaver, D. (2006) *The Response of Child Protection Practices and Procedures to Children Exposed to*

Domestic Violence or Parental Substance Misuse: Executive Summary. London: Department for Education and Skills.

Clough, P. (2004) 'Theft and Ethics in Life Portrayal: Lolly – The Final Story.' *International Journal of Qualitative Studies in Education.* 17: 3: 372-376.

Cochrane, R. and Sashidharan, S. (1995) *Mental Health and Ethnic Minorities: A Review of the Literature and Implications for Services.* Birmingham: University of Birmingham.

Cohen, S. (1979) 'The Punitive City: Notes on the Dispersal of Social Control.' *Contemporary Crises.* 3: 4: 341-363.

Cohen, S. (1985) V*isions of Social Control: Crime, Punishment and Classification.* Cambridge: Polity Press.

Coleman, C. and Moynihan, J. (1996) *Understanding Crime Data: Haunted by the Dark Figure.* Buckingham: Open University Press.

College of Social Work (2012) *An Introduction to Qualifying Standards and Professional Social Work Education.* London: The College of Social Work.

Cooke, D. (1991) 'Psychological Treatment as an Alternative to Prosecution: A Form of Primary Diversion.' *The Howard Journal.* 30: 1: 53-65.

Corby, B. (2006) *Applying Research in Social Work Practice.* Maidenhead: Open University Press.

Costley, C. and Gibbs, P. (2006) 'Researching Others: Care as an Ethic for Practitioner Researchers.' *Studies in Higher Education.* 31: 1: 89-98.

Council for Disabled Children (2014) *The SEND Reforms: Young Offenders with Special Educational Needs.* London: Council for Disabled Children.

Corazza, O. (2014) '*Spice', 'Meow Meow', 'Kriptonite', 'Black Mamba': An Overview of Brand Names and Marketing Strategies of Novel Psychoactive Substances on the Web.* Hatfield: University of Hertfordshire.

Cresswell, J. (2009) *Research Design: Qualitative, Quantitative and Mixed-Method Approaches – 3rd Edn.* London: Sage.

Criminal Justice Joint Inspectors Group (2014) *A Joint Inspection of the Treatment of Offenders with Learning Disabilities within the Criminal*

Justice System – Phase 1 From Arrest to Sentence. London: HM Inspectorate of Probation.

Crotty, M. (1998) *The Foundations of Social Research: Meaning and Perspective in the Research Process.* London: Sage.

Dall 'Alba, G. (2009) 'Learning Philosophical Ways of Being: Ambiguities of Becoming.' *Educational Philosophy and Theory.* 41: 1: 34-45.

Davidson, J. (2008) *Children and Young People in Mind: The Final Report of the National CAMHS Review.* [Online]. Available at: nationalarchives.gov.uk/20081230004520/camhs-review.pdf [Accessed 08.07.15.].

Davies, K. and Gregory, M. (2010) 'The Price of Targets: Audit and Evaluation in Probation Practice.' *Probation Journal.* 57: 4: 400-414.

Davies, M. (1981) *The Essential Social Worker: A Guide to Positive Practice.* London: Heinemann Educational.

Davies, S. (1994) 'Factors Associated with the Diversion of Mentally Disordered Offenders.' *Bulletin of the American Academy of Psychiatry and Law.* 22: 3: 389-397.

D'Cruz, H. Gillingham, P. and Melendez, S. (2006) 'Reflexivity, its Meanings and Relevance for Social Work: A Critical Review of the Literature.' *British Journal of Social Work.* 37: 73-90.

DCSF Department for Children, Schools and Families (2008) *Children and Young People in Mind: The Final Report of the National CAMHS Review.* London: Department for Children, Schools and Families.

Debord, G. (1967) *Society of the Spectacle.* Cambridge, MA: Zone Books.

Deleuze, G. and Guattari, F. (1987) *A Thousand Plateaus.* London: Continuum.

Denney, D. (1998) 'People with Learning Difficulties and Criminal Justice – A Role for the Probation Service.' *Probation Journal.* 45: 4: 194-201.

Denscombe, M. (2007) *The Good Research Guide for Small Scale Social Research Projects – 3rd Edn.* Maidenhead: Open University Press.

Denscombe, M. (2010) *The Good Research Guide for Small Scale Social Research Projects – 4th Edn.* Maidenhead: Open University Press.

Denzin, N. (1989) *The Research Act – 3rd Edn.* Englewood Cliffs, NJ: Prentice Hall.

Denzin, N. and Lincoln, Y. (1994) 'Introduction: Entering the Field of Qualitative Research.' In, Denzin, N. and Lincoln, Y. (Eds) *Handbook of Qualitative Research.* Thousand Oaks, CA: Sage Publications.

Department of Health (DOH) (1992) *The Health of the Nation.* London: HMSO.

Department of Health (DOH) (2001) *Changing the Outlook: A Strategy for Developing Mental Health in Prisons.* London: HMSO.

Department of Health (DOH) (2005) *Offender Mental Health Care Pathway.* Department of Health and National Institute for Mental Health in England and Wales. London: Department of Health.

Department of Health (DOH) (2009) *Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities – Making it Happen for Everyone.* London: Department of Health.

Department of Health (DOH) (2011a) *Positive Practice, Positive Outcomes: A Handbook for Professionals in the Criminal Justice System Working with Offenders with Learning Disabilities.* London: Department of Health.

Department of Health (DOH) (2011b) *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.* London: Department of Health.

Domalanta, D. Risser, W. Roberts, R. and Risser, J. (2003) 'Prevalence of Depression and other Psychiatric Disorders among Incarcerated Youth.' *Journal of the American Academy of Child and Adolescent Psychiatry.* 42: 4: 477-484.

Donzelot, J. (1997) *The Policing of Families.* Baltimore: The John Hopkins University Press.

Downey, A. (2009) *Zones of Indistinction: Giorgio Agamben's 'Bare Life' and the Politics of Aesthetics.* [Online]. Available at: www.sothebysinstitute.com/files/research/zones [Accessed 28.04.14.].

Dowsett, J. and Craissati, J. (2008) *Managing Personality Disordered Offenders in the Community: A Psychological Approach.* Hove: Routledge.

Dunscombe, J. and Jessop, J. (2002) 'Doing Rapport and the Ethics of Faking Friendships.' In, Mauthner, M. Birch, M. Jessop, J. and Miller, T. *Ethics in Qualitative Research.* London: Sage.

Durcan, G. (2013) *Review of Sections 135 and 136 of the Mental Health Act: The Views of Professional Service Users and Carers on the Codes of Practice and Legislation.* London: Centre for Mental Health.

Dyson, S. and Brown, B. (2006) *Social Theory and Applied Health Research.* Maidenhead: Open University Press.

Eadie, T. and Canton, R. (2002) 'Practicing in a Context of Ambivalence: The Challenge for Youth Justice Workers.' *Youth Justice*. 2: 14-26.

Earle, R. (2010) 'Research, Knowledge and Evidence in Youth Justice.' In, Taylor, W. Earle, R. and Hester, R. (2010) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Eaves, Y. (2001) 'A Synthesis Technique for Grounded Theory Data Analysis.' *Journal of Advanced Nursing.* 35: 5: 654-663.

Edwards, C. and Ford, J. (2011) *Homelessness and Safeguarding Children.* Birmingham: Birmingham Community Healthcare Trust.

Empey, T. (1999) *American Delinquency: Its Meanings, Its Construction – 4th Edn.* Chicago, IL: Dorsey Press.

Emsley, C. (2002) 'The History of Crime Control Institutions.' In, Maguire, M. Morgan, R. and Reiner, R. (Eds) *The Oxford Handbook of Criminology – 3rd Ed.* Oxford: Oxford University Press.

England, H. (1986) *Social Work as Art: Making Sense for Good Practice.* London: Allen and Unwin Ltd.

Evans, K. and Puech, K. (2001) 'Reprimands and Warnings: Populist Punitiveness or Restorative Justice?' *Criminal Law Review.* 3: 177-190.

Evans, L. (2008) 'Professionalism, Professionality and the Development of Education Professionals.' *British Journal of Educational Studies.* 56: 1: 20-38.

Fals-Borda, O. (1991) 'Some Basic Ingredients.' In, Fals-Borda, O. and Rahman, A. (Eds) *Action and Knowledge: Breaking the Monopoly with Participatory Action Research.* New York: Apex Press.

Farrant, F. (2006) 'Knowledge Production and the Punishment Ethic: The Demise of the Probation Service.' *Probation Journal.* 53: 317-333.

Farrington-Douglas, J. and Durante, L. (2009) *Towards a Popular, Preventative Youth Justice System.* London: Institute for Public Policy Research.

Faulconbridge, J. and Muzio, D. (2008) 'Organisational Professionalism in Globalising Law Firms.' *Work, Employment and Society.* 22: 1: 7-25.

Fellowes, E. (2012) 'Risk Assessment, the Professional Judgement Model and Organisational Anxiety – A Practitioner Response to 'In the Eye of the Storm: The Implications of the Munro Child Protection Review for the Future of Probation.' *Probation Journal.* 59: 1: 66-70.

Feyerabend, P. (1975) *Against Method: Outline of an Anarchistic Theory of Knowledge.* London: Verso.

Field, S. (2008) 'Early Intervention and the 'New' Youth Justice: A Study of Initial Decision-Making.' *Criminal Law Review.* 177-190.

Financial and Legal Skills Partnership (2014) *Announcement from the JSCC Board of Trustees Representing the Financial and Legal Skills Partnership and Skills for Justice.* [Online]. Available at: www.sfjuk.com/announcement-from-the-jscc-board-of-trustees [Accessed 04.04.14.].

Finkelhor, D. (1986) *Sourcebook on Child Sexual Abuse.* London: Sage.

Finkelhor, D. (1988) *Nursery Crimes.* London: Sage.

Fitzgibbon, W. (2012) 'In the Eye of the Storm: The Implications of the Munro Child Protection Review for the Future of Probation.' *Probation Journal.* 59: 1: 7-22.

Fletcher, H. (2009) 'Only 24% Direct Contact Time – It's Official.' *NAPO News.* December/January 2010 Issue 215.

Flint, J. (2003) 'Housing and Ethopolitics: Constructing Identities of Active Consumption and Responsible Communities.' *Economy and Society.* 32: 3: 611-629.

Flint, J. (2006) '*Housing and Anti-Social Behaviour: Perspectives, Policy and Practice.* Bristol: Policy Press.

Flint, K. (2008) *Towards an Exploration of Research Acts Produced in the Name of the Professional Doctorate: Exploring the Interplay of Ethics, Methodology, Epistemology, Reflection, Reflexivity and Identity in Doctoral Level Research.* Nottingham: Nottingham Trent University.

Flint, K. (2009) *Professional Doctorates Grand Narratives Day: Big Ideas.* Nottingham: Nottingham Trent University.

Flint, K. (2014) *Practicing Research, Cultures of Education and the Biopolitics of Knowledge Production: A Philosophical Inquiry*, London and New York: Continuum.

Flint, K. and Barnard, A. (2008) *Professional Doctorate Programme: Producing Knowledge – Developing Practice. Context Document (Fully Revised Edition).* Nottingham: Nottingham Trent University.

Flint, K. and Barnard, A. (2010) 'Space for Personal Development: An Exploration of Space Produced for the Self Mediated by Engagement in One Professional Doctorate (PD) Programme.' *Work Based Learning E-Journal.* 1: 1: 202-222.

Flint, K. and Peim, N. (2012) *Rethinking the Education Improvement Agenda: A Critical Philosophical Approach.* London: Continuum.

Foucault, M. (1966) *The Order of Things: An Archaeology of the Human Sciences.* London: Routledge.

Foucault, M. (1967) *Madness and Civilisation: A History of Insanity in the Age of Reason.* London: Tavistock.

Foucault, M. (1972) *The Archaeology* of Knowledge. [Routledge Online] Available at: www.marxists.org/reference/subject/philosophy/works/fr/foucault.htm [Accessed 05.07.12.].

Foucault, M. (1973) *The Birth of the Clinic: An Archaeology of Medical Perception.* New York: Pantheon Books.

Foucault, M. (1976) *The History of Sexuality: Volume 1: An Introduction*. Translated from the French by Robert Hurley. New York, NY: Vintage Books.

Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison.* London: Penguin.

Foucault, M. (1978) 'Governmentality.' In, Faubion, J. (Ed) *Michel Foucault: Power, Essential Works of Foucault 1954-1984.* London: Penguin.

Foucault, M. (1980) *Power/Knowledge: Selected Interviews and other Writings 1972-1977.* New York: Pantheon.

Foucault, M. (1982) 'Technologies of the Self.' In, Martin, L. Gutman, H. and Hutton, P. (Eds) *Technologies of the Self: A Seminar with Michel Foucault.* Armherst: The University of Massachusetts.

Foucault, M. (1988) 'Truth, Power, Self: An Interview with Michel Foucault.' In, Martin, L. and Hutton, P. (Eds) *Technologies of the Self: A Seminar with Michel Foucault.* Massachusetts: University of Massachusetts Press.

Foucault, M. (1991) 'Govermentality.' In, Birchell, D. (Ed) *The Foucault Effect: Studies in Governmentality.* Hemel Hempstead: Harvester Wheatsheaf.

Foucault, M. (1996) 'What Our Present Is.' In, Lotringer, S. (2007) (Ed) *A History of the Present: The Politics of Truth.* Los Angeles, CA: Semiotext(e).

Fox Harding, L. (1991) *Perspectives in Child Care Policy.* Harlow: Longman Group UK Ltd.

Freeman, A. and Reinecke, M. (Eds.) (2007) *Personality Disorders in Childhood and Adolescence*. Hoboken, N J: John Wiley & Sons.

Furlong, J. and Cancea, A. (2005) *Assessing Quality in Applied and Practice Based Educational Research.* Oxford: Oxford University Press.

Fyson, R. (2007) 'Young People with Learning Disabilities Who Sexually Harm Others: The Role of Criminal Justice within a Multi-Agency Response.' *British Journal of Learning Disabilities.* 35: 181-186.

Fyson, R. and Cromby, J. (2013) 'Human Rights and Intellectual Disabilities in an Era of Choice.' *Journal of Intellectual Disabilities Research.* 57: 12: 1164-1172.

Fyson, R. and Yates, J. (2011) 'Anti-Social Behaviour Orders and Young People with Learning Disabilities.' *Critical Social Policy.* 31: 102-125.

Gadamer, H. (2004) *Truth and Method – 3rd Edn.* London: Continuum Publishing.

Gamble, T. (1999) *Court in Time: Magistrates in Mansfield 1891-1978.* Nottingham: Old Mansfield Civic Society.

Garland, D. (1985) *Punishment and Welfare: A History of Penal Strategies.* Aldershot: Gower.

Garland, D. (2001) *The Culture of Control.* Oxford: Oxford University Press.

Gentleman, A. (2009) 'The Eternal Optimists.' *The Guardian G2.* October 06 2009.

Gentleman, A. (2015) 'What Should We Do with Violent Children? One Secure Home May Have the Answer.' *The Guardian.* March 03 2015.

Gergen, K. (1985) 'The Social Constructionist Movement in Modern Psychology.' *American Psychologist.* 40: 3: 266-275.

Gertz, M. and Talarico, S. (1977) 'Problems of Reliability and Validity in Criminal Justice Research.' *Journal of Criminal Justice.* 5: 217-224.

Ghaziuddin, M. Tsai, L. and Ghaziuddin, N. (1991) 'Brief Report – Violence in Asperger Syndrome: A Critique.' *Journal of Autism and Developmental Disorders.* 2: 3: 349-354.

Gibbs, G. (2007) *Qualitative Data Analysis: An Introduction.* London: Sage.

Gibbs, P. and Flint, K. (2012) 'The Phenomenology of Practice: The Agency of 'WE', 'I' or 'Deferred.' Paper Presented to *Educational Philosophy and Theory.* Nottingham: Nottingham Trent University.

Gillberg, C. (1998) 'Asperger Syndrome and High Functioning Autism.' *British Journal of Psychiatry.* 172: 3: 200–9.

Giroux. H. (1992) *Border Crossings: Cultural Workers and the Politics of Education.* New York: Routledge.

Giroux. H. (1997) *Pedagogy and the Politics of Hope - Theory, Culture, and Schooling: A Critical Reader.* Boulder, CO: Westview Press.

Giroux, H. (2001) *Beyond the Corporate University: Culture and Pedagogy in the New Millennium.* Oxford: Rowman and Littlechild.

Giroux, H. (2003) *The Abandoned Generation: Democracy Beyond the Culture of Fear.* Basingstoke: Palgrave McMillan.

Giroux, H. (2004) *The Terror of Neoliberalism: Authoritarianism and the Eclipse of Democracy.* Boulder, CO: Paradigm Publishers.

Giroux, H. (2009) *Youth in a Suspect Society: Democracy or Disposability?* London: Palgrave Macmillan.

Glaser, B. and Stauss, A. (1967) *The Discovery of Grounded Theory.* Chicago: Aldine.

Glaser, W. and Deane, K. (1999) 'Normalisation in an Abnormal World: A Study of Prisoners with an Intellectual Disability.' *International Journal of Offender Therapy and Comparative Criminology.* 43: 338-356.

Goldson, B. (1997) 'Children in Trouble: Contemporary State Responses to Juvenile Crime.' In, Scraton, P. (Ed) *Childhood in Crisis.* London: Taylor and Francis.

Goldson, B. (2000) 'Wither Diversion? Interventionism and the New Youth Justice.' In, Goldson, B. (Ed) *The New Youth Justice.* Lyme Regis: Russell House Publishing.

Goldson, B. (2010a) 'The Sleep of Criminological Reason: Knowledge Policy Rupture and New Labour's Youth Justice Legacy.' *Criminology and Criminal Justice.* 10: 155-178.

Goldson, B. (2010b) 'Research Informed Youth Justice?' In, Taylor, W. Earle, R. and Hester, R. (2010) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Goodman, R. and Stevenson, J. (1989) 'A Twin Study of Hyperactivity: The Aetiological Role of Genes, Family Relationships, and Perinatal Adversity.' *Journal of Child Psychology and Psychiatry*. 30: 691-709.

Gorard, S. (2001) *Quantitative Methods in Educational Research.* London: Continuum.

Gorard, S. and Taylor, C. (2004) *Combining Methods in Educational and Social Research.* Maidenhead: Open University Press.

Gordon, H. and Grubin, D. (2003) 'Psychiatric Aspects of the Assessment and Treatment of Sex Offenders.' *Advances in Psychiatric Treatment.* 10: 1: 73-80.

Gove, M. (2015) *Written Statement to Parliament: Announcement of a Review into Youth Justice.* [Online] Available at: https://www.gov.uk/government/speeches/youth-justice [Accessed 13.09.15].

Grbich, C. (2007) *Qualitative Data Analysis: An Introduction.* London: Sage.

Gregory, J. and Bryan, K. (2009) *Speech and Language Therapy Intervention with a Group of Persistent and Prolific Young Offenders in a Non-Custodial Setting with Previously Undiagnosed SLCD.* [Online]. Available at: http://www.epubs.surrey {Accessed 12.01.15.].

Grint, K. and Woolgar, S. (1997) *The Machine at Work: Technology, Work and Organisation.* Cambridge: Polity Press.

Grisso, T. (2009) 'Juvenile Offenders and Mental Health.' *Psychiatry, Psychology and Law.* 6: 2: 143-151.

Guba, E. (1978) 'Towards a Methodology of Naturalistic Inquiry in Educational Evaluation.' In, Patton, M. (2002) *Qualitative Research and Evaluation Methods – 3rd Edn.* London: Sage.

Gunn, J. (1992) 'Personality Disorder and Forensic Psychiatry.' *Criminal Behaviour and Mental Health.* 2: 202-211.

Hagell, A. and Newburn, T. (1994) *Persistent Young Offenders.* London: Policy Studies Institute.

Hagyard, A. and Keenan, C. (2006) *Research Glossary.* Bournemouth: Learn Higher.

Haines, A. Goldson, B. Haycox, A. Houten, R. Lane, S. McGuire, J. Nathan, T. Perkins, E. Richards, S. and Whittington, R. (2012) *Evaluation of the Youth Justice Liaison and Diversion (YJLD) Pilot Scheme: Final Report*. Liverpool: University of Liverpool.

Haines, K. and Case, S. (2008) 'The Rhetoric and Reality of the Risk Factor Prevention Paradigm Approach to Preventing and Reducing Youth Offending.' *Youth Justice*. 8:5: 5-20.

Haines, K. and Case. S. (2015) *Positive Youth Justice: Children First, Offenders Second.* Bristol: Policy Press.

Haines, K. Case, S. Davies, K. and Charles, A. (2013) 'The Swansea Bureau: A Model of Diversion from the Youth Justice System.' *International Journal of Law, Crime and Justice.* 1-21.

Hall, I. (2000) 'Young Offenders with a Learning Disability.' *Advances in Psychiatric Treatment.* 6: 278-285.

Hall, S. (2001) 'Foucault: Power, Knowledge, Discourse.' In, Wetherell, M. Taylor, S. and Yates, S. (Eds) *Discourse Theory and Practice: A Reader.* London: Sage.

Hammarberg, T. (2008) 'A Juvenile Justice Approach Built on Human Rights Principles.' *Youth Justice.* 8: 193-196.

Hammersley, M. and Atkinson, P. (1995) *Ethnography: Principles and Practice – 2nd Edn.* London: Routledge.

Harding, J. (1987) *Probation and the Community: A Practice and Policy Reader.* London: Tavistock Publications Ltd.

Harding, J. (1999) 'Providing Better Services for Mentally Disordered Young Offenders: Pitfalls and Prospects.' *Probation Journal.* 46: 2: 83-88.

Hare, R. (1998) *Without Conscience: The Disturbing World of the Psychopaths among Us.* New York, NY: Guilford Press.

Hargreaves, C. (2013) *The Youth Justice Workforce: Asset Monkeys or Street Level Bureaucrats at Work?* Unpublished Dissertation for the Post Graduate Diploma in Research-Informed Teaching. Nottingham: Nottingham Trent University.

Harrington, R. and Bailey, S. (2005) *Mental Health Needs and the Effectiveness of Provision for Young Offenders in Custody and the Community.* London: Youth Justice Board.

Harris, A. Fisher, W. Veysey, B. Ragusa, L. and Lurigio, A. (2010) 'Sex Offending and Serious Mental Illness: Directions for Policy and Research.' *Criminal Justice and Behaviour.* 37: 5: 596-612.

Haskins, B. and Silva, A. (2006) 'Asperger's Disorder and Criminal Behaviour.' *Journal of the American Academy of Psychiatry and the Law.* 34: 3: 374-384.

Hatfield, B. Ryan, T. Pickering, L. Downing, B. and Crofts, R. (2005) 'Mental Health Training Needs Amongst Staff of Probation Approved Premises: A Comparison with Mental Health Hostel Staff in the Voluntary Sector.' *Probation Journal.* 52: 2: 137-152.

Hawes, J. (2013) 'Changing Childhoods: Nature's Deficits.' In, Wild, J. (Ed) *Exploiting Childhood: How Fast Food, Material Obsession and Porn Culture are Creating New Forms of Child Abuse.* London: Jessica Kingsley Publishers.

Hayes, D. (2014) 'Commission Finds 'Adult Bias' in Offender Diversion Schemes.' *Children and Young People Now.* [Online]. Available at: http://www.cypnow.co.uk/cyp/news/1144746/emphasis-offender-diversion-services [Accessed 11.06.14.].

HCPC (Health and Professions Care Council) (2013) *Approval Criteria for Approved Mental Health Professional (AMHP) Programmes.* London: Health and Care Professions Council.

Heidegger, M. (1962) *Being and Time.* Southampton: The Camelot Press Ltd.

Heidegger, M. (1966) 'Conversation on a Country Path about Thinking.' In, Heidegger, M. *Discourse on Thinking.* (Trans. Anderson, J. and Hans Freund, E.) New York, NY: Harper and Row.

Hendricks, H. (2002) 'Constructions and Reconstructions of British Childhood: An Interpretive Survey from 1800 to Present.' In, Muncie, J. Hughes, G. and McLaughlin, E. (Eds) *Youth Justice: Critical Readings.* London: Sage.

Henn, M. Weinstein, M. and Foard, N. (2006) *A Short Introduction to Social Research.* London: Sage.

Hester, R. (2008) 'Power Knowledge and Children's Rights in the Teaching of Youth Justice Practice.' *Inter-University Centre Journal of Social Work.* 17. Fall 2008. [Online]. Available at: www.bemidjistate.edu/academics/publications/social_work_journals/issue17 [Accessed 12.04.09.].

Hester, R. (2010a) 'Policy, Possibilities and Penal Realities in Youth Justice.' In, Taylor, W. Earle, R. and Hester, R. (Eds) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Hester, R. (2010b) 'Globalization, Power and Knowledge in Youth Justice.' In, Taylor, W. Earle, R. and Hester, R. (Eds) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Hine, C. (2000) *Virtual Ethnography.* London: Sage.

Hine, J. (2007) 'Young People's Perspectives on Final Warnings.' *Web Journal of Current Legal Issues.* 2. [Online]. Available at: http://webjcli.ncl.ac.uk/2007/issue2/hine2.html [Accessed 08.01.09.].

HMIP (1998) *Her Majesty's Inspectorate of Prisons: Annual Report of Her Majesty's Chief Inspector of Prisons for England and Wales.* London: HMSO.

Hodgins, S. (1993) *Mental Disorder and Crime.* London: Sage.

Hodgkinson, S. and Prins, H. (2011) 'Perspectives on Depression, Gender and Crime: Depression Sometimes Masked, Missed and Misunderstood.' *Probation Journal.* 58: 2: 137-154.

Holdaway, S. (2003) 'Final Warning: Appearance and Reality.' Cr*iminology and Criminal Justice.* 3: 4: 351-36.

Holland, T. (1997) 'Forensic Psychiatry and Learning Disability.' In, Russell, O. (Ed) *Seminars in the Psychiatry of Learning Disabilities.* London: The Royal College of Psychiatrists.

Home Office (1990) *Provision for Mentally Disordered Offenders Circular 66/1990.* London: Home Office.

Home Office (2006) *The Final Warning Scheme Circular 14/2006: Guidance for the Police and Youth Offending Teams.* London: Home Office.

Hopkins Burke, R. (2008) *Young People, Crime and Justice.* Cullompton: Willan.

Hopkins Burke, R. (2011) 'Young People and Youth Justice.' In, Barnard, A. (Ed) *Key Themes in Health and Social Care.* Oxford: Routledge.

Hopkins Burke, R. and Creaney, S. (2014) 'A New Response to Anti-Social Behaviour: Early Reflections on the Anti-Social Behaviour, Crime and Policing Act 2014.' *Safer Communities.* 13: 4: 161-170.

House of Commons Health Committee (2014) *Children's and Adolescents' Mental Health and CAHMS: Third Report of Session 2014-15.* London: The Stationary Office Limited.

Howe, D. (1987) *An Introduction to Social Work Theory.* Aldershot: Wildwood House Ltd.

Howe, D. (1994) 'Modernity, Post Modernity and Social Work.' *British Journal of Social Work.* 24: 513-532.

Howlin, P. (1997) *Autism and Asperger Syndrome: Preparing for Adulthood.* Oxford: Routledge.

Howlin, P. (2004) *Autism and Asperger Syndrome: Preparing for Adulthood – 2nd Edn.* Oxford: Routledge.

Hoza, B. Owens, J. Pelham, W. Swanson, J. Conners, C. Hinshaw, S. Arnold, L. and Kraemer, H. (2000) 'Parent Cognitions as Predictors of

Child Treatment Response in Attention-Deficit/Hyperactivity Disorder.' *Journal of Abnormal Child Psychology.* 28: 569- 583.

Hudson, B. Cullen, R. and Roberts, C. (1993) *Training for Work with Mentally Disordered Offenders.* London: Central Council for Education and Training in Social Work.

Hughes, N. (2015) *Neurodisability in the Youth Justice System: Recognising and Responding to the Criminalisation of Neurodevelopmental Impairment.* London: The Howard League for Penal Reform.

Hughes, N. and Prior, D. (2008) 'Delivering Youth Justice through Partnership Working.' In, Morris, K. (Ed) *Social Work and Multi-Agency Working: Making a Difference.* Bristol: The Policy Press.

Hughes, N. Williams, M. Chitsabesan, P. Davies, R. and Mounce, L. (2012) *Nobody Made the Connection: The Prevalence of Neurodisability in Young People who Offend.* London: Office of the Children's Commissioner.

Hughes, J. (1990) *The Philosophy of Social Research.* Harlow: Longman.

Hughes, W. (2012) 'Promoting Offender Engagement and Compliance in Sentence Planning: Practitioner and Service User Perspectives.' *Probation Journal.* 59: 1: 49-65.

Huizinga, J. (1949) *Homo Ludens: A Study of the Play Element in Childhood.* London: Routledge and Kegan Paul.

Humber, E. and Shaw, P. (2009) 'The Oral Language Skills of Young Offenders: A Pilot Investigation.' *Psychiatry, Psychology and Law.* 8: 1: 1-11.

Hutchinson, M. Hummer, D. and Wooditch, A. (2013) 'A Survey of Existing Programs: Strategies for Offenders with Intellectual and Developmental Disabilities Under Correctional Supervision in Pennsylvania.' *Probation Journal.* 60: 1: 56-72.

ICPR (Institute for Criminal Policy Research) (2012) *Assessing Young People in Police Custody: An Examination of the Operation of Triage Schemes.* London: Home Office.

IFSW (International Federation of Social Workers) (2004) *IFSW General Meeting 2004, Proposal for a New Ethical Document: Agenda Item 11.1* [Online]. Available at: http://ifs.org/GM-2004/GM-Ethics.html [Accessed 31.07.13.].

Jackson, E. (2003) *Organising Madness: Psychiatric Nosology in Historical Perspective.* [Online]. Available at: http:inquiry.uark.edu/Jackson.pdf [Accessed 07.06.13.].

Jamieson, J. and Yates, J. (2009) 'Young People, Youth Justice and the State.' In, Coleman, R. Sim, J. Tombs, S. and Whyte, D. (Eds) *State, Power, Crime.* London: Sage.

Jensen, P. Kettle, L. Roper, M. Sloan, M. Dulcan, M. Hoven, C. Bird, H. Bauermister, J. and Payne, J. (1999) 'Are Stimulants Overprescribed? Treatment of AD/HD in Four U.S. Communities.' *Journal of the American Academy of Child and Adolescent Psychiatry.* 38: 797-804.

Johns, C. (2004) *Becoming a Reflective Practitioner.* Oxford: Blackwell Publishing.

Johnston, C. and Freeman, W. (2002) 'Parents' Beliefs about AD/HD: Implications for Assessment and Treatment.' *AD/HD Report.* 10: 6-9.

Johnston, C. and Paternaude, R. (1994) 'Parent Attributions for Inattentive-Overactive and Oppositional-Defiant Child Behaviors.' *Cognitive Therapy and Research.* 18: 261-275.

Joint Commissioning Panel for Mental Health (2013) *Guidance for Commissioners of Child and Adolescent Mental Health Services.* [Online]. Available at: www.cypiapt.org/site-files/jepmh-camhs-guide.pdf [Accessed 05.07.15.].

Joseph, P. (1990) 'Mentally Disordered Offenders: Diversion from the Criminal Justice System.' *Journal of Forensic Psychiatry.* 1: 2: 133-138.

Jupp, V. Davies, P. and Francis, P. (2000) *Doing Criminological Research.* London: Sage.

Katz, S. (Ed) (1975) *Creativity in Social Work: Selected Writings of Lydia Rapoport.* Philadelphia, PA: Temple University Press.

Kelly, L, and Armitage, V. (2014) 'Diverse Diversions: Youth Justice Reform, Localised Practices and a New Interventionist Diversion?' *Youth Justice.* [Online]. Available at: http://yjj.sagepub.com/content/early/2014/11/20/1473225414558331 [Accessed 15.03.15.].

Kemp, G. Smith, M. and Segal, J. (2013) *Learning Disabilities and Disorders.* [Online]. Available at: www.helpguide.org/mental/learning_disabilities.htm [Accessed 29.08.13.].

Kemp, V. Sorsby, A. Liddle, M. and Merrington, S. (2002) *Assessing Responses to Youth Offending in Northamptonshire: Research Briefing 2.* London: National Association for the Care and Rehabilitation of Offenders.

Kemp, V. Pleasance, P. and Balmer, N. (2011) 'Children, Young People and Requests for Police Station Legal Advice: 25 Years on from PACE.' *Youth Justice.* 11: 28-46.

Khan, L. (2010) *Reaching Out, Reaching In: Promoting Mental Health and Emotional Wellbeing in Secure Settings.* London: Centre for Mental Health.

Khan, S. (2012) *Mental Health and the Criminal Justice System.* [Online]. Available at: www.centreformentalhealth.org.uk/news/2012 [Accessed 20.07.12.].

Kidd, S. and Kral, M. (2005) 'Practicing Participatory Action Research.' *Journal of Counselling Psychology.* 52: 2: 187-195.

Kincheloe, J. and McLaren, P. (2005) 'Rethinking Critical Theory and Qualitative Research.' In, Denzin, N. and Lincoln, Y. (Eds) *The Sage Handbook of Qualitative Research – 3rd Edn.* Thousand Oaks, CA: Sage Publishers.

Kirk, S. and Hutchins, H. (1992) *The Selling of DSM: The Rhetoric of Science in Psychiatry.* New Brunswick, NJ: Transaction Publishers.

Kirkpatrick, I. Ackroyd, S. and Walker, R. (2005) *The New Managerialism and Public Service Professions.* Basingstoke: Palgrave Macmillan.

Kohler Riessman, C. and Quinney, L. (2005) 'Narrative in Social Work: A Critical Review.' *Qualitative Social Work.* 4: 4: 391-412.

Kubiak, C. and Hester, R. (2009) 'Just Deserts? Developing Practice in Youth Justice*.' Learning in Health and Social Care*. 8: 1: 47-57.

Laing, R.D. and Esterson, A. (1970) *Sanity, Madness and the Family: The Families of Schizophrenics.* Hammondsworth: Penguin Books.

Lamb, N. (2015) 'Children's Mental Health Services'. In, Cavendish, C. 'Fixing a System that's Failing Sufferers.' *Sunday Times.* May 15 2015.

Lamb, M. and Sim, M. (2013) 'Developmental Factors Affecting Children in Legal Contexts.' *Youth Justice.* 13: 131-144.

Larner, W. (2000) 'Neo-Liberalism: Policy, Ideology, Governmentality.' *Studies in Political Economy.* 63: 5-26.

Laurenssen, E. Westra, D. Kikkert, M. Noom, M. Eeren, H. van Broekhuyzen, A. Peen, J. Luyten, P. Busschbach, J. and Dekker, J. (2014) 'Day Hospital Mentalization-Based Treatment (MBT-DH) Versus Treatment as Usual in the Treatment of Severe Borderline Personality Disorder: Protocol of a Randomized Controlled Trial.' *BMC Psychiatry.* 14: 149: 1-13.

Lazenbatt, A. (2011) 'Recognising the Co-Occurrence of Child and Domestic Abuse in Pregnancy and the First Postnatal Year.' [Online]. Available at: www.intechopen.com/download/pdf/37757 [Accessed 04.09.13.].

Leake, J. (2013) 'Science Maps Out the Anti-Social Brain.' *The Sunday Times.* April 21 2013.

Lee, A. (1998) 'Doctoral Research as Writing.' In, Higgs, J. and Titchen, A. (Eds) *Practical Knowledge and Expertise in the Health Professions.* Oxford: Butterworth-Heinemann.

Le Mesurier, L. (1935) *A Handbook of Probation and Social Work of the Courts.* London: National Association of Probation Officers.

Lepper, J. (2012) 'Health Pilot Helps Reduce Self-Harm among Young Offenders.' *Children and Young People Now.* March 14 2012.

Lepper, J. (2015a) 'MPs Call for Ban on Cell Use for Children in Mental Health Crisis.' *Children and Young People Now.* February 06.2015.

Lepper, J. (2015b) 'CAMHS Cuts Blamed for Rise in Pupils with Mental Health Problems.' *Children and Young People Now.* March 28 2015.

Lester, S. (2004) 'Conceptualising the Practitioner Doctorate.' *Studies in Higher Education.* 29: 5: 1-3.

Lewis, A. (1974) 'Psychopathic Personality: A Most Elusive Category.' *Psychological Medicine.* 4: 133-144.

Lewis, G. and Appleby, L. (1988) 'Personality Disorder: The Patients Psychiatrists Dislike.' *British Journal of Psychiatry.* 153: 44-49.

Lincoln, Y. and Guba, E. (1985) *Naturalistic Inquiry.* London: Sage.

Littlechild, B. (2005) 'The Stresses Arising from Violence, Threats and Aggression Against Child Protection Social Workers.' *Journal of Social Work.* 5: 61-82.

Littlechild, B. and Fearns, D. (Eds) (2005) *Mental Disorder and Criminal Justice.* Lyme Regis: Russell House Publishing.

Lockyer, J. Tunde-Gondocz, S. and Thivierge, L. (2004) 'Knowledge Translation: The Role and Place of Practice Reflection.' *The Journal of Continuing Education in the Health Professions.* 24: 50-56.

Lord, A. and Perkins, D. (2014) 'Assessing and Treating Sexual Offenders with Mental Disorders.' *Journal of Forensic Practice.* 16: 2: 94-109.

Loucks, N. (2006) *No One Knows: Offenders with Learning Difficulties and Learning Disabilities.* London: Prison Reform Trust.

Lyon, D. (Ed) (2006) *Theorizing Surveillance: The Panopticon and Beyond.* Cullompton: Willan.

Lyotard, J. (1979) *The Postmodern Condition: A Report on Knowledge.* [Online]. Available at: www.marxists.org/reference/subject/philosophy/works/fr/lyotard.htm [Accessed 05.07.12.].

MacDonald, G. (1999) 'Social Work and its Evaluation: A Methodological Dilemma.' In, Williams, F. Popay, J. and Oakley, A. (Eds) *Welfare Research: A Critical Review.* London: University College of London Press.

Maclure, M. (2003) *Discourse in Educational and Social Research.* Buckingham: Open University Press.

Magill, C. and Rivers, V. (2010) *Prosecution of Offenders with Mental Health Problems or Learning Disabilities.* [Online]. Available at: http://www.cps.gov.uk/publications/research/offenders_with_mental_health_problems [Accessed 31.03.14.].

Mallett, C. (2006) 'Behaviourally Based Disorders: The Social Construction of Youths' Most Prevalent Psychiatric Diagnoses.' *History of Psychiatry.* 17: 4: 435-457.

Marshall, G. (Ed) (1998) *Oxford Dictionary of Sociology.* Oxford: Oxford University Press.

Martin, M. (2013) *Thesaurus Precum Latinarum: Treasury of Latin Prayers.* [Online]. Available at: www.preces-latinae.org/thesaurus/Basics/Confiteor.html [Accessed 13.07.13.].

Matza, D. (1969) *On Becoming Deviant.* Englewood Cliffs, NJ: Prentice Hall.

Maxwell, J. (1996) *Qualitative Research Design: An Interactive Approach.* London: Sage.

Maxwell, J. (2012) *A Realist Approach for Qualitative Research.* London: Sage.

Maxwell, T. (2003) *Writing In/Up a Professional Doctorate Portfolio/Dissertation.* Paper Submitted for Refereeing for the Professional Doctorates' Fourth Bienniel International Conference in Brisbane. 29-30 November 2003.

Maxwell, T. and Shanahan, P. (1997) 'Towards a Reconceptualising of the Doctorate: Issues Arising from Comparative Data on the EdD Degree in Australia.' *Studies in Higher Education.* 22: 2: 133-150.

May, T. and Vass, A. (1996) *Working With Offenders: Issues, Contexts and Outcomes.* London: Sage.

McCartney, P. (1992) 'Liaison with Special Hospitals.' *Probation Journal.* 39: 1: 32-35.

McFarlane, M. (Ed) (2013) *Family Therapy and Mental Health: Innovations in Theory and Practice.* London: Routledge.

McGorry, P. Bates, T. and Birchwood, M. (2013) 'Designing Youth Mental Health Services for the 21st Century: Examples from Australia, Ireland and the UK.' *The British Journal of Psychiatry.* 202: 54: 30-35.

McKittrick, N. and Eysenck, S. (1984) 'Diversion: A Big Fix?' *Justice of the Peace.* June 16: 377-379.

McSmith, A. (2015) *Sixty Five Young Adults and Teenagers Have Died in Prison in Last Four Years.* [Online]. Available at: www.independent.co.uk [Accessed 02.03.15].

Mead, H. (1934) *Mind, Self and Society.* Chicago, IL: University of Chicago Press.

Meese, E. (1999) 'Common Sense and Juvenile Justice in America.' In, McDowell, G. and Smith, J. (Eds) *Juvenile Delinquency in the United States and the United Kingdom.* Basingstoke: Macmillan Press Ltd.

Melia, K. (1996) 'Rediscovering Glaser.' *Qualitative Health Research.* 6: 368-378.

Mencap (1997) *Barriers to Justice.* London: Mencap.

Menary, I. (2014) *The Inspection Implications of AssetPlus Implementation.* [Online]. Available at: live.youthjusticeconvention.co.uk/2014/PDF/1_AssetPlus.pdf [Accessed 27.06.15.].

Mental Health Foundation (2013) *Mental Health Statistics.* [Online]. Available at: www.mentalhealth.org.uk/help-information/mental-health-statistics [Accessed 27.08.13.].

Miles, M. and Huberman, M. (1994) *Qualitative Data Analysis: An Expanded Sourcebook.* London: Sage.

MIND (2013) *Understanding Mental Health Problems.* [Online]. Available at: www.mind.org.uk/mental_health_a-z/8034_mental_health_problems [Accessed 03.02.13.].

MindFul (2013) *Lack of Mental Health Services for Children Leaves them at Risk of Suicide and Self-Harm.* [Online]. Available at: www.mindful.org.static/mf/pdfs/2013 [Accessed 05.09.13.].

Ministry of Justice (MOJ) (2010) *Green Paper Evidence Report – Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders.* London: Ministry of Justice.

Ministry of Justice (MOJ) (2011) *Working with Personality Disordered Offenders: A Practitioner's Guide.* London: Ministry of Justice.

Minoudis, P. Shaw, J. Bannerman, A. and Craissati, J. (2012) 'Identifying Personality Disturbance in a London Probation Sample.' *Probation Journal.* 59: 1: 23-38.

Mitchell, D. (2013) 'Introduction.' In, Higashida, N. (2007) *The Reason I Jump.* (Translated by Yoshida, K. and Mitchell, D.). London: Hodder and Stoughton.

Moncayo, R. and Romanowicz, M. (2015) *The Real Jouissance of Uncountable Numbers: The Philosophy of Science within Lacanian Psychoanalysis.* London: Karnac Books.

Moody, S. (1993) *Diversion from the Criminal Justice Process.* Edinburgh: Scottish Office Central Research Unit.

Moore, T. (2009) *Youth Court Guide – 3rd Edn.* Haywards Heath: Tottel Publishing.

Morse, J. and Field, P. (1995) *Qualitative Research for Health Professionals – 2nd Edn.* Thousand Oaks, CA: Sage.

Moser, C. and Kalton, G. (1979) *Survey Methods in Social Investigation - 2nd Edn.* Aldershot: Gower.

Moser, C. (2014) *Embedding Speech, Language and Communication (SLCN) in AssetPlus.* [Online]. Available at: live.youthjusticeconvention.co.uk/2014/PDF/1_AssetPlus.pdf [Accessed 27.06.15.].

Mulvany. J. (2000) 'Disability, Impairment or Illness? The Relevance of the Social Model of Disability to the Study of Mental Disorder.' *Sociology of Health and Illness.* 22: 5: 582-601. In, Hughes, N. (2015) *Neurodisability in the Youth Justice System: Recognising and Responding to the Criminalisation of Neurodevelopmental Impairment.* London: The Howard League for Penal Reform.

Muncie, J. (2004) *Youth and Crime - 2nd Edn.* London: Sage.

Muncie, J. (2008) 'The 'Punitive Turn' in Juvenile Justice: Cultures of Control and Rights Compliance in Western Europe and the USA.' *Youth Justice.* 8: 2.

Muncie, J. (2011) *Youth and Crime - 3nd Edn.* London: Sage.

Muncie, J. and Wilson, D. (2004) *Student Handbook of Criminology and Criminal Justice.* London: Routledge.

Munro, E. (2004) 'A Simpler Way to Understand the Results of Risk Assessment Instruments.' *Child and Youth Services Review.* 26: 9: 873-883.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report – A Child Centred System.* Presented to Parliament by the Secretary of State for Education. London: The Stationary Office Ltd.

Murrie, D. Warren, J. Kristiansson, M. and Dietz, P. (2002) 'Asperger's Syndrome in Forensic Settings.' *International Journal of Forensic Mental Health.* 1: 1: 59-70.

NACRO (National Association for the Care and Rehabilitation of Offenders) (2008) *Youth Crime Briefing: Young People, Physical Health and Offending.* London: The Howard League for Penal Reform.

NACRO (National Association for the Care and Rehabilitation of Offenders) (2011) *Speech, Language and Communication Difficulties: Young People in Trouble with the Law.* London: National Association for the Care and Rehabilitation of Offenders.

NAPO (National Association of Probation Officers) (2005) *An Analysis of the First Six Years of the Use of ASBOs: A Briefing for the Launch of ASBO Concern.* London: National Association of Probation Officers.

Narey, M. (2010) *Barnardos Wants Most Prosecutions of Under 12s to End*. [Online]. Available at: www.bbc.co.uk/news/education-11262839 [Accessed 13.09.10.].

National Audit Office (2008) *The National Probation Service: The Supervision of Community Orders in England and Wales.* London: The Stationary Office Ltd.

National Autistic Society (2007) *Youth Justice, The Next Steps? A Response from the National Autistic Society.* [Online]. Available at: www.epolitix.com [Accessed 14.12.11.].

National Autistic Society (2010) *You Need to Know.* Bexleyheath: National Autistic Society.

National Autistic Society (2011) *Autism: A Guide for Criminal Justice Professionals.* London: National Autistic Society.

National Autistic Society (2012) *The Use and Misuse of Diagnostic Labels.* London: National Autistic Society.

National Autistic Society (2013) *ADHD: Attention Deficit Hyperactivity Disorder.* London: National Autistic Society.

National Autistic Society (2015) *Lords Debate Autism and the Criminal Justice System.* London: National Autistic Society.

NCB (National Children's Board) (2010) *Children and Young People in the Youth Justice System: Report of Seminars Organised by the All Party Parliamentary Group for Children 2009/10.* London: National Children's Bureau.

Nellis, M. (1996) 'Probation Training: The Links with Social Work.' In, May, T. and Vass, A. (1996) *Working With Offenders: Issues, Contexts and Outcomes.* London: Sage.

Nellis, M. (2002) 'Time and the New National Probation Service.' *The Howard Journal of Criminal Justice.* 41: 1: 59-86.

Nelson, C. and San Miguel, C. (2000) 'Writing a Professional Doctorate.' Paper Presented at the Conference Entitled 'Doctoral Education and Professional Practice: The Next Generation?' In, Maxwell, T. (2003) *Writing In/Up a Professional Doctorate Portfolio/Dissertation.* Paper Submitted for Refereeing for the Professional Doctorates' Fourth Bienniel International Conference in Brisbane. 29-30 November 2003.

Pullman, M. Kerbs, J. Koroleff, N. Veach-White, E. Gaylor, R. and Sieler, D. (2006) 'Juvenile Offenders with Mental Health Needs: Reducing Recidivism Using Wraparound.' *Crime and Delinquency.* 52: 3: 375-397.

Newburn, T. (1993) 'Youth Crime and Justice.' In, McGuire, M. Morgan, R. and Reiner, R. (Eds) *The Oxford Handbook of Criminology.* Oxford: Oxford University Press.

Newman, J. (2000) 'Beyond the New Public Management? Modernizing Public Services.' In, Clarke, J. Gewirtz, S. and Mclaughlin, E. (Eds) (2000) *New Managerialism, New Welfare?* London: Sage.

Newman, S. and Ghaziuddin, M. (2008) 'Violent Crime in Asperger Syndrome: The Role of Psychiatric Comorbidity.' *Journal of Autism and Developmental Disorders.* 38: 10: 1848-1852.

NICE (National Institute of Health and Clinical Excellence) (2004) *Eating Disorders: Core Interventions in the Treatment and Management of Anorexia Nervosa and Related Eating Disorders.* London: The British Psychological Society.

NICE (National Institute of Health and Clinical Excellence) (2009) *Antisocial Personality Disorder: Treatment, Management and Prevention.* London: National Institute of Health and Clinical Excellence.

NICE (National Institute of Health and Clinical Excellence) (2013) *Attention Deficit Hyperactivity Disorder: Diagnosis and Management of ADHD in Children, Young People and Adults.* London: National Institute of Health and Clinical Excellence.

NICE (National Institute of Health and Clinical Excellence) (2014) *The Clinical Effectiveness and Cost Effectiveness of Electroconvulsive Therapy (ECT) for Depressive Illness, Schizophrenia, Catatonia and Mania.*

[Online]. Available at: www.guidance.nice.org.uk/TA59 [Accessed 17.04.14.].

Nixon, J. Hodge, N. Parr, S. Willis, B. and Hunter, C. (2007) 'Anti-Social Behaviour and Disability in the UK.' *People, Place and Policy.* 2: 1: 37-47.

Noaks, L. and Wincup, E. (2004) *Criminological Research: Understanding Qualitative Methods.* London: Sage.

Nottingham Trent University (2007) *Ethical Review of Research Projects in BLS: Guidance for Students in Relation to Taught Programmes.* Nottingham: Nottingham Trent University.

Nottingham Trent University (2009) *Research Ethics Policy: Employee Information and Consultation Forum – Version 1.0.* [Online]. Available at: www.ntu.ac.uk/research/document/uploads/81937 [Accessed 04.04.13.].

O' Farrell, C. (2005) *Michel Foucault.* London: Sage.

Ofsted (2010) *Learning Lessons from Serious Case Reviews 2009-2010.* Manchester: Ofsted.

Ofsted (2013) *What about the Children? Joint Working between Adult and Children's Services when Parents or Carers have Mental Ill Health and/or Drug and Alcohol Problems.* Birmingham: Ofsted.

O'Hara, M. (2013) 'Youth Justice System is Failing Vulnerable Young Offenders.' *The Guardian.* [Online]. Available at: www.guardian.co.uk-society-youthjustice [Accessed 30.06.13.].

OHRN (Offender Health Research Network) (2014) *Manual for the Comprehensive Health Assessment Tool (CHAT): Young People in Contact with the Youth Offending Service (YOS) – Version 2.* Manchester: Offender Health Research Network.

Oliver, P. (2003) *The Student's Guide to Research Ethics.* Maidenhead: Open University Press.

Oppenheim, A. (1992) *Questionnaire Design, Interviewing and Attitude Measurement.* London: Cassell.

Osofsky, J. and Lieberman, A. (2011) 'A Call for Integrating a Mental Health Perspective into Systems of Care for Abused and Neglected Infants and Young Children.' *American Psychologist.* 66: 2.

Padgett, D. (1998) *Qualitative Methods in Social Work: Challenges and Rewards.* London: Sage.

Palmer, V. (2009a) *Document One: A Critical Examination of the Relationship between Higher Education and the Professionalisation of the Youth Justice Workforce.* Unpublished Thesis, Nottingham: Nottingham Trent University.

Palmer, V. (2009b) *Document Two: Epistemology and Identity – Critical Review of the Literature and Development of Contextual Framework – The Child is Father of the Man.* Unpublished Thesis, Nottingham: Nottingham Trent University.

Palmer, V. (2011a) *Document Three: Designing Research 1: Using Methodology within a Specified Area of Professional Activity – Give Me the Good Ye Know.* Unpublished Thesis, Nottingham: Nottingham Trent University.

Palmer, V. (2011b) 'The Professionalization of the Youth Justice Workforce.' In, Barnard, A. (Ed) *Key Themes in Health and Social Care.* Oxford: Routledge.

Palmer, V. (2012) *Document Four - Designing Research 2: Using a Contrasting Methodology and Methods within a Specified Area of Professional Activity: Then Fear Drives out all Wisdom from my Mind.* Unpublished Thesis, Nottingham: Nottingham Trent University.

Pandya-Wood, J. (2014) 'British Children are Unhappy Enough Without Cuts to Youth Services.' *The Conversation 01 April 2014.* [Online]. Available at: http://theconversation.com [Accessed 04.04.14.].

Parton, N. and O' Byrne, P. (2000) *Constructive Social Work: Towards a New Practice.* Basingstoke: Palgrave.

Paton, N. (2008) 'Changes in the Form of Knowledge in Social Work: From the 'Social' to the 'Informational'?' *British Journal of Social Work.* 38: 2: 275-277.

Patton, M. (2002) *Qualitative Research and Evaluation – 3rd Edn.* London: Sage.

Pawson, R. and Tilley, N. (2004) *Realist Evaluation.* London: British Cabinet Office.

Penna, S. and Kirby, S. (2009) 'Children and the New Biopolitics of Control: Identification, Identity and Social Order.' *Youth Justice.* 9: 20: 143-156.

Perry, A. Gilbody, S. Akers, J. and Light, K. (2008) *Mental Health Source Document.* London: Youth Justice Board.

Petersilia, J. (1997) 'Unequal Justice? Offenders with Intellectual and Developmental Disabilities in Prison.' *Corrections Management Quarterly.* 1: 36-43.

Phoenix, J. (2010) 'Whose Account Counts? Politics and Research in Youth Justice.' In, Taylor, W. Earle, R. and Hester, R. *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Phoenix, J. (2011) 'In Search of a Youth Justice Pedagogy? A Commentary.' *Journal of Children's Services.* 6: 2: 125-133.

Pitts, J. (1999) *Working with Young Offenders – 2nd Edn.* Basingstoke: Palgrave McMillan.

Pitts, J. (2003) *The New Politics of Youth Crime: Discipline or Solidarity?* Lyme Regis: Russell House Publishing.

Pitts, J. (2006) *Cogito Ergo Sum: The Manifest and Latent Functions of Cognitive Behavioural Treatment in UK Justice Systems.* [Online]. Available at: www.nacro.org.uk/data/files/nacro-2007061800-57.pdf [Accessed 25.08.11.].

Pitts, J. and Bateman, T. (2010) 'New Labour and Youth Justice: What Works or What's Counted.' In, Ayer, P. and Preston-Shoot, M. (Eds) *Children's Services at the Crossroads: A Critical Evaluation of Contemporary Policy for Practice.* Lyme Regis: Russell House Publishing.

Pragnall, S. (2005) 'Reprimand and Final Warnings.' In, Bateman, T. and Pitts, J. *The RHP Companion to Youth Justice.* Lyme Regis: Russell House Publishing.

Pringle, N. and Thompson, P. (1999) *Social Work, Psychiatry and the Law – 2nd Edn.* Aldershot: Ashgate Publishing.

Prins, H. (1992) 'The Diversion of the Mentally Disordered: Some Problems for Criminal Justice, Penology and Health Care.' *Journal of Forensic Psychiatry.* 3: 3: 431-443.

Prins, H. (1995) 'Risk Assessment: Seven Sins of Omission.' *Probation Journal.* 42: 4: 199-201.

Prins, H. (1999) 'Understanding and Managing Psychopathic Disorder.' *Probation Journal.* 46: 2: 66-76.

Prins, H. (2005) 'Mental Disorder and Violent Crime: A Problematic Relationship.' *Probation Journal.* 52: 4: 333-357.

Prins, H. (2007) 'Psychoanalysis and Probation Practice.' *Probation Journal.* 54: 2: 171-178.

Prins, H. (2010) *Offenders, Deviants or Patients? Explorations in Clinical Criminology.* Hove: Routledge.

Prison Reform Trust (2010) *Children with Learning Difficulties more Likely to go to Prison.* London: Prison Reform Trust.

Public Health England (2014) *Liaison and Diversion Trial Sites Announced.* [Online]. Available at: www.england.nhs.uk/2014/01/16/liaison-and-diversion-sites/ [Accessed 12.06.15.].

Puffett, N. (2013) 'MP Backs Youth Work Training to Tackle Eating Disorders.' *Children and Young People Now.* February 18 2013.

Punch, K. (2006) *Developing Effective Research Proposals.* London: Sage.

Raine, A. (2002) 'Biosocial Studies of Antisocial and Violent Behaviour in Children and Adults: A Review.' *Journal of Abnormal Child Psychiatry.* 30: 4: 311-326.

Raine, A. (2013) *The Anatomy of Violence.* New York, NY: Random House.

Ramsbotham, D. (2003) *Prisongate: The Shocking State of Britain's Prisons and the Need for Visionary Change.* London: Simon and Schuster.

Raynor, T. (2007) *Foucault's Heidegger: Philosophy and Transformative Experience.* New York, NY: Continuum.

Reason, P. (1994) 'Human Inquiry as Discipline and Practice.' In, Reason, P. (Ed) *Participation in Human Inquiry.* Thousand Oaks, CA: Sage.

Reed Report (1993) *Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services.* London: HMSO.

Richards, K. (2014) 'Blurred Lines: Reconsidering the Concept of 'Diversion' in Youth Justice Systems in Australia.' *Youth Justice.* 14: 2: 122-139.

Rix, J. (2004) *Write and Wrong.* [Online]. Available at: www.guardian.co.uk/society/2004/jun/16/youthjustice.law1 [Accessed 30.08.13.].

Robinson, G. (2001) 'Power, Knowledge and What Works in Probation.' *Probation Journal.* 40: 235-254.

Rogers, C. (1951) *Client-Centred Therapy.* Boston: Houghton Mifflin.

Rogowski, S. (2002) *Young Offenders: A Case Study of Offending and the Youth Justice System and how this Relates to Policy and Practice Developments over the Post-War Period.* PhD Thesis. Manchester: Manchester Metropolitan University, Department of Applied Social Sciences.

Rorstad, P. and Checinski, K. (1996) *Dual Diagnosis: Facing the Challenge - The Care of People with a Dual Diagnosis in Mental Illness and Substance Misuse.* Kenley: Wynne Howard.

Rose, N. (1999) G*overning the Soul: The Shaping of the Private Self – 2nd Edn.* London: Routledge.

Rose, N. (2007) *The Politics of Life Itself.* Princetown, NJ: Princetown University Press.

Royal College of Psychiatrists (2012) *Guidance for Commissioners of Mental Health Services for Young People Making the Transition From Child and Adolescent to Adult Services.* [Online] Available at: www.rcpsych.ac.uk/pdf/JCP-MH%20CAMHS%20transitions [Accessed 16.06.15.].

RR3 (2012) Reducing Reoffending Third Sector Advisory Group Task and Finish Group Report, *Maximising Our Potential: Youth Justice and the Role of the VCS.* [Online]. Available at: www.clinks.org/policy-campaigning/rr3 [Accessed 30.07.12.].

Ryan, E. and Redding, R. (2004) 'A Review of Mood Disorders among Juvenile Delinquents.' *Psychiatric Services.* 55: 12: 1397-1407.

Ryan, N. Puig-Antich, P. Ambrosini, H. Rabinovich, D. Robinson, B. Nelson, S. and Tworney, J. (1987) 'The Clinical Picture of Major Depression in Children and Adolescents.' *Archives of General Psychiatry.* 44: 10: 854-861.

Sabin, L. (2015) 'Cannabis Substitute Drugs Black Mamba and Spice are 'a Recipe for Violence' in Prisons.' *The Independent.* July 27 2015.

Sainsbury Centre for Mental Health (2008) *Short-Changed Spending on Prison Mental Health Care.* London*:* Sainsbury Centre for Mental Health.

Satterthwaite, J. and de Motte, C. (2013) *Young People and the Legalisation of Cannabis.* Nottingham: Nottingham Trent University.

Saunders, M. Lewis, P. and Thornhill, A. (2009) *Research Methods for Business Students – 5th Edn.* Harlow: Pearson Education Ltd.

Schatzki, T. (Ed) (2001) *The Practice Turn in Contemporary Theory.* London: Routledge.

Scheff, T. (1966) *Being Mentally Ill: A Sociological Theory – 3rd Edn.* New Jersey: Aldine Transaction.

Schön, D. (1983) *The Reflective Practitioner.* Aldershot: Ashgate.

Schön, D. (1987) *Educating the Reflective Practitioner: Toward a New Design for Teaching and Learning in the Professions.* London: John Wiley and Sons.

Scraton, P. and Chadwick, K. (1991) 'The Theoretical and Political Priorities of Critical Criminology.' In, Stenson, K. and Cowell, D. (Eds) *The Politics of Crime Control.* London: Sage.

Shakespeare, W. (1611) 'The Tempest.' In, Lindley, D. (Ed) (2013) *Twelfth Night: Updated Edition.* Cambridge: Cambridge University Press.

Shaw, J. Minoudis, P. Hamilton, V. and Craissati, J. (2012) 'An Investigation into Competency for Working with Personality Disorder and Team Climate in the Probation Service.' *Probation Journal.* 59: 1: 39-48.

Shaw, S. (2006) *The Genesis and Development of a Youth Offending Team: Youth Justice in a Town in South-East England 2000-2003.* PhD Thesis. London: London School of Economics, Department of Sociology.

Shawcross, H. (1951) 'House of Commons Debate: 483: 681.' In, *Code for Crown Prosecutors Pursuant to Prosecution of Offences Act 1985 s. 10.* London: HMSO.

Shelton, D. (2004) 'Experiences of Detained Young Offenders in Need of Mental Health Care.' *Journal of Nursing Scholarship.* 36: 2: 129-133.

Short, V. Cooper, J. Shaw, J. Kenning, C. Abel, K. and Chew-Graham, C. (2009) 'Custody Versus Care: Attitudes of Prison Staff to Self-Harm in Women Prisoners – A Qualitative Study.' *The Journal of Forensic Psychiatry and Psychology.* 20: 3: 408-426.

Silverman, D. (1985) *Qualitative Methodology and Sociology: Describing the Social World.* Aldershot: Gower Publications.

Silverman, D. (1999) *Doing Qualitative Research.* London: Sage.

Simon, R. (1987) 'Empowerment as a Pedagogy of Possibility.' *Language Arts.* 64: 4: 374-388.

Simon, R. (2011) 'Patient Violence Against Health Care Professionals.' *Psychiatric Times.* March 03 2011.

Sinason, V. (1994) *Mental Handicap and the Human Condition.* London: Routledge.

Singleton, N. Meltzer, H. Gatward, R. Coid, J. and Deasy, D. (1998) *Psychiatric Morbidity Among Prisoners in England and Wales.* London: Office for National Statistics.

Smith, D. (1995) *Criminology for Social Work.* London: Macmillan.

Smith, R. (2005) 'Welfare Versus Justice – Again!' *Youth Justice.* 5: 2-16.

Smith, R. (2007) *Youth Justice: Ideas, Policy and Practice – 2nd Edn.* London: Routledge.

Smith, R. (2009) *Doing Social Work Research.* Maidenhead: Open University Press.

Smith, R. (2011) *Doing Justice to Young People: Youth Crime and Social Justice.* Abingdon: Willan.

Smith, R. (2014) 'Reinventing Diversion'. *Youth Justice.* 14: 2: 109-121.

Smith, S. (1997) 'Deepening Participatory Action Research.' In, Smith, S. Willms, D. and Johnson, N. (Eds) *Nurtured by Knowledge: Learning to do Participatory Action Research.* New York, NY: Apex Press.

Social Work Task Force (2009) *Building a Safe, Confident Future: The Final Report of the Social Work Task Force.* London: HMSO.

Southall, A. (2007) *The Other Side of ADHD: Attention Deficit Hyperactivity Disorder Exposed and Explained.* Oxford: Radcliffe Publishing.

Stainton Rogers, W. (2010) 'What Can We Know and How Can We Know It?' In, Taylor, R. Earle, R. and Hester, R. (Eds) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Stanley, N. Cleaver, H. and Hart, D. (2010) *The Impact of Domestic Violence, Parental Mental Health Problems, Substance Misuse and Learning Disability on Parenting Capacity: The Child's World – 2nd Edn.* London: Jessica Kingsley Publishers.

Stanley, N. (2011) *Children Experiencing Domestic Violence: A Research Review.* Dartington: Research in Practice.

Steedman, C. (1984) *Policing the Victorian Community: The Formation of English Provincial Forces 1856-80.* London: Routledge and Kegan Paul.

Stephenson, M. Giller, H. and Brown, S. (2011) *Effective Practice in Youth Justice – 2nd Edn.* Abingdon: Routledge.

Stewart, H. and Whitehead, N. (2013) *Bridging the Gap: A Conference about Parental Mental Health and Safeguarding Children*. [Online]. Available at: www.safeguardingchildren.dudley.gov.uk [Accessed 04.09.13.].

Stone, A. (1995) 'Sex and Death among the Disembodied: VR, Cyberspace and the Nature of Academic Discourse.' In, Star, S. (Ed) *The Cultures of Computing.* Oxford: Blackwell.

Stott, D. (1950) *Delinquency and Human Nature.* Dunfermline: United Kingdom Carnegie Trust.

Straite, C. and Martin, N. (1993) 'What Else can we Do? New Initiatives in Diversion from Custody.' *Justice of the Peace.* 157: 280-281.

Straite, C. (1994) 'Diversion from Custody for Mentally Disordered Offenders.' *Prison Service Journal.* 95: 42-45.

Strauss, A. (1987) *Qualitative Analysis for Social Scientists.* Cambridge: Cambridge University Press.

Strauss, A. and Corbin, J. (1990) 'Grounded Theory Methodology: An Overview.' In, Denzin, N. and Lincoln, Y. (Eds) Handbook *of Qualitative Research.* Thousand Oaks, CA: Sage.

Strauss, A. and Corbin, J. (2008) *Basics of Qualitative Research – 3rd Edn.* Newbury Park, CA: Sage.

Sykes, P. and Gale, K. (2006) *Narrative Approaches to Education Research.* Plymouth: University of Plymouth.

Szasz, T. (1987) *Insanity: The Idea and its Consequences.* New York, NY: Wiley.

Szasz, T. (1993) 'Curing, Coercing and Claims-Making: A Reply to Critics.' *British Journal of Psychiatry.* 162: 797-800.

Talbot, J. (2008) *No One Knows – Report and Final Recommendations: Prisoners' Voices – Experiences of the Criminal Justice System by Prisoners with Learning disabilities and Difficulties.* London: Prison Reform Trust.

Talbot, J. (2010) *Seen and Heard: Supporting Vulnerable Children in the Youth Justice System.* London: Prison Reform Trust.

Tannenbaum, F. (1938) *Crime and Community.* New York, NY: Columbia University Press.

Taylor, I. Walton, P. and Young, J. (Eds) (1975) *Critical Criminology.* London: Routledge and Kegan Paul.

Taylor, I. (1982) 'Against Crime and for Socialism.' *Crime and Justice.* 18: 4-15.

Taylor, W. Earle, R. and Hester, R. (2010) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

The College of Social Work (2013) *Professional Capabilities Framework.* [Online]. Available at: www.tcsw.org.uk/professional-development/social-workers [Accessed 30.09.13.].

Thorne, S. (1997) 'Phenomenological Positivism and other Problematic Trends in Health Science Research.' *Qualitative Health Research.* 7: 287-293.

Tonak, D. (1991) 'Mentally Disordered Offenders and the Criminal Justice Act 1991.' *Probation Journal.* June 1992: 99-102.

Treves-Brown, C. (1977) 'Who is the Psychopath?' *Medicine, Science and the Law.* 17: 56-63.

Trevithick, P. (2005) *Social Work Skills: A Practice Handbook.* Maidenhead: Open University Press.

Tse-Tung, M. (1971) 'On Practice.' In, Tse-Tung, M. *Selected Readings from the Works of Mau Tse-Tung 1926-1963.* Honolulu, HI: University Press of the Pacific.

Vakirtzi, E. (2010) *The Archaeology of Autism and the Emergence of the Autistic Subject.* PhD Thesis. Exeter: University of Exeter, Department of Education.

Vaughan, P. Kelly, M. and Pullen, N. (1999) 'Psychiatric Support to Mentally Disordered Offenders within the Prison System.' *Probation Journal.* 46: 2: 106-112.

Vygotsky, L. (1978) *Interaction between Learning and Development.* (Trans. Cole, M.) Cambridge, MA: Harvard University Press.

Wacquant, L. (2012) 'The Prison is an Outlaw Institution.' *The Howard Journal.* 51: 1; 1-15.

Walker, M. and Beaumont, B. (1981) *Probation Work: Critical Theory and Socialist Practice.* Oxford: Blackwell.

Wanli, L. *Power and Discourse.* [Online]. Available at: www.eng.fju.edu.tw/crit.97/Foucault/Foucault.htm [Accessed 10.10.11.].

Ward, D. and Spencer, J. (1994) 'The Future of Probation Qualifying Training.' *Probation Journal.* 41: 2: 95-98.

Ward, H. Brown, R. Westlake, D. Munro, E. (2010) *Infants Suffering, or Likely to Suffer, Significant Harm: A Prospective Longitudinal Study.* London: Department for Education.

Webb, J. (1995) *Extending the Theory-Practice Spiral: Action Research as a Mechanism for Crossing the Academic/Professional Divide.* [Online]. Available at: www.ncl.ac.uk/nlawwww/articles2/webb2.html [Accessed 11.02.10.].

Wenger, E. (2006) *Communities of Practice: A Brief Introduction.* [Online]. Available at: www.ewenger.com/theory [Accessed 20.07.13.].

West, D. and Farrington, D. (1973) *Who Becomes Delinquent?* London: Heinemann.

Whitehead, P. and Statham, R. (2006) *The History of Probation: Politics, Power and Cultural Change.* Crayford: Shaw and Sons Ltd.

Wilkes, T. (2005) 'Social Work and Narrative Ethics.' *British Journal of Social Work.* 35: 1249-1264.

Williams, C. (1995) *Invisible Victims.* London: Jessica Kingsley Publishers.

Williams, H. (2013) *Repairing Shattered Lives: Brain Injury and its Implications for Criminal Justice.* London: Transitions to Adult Alliance.

Williams, R. (2005) *Culture and Materialism.* London and New York: Verso.

Wing, L. (1981) 'Asperger's Syndrome: A Clinical Account.' *Psychological Medicine.* 11: 115-130.

Wing, L. (1998) 'The History of Asperger Syndrome.' In, Schopler, E. Mesibov, G. and Kunce, L. (Eds) *Asperger Syndrome or High Functioning Autism?* New York, NY: Plenum Press.

Wootton, Baroness (1959) *Social Science and Social Pathology.* London: Allen and Unwin.

Wordsworth, W. (1802) 'My Heart Leaps Up'. In, Reed, H. (1854) (Ed) *The Poetical Works of Wordsworth.* Philadelphia, PA: Hayes and Zell.

World Health Organisation (1992) *The ICD-10 Classification of Mental and Behavioural Disorders.* London: World Health Organisation.

Yates, J. (2004a) 'Criminological Ethnography: Risks, Dilemmas and their Negotiation.' In, Mesko, G. Pagon, M. and Dobovsek, B. (2004) *Policing in Central and Eastern Europe: Dilemmas of Contemporary Criminal Justice.* Slovenia: University of Maribar, Faculty of Criminal Justice.

Yates, J. (2004b) 'Evidence, Effectiveness and Groupwork Developments in Youth Justice.' *Groupwork.* 14: 3: 81-100.

Yates, J. (2009) 'Structural Disadvantage: Youth, Class, Crime and Poverty.' In, Taylor, W. Earle, R. and Hester, R. (2010) *Youth Justice Handbook: Theory, Policy and Practice.* Cullompton: Willan.

Yates, J. (2012) 'What Prospects Youth Justice? Children in Trouble in the Age of Austerity.' *Social Policy Administration.* 46: 4: 432-447.

Young, J. (1999) *The Exclusive Society: Social Exclusion, Crime and Difference in Late Modernity.* London: Sage.

Young, P. (1976) 'A Sociological Analysis of the Early History of Probation.' *British Journal of Law and Society.* 3: 44-58.

Youth Justice Board (2000) *Guidance Note 1, Asset: The Youth Justice Board's Assessment Profile.* London: Youth Justice Board.

Youth Justice Board (2003) *Key Elements of Effective Practice: Substance Misuse.* London: Youth Justice Board.

Youth Justice Board (2004) *Professional Certificate in Effective Practice (Youth Justice): Mental Health.* London: Youth Justice Board.

Youth Justice Board (2008a) *Workforce Development Strategy.* London: Youth Justice Board.

Youth Justice Board (2008b) *Key Elements of Effective Practice: Mental Health.* London: Youth Justice Board.

Youth Justice Board (2009) *Triage to Help Prevent Youth Offending.* London: Youth Justice Board.

Youth Justice Board (2010) *Autistic Spectrum Disorder: Parenting Toolkit.* London: Youth Justice Board.

Youth Justice Board (2011) *Youth Restorative Disposal Process Evaluation.* London: Youth Justice Board.

Youth Justice Board (2012) *About the Youth Justice Board.* [Online]. Available at: www.justice.gov.uk-organisation [Accessed 19.09.13.].

Youth Justice Board (2013a) *AssetPlus – Assessment and Planning Interventions Framework* [Online] Available at: www.justice.gov.uk [Accessed 16.06.13.].

Youth Justice Board (2013b) *National Standards for the Youth Justice Services 2013: A Summary of the Key Changes.* [Online]. Available at: www.justice.gov.uk/youth-justice/monitoring-performance/national-standards [Accessed 10.10.13.].

Youth Justice Board (2014a) *AssetPlus: Physical and Mental Health Screening Tools.* London: Youth Justice Board.

Youth Justice Board (2014b) *AssetPlus Model Document.* London: Youth Justice Board.

Youth Justice Board (2014c) *AssetPlus: Speech, Language, Communication and Neuro-Disability Screening Tool.* London: Youth Justice Board.

Youth Justice Board (2015) *Youth Offending Teams: Making the Difference for Children and Young People, Victims and Communities.* London: Youth Justice Board.

YJLD (Youth Justice Liaison and Diversion) (2011) *Practical Toolkit: Identification, Screening and Assessment.* [Online]. Available at: www.chimat.org.uk/youthjustice [Accessed 17.06.15].

Zifcak, S. (1994) *New Managerialism: Administrative Reform in Whitehall and Canberra.* Buckingham: Open University Press.