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Master of Philosophy Thesis

in

'Experiences in and of Secure Units provided by local authorities for Children and Young Persons'

Under the supervision of

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Institute of Educational Technology
University of Surrey
Guildford, Surrey

Stanley F. Johnson
WINCHESTER, 1986
Kangaroo

It comes from Australia.
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SYNOPSIS RE STUDY

The basic premiss is that there is truth in the adage that 'without the body it is not possible to treat'; the secondary and implied corollary is that a climate for growth can be created. (The greenhouse shelters the fragile plant: the growing medium is selected, the right fertilizer added, plus water - and the temperature is controlled. Only when the plant appears to be sturdy and well-rooted is the move to normality 'in the open' undertaken by the skilled gardener).

Swallow 1985): 'the truth is that a heavily structured intensive treatment plan may be a fundamental part of the provision of real care but the myth that it is akin to a custodial punishment is hard to dispel'.

The study has illustrated that in the area of child care, local authority secure accommodation has a worthy place as an aide to treatment. But it also indicates that whilst

(i) there are, for some children and young people but NOT for all, other methods of 'holding' that do not rely on physical containment; and that

(ii) the population placed in Local authority secure accommodation may be factorised into

A. Young people, generally boys, who are on weekly remands (treated in a manner similar to that previous appertaining for youngsters in prison remand 'Certificates of Unruly Character') or on warrants to Local Authority remand homes; generally for these I.C.U. placements are an irrelevancy;

B. Young people (of either sex) charged with the gravest offences - murder, rape, and manslaughter, or attempts thereto - for
these the closeness of intensive care is a support and relief.
Counselling for the future, the assuagement of guilt, and providing props against suicide and total despair are in equal part; and

C Those who are placed, in accordance with the Regulations, as 'persistently absconding and in moral/physical danger or likely to damage self or others'; it would be/is easy for a local authority 'owning' secure accommodation and being less than stringent in its concern to keep exactly to the letter of the regulations to use the accommodation to support its 'open' child care provision.

The study has further indicated that where a local authority or other involved group is able similarly to isolate and control young people - by high staffing combined with some sort of cordon sanitaire - similar intensive work to that done in conditions of security is possible.
4 quotes

(i) "its boring: school's boring - home's boring
the town's boring nothing to do 'cept sniff glue
or get drunk or bash up, and even that's boring
after a while.
What a fucking bloody boring life."

C 1983

(ii) "Our youth now loves luxury. It has no manners,
contempt for authority, disrespect for older people.
Children nowadays are tyrants. They contradict
their parents, chatter before company, gobble
their food, and tyrannise their teachers."

Socrates 329 B.C.

(iii) "Looking at the 'black' or 'hidden' economy MARS
finds that there really is a form of subterranean
yet complete work - organisation - and it is a
form of undercover work that our young folk admire,
wish to join and do copy."

Mars G. 1982

(iv) "What don't the people do out of boredom! They
study out of boredom, they pray out of boredom,
they fall in love, marry and multiply out of
boredom and eventually die out of boredom, and -
and that is the humour of it all -(they do)
everything with the most serious faces without
noticing why, and with God knows what ideas
about it"

Buchner 1963
P R E F A C E

There is a convention regarding the presentation of a thesis: generally the overall layout follows the pattern originally unique to a presentation in the field of physical science.

A review of the literature is followed by a description of the modus operandi to be utilised in the study: and in effect a hypothesis then propounded, studied, and proved or otherwise.

The present work, as will be seen from the index of Chapter-headings, has not omitted such background but has drawn heavily on studies by Caudill; by West and Farrington; by Goffman; and especially by Lewis - researchers who were concerned to draw analytical findings from a descriptive canvas: and in the present work an analogy is drawn with the 'snap' taken by a camera. What is recorded, and studied, is on a very short time-scale within the life of the subject: a very short time-scale within the life of the institution: a very short time-scale set against the base-scale of history. Thus there has been a need to identify what preceded, and what will follow - in legal terms, in institutional provision, in subject and institution life - and, in an attempt to portray the snapshot within a context there are more appendices and diagrams - asides from the text in one sense, yet interwoven within the tapestry in another, so that (hopefully) the impression overall of texture and presentation is less impersonal and in vacuo than might otherwise have been the case. And a further point.

The aim was not to state an hypothesis and prove or disprove, it: rather, as will become (hopefully) apparent,
the aim was to begin with a tabula rasa and set out thereon, so far as could be by the method(s) adopted, hopes/feelings/views. It was only after the evidence had been gathered and written-up that such conclusions as there are became a little clearer.

It is important therefore to set this study in terms of an historical perspective - a perspective that is alluded to within the text but may yet further be clarified.

In the 5 years prior to 1969 there occurred a good deal of philosophical and practical discussion regarding both 'care' and 'control' of youngsters who were regarded by both community and courts as having identifiable needs. The answer for delinquent and non-delinquent alike was to be treatment.

Legislation followed in 1969. And, whether due to non-implementation of that legislation or to political and philosophical ground-swells in society, by the time fresh legislation was under consideration (1982) a different approach was under consideration... fairness, natural justice, and (even) punishment were terms overheard.

The study is concerned with young people who have been placed, or were seriously recommended for Secure Accommodation provided by the Local Authority Social Services department: how such units fit into the pattern of provision, and the views and feelings a propos such accommodation of the young people, the staff of the units, the social workers involved, and the parents... during the years immediately prior to the implementation of the Criminal Justice Act, 1982.
GLOSSARY

Approved School - (former) changed in form and purpose to CH(E) as result of Children & Young Person's Act 1969
Ashbourne Lodge - Senior Boys' Observation and Assessment Centre
Borstal - pre 1982 Specialist training unit for young people (prison)
CH(E) - Community (Children's) Home with Education on premises.
Detention Centre - penal; so-called 'short, sharp shock regime"
"Doll's House" - euphemism for time-out room
Fairfield Lodge - Mixed Observation and Assessment Centre includes Girls' I.C.U.
Glen House - Senior Boys' Observation and Assessment Centre - includes Medina Unit (I.C.U.)
I.C.U. (Intensive Care Unit) - euphemism for Secure Accommodation
Medina - name given to Boys' I.C.U. as unit within Glen House
O & A - Observation and Assessment (centre)
Red Hatch - Senior Girls' Observation and Assessment Centre
Remand Centre - 15-21 year olds, prior to and post conviction holding unit.
Secure Accommodation - secure unit, authorised for the purpose by the Secretary of State for Health and Social Security
Secure/security - locked up
Therapeutic - care based "training" psycho-dynamic regime.
Youth Custody - post 1982 - succeeded Borstal as Y.P. Training prison.
Y.P. - young person (in penal system, but also used as description of inmate in Youth Treatment Centre)
Y.T.C. - Youth Treatment Centre - 2 are provided by
D.H.S.S. (Department of Health and
Social Security) for long-term care
and treatment of the small minority
of severely disturbed and anti-social
boys and girls whose specialist treat-
ment needs cannot be met elsewhere.
CHAPTER 1
Review of the Literature

Review\(^{(A)}\); and the Research Setting, including an overview of provision\(^{(B)}\);

A. Literature on Secure Units

In 1981 Godsland, J.H. professed himself unable to find any literature devoted to juveniles detained under Section 53 of the Children and Young Persons Act 1933. There is a similar gap in information at any depth regarding Secure Accommodation provided by Local Authorities.

Cawson and Martell (1979) studied the statistical data they were able to obtain regarding referrals to 'closed' or 'secure' units, and after relating the children's histories in terms of background, offending patterns, and previous institutional experiences, pinpointed major inconsistencies in dispositions in that there seemed not to be similar sentences for young people charged with similar offences and having similar backgrounds.

This inconsistency of disposition was also set out in diagrammatic form in First Year at Fairfield Lodge (1976) wherein Reinach clearly points to an idiosyncratic rather than scientific prognosis and 'disposition' consequent upon the assessment process.

Observation and Assessment in social services has a fairly recent history. It originated both from the 'medical model', and from the classifying by means of fairly unsophisticated criteria at the four former Classifying Schools (Aycliffe, Co. Durham; Red Bank, Lancashire; Redhill, Surrey; and Kingswood, (now) Avon), for boys. The 1969 Children and
Young Persons Act, Section 36, sub-para 4(b), actually imposed a need for the provision of facilities for the (inter alia) observation.... and assessment.... of children in care - to lead to the "most suitable accommodation and treatment for these children."


These studies indicated the lack of use by the receiving agency of such materials as had been produced as 'an assessment' - and also showed the manipulation of residential homes by both field workers "we want an assessment"whereas what was really required was an emergency or short term bed.... and by placements who clearly 'used' the assessment to allow delays in or refusals of placement on quasi-scientific grounds i.e. by quoting (often out of context) from the 'assessment'.

Hoghughi (1983) (P.234) suggests that 'many diversionary acts are, in fact, coercive and potentially punitive. In the California Community Treatment Project more youngsters were locked up and spent a longer total time in lock-ups during the Project than before. In Massachusetts, the Free Enterprise Diversion Agencies operate a secure lock up for recalcitrant youngsters until the time comes when
even these are not adequate and the youngsters end up in State Institutions. With the kind of irony which should particularly interest the 'Justice for Children' advocates many of these facilities are in the grounds of State Mental Hospitals". Hoghughi continues by suggesting that this is not unlike the British situation where, as the impact of diversionary programmes have increased, so has the number of incarcerated children.

However, interest revived with the publication of a major D.H.S.S. working party report (the Working Party chaired by Dr. N. Tutt, now Professor of Social Work Administration at the University of Lancaster) "Observation and Assessment of Children", 1981, and since that publication there have been national and regional seminars aimed both at investigating the purpose of assessment, and also questioning whether the actual process - if needed - could oftentimes be better provided peripatetically, or at least without the presumed need for a residential placement.

Recent trends in offending by young people were noted by D.H.S.S. (1981) in "A Survey of recent trends", although the Preface made clear that the task was baldly to clarify what was happening over the previous decade or so, rather than to attempt to identify or explain reasons for such trends. Carlin and Collinson (1980) questioned the reasons (care?) and powers for locking up children; whilst Rutherford (1981) looked at the whole notion of locking up - in penal or local authority provision - young people often as a consequence of fairly minor peccadillos; the thrust of his argument being that courts showed little if any consistency of sentencing, not only from court to court area as had long been widely surmised (e.g. an inner city compared with a rural area) but even in major discrepancies in sentencing on different days for similar offences.
But it was Millham et al (1978) in work at the Dartington Hall Social Research Unit who first faced up to the real issue of locking up children, and the notion that secure accommodation for such young people could be explained away by euphemistic titles was not conducive to any rational argument. Hence the title of 'Locking up Children' was intended to draw attention to the moral, ethical, and practical issues involved.

Disquiet, it is suggested, largely arises (Millham, 1978) in moral and ethical terms from the fact that "the majority of adolescents in the special units are casualties of the care system and that this damage is unevenly distributed". Millham further suggests that the criteria for admission are less specific than is, perhaps, the case with admissions to other institutions and instances hospitals, admissions to which are governed by estimated levels of illness or mental health needs. Indeed there is in the admission procedure within the Mental Health sector an agreed procedure including an "approved social worker" and the opinions of two independent psychiatrists. And to update the concept, and concern, the Regulations including criteria for admission to Secure Units that resulted from a major portion of the debate prior to the passing of the Criminal Justice Act 1982 - Part 1, have clearly not had the desired and hoped for effect of making such admissions more logically based. Rather has the result been to extend the illogical decision-making process of the courts referred to (Rutherford) previously.

Cawson and Martell in the Department of Health and Social Security Research Report No. 5 "Children referred to closed United" 1979 speak in some detail both about the development of closed units and the methods of referral to those units, suggesting that referral is closer to a
lottery than to a selection process. It can be seen from Cawson's other study for D.H.S.S. entitled "Young Offenders in Care", (1981) that police and the general public alike had a problem in identifying which young people should be prosecuted and perhaps sent away or even incarcerated. The second work "Young Offenders and Social Services Department" began by looking at the problem of delinquency and whether in fact any treatment was possible.

Justice or Welfare

The whole thrust of what had occurred during the discussion period in the mid-sixties and had led to the 1969 Children and Young Persons Act had in effect been a serious debate between two widely dissimilar approaches - the welfare model which sought to treat young people and in fact had long been known to the prison service, and the justice model (which argued for a known punishment being imposed by the court for each specific offence as being fairer and less paternalistic) which by the end of the 60's had suffered what many thought to be a total defeat. Difficulties however soon became apparent.

Treatment

First of all the possibility that treatment which was based on a medical model may not be efficacious, or even possible, took some time to be accepted. By 'medical model' is meant the diagnosis of an identifiable condition seemingly amenable to treatment. Probably the work of Thorpe (1980) and others at the University of Lancaster did most to push informed opinion in the direction of accepting the proposition that there is in behavioural and 'effect on society and the community' terms little difference between maladjustment and delinquency. It is
what the young person does that society objects to rather than any real consideration of the cause(s).

What Thorpe et al did perhaps begin to suggest was that a difference did exist in the sense that some forms of anti or un-social behaviour identified as 'maladjusted' did appear to be susceptible to certain forms of treatment - for example the various modes of Behaviour Therapy. However, the excitement engendered by (some) delinquent acts (as for instance the inducement of fear caused by carrying out a 'dare') appears more immune to diversion.

Thus each of the factors within the complex area of identification of causes in order that 'treatment' might be imposed really became unproven. For example, Millham (1978) noted the failure to discover any significant characteristic (p.86) that might distinguish the persistent offender from others.

In fact Millham (1981) and others began to look more closely at the notion that learned behaviour might be more relevant than the search for any inherent medical conditions - illness, weakness etc. Cornish and Clarke (1975) were perhaps pessimistic but in their studies, notably at Kingswood Schools (Bristol), they suggested and maintained that no level of expertise and no form of treatment had any effect in measurable terms on what we call 'delinquency'.

At the same time that developments were happening, within the child care and related fields in the United Kingdom, major changes were taking place in the State of Massachusetts in U.S.A. These changes are set out in some detail on p. 48, and were further paralleled by what was being tried (at the same time) inter alia, in California and Utah. In these two experiments there was a duel effort
both to de-carcerate young people and to utilise the challenge of hard physical and mental effort to divert young people from delinquent activity. Also about this time studies emanating from the joint magisterial/judicial/practitioner courses at the Centre de Recherche, Caucresson, in France leant towards "alternatives to custody".

Philosophical and ethical problems were raised/posed as to whether any identification of pre-delinquent did not serve to place such young people in a self-condemning spiral; did preventive work (even allowing that identification of potential delinquents - vide the Gluecks - was possible) serve any other purpose than that of self-identifying prophecy? Thorpe et al (1980) seriously questioned the effect of such 'preventive' strategy.

What therefore we moved towards was a further debate during the mid and late seventies conducted largely over arguments which had, so practitioners felt, been defeated a decade before. The best simple statement of this basic argument was perhaps that produced by Wiggin (1981) "Justice or Treatment" wherein Wiggin suggested that for political and theoretical reasons there had emerged a new policy towards juvenile delinquency. It involved looking at those children who were still in trouble and questioning the assumptions and uncertainty of treatment aimed at bringing about reform or rehabilitation; what he called the 'suspect notion of treatment'. Wiggin's final paragraph is worth repeating: "I very much hope that a compromise is reached that will temper the worst features of a fully treatment orientated model by introducing modifications into policy. Yet, in remaining essentially committed to the philosophy behind the 1969 Act and the particularly important place of intermediate treatment, I firmly believe that the full implementation of the spirit and letter of the law would have reversed some of the trends
that have become apparent over the past few years. The alternative would, I am sure, be a return to the powers of "law and order" and this would not be compatible with my ideas of fairness and justice". There is almost, within the "Welfare" versus "Justice" debate, need for discussion of the "Justice" versus "Fairness" notion. Young people, as they clearly expressed in discussions, are strong on the notion of fairness. They have little time for, and indeed regard as a further example of adult hypocrisy, the idea that Justice may be separated from fairness or morality.

But within public argument there is a political element and in a review of the literature such as this it is important to see what the consensus of political thought appears to be as well as merely to quote that literature which is academic in form. The all-party committee on penal affairs led by Robert Kilroy Silk MP made a number of suggestions which in one form or another were taken into account in the production of the 1982 Criminal Justice Act. This Act is not covered by the present study but the thinking which led to the Act culminated in a serious shift in emphasis from treatment to what was regarded as a "fair" model for children and young persons.

As has been indicated, the thrust of the Children and Young Persons Act, 1969, sought to identify the needs of the child via assessment and thereafter to make a prognosis of possible plans that would result in diversion from the identified criminal, or at least anti-social activities. Thus, as in the medical model, symptoms might be identified that would prove to be susceptible of 'treatment'. During the decade following the Act the main debate was concerned with whether or not
the treatment model within an almost indeterminate Care Order was less acceptable to, and less fair to, young people than the immediate imposition of a 'sentence' of whatever sort. In the evidence presented to the all-party committee there was a goodly measure of what can almost be described as rumour and innuendo suggesting that young people chose a harsher but finite sentence in comparison with the long drawn out 'treatment' of a Care Order which could be imposed for delinquent reasons at any time after the tenth birthday and could remain operative until the eighteenth birthday or in some instances when imposed after the age of sixteen until the nineteenth birthday. (Parliamentary All-Party Affairs Group, 1981)

On the subject of Local Authority Closed Units there is little serious literature. Cawson's work is methodologically correct and relies on the statistical and data processing work rather than on other literature. In fact within her 'Children Referred to Closed Units' there is no bibliography; in Cawson's other work 'Young Offenders in Care' there is only one direct reference to children in security. Whilst even in Millham et al's work 'Looking up Children' (1978) there are no direct references to Local Authority type secure accommodations save almost in terms of asides.

Within the Justice versus Welfare debate, and the assumption of the justice model imposed by the implementation of Part 1 of the Criminal Justice Act 1982, there is a change of emphasis for young people placed in local authority secure units.* The Act was implemented by means of Secure Accommodation Regulations issued jointly by the Home Secretary and the Secretary of State for Health and Social Security: and the regulations were up-dated with effect from 1 January 1984 by virtue of the Secure Accommod-

See Appendix A
* p. 219 - (i) - (iii) and (iv)
Regulation (No. 2) Regulations 1983 - the practical effect of which was to underline the link between remand and secure accommodation whilst resisting the 'guarantee' that time spent in the local authority (secure) accommodation would of right count against sentence as is the case if the person in question is remanded to a penal establishment. And further, s54 of the No. 2 regulations included details of an Interim Order which could be (and has been) used in a punitive way by courts having no knowledge of otherwise acceptable criteria by which the young person could be placed in local authority secure placements.

It might be claimed that, for the present, the 'Justice' lobby had succeeded; that is to say that the young delinquent is treated in a way similar to the adult. Whether that is true is still open to debate, but those in favour of the 'Justice' standpoint would claim that at least the present position is that the young person 'knows what the punishment will be'. Clearly this is not so, and within the debate the opposing positions have been more about proportions than absolutes.

B. The legal and services background to the research.

In this section is set out in some detail the legal requirements and services provided for the total control (locking up) of children and young persons.

A local authority SECURE accommodation may be quite simply a lock-up, a mini-prison: or it may be the establishment designed to achieve an input not even potentially attainable within larger (penal) settings.

Even the small Pocket Oxford dictionary (1942) offers different pointers:-
(a) SECURE
"untroubled by nature or fear, confident (arch.)
impregnable, certain not to fail or give way or
get loose or get lost, having a sure prospect of..
Safe against or from, hope of salvation, strong­
hold, foundation, fastening ----" and so on.

(b) PRISON on the other hand
"building for confinement of persons sentenced or
awaiting trial for crime; place of captivity...."

(c) HOSPITAL
"institution for the care of the sick"

In 1965 was published a White Paper by Government entitled
"The Child, the Family, and the Young Offender"; this
White Paper, and the concomitant discussion in the mid­
60's offered a philosophical baseline in "Children in

The decade that followed was "without form and void"
(Genesis) in a very real sense, for the Act that had been
passed with such high hopes was quickly to be the subject of major criticism;
(i) was there after all a difference between the deprived
and the depraved?
(ii) was the real struggle to be a fight by juvenile benches
who now saw themselves as powerless (ie deprived of
the right to make any sentence that was the equivalent
of the previous "Approved School Order")?
(iii) was Seebohm (1968) right in asking for generic
social work, or was the reorganisation into Social
Services Department, inception of Social Services Departments - 1971 a grievous error that led only to dilution of the former strengths and knowledge of children's, mental welfare, and similar local government and health sections?

(iv) did the energy required to set up, and soon afterwards to re-organise, Social Services Departments come from a common pool of energy and commitment? and thus prove to be a dissipation of a scarce resource.

What did seem to be so was that the decade saw a more punitive approach to young peoples' offending than had been the case for a century; there was an increase in known crime (to an extent less than clarified by a change both in headings and in collection and collation of statistics by the Home Office) perpetrated by young people.... although this increase did seem to be no more than proportional to the overall increase(s) in crime ascribed to the whole population, or indeed to any group identifiable therein.

The age of Criminal responsibility (10 years) remained as before; the Approved School order was abolished, and the Care Order could be made either on grounds of offending - Section 7(7) of 1969 Children & Young Persons Ac5 or of satisfying certain 'care' conditions; sentences of Borstal Training and Detention Centre orders remained as potential disposals.

**Indictable Offences** are those offences having a measure of serious implication in that "they are those (offences) for which an adult must, or may, be tried on indictment at the Crown Court". As stated earlier, the statistics were artificially reduced as a result of changes in record-
ing procedures brought about in mid-1978, a statistical rationalisation in collating procedures..... there is nevertheless sufficient continuity in trends to allow of the comparative value of figures over the approximate decade (1969-79) bearing in mind that the Regulations subsequent to the Criminal Justice Act, 1982, referred as 'serious' - not to indictable or non-indictable offences - those offences which, in the case of an adult, carry a maximum sentence of 14 years or more.

The age bracket covered by a Care Order on grounds of criminal activity is 10-18 (to the 18th birthday, but exceptionally to the 19th birthday; the term 'juvenile' for our purpose is 10-16 (i.e. not having achieved the 17th birthday); and such persons are normally at least initially, to appear before a juvenile court; the following are possible disposals for 'children' (10-13) and 'young persons' (14-16) who have been found guilty of a criminal offence:- (some changes were made to the list by the implementation of the Criminal Justice Act 1982)

1. a fine or order to pay compensation;
2. an order binding over the offender or his parents;
3. a supervision order, which may include requirements such as intermediate treatment;
4. a care order;
5. an attendance centre order;
6. a detention centre order (boys over age 14 only);
7. borstal training (young persons over age 15 only, and only by a Crown Court)

The commonest disposal that results in removal from home is a Care Order. Under the 1969 Children & Young Persons Act care proceedings replaced proceedings for bringing a child under the age of 14 or a young person aged between
14 and 17 before the court as being in need of care, protection or control, and it is expected that they will eventually partly replace criminal proceedings as well. A local authority is under a duty to investigate if it believes that there are grounds for bringing care proceedings in respect of a child or young person, and to bring such proceedings if necessary. Care proceedings may also be brought by a constable, or an "authorised person" (which is the N.S.P.C.C.) who must notify the local authority of this action. However, only a local education authority may bring proceedings alleging failure to attend school and only the police or local authority may bring proceedings alleging an offence. An offence cannot be alleged in respect of a child under 10 years. In some cases the child's parent or guardian may himself want proceedings to be taken, e.g., if he believes the child to be beyond his control, and he may, therefore, ask the local authority to initiate them. If the local authority refuses or fails to take action within twenty-eight days the parent may apply to a juvenile court which may order the authority to bring the child before it.

A juvenile court may make an order in respect of a child only provided that at least one of seven prescribed conditions is satisfied, and that, in addition, the child is in need of care or control which he is unlikely to receive unless an order is made.

These seven conditions are as follows:

1. The child's proper development is being avoidably prevented or neglected, or his health is being avoidably impaired or neglected or he is being ill-treated;

2. Condition (1) will probably be satisfied having regard to the fact that it has been satisfied in the case of another child who is or was a member of the same household.
3. Condition (1) will probably be satisfied in his case, having regard to the fact that a person who has been convicted of an offence mentioned in Schedule 1 to the Children and Young Persons Act of 1933 is, or may become, a member of the same household as the child.

4. The child is exposed to moral danger;

5. He is beyond the control of his parent or guardian;

6. He is of compulsory school age and is not receiving efficient full time education suitable to his age, ability and aptitude;

7. He is guilty of an offence other than homicide.

Care proceedings cannot be initiated in respect of a child who is over the age of 16 and is or has been married.

If the court finds that the above conditions are satisfied, it may make one of the following orders:

1. an order requiring the child's parent or guardian to enter into a recognisance to take proper care of him and exercise proper control over him, (but only if the parent or guardian consents);

2. a supervision order placing the child under the supervision of the local authority or in certain circumstances a probation officer;

3. a care order committing the child to the care of the local authority;

4. a hospital order under the Mental Health Act 1959.
5. a guardianship order under the Mental Health Act 1959, or if the court is not in a position to decide what order to make, it may make an interim order.

The Mental Health Act 1959 was up-dated and codified by M.H.A. 1983

Children may be de facto in care as a result of Matrimonial proceedings under the Matrimonial Proceedings and Property Act, 1970; by 'voluntary' proceedings under S.2 of the Child Care Act 1980.... where the child is under age 17 and it appears

"(a) that he has neither parent nor guardian, or has been and remains abandoned by his parents or guardian, or is lost; or

(b) that his parents or guardian are, for the time being or permanently, prevented by reason of mental or bodily disease or infirmity or other incapacity or any other circumstances from providing for his proper accommodation, maintenance, and upbringing; and

(c) in either case, that the intervention of the local authority is necessary in the interests of the welfare of the child."

and

Under S.3 the authority may assume parental rights and duties over a child received into their care under S.2 of the 1980 Act even against the parent's or guardian's will. This may be done only if at least one of the following conditions is satisfied.
1. The child's parents are dead and he has no guardian;
2. His parent or guardian has abandoned him;
3. The parent or guardian suffers from some permanent disability rendering him incapable of caring for the child;
4. The parent or guardian suffers from a mental disorder rendering him unfit to have the care of the child;
5. The parent or guardian is of such habits or mode of life as to be unfit to have the care of the child;
6. The parent or guardian has so persistently failed without reasonable cause to discharge his obligations as to be unfit to have the care of the child;
7. For three years preceding the passing of the resolution the child has been in the care of the local authority, or partly in such care and partly in the care of a voluntary organisation;
8. Where parental rights and duties have been assumed in respect of one parent only, and the other parent is, or is likely to become, a member of the household of the child and the first parent and to assume such parental rights and duties the local authority must pass a resolution to this effect.

(See 'Intervention outline' - Appendix A, 219 (v))

NOTE:

The period covered by the current study, from 1980 onwards, was one of change: the Conservative administration, elected in 1979 partially on a "Law and Order" manifesto, had made administrative changes (by Statutory Instruments) to the regime within Detention Centres and to the age of committal to penal establishments on "Certificates of Unruly Character".... whilst during 1981 and 1982 the progress of, and discussion about, the Criminal Justice Bill, Now the Criminal Justice Act, 1982 had a major effect on the way in which young people were dealt with by the Courts.
But whilst the 'disposals' portrayed continued to exist, differing pressures emerged during the decade or so after the passing and bringing into (partial) effect of the 1969 Children & Young Persons Act. It is necessary to comment upon these changes in philosophical and practical terms before indicating the various 'disposals' at present on offer.

In 1969 almost coincidentally in Massachusetts, U.S.A., legislative changes having a similar philosophical result took place.

The final report of the Massachusetts Department of Youth Services Investigation entitled "Task Force on Secure Facilities" was produced under the chairmanship of L. Scott Harshbarger in November 1977, and this followed a preliminary report which had been published in July 1976, focusing on the critical immediate need to address the issue of security. Perhaps the two important things covered by these reports were

a) that there was necessity for a secure programme for some of the more difficult to place young people; and

b) that an estimate would have to be made for the number of places which might be required; and that no one level or type of placement is appropriate or necessary for all youths in need of security. Thus it was suggested there could be a graduated range of secure placements with a variety of levels and differing types of programmes, and an addendum was that 'an adequate number of trained and qualified staff is required to address constructively the needs of these most difficult youths'. Both the preliminary report and the final report concluded that even though there was need for secure placements for only a small percentage of young people the ability
to quantify this number was going to prove very difficult and the study concentrated perhaps on ten per cent of those who were placed in what we in this country would regard as Care. It concluded that maybe ten or eleven per cent of this group would need secure placements particularly as the number would be swelled perhaps by an inability on the part of the courts to place children from 1980-ish onwards in penal establishments. The initial number talked about was 70; by 1978 there were 114 secure detention placements; and the object was to make the number up to about 168 by the end of the programme in the mid-80s.

As was indicated at the start of this section it was interesting as so often happens with progress in any sphere of human endeavour that what happened in Massachusetts was roughly parallel with what happened in planning terms in the late 1960s and in operational terms throughout the 1970s, in the progress made under the Children & Young Persons Act 1969 within England and Wales.

The changes enacted as a result of the passing into law of the Children and Young Persons Act, 1969, are best illustrated by detailing past and present provision under the following sub-headings:

Approved Schools, becoming Community Homes with Education;
Special Hospitals;
Special Unit (Glasgow);
Youth Treatment centres;
Penal disposals;

At the same time as change was occurring in England and Wales, the de-carceration process generally referred to as "The Massachusetts Experiment" was taking place in the State of Massachusetts in the United States of America.
In order to indicate the parallel nature of these processes, there then follows a note of the happenings in Massachusetts.

**APPROVED SCHOOLS**

During the 19th century capital punishment and then transportation were deleted from the list of possible punishments for young persons under the age of eighteen years. Just after the turn of the century (circa 1908) the prison at Rochester, in the village of Borstal became the first training establishment with the Prison Department specifically aimed at offering a training programme to the young people incarcerated therein. After transportation there have been parts of prisons set aside for younger prisoners and certain prisons, notably Pentonville were for the young. But in the first decade of this century the aim of the Home Office was to establish a training regime which would be loosely comparable with the Housemaster and House system in Public Schools.

The Children and Young Persons Act, 1933, which placed borstals in a hierarchical system, was notable in a number of respects.

1. S.18 introduced legislation to control the employment of young people;

2. S.7 endeavoured to control the sale of tobacco to young people;

3. S.45 codified and set up Juvenile Courts with their concomitant powers; whilst

4. S.54 led the way towards the provision by Local Authorities of Remand Homes, thus reducing the likelihood of young people being sent to penal establishments for a period of remand.
5. S.58 empowered the Secretary of State for Home Affairs through the Courts to send young persons to Approved Schools for a 3-year period provided that period ended on or before the subject's nineteenth birthday.

As a result of this legislation a system of Approved Schools was set up in England and Wales, "D" list schools in Scotland, under the auspices of and inspected by the newly created Children's Division of the Home Office. The Schools were graded Junior, Intermediate and Senior depending upon the age of the young person sent to them; they were single sex establishments; and they could be provided by voluntary bodies or by Local Authorities, and they were greatly helped both by the grants made from the Home Office from Central Government funds for Capital purposes and also by the fact that until the withdrawal of Approved school licences as a result of the passing of the 1969 Act (op.cit) the Home Office paid from Central Government funds 50% of the fees for each boy or girl placed in such establishments. The conditions were fairly spartan, there was dormitory accommodation and a good deal of outward bound type of activity; the young person was generally away from home almost until the end of the "sentence"; and there was a good deal of stress upon trade training and work experience.

It is difficult to be objective about the success or failure of such schools - certainly the young people placed therein were clearly away from their own community for a longish period of time and thus the community was spared at least the sight of their further delinquency. Many of the young people thus placed re-offended, although government statistics indicate that despite the harshness of the regimes there was minimal offending during the
period of the sentence and not much absconding. But times change and the climate of opinion was already turning against such quasi-punitive institutions in the years after the second world war: serious problems at Carlton School at Bedfordshire and at Court Lees in Surrey in the early 60's were paralleled by the discussion documents which were produced throughout the 60's regarding the way ahead for children in Care.

The Approved Schools had become dinosaurs. They were liked by Magistrates, tolerated by Children's Departments, and had become less efficacious. They left us two legacies;

a. The Home Office, in order to better place children introduced a form of classifying through three classifying schools and this led to assessment which became one of the bases of the post 1970 Child Care system;

b. The withdrawal of the Approved School Order proved to be an abstraction of political power from the magistracy which resulted in a power struggle between the magistracy. The Home Office and the Department of Health and Social Security, which appears not yet to be resolved. The Approved School Order had given magistrates (in Juvenile Courts) a second power to remove young people from their home environment (the first being the power to send to Detention Centre). Additionally, the Juvenile Court was able to recommend to a judge a third method of removal, Borstal Training. Thus, from the time of implement-
ation of the Children and Young Persons Act, 1969, until the implementation of the Criminal Justice Act, 1982 (part 1, in May 1983), the Juvenile Court was only able to directly remove from home a young person by sending him to a Detention Centre. There was no similar disposal for females!
The Approved School, as a result of the Children & Young Persons Act 1969, became Community Homes with Education - CH(E)s...

Over the past century and more the run-in to great social legislation has been national discussion and a clear consensus on the part of opposing political factions, different religious groups, voluntary societies and so on. Examples of this has been the 1870 Education Act which brought the first availability within the United Kingdom of some form of compulsory education to all young people; the second example also in education was the 1944 Education Act which towards the end of the second World War brought together again people of different political complexions, philosophical bases, religious and non-religious organisations and so on and, apart from discussion during Committee stage, there was no real objection within the country as a whole to the thrust which the Act purported to take. A further classic example was the Beveridge Report and the follow up legislation, again agreed on all sides, which led to the inception of the National Health Service. During the middle 1960s there was a good deal of discussion as to what problems young people posed in terms of delinquency and in terms of what was called 'maladjustment'.

The main document leading to the changes, which had their inception through the 1969 Children and Young Persons Act, was the Home Office Discussion Paper 'Children in Trouble'. This was presented to Parliament by the Secretary of State for the Home Department in April 1968. It in turn was the response to a previous Discussion Paper entitled 'The Child, the Family and the Young Offender' which appeared to indicate a fairly wide support for the idea that, as far as was possible, juvenile offenders should
be dealt with outside courts particularly with the prior agreement of their parents, and that this could perhaps most effectively be done on an informal basis by social workers. At the same time the recommendation was made that the age of criminal responsibility should be raised from 10 to 14 (this was never done) and opinion also seemed to suggest that the 17th birthday be retained as the upper age limit for the juvenile system particularly for care, protection or control proceedings - this was in fact done. So really the consensus during the mid and late '60s was aimed at introducing something called 'treatment' for young offenders and of course to increase the effectiveness of such measures as were proposed to be available for dealing with delinquency. The same was pursued within 'children in trouble' in paragraph 21 where it was stated that three main changes in the power of juvenile courts would accrue: first the approved school order would be abolished; an order for the compulsory removal of a child from home will in all cases be full committal to the care of the local authorities. Second, provision would be made for the development of new forms of treatment intermediate between supervision in the home and committal to care - and here began the notion of Intermediate Treatment in the community. And thirdly, all supervision of children under fourteen it was intended should be by the local authority. It was to become the responsibility of the local authorities acting through the Children's Regional Planning Committees which were to be set up by the 1969 Children and Young Persons Act to produce (a) a Regional Plan showing all the residential facilities that would be available and (b) to prepare schemes setting out the range of Intermediate Treatments by which they proposed to make available directly or by arrangement with voluntary bodies such facilities as were needed to allow the specialised form of supervision to
continue. But so far as residential treatment was concerned we saw the birth of the 'Community Home'. The abolition of the Approved School Order meant that children and young persons would now be going into care; the basic duty of the local authorities towards such children would remain that of providing care, protection, guidance, or treatment as considered appropriate to the interests of each child. At the same time (paragraph 31) local authorities would be responsible for developing a comprehensive system of residential care and treatment for those children received or committed into care who were not boarded out with foster parents. The same White Paper indicates (paragraph 33) that centres for observation and assessment would form an essential part of such a system. Therein would be provided facilities on both a residential and day-attendance basis for children remanded or subject to interim care orders and at the end of the period of assessment advice would be given on the possible methods of treatment for children in care with those decisions being soundly based on the best possible diagnosis of the child's needs and circumstances. Importantly there followed 'Observation Centres will not be distinguished in law however from other Community Homes'. What we moved into was a public and integrated system of community homes for children in care of the local authorities and 'community home' would be the common legal description for a wide range of establishments meeting the needs which were previously served by local authority children's homes and hostels, by remand homes, by reception centres and remand centres, by local authority and voluntary approved schools and by voluntary children's homes as well as those establishments within the private sector whether listed previously as children's homes or as some form of special school. In 1970 the Central Training Council in Child Care published a document which had been prepared by the
Home Office Children's Department in the central office of information entitled 'Residential Care of Children and Young People', this document was the first to talk about the needs in a training sense of residential staff in children's homes: the report faced the fact that residential child care officers whilst not taking the place of the child's own parents - and for whom indeed it was seen as an important part of their work that they should act as good friends to members of the child's own family - should have specific professional knowledge and should be trained for that purpose. 'It is' suggested the report 'usual for boys and girls of a wide age range to be living in community homes of one sort or another and for some of them to go out to school and join in other activities in the neighbourhood'. At the same time as the needs of children under the proposed new legislation were being outlined and the Central Training Council was facing the problems of training such staff in the specifics which would be required for the extremely difficult and sensitive tasks that residential field workers were going to be called upon to do, preparation was being made for the movement of the overall central Government control of community homes from the Children's Division of the Home Office to the Department of a Health and Social Security's Advisory Council on Child Care. To this end after discussion throughout 1968 and 1969 a report was published in 1970 entitled 'Care and Treatment in a Planned Environment'. Out of that report came almost by stealth three types of community home, Group 1 Community Home with Education and Observation and Assessment Centres, also with general education on the premises; Group 2 Home, homes catering for children either in the older age range or with extreme manifest difficulties in a behavioural sense and needing a higher staff ratio; and thirdly the 'ordinary' community home where children who present
symptoms of anti-social and aggressive behaviour and who present such disturbances that particular investigation and treatment is called for will be placed.

The 1969 Children and Young Persons Act was implemented on the 1st January 1970 and within the following four years Departments of Social Services were born out of the ashes of Children's Departments, Welfare Departments and the Medical Officer of Health's Department within Local Authorities - and still within the four year bracket the second major re-organisation of local government occurred when authorities by and large were made larger and a number of new authorities were created.

As the moves towards more involvement in the community in terms of fostering, supervision, intermediate treatment were occurring other factors were having their effect: the Magistrates' Association was representing to Government on behalf of Juvenile Courts that, powers to place children on Approved School Orders have been taken away, there was pressure to increase the number of young people either sent to Junior Detention Centres or recommended to Crown Courts for a Borstal sentence disposal. For the first time in several decades the demographic trends were indicating a lowering birth rate and as the decade passed the numbers of children at the upper limits of secondary schools began to fall, and this fall in overall numbers of young people became fact throughout the total band of young people in school. Also, although local authorities have consistently and regularly denied that this is a factor in what happened, the regular cuts imposed on the Rate Support Grant at central Government level meant cuts in real expenditure for Social Services Departments. There seems little doubt that at the very least many departments did not oppose the sentencing of children and young people to penal dispositions (figs from Hampshire County Treasurer indicate 'cuts' from 52% support in 1983-4 to 46% in 1986-7 as a national support, and from 39% to 31% in the same period to the County of Hampshire).
knowing as they did that there was an immediate saving. There was a saving in that instead of a residential placement at a cost to the local authority for perhaps three years there was no charge on the local authority. There was also the possibility (some 50% of the cases) of referral to the Probation Services for after-care. The result of these trends was clearly to reduce the requirement for residential placements in community homes and this was a double bind for local authority community homes for they did not have the flexibility which seemed to local authorities to be offered by the private and voluntary sector. In these sectors the local authority could if it wished deem the placement not to be required without any effect on its internal future planning or union pressures. In fact it was not until June 1978 that the Association of Community Home Schools (the CH(E)) produced their working paper on the role and function of Community Home Schools, setting out the problems and confusions, suggesting what the aim of the Act had been and suggesting how the Community Homes and especially those with education on the premises could be a positive and useful resource rather than placements within the context of failure. There seems little doubt that this clear and explicit response was 'too little too late'. The writing was on the wall and since approximately the date of that report (1978) the number of Community Homes of all sorts has regularly and consistently been reduced - for philosophical as well as financial reasons. In many cases this has been to the detriment of the young people who have either received custodial disposals in penal establishments with the concomitant lack of hope for the future or who have been placed in alternative situations to their own homes within the community which, no matter what they have done for the young people, have had a sad and debilitating effect upon their parent or parents.
As well as the penal disposals of Detention Centres and Borstal (Youth Custody Centres since the implementation of the Criminal Justice Act 1982, in May 1983) some young people may go to Special Hospitals or Youth Treatment Centres for all or part of their sentence.

THE SPECIAL HOSPITALS (formerly the 'Hospitals for the Criminally Insane') are as follows:

A) CARLUKE, Scotland;

and in England and Wales
B) BROADMOOR, Berkshire;
C) RAMPTON, Nottinghamshire; and
D) MOSS SIDE and PARK LANE*, Merseyside.

* Park Lane is open, for up to 200 male patients, and it is hoped will be completed for up to 400 male patients by 1985. It has total external security, but a large measure of open-ness and movement for its fairly well motivated patients within the perimeter.

Its name 'Park Lane', is patently a disaster (no matter what rationalisations for the choice are put forward) in view of the association with total luxury at the London hotel of that name.

All Special Hospitals have been the subject of media and commissioned investigation over the past 10 years: (eg Hutchinson & Coward, 1981); there have been allegations of brutality, of control by drugs, and of general abuse of patients by staff.
It is no part of this descriptive sector to judge, nor indeed to do more than allude to the stated problems; save to comment that an unusual aspect of the nursing treatment is that, whilst nurses are fully qualified they are

(i) generally uniformed in Prison Officers' garb (save at Park Lane); and
(ii) some 90% of nursing staff are in Prison Officers' Association rather than the more usual nursing-associated unions of NUPE (National Union of Public Employees) or COHSE (Confederation of Health Service Employees).

It may be thought that Special Hospitals are outside the scope of this work. That is not so. There is at all times the possibility of young people being transferred from Youth Treatment Centres, penal establishments, or Local Authority secure units to Special Hospitals.

During the period of this study 2 transfers were made and others considered from the two Intensive Care Units under review.

Brief details of BROADMOOR, RAMPTON and MOSS SIDE Hospitals are as follows:

BROADMOOR HOSPITAL is at Crowthorne in Berkshire. It is on the summit of a high ridge among pine woods. Today to the casual eye Broadmoor looks to be same Institute for the Detention of Criminal Lunatics as it was built over 100 years ago: a group of buildings, prison roman-esque for containment, two to three storeys high with a surrounding wall now beautifully mellowed by time. By the ingenuity of the designer, it intrudes very little
on the senses. There are at present about 630 male and about 120 female patients who suffer from mental illness or psychopathic disorder at Broadmoor. The accommodation is old. It is overcrowded in some parts for the male patients. Planning for development on the same site is going ahead but rebuilding is not yet in any completed form.

RAMPTON HOSPITAL is in a rural area, about six miles from Retford in Nottinghamshire. This is the largest special hospital, originally built in 1912 and since enlarged and modernised. At present there are about 700 male patients and about 240 females. Admissions nowadays are not confined to mentally handicapped patients; and the hospital now has over 200 patients suffering from mental illness.

MOSS SIDE HOSPITAL, purchased in 1914 as a State Institution, is in an urban area in Maghull, about eight miles from Liverpool. The patients are nearly all mentally handicapped, about 400 patients in all, over 300 men and about 100 women.

The major difference between Special Hospitals and National Health Service Psychiatric Hospitals are illustrated by the Routes In and Out.

There was a time when these hospitals were described as 'for the criminally insane'; although this is no longer so it is true that there are no voluntary patients, that all the patients are compulsorily detained and that more often than not the detention follows upon a Court appearance. There is, of course, movement to and from special hospitals, both because of 'cures' and also because pressure from Courts may lead to pressure for beds. The public image is taken generally from the media focusing on escapes or re-offenders.
The hospitals are specifically for persons subject to detention under the Mental Health Act, 1959, who in the opinion of the Secretary of State "require treatment under conditions of special security on account of their dangerous, violent or criminal propensities." About 70% of the patients are offenders.

The Secretary of State for Social Services (Locke, J. (1977) is directly responsible for maintaining these special hospitals and they are managed direct by the Department of Health and Social Security rather than through the normal Area Health Authority.

About 60% of applications for places are turned down; the staff to patient ratio is about one to one; the overall regime, so far as this is possible in a secure setting aims at a therapeutic and caring approach with accompanying psychological, social work and teaching staff supporting the doctors and nurses.

Within this special hospital service are a number of adolescents. At Moss Side there is an Adolescent Unit for up to 30 young males, generally under the age of 18; whilst in female wards and within the other special hospitals there is a small number of adolescents who have been placed for reasons similar to those applying to adults for whom such a measure of security is imperative.

The discharge procedures are complex, but so far as is possible the aim is to move patients onwards via ordinary psychiatric hospitals towards sheltered or therapeutic hostel accommodation before re-instatement in community or family.
SPECIAL UNIT, BARLINNIE PRISON, GLASGOW
(prison under auspices of the Scottish Office)

In view of the affect that this unit has had upon treatment/training regimes in all areas of custodial work, the visit took place by arrangement with the Governor there (J. Wyper, Esq.) and with the knowledge of the Scottish Office.

On arrival at the main prison gate at 10.00 hours on Tuesday, 28th August 1984 I was met by a Prison Officer, a member of staff of the Special Unit, taken through the yard of the Barlinnie Prison and directly into the Special Unit - I did not spend any time in the main Prison although of course during discussions the main Prison was mentioned for a variety of reasons.

After a brief introduction to five of the in-mates and three of the Prison Officers by the Governor Mr. Wyper I was passed into the hands of one of the prisoners, Ian Adam, who spent the next 2½ hours showing me around the Unit, talking of his own life experience, and discussing in a most open way his views about the Special Unit - therefore almost all of what follows is due in no small measure to the friendly and efficient way in which Mr. Adam took me under his wing.

During the late 50's and early and mid 60's the Scottish Prison Department had a problem: there was within its comparatively tight knit service a grapevine amongst both prisoners and Prison Officers which identified certain people as being known trouble makers and violent offenders - the situation then became that when such people were transferred, perhaps after an assault on another prisoner or a
member of staff, to an alternative prison for a period the reputation preceded them and there became a sort of high noon situation where the violent offender was challenged to live up to his reputation by other in-mates or by the 'hard nut' amongst the prison staff. One of the answers was the notorious cage system at Inverness Prison where serious offenders against prison discipline were segregated into what were best described as cages within the prison, and in a sense the object was to break the spirit of the man and make him toe the line - one of the most notorious of these people was Jimmy Boyle. At the same time that the cages were brought into effect, without much success, the proposal was before the Scottish Office that a special unit should be provided within an existing prison where some sort of therapeutic regime might be undertaken; in the event the women's wing at Barlinnie Prison was chosen for the experiment and in the late 60's and early 70's the experiment began. It was to have a maximum occupancy of ten men: the regime was to be overseen by psychiatric/medical personnel and the staff were to be nursing staff, generally drawn from the Scottish Prison Service (it is of interest to note that only in February of 1984 did the last Prison Nursing Officer leave the Special Unit). In the first years of the Special Unit there were obvious problems. Arguments swayed to and fro as to whether it should be a behaviourally oriented regime with some form of reward and punishment or token economy or whether it should be a drug induced therapy and on balance it would seem looking back that the drug control model seemed to have won the day. But it equally became clear that the medical model with nursing staff did not go down well with the prisoners, who rightly felt they were not 'insane'. Nor was it acceptable to the overall hierarchy within Barlinnie where this Unit of up to ten men was an infinitesimal part of their problem of dealing as a hierarchical
staff under the overall control of the Governor with some 1200 men, 100 of whom were long term prisoners and a number of others who were merely there for periods of remand and therefore produced to Courts in the usual way.

It was therefore decided that a Governor III with a Principal Prison Officer and a number of Prison Officers should be the tools through which the regime within the Special Unit might best work. Save for the Governor all the members of staff would be, and still are, volunteers and the idea of the regime would be that except for certain aspects of security where the Governor III and/or the Principal Officer would have an over-riding veto, all problems about both relationships and about working practices should be discussed at weekly discussion groups; there should be an opportunity for prisoners and staff alike to bring up major problems; and that any discussion of what in an ordinary prison would be disciplinary problems (for example trafficking in alcohol) should be a matter for immediate discussion and not be regarded by staff or prisoners as 'grassing'. The regime within the Unit is a fairly simple one, doors unlocked at 6 (7.30 on Saturdays and Sundays). Meals are made from dried rations plus rations purchased in a small kitchen within the Unit. The day is very much the prisoners' and the staffs' own to do with as they wish.... there are individual keep-fit sessions, periods spent in one's room which can be decorated or repainted as one wishes, education may be indulged in if this is the prisoner's desire, many prisoners keep up specific hobbies at a high level - for instance Hugh Collins has over the past two years reduced a 7½ ton piece of marble to a quite beautiful statue of Christ which in the Autumn of 1984, this year, is going to grace the entrance of St.
Columb's Church of Scotland Church in the nearby housing estate at Riddle. Ian Adam who led me round is at the moment doing a copy of a 1795 marquetry table which is in one of the stately homes of Scotland and for which he was able to obtain the information from a visitor who turned out to be a cabinet maker and interested in making or updating serious works in Scottish marquetry. On Saturdays and Sundays after the evening meal at about 5.30 the inmates of the Special Unit are locked up until the following morning and the one thing which stands out is that there is no alternative even in the Unit to the notorious 'slopping-out procedures.' There are no real problems about security except of course going out - knives are freely available prison officers are addressed by their first names as are prisoners and once one graduates to category B or category C status within the prison system there is an increasing opportunity for visits to take place both inward and outward. Visitors to the Special Unit are the only ones who enter the prison complex without being physically searched and required to sign that they are not carrying contraband. (the punishment for carrying contraband to the Special Unit if it is reported or found is that both the prisoner is punished and the visitor is excluded from any further visits). At the moment there are seven prisoners in the Special Unit and over the years six or seven has been the rough number, on occasions the population has risen to eight but this has placed very grave strains on both staff and other inmates for it is quite clear that with the open discussion groups feelings run very high on occasions although it is interesting to note that over the 12+ years which the Unit has been running there has been no serious assault and in fact only three recorded fights, all with fisticuffs and all stopped before the need for staff to intervene.
My clear intention on going to the Special Unit was to see if there were any lessons which could be learned for use in the two Intensive Care Units within Wessex. There are, and they are about relationships. The difficulty in translating into the Intensive Care Unit setting any of the major steps taken in the control and relationship building with prisoners is the old one which was clearly set out in the 'Fairfield Lodge Study' of Observation and Assessment Centres: in Wessex we have three different sorts (at the very least) of young people, there are those who are on remand for very short periods of time; there are those who for a variety of reasons move into the Intensive Care Units because we are unable, or the Health Service in some sort of Mental Health Placement is unable to cope: and there are those young people who are either accused of, or found guilty of, very serious offences and are waiting for onward placements of one sort or another.

With this in mind and bearing in mind that some of the young people are going to be there for very short periods of time the problem is to try to run three or more regimes within a centre which has only a limited number of beds-8 in the case of the boys I.C.U. and 3 in the case of the girls I.C.U. The Fairfield Lodge Report underlined the fact that most Assessment Centres are dealing with a wide age range from say 9 to 17; both sexes; a wide range of intelligence from sub-normality to certainly grammar school material and so on. All these things save the presence of two sexes, are equally true in the Intensive Care Unit situation and therefore the staff have major problems trying to run a regime for a very small group of people wherein they would like to offer added privileges and advantages for some and yet feel that to do so when they are unable to do it for all is not very conducive to a happy regime.
I think this is open to conjecture and something which needs to be looked at very seriously indeed: however one takes the point - this runs through all the thinking within the Special Unit at Barlinne - that if the overall situation is a secure one both in terms of physical security and in terms of a regime which will allow people to feel safe, then more can be done (and this seems evidenced by recent work within our two Intensive Care Units) than is the case when neither staff nor young people feel themselves to be in a relaxed, safe atmosphere.
Prior to the implementation of the Children and Young Persons Act, 1969, the pattern of penal disposals for young people included an Approved School system (p. 20), controlled and co-ordinated by the Home Office (Children's Division). In essence this meant that the 1969 Act 'upgraded' this system so that it became specialist provision under the title of 'Community Homes with Education-CH(E)'s.

Special Hospitals (p. 29) include some small provision for adolescents, and are not to be confused with Special Unit (vide p. 35) at Barlinnie Prison, Glasgow. This latter has, to date, no provision for other than adult male prisoners... although it has had a noticeable effect, by example, on the methods of treatment and control used in all manner of secure units.

After the implementation of the Children and Young Persons Act of 1969, Government agreed to make available centrally some specialist (largely secure) provision for those extremely disturbed children and young persons who were not able to be coped with in 'open' CH(E) type provision and who, at the same time, were too young or too immature to go directly into the penal system. Thus was the concept of Youth Treatment Centres (p. 42) initiated.
It was the intention of Government as expressed in the late 60s to provide three specialist resources for England and Wales to be known as Youth Treatment Centres which would cater for the needs, in at least partial conditions of security, for those children who were considered too disturbed, violent and liable to self-damage to remain within the Community Home with Education system as it was envisaged post 1970. The idea was that the three Youth Treatment Centres would be situated in Wakefield, at Birmingham, and in the Home Counties, and it must be remembered that the proposals were made long before the proposed expansion of secure accommodation which came to pass in the middle and late 1970s.

The first Youth Treatment Centre was opened in 1971 at Brentwood in Essex (St. Charles). It was a conversion of an institution which had been built to provide a Roman Catholic Approved School and which was bought and converted by D.H.S.S. Its pattern is of three houses, the first is totally secure and the other two have graded measures of security in terms of staffing and the ability to place children in one or two secure rooms in each of the houses two and three. But the proposed training system is a sequential one in that children earn their moves from houses, House 1 to House 2 and House 2 to 3. Over the years because of two main areas of pressure the system in sequential terms has not worked satisfactorily. Firstly the increasing use of Youth Treatment Centres to take children on Section 53 Orders i.e. children who are guilty of serious crimes, has meant that Home Office pressures (for the Home Office is responsible for such placements and the financing thereof) has passed children on such Orders towards the secure unit and therefore children have unfort-
unately been unable to enter St. Charles at the beginning of the sequential system. On occasion they have had to move into houses 2 or 3 simply because of the bed vacancy situation. As a result of this it has not been seen by observers in past years that the sequential system has been achieved in any real measure. At the invitation of the Minister of State, an Evaluation Team looked at the methods of treatment developed at St. Charles in August 1977 and whilst suggesting that the quality of the basic care provided by the staff at St. Charles was very high and that it had sensitive management of this mixed population with disturbed boys and girls, the thrust of the conclusions were about lack of specificity and coherence in all aspects of the programme and a confusion amongst staff about the meaning of group work and their own role in the sequential system. The picture they formed was not of an interrelated system in which the parts subscribed to the whole but of three separate operational units, each working in isolation but with little reference to the total organisational environment. Certainly this seemed to be the picture in 1977 and 1978, and the information coming out of St. Charles since that date seems to suggest that for a variety of reasons, not least the mix between Section 53 and 'ordinary' children, militates against the original plan being adhered to.

The second unit Glenthorne at Birmingham became operational in February 1978. There the whole institution is within a secure perimeter although one house 'Everest' has the facility to open doors and there is an adjacent hostel in the grounds. Here a form of token economy is used and for the most part the young people do seem able to understand the difference between the token economy or the points system and normal money programmes and do seem able
to understand that it is by their actions that they achieve goals which give them pleasure and benefit. Again, however, there is the problem of the mix of Section 53 children* and others although, because the behaviour therapy approach is in action there, there is a much better chance that the young person will have a unique programme for him or herself which does not depend to the same extent on group pressures and the need to work together.

* Footnote: S.53 (i) or (ii) of Children & Young Persons Act 1933. Young People sentenced under S.53 disposals may go to 'open' conditions, to penal establishments, or to Youth Treatment Centres or longer stay Local Authority Secure Units - these latter more likely for younger serious offenders and frequently for only the earlier part of their sentence. Godsland (1981) has referred both to the lack of social work input when placement is considered, AND to the unhappiness disturbed and/or minor offenders evince in being housed alongside S.53 cases.
During this century four major penal disposals for young people convicted of offences have been available: firstly in the early years of the century the first borstal was opened at the village of Borstal near Rochester and until May of 1983 borstal training was available as a disposal for the Courts - although since the war the recommendation was made by a Juvenile or Magistrates Court and had to be confirmed by a Judge in a higher Court before the sentence could be served. Based on the idea of Public School, Houses with House Masters (Assistant Governors) borstals could be open or secure and they were our only major example of an indeterminate sentence. At first for three years, more recently the sentence has been for two years of which six months had to be spent in the establishment and the decision as to whether to release for one year's after-care was made by the staff of the establishment based on the young person's progress during the initial period of training. On paper there were certain advantages for young people so sentenced in that they had the opportunity of entering some form of trade training which was recognised in the wider world of work. Shortly after the second world war, in the late 1940's, the idea of Detention Centres began as the Home Office produced a Working Paper on the idea of a short spell of incarceration of a fixed length and out of the idea were born Junior Detention Centres to take boys between the ages of 14 and 17 and Senior Detention Centres to take young men between the ages of 17 and 21. Basically the sentence was in three-month blocks for Junior Detention Centres and six-month blocks for Senior Detention Centres, subject to certain conditions and operating requirements - initially remission could be obtained of one-third but later this was changed to half. Again the Detention Centre concept was changed when the 1982 Criminal Justice Act was implemented and the
sentence could become shorter as little as three weeks
less one-third remission and the maximum sentence became
four months, because at four months the Youth Custody
sentence (which took over from the Borstal indeterminate
sentence) took over.

There were two other penal disposals: Young Prisoner
establishments were set up for those young men proved to
be too difficult for Borstal training establishments and
for those who, because of the nature of their sentence
and/or offence, needed to be kept for long periods of time
in total security. This Y.P. system has now been re-inte­
grated into the Youth Custody Centre operation. And lastly
Attendance Centres Junior and Senior were set up in the
late fifties and early sixties and the idea is that these
establishments, generally run by the police with the help
of civilian paid supervisors but occasionally involving
prison service staff, would operate for a fixed period of
time, say two hours, each Saturday afternoon and young
people would be required to attend. The efficacy of
Attendance Centres has never been thoroughly researched
but they are highly thought of by Magistrates, and quite
frequently by parents.

The view of users of the penal system is perhaps best de­
crired by Cannon (1983) (21 and 26) -
"the attendance centre scheme for young offenders was a
Home Office idea ..... designed in theory to rehabilitate
teenage criminals through work and discipline. What
happened in practice was that I reported.... every week
and spent a couple of hours scrubbing floors under the
casual supervision of a staff who couldn't have cared
less what we did so long as they collected their wages". and
"My first step on the road to Borstal was a few weeks in the young prisoners wing of Wormwood Scrubs prison. This was my first taste of bird, and I didn't gor for it all that much. The screws put themselves about and went in for a lot of shouting and hollering, which scared the living daylights out of most of the mids. It didn't frighten me.

I had my first introduction to the system of 'slopping out', a degrading and disgusting experience which took place in the early hours of the morning when we were unlocked. It consisted of a line of kids carrying their pisspots to be emptied in the single recess on each landing. These pots contained the filth accumulated during the night; urine, spew, turds of shit and spittle, all to be disposed of in double quick time. The last in line waded ankledeep in piss and shit. I thought to myself then, as I have often thought since, that even animals are not subject to such horrifying treatment. If the RSPCA ever get into the Scrubs, they'll close the place down.

I had just about had a bellyful of this performance when I was told that I had been allocated to Portland Borstal near Weymouth. There was a dozen of us all told, and we went by coach under the watchful eyes of a couple of screws. It was a fine August day, the sun was shining brilliantly and, as the coach bowled along at the start of the four hour journey, we were all in fairly good spirits. A few kids burst into song, but the screws soon put a stop to that."

The Massachusetts 'Experiment'

In 1947 Lyman School was opened in Massachusetts, U.S.A. as the first institution in the United States designed specifically for juvenile offenders. It was in a rural location and as such was seen as a method of removing young people from the crime breeding areas of big cities. By 1860 there was a division of Juvenile Training within the State (described in the 1977 Annual Report). The provision of specialist placements for youthful delinquents continued for more than a century until 1969 when Doctor Jerome Miller was appointed Commissioner of the Department of Youth Services within the Commonwealth of Massachusetts.

The changes within Massachusetts have been referred to variously as the 'Massachusetts Experiment', 'The Decarceration Programme', but the most revealing title is perhaps that used by the monitoring team under Professor Lloyd E. Ohlin who described it as 'The Reform of Youth Correction in Massachusetts.'

Dr. Miller was 'the hatchet man': he inherited a pattern of institutions which, along side and parallel with penal establishments, took into large and delapidated properties the human flotsam convicted of crime. In 1967 there were five major institutions with a daily average population of 850 boys and girls.

There was in the institutions (vide 1975 Annual Report), a regimented, impersonal lifestyle... having a negative effect on most of the incarcerated children. In the main the thrust had been away from residential to non-residential care; children had been fostered, placed in special fostering or family placements schemes, sent on forms of outward bound training, placed in tracking schemes, adopted
or (at public expense) placed in private or voluntary residential homes/schools/mental hospitals.

In the end it was, as the Annual Reports made clear, not cheap but was certainly no more unsuccessful than were the forms of imprisonment — and in terms of life opportunity and a better degree of socialisation the 'experiment' has proved to be a success. Not least because of the positive effect and the way in which some of its strands and experiments have been copied virtually throughout the western world.

It was at first intended by Dr. Miller that there would be no departmental holding or locking up of children; however, what has emerged during the period 1977 to 1981 has been a control of the budgetary practice which has led to a wide base programme within the whole of the Department of Youth Services in the State of Massachusetts. But a large part of the detailed discussions during the 1976-77 and subsequently have been to look at specific residential options. It has been comparatively easy to purchase beds in voluntary or private sector under the headings of Residential Home or Residential Special School: the problem was to estimate the number of secure beds required within the State of some 12 million+ people, (vide 'The Issue of Security in a Community-based system of Juvenile Corrections.' Final Report, November 1977) bearing in mind that as in the United Kingdom there are some penal provisions which compliment those provided by the more local State Authority.

Secure programmes in the community-based system have the dual purpose of public protection and quality care, both geared to the individualised needs of youth. The Task Force identified the elements which are critical to the achievement of these objectives.
The intake criteria must be clearly delineated. The eligibility of a youth for a secure placement should be determined by demonstrable, objective criteria which relate directly to public protection concerns. All youths who meet these criteria may not need secure placements. However, a secure placement is not appropriate unless these criteria are met. The criteria used within the Massachusetts scheme are extremely close to those used in England and Wales, firstly for the issue of Certificates of Unruly Character, and latterly as the basic criteria for determining whether or not a young person shall be placed in local authority secure accommodation.

Is the person a serious danger/threat to himself and/or others?
Is he (apparently) incapable of staying in an open setting where he is placed? and because of such persistent absconding is a danger?
Is he accused of, or, being a minor, found guilty of, one of the grave offences? to whit murder, manslaughter, attempted murder, arson, etc.

No one level or type of placement is appropriate or necessary for all youths in need of security. Security can generally be provided without a primary reliance on traditional high-level security designs. Therefore, there should be a graduated range of secure placements which includes a variety of levels and types of programmes.

Individualized plans and goals for services and care must exist for each youth placed in a secure programme and effective after-care planning and community re-integration services must be provided.
The quality of the secure programmes is the single most important factor. The essential ingredients for quality programmes, consistent with public protection, reasonable costs, and decent, humane care, are the following:

- An adequate number of trained and qualified staff is required to address constructively the needs of the most difficult youth in non-institutional settings. Staff/youth ratios should range from 1½-to-1 to an optimum of 2-to-1.

Brutalization of the youngsters by the staff and by each other was a frequent occurrence. Isolation in cells for long periods of time was a common form of punishment but most importantly the low ratio of child care workers to children meant that staff were forced into a custodial role rather than a counsellor relationship with the children.

And the failure rate was between 85% - 90% (Massachusetts State estimate). What Dr. Miller achieved, for political and financial reasons, and certainly not initially for reasons of good practice, was to change the provision for juvenile correction facilities in Massachusetts from training schools to which young in-mates were sent to a wide array of community programmes which would make provision for these young people within the community rather than excluding them from the community. Four articles in the American Corrections Magazine (Vol 11, No. 2., 1975) described the trauma of these changes. Additionally Annual Reports and Progress Reports and a Final Report from the Massachusetts Department of Youth Services have commented internally on progress; most important in looking at what happened in Massachusetts in detail has been
the evaluation of the reform of youth correction carried out by Professor Lloyd E. Ohlin and his colleagues from the Centre for Criminal Justice at the Harvard Law School (vide Tutt, Dr. N. 'Conversation between Prof. Ohlin and Dr. Tutt' Community Care 2nd August 1975 London, Ohlin L.E. et al 'Evaluating the Correction of Youth Reform in Massachusetts' Journal of Research in Crime & Delinquency January 1975 New York) which looked critically at what had happened in Massachusetts.

- Youth populations in each programme must be small in number. Large populations in secure settings inevitably result in the 'warehousing' of youth, a primary reliance on traditional, de-humanizing custodial control, excessive costs and do not necessarily enhance physical security. To avoid these negative effects and to achieve positive results, the population size should be limited to 12-15 youths.

- Minimum standards for programme content and quality control methods must be established and applied by DYS to every programme.

- The programme facilities must afford a decent, humane living environment. This requires adequate interior and exterior space and the maintenance of a low-profile security design. Security is primarily a function of programme size, staff and content, not the physical character of the facility.

To this end it was decided that Secure Programmes for both intake and for training would be necessary, and it was concluded that about 12% of young people (especially males) from the total population referred to the Youth Services
would be a realistic aim. By 1976 49 placements were available but the programme estimated that about 150 might be required, although some of them would need to be within the Department of Mental Health's Secure Programme.

Later estimates have increased this figure somewhat but the basic programmes have remained unchanged and the outline of these programmes is reproduced in full, as are the four proposed definitions:

(1) **A Secure Detention Programme** is one which provides short term care and custody for those youths who have demonstrated, in prior commitments to DYS or by actions which are the basis for their present detention, that no other detention placement can reasonably ensure their appearance in court. Youths may be detained in a secure detention programme only if they have been arrested and charged with delinquency and have been placed with DYS pending (a) arraignment (but only if held separately; if held in police stations on 'overnight arrest', the facility must be approved by DYS); (b) trial or (c) disposition in court.

(2) **A Secure Treatment Programme** is one which provides the care, maintenance and treatment for, and which contains or holds, youths who have demonstrated, in prior commitments to DYS or by the actions which are the basis for their present commitment, that:

a. They pose a danger of serious bodily harm to others, which cannot be averted or controlled in a less secure setting; or

b. They engage in a pattern of persistent, uncontrollable and serious offences and it has been demonstra-
ted that a less secure setting cannot control and treat them.

(3) Care and Treatment, in the context of a secure system, is the provision of appropriate professional services geared to the special and different needs of each youth. Whilst the provision of these services in a secure system is a complex issue, involving a broad range of philosophical points and practical possibilities, these services include, but are not limited to, the following: Medical and psychiatric care, educational and vocational training, counselling (individual, group, family), trained supervision and guidance, recreational programming, minimum nutritional requirements, those services necessary to ensure the re-integration of the youth into the community, and a physical environment suited to the rendering of these services.

(4) A Graded Secure System is one which sets limits and imposes constraints on youth for care and treatment and for protection of the public. It involves several levels and types of secure settings and programmes. 'Security', within this system, should be defined in terms of outcome or result. While the setting of limits is an essential part of this system, the most desirable and effective method of maintaining security is through programmes and staff which attract and involve youth rather than through a primary reliance upon mechanical constraints.

If problems can be faced, and worked through, the problems are often assimilated as experiences rather than being bypassed. When by-passed instead of being faced up to, both staff and subject have an unexpected -albeit primed - bomb impinging upon their relationship.
Thus, whilst a journey on a boat is not Secure Accommodation in definable terms, it is clearly in another sense 'secure' in the sense that persons on board may not readily abscond.

An example in Wessex illustrates this:

Hampshire's Intermediate Treatment provision included the use of a boat, based at Gosport and sailing in the Solent. Crewed by a qualified Instructor plus 3 or 4 or 5 youngsters, the usual involvement was on a weekly day basis from 0800 to 1800 hours.

In 1982 two requests from young people to 'go on a sail' with the I.T. group were accepted. A blind man aged 25, and a girl aged 16 (the writer's daughter) met the 4 I.T. lads and the Instructor at 07.45 and by 0800 were 'at sea' en route to Cowes, Isle of Wight. To obstruct, trip, annoy the blind man - to push the girl (wearing a skirt!) and ridicule/laugh at her when she needed the toilet (the 'heads' hadn't a door) was a goodly part of the amusements laid on during the first two hours.

But the sails were trimmed etc., the course secured, and the voyage continued.

The point being made is parallel to the experience(s) in the Intensive Care Unit! The experiences and the learning experiences were, and are, condensed.

Within an hour first names were being exchanged and plans made (not sounding too propitious for the good citizens of Cowes). Food was shared - relationships, even friendships that were to endure, seemed to be made in hours, (or less) rather than days or weeks - plans were made, for good or
ill, and carried through to conclusion - protection was soon implicit for the blind man and the girl.

The notion of intensive care is not confined to local authority secure units. Since the publication of the Jay Report (1977) and the follow up LAC (83)3 published by the Department of Health and Social Security on the 26th January 1983 there has been mention in several areas, of intensive care applied to the supervision known as Intermediate Treatment. In paragraph 6 of LAC (83) 3 referral is made to 'Grants will be available to particular voluntary bodies sponsored by a local authority especially to provide additional intensive I.T. facilities for inclusion in the local authority I.T. Scheme for the area'.

By the end of 1984 particular examples of intensive Intermediate Treatment were actually being pursued in Cambridge, in Hillsborough, Sheffield, in Bassetlaw, in Croydon, in Smethwick in the West Midlands, in Mid Glamorgan, in the London Borough of Hammersmith, in Doncaster, and in Coventry (where the PACE (Project for Alternative Community Experience) was concerned with a form of 'tracking' following upon some American success in keeping tabs on young people for the period of supervision in the State of Massachusetts.

In the United States of America a good deal of work has been done over the past decade in the Community treatment of juvenile offenders, and the DSO experiments (the Deinstitutionalisation of Status Offenders) was one component of this national effort to change the trends of delinquency during the Sixties and Seventies. This is something
which is continuing and is well described by Kobrin and Klein (1983). The concept is that the so-called Status Offenders are those who have committed serious crimes - in this country they would presumably be those who have committed crimes the punishment for which in the case of an adult offender would be fourteen years imprisonment or more, and the strategy is to have a high level of involvement between adults who are from differing disciplines and the young people and the best publicised example of the approach is referred to (by private correspondence to the author) in the joint private and voluntary project known as VisionQuest whose headquarters are at Tucson, Arizona. VisionQuest accepts young people over the age of 10 and under the age of 21 and is willing to take young people who have been convicted of very serious offences. Their commitment must be to participate in an outdoor programme which will cover a total period of supervision for at least one year and the important part of the scheme is that the youth commits himself in such a way as to initiate relationships between him or herself and the supervisory staff. The young people referred to VisionQuest have almost invariably been in situations where they find themselves controlled by a Judge, a policeman, or a locked door, and thus the programmes which are set up have to satisfy the Courts as well as society that the programme will do something to keep the young person out of further serious offending as well as re-integrating that person back to his or her community and family. There is a diagnostic programme initially which somewhat parallels our Observation and Assessment regime and then after the young person has got to know the staff and his or her peer group the placement is in a socalled 'high impact programme'. Three such programmes have been conducted by VisionQuest and are specifically designed plus task oriented.
1. The wagon train

2. The wilderness camp

3. Ocean quest

In each situation a period of intense preparation and training culminates in extremely hard journey - with wagons across great stretches of country, on foot across rugged terrain or in boats across open water, and the success in accomplishing each day's journey and programme was recorded as one aspect of the progress being made within the 'closed' community.

Thus there are alternative settings to 'Secure Accommodation' that provide an intensive programme from which it is virtually impossible to run away; the common treatment goal in each of the several settings being introspective - an opportunity to look at oneself rather than always to have the opportunity to run away and thereby evade facing the result(s) of one's actions.
CHAPTER II

An "up-date in the light of 1982-83 Legislation

The changes which happened within the child care field during the decade from 1969 to 1979 have been fully described within chapter I. But further major changes transpired between 1980 and 1984. The three major pieces of Legislation were The Child Care Act, 1980; The Criminal Justice Act, 1982; and The Health and Social Services and Social Security Adjudications Act, 1983.

Unlike the major changes which were brought about after prolonged discussion and a consensus of political opinion and brought to fruition by the Children and Young Persons Act, 1969, the major change in the early 1980s was contained within Part 1 of The Criminal Justice Act 1982 which amended Section 21A of the 1980 Child Care Act and which in turn was further amended by Schedule 2, paragraph 50 of The Health and Social Services and Social Security Adjudications Act of 1983. What this fundamental change in legislation did was to implement by means of Secure Accommodation Regulations 1983, and Secure Accommodation (No. 2) Regulations 1983 the implications and provisions which from that time onwards were to be applied to young people held in secure accommodation. They also had, by implication, an affect on the Certificates of Unruly Character by which route 15 and 16 year old boys could still be placed in penal establishments if certain basic grounds were applicable.

The effect of this legislation was paradoxical in that it was not preceded by either real inter-play political debate or by any consensus - rather was it seen as a victory, along with other parts of Part 1 of the 1982 Criminal Justice Act for the 'justice' as opposed to the 'welfare' model; in
other words the magistrates lobby which was still yearning for the power to place Approved School Orders for three years upon young people saw this as its opportunity and took it. In effect the magistrates were not able to impose an Approved School Order as a result of the 1982 Criminal Justice Act but amongst the changes which have had a serious effect in incarcerating more people in custodial provision (despite the well meaning attempts within the drafted legislation to ensure that this did not occur) were the victories made by the magistrates lobby. Firstly to have what had at one time been described as a Residential Control Order but became 'Care and Control' for up to six months. Secondly the various ill-thought out extensions of supervision which were generically described in the debate prior to the Act as curfew conditions. And thirdly the Juvenile Court as part of the Magistrates Court was enabled to send young people immediately to Youth Custody Centres when these replaced, in May of 1983, the Borstal system.

At least initially there was a sharp increase in the number of juvenile offenders who found themselves in penal establishments (see the NACRO Survey on the first 12 months of the 1982 Criminal Justice Act). Several reasons have been put forward to explain this increase. But in a survey of thirty local authorities areas NACRO found that if one compared the first six months operation of the 1982 Act with any six month period after 1969 when young people going to Borstal had to be referred first to a Crown Court (it was in fact a Judge who made the Order), the number of Youth Custody sentences imposed on juveniles (as compared with Borstal) increased by some 37%. In the same period Detention Centre Orders increased by some 15%. Surprisingly there was also an increase of some 16% in the number of Care Orders imposed by virtue of delinquent
activities - the so called 7(7) Orders of the 1969 Children and Young Persons Act.

Tutt & Giller (1985) argue that the Act has meant that 'diversion in general, and police cautioning in particular, have been major growth areas of juvenile justice practice during the 1980s'. This is open to some doubt, as to whether the young person's appearance in the system is simply delayed, or even whether the diversions are a growth area per se that has no effect whatsoever as a preventive measure.

It would seem that one of the reasons which led to the changes which accrued as a result of the 1982 Criminal Justice Act was the need to complete discussions before the ending of a Parliamentary session, and thus there was a goodly measure of inter-party agreement but less than accurate drafting because of the short time scale. A second factor seems to have been the very powerful Magistrates' Association lobby which was at pains to indicate that it had 'lost power' as a result of the taking away of the Approved School Order in the 1969 Children and Young Persons legislation. It transpired, therefore, when the 1982 Act came on the Statute Book 'the care and control for six months' which was agreed within that Act was seen as giving back some power to the Magistrates' Association. However, a result of that legislation which appeared to creep up on the Legislators was the situation which we now find not only as a possibility but as a scenario which is being followed. It is that whilst the argument was on the one hand for Justice and on the other for Welfare those young people who simply refused to 'toe the line' could finish up in secure accommodation without even being accused of serious offences. A good example of this is the non-school attender where
firstly his parent is often prosecuted and fined; the second step is to take some sort of Supervision Order on the young person; and if both these measures fail the young person is taken away from home on an Interim Care Order or a full Care Order. The net result of this at a time when the number of all forms of Children's Homes and especially those which provide education on the premises has been markedly reduced, is that the probability is the young person will be placed in a Children's Home which does not have education on the premises. The child, often understandably, fails to attend school and after he has 'cocked a snook at authority' on a number of occasions he will finish up in Secure Accommodation.* No comment is necessary.

It must therefore be seen as an Act born of expediency and politics, based neither on evidence nor on debate producing a philosophy.

* See Appendix A - p 219 - (vi) and (vii) and Appendix A - p. 219 - (viii) outlining the police (Hampshire) increased usage of cautionary procedures - with concomitant increase in paperwork and thus for little monitoring to elicit effect/trends.
The thrust of the literature perused and the information obtained during the study, highlights the gap existing between the 'justice' and 'welfare' points of view.

The justice view is that it is 'fairer' to treat young adults exactly as such. Thus one would impose punishments, perhaps sometimes in a minor key, generally parallel with those that would be applicable for adults in similar circumstances (ie charged with similar offences). The advantage to the young person may be not only a notion of 'fairness', but also that a determinate sentence would replace the (present) indeterminacy of the Care Order. The welfare standpoint carries a degree of optimism - that something can be done for the benefit of the youngster - but in its reliance on assessment and unscientific and less specific criteria, has thus been the recipient of undue criticism and scepticism.

The notion of 'treatment' in social work has become increasingly suspect, partially perhaps because of the medical meaning of the term. This study continues in the direction propounded in the discussions preceding the Children and Young Persons Act, 1969, and codified (although by no means fully implemented) within that Act.

However, until the passing of the Criminal Justice Act, 1982, and the issue of the subsequent Secure Accommodation Regulations, the children and young persons placed in local authority secure accommodation - whether single cells or larger suites or units - could scarcely have been said to be 'over seen' in terms of either national regulations or a system of review by courts or school managers.
Young people are held in conditions of security.... in hospital settings, in Youth Treatment Centres, in penal establishments (Detention Centres, Remand Centres, Youth Custody Centres - were Borstals -, and prisons). The paradox is that the Welfare model is stronger by the codifying of regulations and appeals procedures: now the court (Juvenile) hears and adjudicates before the youngster may remain in security for more than 72 hours... and he/she has at that hearing, the benefit of legal representation and parental presence. Prior to the 1982 Act the time in security was recorded but scarcely, save in a few areas of good practice, overseen. Thus (Chapter 11) has an act 'born of expediency' been successful, perhaps for the first time, in helping give a better deal to those young people in or en route to Secure Accommodation.
CHAPTER III
Local Authority involvement in provision of Secure Units

At the time of the study (prior to the implementation of the Criminal Justice Act, 1982) there were in England and Wales (excluding Youth Treatment Centres, referred to in detail elsewhere) some 66 secure units - along with additional single-cells attached to other forms of residential accommodation.

In all the secure provision was approximately 450 beds.

Since the implementation of the Act all single cell units have been taken out (1st January 1984), and for other reasons (concerned variously with political decisions, lack of financial means, and lack of building standards) it is thought that rather less than 300 secure beds provided by Local Authorities are available at June 1985.

The philosophy and criteria for the two units provided by Hampshire for the (then) Wessex Children's Regional Planning area are detailed fully (p. 67 et seq) along with diagrammatic representations of their layouts.

There follows a synoptic statement of 6 other local authority secure units. The synopses are based upon a combination of reading their philosophy statements; visiting the units and speaking with staff on duty; and speaking there, or by telephone afterwards, with the senior person responsible for the day to day running of the Unit.

The Units (not in order) thus used were -

Middlesex Ledge (London Borough of Hillingdon); Stamford House (London Borough of Hammersmith); Stoke House (Coventry);
Aycliffe (Co. Durham); St. John's, Erdington, (Birmingham); Orchard Lodge (London Borough of Southwark).

(i)  
   a) the Unit can be used as an alternative to custody for those aged under 16 years;  
   b) it is an Observation and Assessment centre for children who cannot be contained in an open setting; and  
   c) it may be used to secure the safety of a child who is a danger to himself or others.

(ii)  
   - designed to incorporate the basic ideas of 'sequential' treatment and 'security for boys and girls in one building' enabling total control of the pressures impinging on a child in as near a non-institutional setting as can be managed. The children admitted will be between ages 8 - 18 presenting the most severe problems; and the unit is designed to provide for the total needs of the child, over a period ranging from 3 months to, if necessary, 10 years. Children moving from the admission house which is totally secure, to the second and third units, which are in turn semi-secure and open, as they gain self-control, achieve treatment goals and gain increased competence to cope with less structured environments.

(iii)  
   a) to provide short-stay accommodation for adolescents who are out of control and who have repeatedly evidenced a need to protect the public;  
   b) tasks are to provide basic care/containment to collate information and provide (assessment) reports....
to engage the child in relationships....
to assist intensively in any planned
move to an open setting.

(iv) using the title of 'Intensive Care Units' - short
term use will be for remand and reception; medium-
term.... will be supportive and part of an on-going
training programme.
Object is to keep young people out of the penal
system and to concentrate on treatment rather than
the (narrow) concept of training.

(v) to utilise (for girls) a 3-phased treatment prog­
ramme over 1 year; within the 3 self-contained
units participating in a progression from a state
of 'imposed control' to one of 'self control'.

(vi) Secure Unit (for girls) - experiencing an extreme
crisis and exhibiting unmanageable attitudes either
at home, in foster homes, or in other residential
care. The stay.... allows time to stop, re-assess,
and plan a care programme.

The Working Party Paper which led to the decision in Wessex
to produce three Intensive Care Units (Secure Accommodation)
in 1977 had as its basic premise two departures from what
had been seen as normal practice in other Local Authority
Secure Accommodations - that the accommodation should be
totally secure in order that the time and effort of both
young people placed therein and the staff of the Units
should not be wasted to any undue extent by search for
escapes; and secondly that social work involvement with
clients was, and is, a worthwhile activity.
The hypothesis is that the Intensive Care Unit (Secure Unit) concentrates the minds of all involved on the young person, and as well as the young person the reasons for the young person's placement in the Intensive Care Unit, and thereby reduces the time scale of involvement. The result is that a better in-put of practice is applied more quickly than could be the case in ordinary social work application within the community.

It may also, one accepts, equally result in a bad application over the same shorter time scale should the methods brought to bear and the involvement of the staff of the Intensive Care Unit, the family of the young person and the field work support systems be less good than might perhaps have been expected to be the case.

The title of Intensive Care Unit which was taken by Wessex Children's Regional Planning Committee as its title for the Secure Units to be provided by Hampshire Social Services Committee for regional use was not a euphemism. Rather was it an intimation of the positive intent to shorten the time scale within which social work is done alongside and with children and young people and an attempt to indicate that within this forshortened period of time there would be a greater and more positive commitment and input than generally appeared to be the case in 'normal' social work. This suggestion is clearly underlined by the material over a fifteen-year period in Chapter 4 Part I on 'M' (p. 90).

The Hampshire/Wessex Working Party produced its final report in June 1977: it was entitled the 'Report of a Working Party on the Provision of Intensive Care Units for Disturbed Children' and its terms of reference were 'to examine and report on the need for Intensive Care Units
with security for disturbed children and in the light of the current economic situation to make recommendations on how this apparent short-fall in provision can best be resolved.'

An important part of the Report was the statement of the philosophy of the secure accommodation, and this is quoted in full within the following seven paragraphs:

1. The area of specialist residential care with security for children, particularly in terms of secure intensive care units for short-stay periods, is one where there has been a paucity of study and lack of guidelines, particularly on the underlying philosophy. What documentation has been published seems to represent an appreciable disparity of views as to the aims and objectives of retaining children in secure accommodation. In a report such as this, it is vital that some of these considerations are outlined. *

2. Secure provision is principally necessary because certain children are too emotionally damaged or delinquent and consequently lack sufficient inner control to be cared for in normal conditions. The more normal residential child care establishments are generally not sufficiently structured to provide the appropriate level of external controls necessary to meet the needs of these children. The role of secure accommodation is to impose these external controls on the child which can be lessened as inner controls are developed. To achieve this, secure accommodation must provide a degree of personal care where warmth and understanding in human awareness are elements which are included.

* See 'Likely history' outline - Appendix A, p 219 - (ix)
alongside the more physical factors of control.
To quote D.H.S.S. Circular 75(1) ".... the aim of treatment is to enable (them) to move from a state of imposed control to one of self control and this process should begin from the moment of admission".

3. There is also the problem of the apparently conflicting aims of secure accommodation as perceived from the viewpoint of the community. This type of provision is often seen as being a punitive measure or, at least, providing containment for the protection of the general public. The conflict arises with the professional view that secure accommodation is an integral and essential element in the child care service and ought primarily to be a therapeutically based facility intended to meet the needs of those children who require that particular form of care. The basic argument is not one of sickness or sin, treatment or punishment, but rather of social responsibility and level of functioning.

4. Security as a hypothesis has been commented upon so far in this report as if physical security were the only method of containing children. In other words that secure accommodation simply comprises of physical barriers in a building which are intended to restrict liberty and confine inappropriate behaviour to a limited area. Very often in discussions on secure accommodation, stress is made on whether such accommodation should be provided physically on the basis of a secure perimeter with maximum permitted movement within the perimeter
or by a secure locked building or part of a building or even by the use of one room. It is, however, suggested that there are two other aspects of security which merit consideration.

5. The first aspect is the use of medication as a means of achieving control and consequently a degree of security. The problem faced here is essentially an ethical one. If medication is to be used in this way it should be seen as part of a 'healing process'. The temptation is to prescribe medication solely to control behaviour and this is questionable on ethical grounds. This aspect of secure accommodation emphasises the vital need for appropriate medical and psychiatric cover for such units.

6. The second aspect is the 'human' element of secure accommodation. A child can be contained by one or more people remaining in contact with him throughout his day in such a unit. It is almost axiomatic that the degree of security is reduced in direct proportion to the reduction in the staff/child ratio. Containment in the short term can be by personal physical intervention although a more appropriate method is to pursue the establishment of relationships which reduce the desire of the child to escape. Certainly so far as children are concerned with their potential for emotional development, the use of staff to provide security is not only likely to be more efficient and humane, but is also more likely to achieve the desired ends of child care which is to fit the children to function appropriately in the community. Appropriate staffing to meet these criteria is an essential element in any secure accommodation. Detailed
comments on staffing of the units are outlined later in this report.

7. The final element in secure accommodation is the physical structure of the building which can represent to society that an undesirable group is being segregated into a situation where something is being done to change or, at least, regulate their inappropriate behaviour. To society the buildings can often be perceived as a social deterrent. Essentially this is the 'prison' concept of separate building and it is suggested that this is not likely to meet the needs or, at least, the initial needs of most of the children in care who are deemed to be in need of secure accommodation. What is more, the high cost per place of separate premises allied to this more appropriate philosophy seems to emphasise the need for intensive care units provided within or attached to existing residential child care establishments where stress is laid on the need to establish good staff/child relationships as a means of achieving progress.

The agreed preface to the Working Party Report written jointly and signed by the Chairman of the Working Party, the Deputy Director of Hampshire Social Services, Mr. J.V. Webb, is also quoted for the underlining of the primary aim in task terms of the Intensive Care Units. The primary aim is to care for, get close to, and 'treat' the young person in such a way that he or she may return to society in the shortest possible period of time yet with positive aims and at least a chance of being able to participate in and enjoy the humdrum round, the common task, of normal life within the community.
'The concept of providing secure accommodation for children inevitably evokes a wide variety of responses from different people. Discussions in the past have often resulted in proposals for coping with difficult children in ways other than the use of some form of physical security.

'Despite what may appear to be society's movement towards the view that many of the social problems associated with difficult children can best be resolved by leaving them at home with their families, the counter view which seems to be coming to the fore currently is that, in providing a wide range of facilities for children in care, there is a case to be made for some form of accommodation where a small minority of children can receive appropriate treatment under secure conditions.

'What is becoming increasingly clear is the lack of validity in the view that a high staff/child ratio will suffice to resolve all of the problems of the difficult, disturbed and delinquent child. Whilst staff numbers are important, what seems to be imperative is that well-designed premises are provided as a pre-requisit to the achievement of appropriate child care objectives with these children. Thus, there is no low cost way of providing security; it is costly, fraught with risks but essential if we are to provide something which, at the least, does not increase the damage which we can so easily do to these children by the use of temporary expedients'.

'This report seeks to examine the problems related to secure provision. Not least has been the need to make recommendations within the framework of our current economic situation and to provide a development programme which is capable of attainment. Although the availability of
resources is a key factor, it is vital that the most careful and thoughtful use is made of these specialist facilities when they are provided and that there is a continuing evaluation of the work undertaken.

There are jokes and derogatory comments regarding the results of the labours of any committee, for it appears generally to be held that compromise equals a spineless non-controversial middle course. The proposition is that the work of the Working Party was in no sense compromised at this level - rather was it a serious attempt to look at the problems which face local authorities in the provision of secure accommodation and attempt to inject reality and some positive thinking into the resultant resource situation.

It is of course difficult to say that in a secure situation clearly removed from the community that there is much chance of working together for children and their families: the Report published by the Welsh Office of research undertaken with South Glamorgan County Council in 1977 does do something to show that the breakdown in communication can be restored when the interface between Education and Social Services, the delinquent and his family, school and Social Services and so on, can be brought together and the situation talked about openly in an 'no holds barred' sense. A major aim of the Intensive Care Units has been to bring together children and their families and other interested parties in this positive way.

Outline diagrams of both Units follow as pages 72a and 72b.
Fire doors
First floor to be strengthened.
Services replaced. Windows, doors, partitions, finishes to higher standard.
Access to shaded area to be maintained until other secure rooms available.
The research concentrated upon a small number of young people having experience of need for local authority secure accommodation. The quotation refers to a temptation to dwell too long on a particular aspect of experience from a specific person being interviewed. This might, in another piece of work, have relevance. It is postulated that in this study the snap-shot analogy is a good and relevant one; and that as a result of this approach what is seen is an overall postulation of some of the ways that young people see the proximity of adult workers as valuable to their progress towards maturity. A snap-shot taken in haste because what was seen exercised, and excited, the photographer is not per se a less good picture in its effect than one which is composed over much time with great care!

This chapter, and the study covers the following material:- interviews with 7 subjects, including their parents and residential and field social workers; 300 actual files relating to young people who had been in one or other of the units studied (secure); a detailed case study of Margaret (one whom, it is suggested, would have benefitted from the concentrated input she might have received in Intensive Care); the poems of Rachel that illustrate the movement from despair, via indifference, to hope; and sundry letters/comments. Each of the seven excerpts (after the introductory essay) is preceded by an explanatory passage.
The Research method adopted:

In his work on the social attitudes prevailing within a comprehensive school Turner, G. (1982) analyses and comments upon fifth form behaviour in a school in the East Midlands - his comments emanated from his work within the school and in fact thereby by a total involvement in the daily life of students and staff of that establishment. Spradley in his work (1979) and description of interview technology describes ethnography as work describing the culture within which one is operating or which one is observing and further remarks (page 17) that 'language is more than a means of communication about reality: it is a tool for constructing that reality.'

Can one think without language? Certainly this is one of the subjects discussed within this report,

A. intimated that he 'couldn't know until he'd confessed' and went further to suggest that it was the verbal incidence of confessing that enabled him to know. His description of himself as a listener as well as a speaker when he confessed what he had done to the social worker was very revealing in the sense that he suggested that when he was making his 'confession' he was able to listen to what he was saying as though hearing it for the first time.

The participant observer

Spradley speaks of the relationship between the informant and the teacher as existing through an ethnographic relationship where the situation is really triangular: the observer is within the triangular situation in that the subject and object of the observed relationship are two of the three corners of the triangle and the observer (the third corner)
is attempting to protect his own privacy while being accepted within the situation. At the same time he is attempting not to exploit the situation, and must not lead the conversation. But he must attempt to notice and record the conversations and inter-relationships in such a way as to be able to communicate what appear to him (the observer) to be the communicated objectives of the observed correspondents. In Spradley's 'Participant Observation' (1980) there are several sequences which describe how the actual participant may observe and yet be accepted and how, when observing, descriptive observations may also be recorded and described in addition to the observed situations. In fact Spradley's diagrammatic representations which appeared in 'The Ethnographic Review' published in New York (1978) give an analysis and sequence which has been followed to a limited extent within the present study. A diagrammatic outline of this method follows at 75a.

The overall approach adopted in this research is eclectic. Comments follow on the overall approach adopted.
The analysis of observation

In 1964 Stanton and Schwartz in their study of institutional participation in psychiatric illness and treatment entitled 'The Mental Hospital' clarified the way in which attitudes became held and the way in which observation could elucidate what appeared to happen within a given institutional situation. For example they noted that the information which was passed as it were unofficially at a second tier level between people going off duty and people coming on duty may never be recorded but was used to describe patients and really to prepare for their subsequent behaviour - perhaps an example of expectations being lived up to. The formal hospital organisation which they described in detail (page 39 et seq) and the comments which they gave in detail within the 'disturbed ward' (page 119 et seq) set out clearly the way in which they made regular visits. Before, during and after the observation period and by their wearing of nursing garb they came to be accepted by patients, nurses and doctors as, presumably, being one of the other professions whom the person to whom they spoke or with whom they worked was not. Thus they were able to enter fully into the observation of what happened by becoming almost unseen. The G.K. Chesterston's view of the visiting postman is analogous with this situation, for the postman is always there, he is in uniform and therefore would seem to be noticeable by his presence but because of his regularity and the fact that 'everyone knows the postman' he is never noticed as an individual; by making themselves so available as neither staff nor patient and by regular visiting, Stanton & Schwartz to a very great extent achieved that invisibility.

Goffman in 'Asylums' (1961) endeavours to approach the problem of observation by looking at the whole social situation of the mental patient and the other inmates
from the viewpoint of an impartial observer. In this situation he visited as an observer, made known his impartiality by not only speaking with but also sometimes disagreeing with and contradicting different people within the ward situation and from this point of view became accepted by all within the situation, doctor, nurse, therapist, patient, visiting relation or friend and so on, as an observer and really set up for himself a role which he could be in as a person apart.

Gail Magruder writing of the problems in her own life is an unlikely resource for research material, 'A Gift of Love' (pages 113,116,117) clearly indicates the time and substance of her own feelings and her observation in a way which communicates the deep feelings held by those whom she observed. For example, 'in prison, I saw fear in the faces of both the guards and the prisoners. The inmates weren't in a position to disguise it, but the guards called it law enforcement. Fear made it impossible for one to look at the other with compassion' and later 'my own fears were beginning to come out into the open, and I knew I would have to deal with them'; and again, 'these men (the prisoners other than her husband) were frightening, there was no use denying it. But they were more than that. They were lonely. They were rejected and treated with contempt by everyone who even knew they were alive. Society had no pity for their plight, they thought they deserved whatever the got...' Such an autobiographical base raises slightly different aspects to those of the detached observer account for herein there is a combination of an observer account and an involved account albeit a reported involvement and thus the comment raised by Magruder et al must occupy a slightly different standpoint from that of the involved observer. The point
being made is that it is a combination of a number of different research methods which may come together in an eclectic form to give a more total picture because perhaps of a more total involvement.

The research activity is concerned with methods of testing out the statement in such a way as to support or contradict the thesis or at least to indicate the general trends which appear to be clearly set out as a result of the co-ordination of the research activity. Another element is the sociological imagination which is important in that it breathes life into the cold fabric of the information obtained by the research activity. The proposition is that the research act in sociology, dwelling as it does upon an analysis of human activity and the relationships between humans and therefore upon change within those relationships has a hidden element which might best be described as 'imagination'.

Life Studies:

The life history method is that which generally obtains within Social Services Departments. It is concerned with a factual (so far as is possible) statement of what has happened within the past history of the person under study or investigation and, again to quote Denzin, it 'presents the experiences and definitions held by one person, one group, or one organisation as this person, group, or organisation, interprets those experiences.' Denzin also quotes Park, R.E. (1927) to the effect that 'in the case of human beings, it is the wide range of subjective (my author's underlining) life of mental and imaginative behaviour which intervenes between stimulus and response, which makes human behaviour fundamentally different from that of lower animals... it is the purpose of life history to get a record of this inner life'.

Thomas W.I. and Thomas Dorothy S. in 'The Child in America' (1928) wrote 'there may be, and is, doubt as to the objectivity and veracity of the record... that even the highly subjective record has a value for behaviour study.... if men define situations as real, they are real in their consequences'. The suggestions coming out of Denzin's work are that the life history method is going to be

(i) complete;
(ii) topical (i.e....);
or (iii) edited, in the sense that Case Histories or Social Work Reports are edited.

But the two works which paved the way and indicated the methodology for this study were Caudill, W. (1958) and Lewis, O (1959). As will be seen later in this chapter the aim was to look at children within Local Authority Secure Accommodation. Such units are by their very nature small and the two units wherein the young people referred to within this study were kept were eight-beds and three-beds respectively. Thus Caudill's work 'The Psychiatric Hospital as a Small Society' (1958), although not relating to a small society in the sense of these small secure units, nevertheless enumerated, particularly in the first section of his work, the nature of the problem; to observe was not proposed as an approach in itself in lieu of insight but the fact was that within the psychiatric hospital observed as this small society there is a clear notion that the total institution was the subject for observation and that the whole organisation was an incredibly complex microcosm of society as a whole. Thus from that base the move to study the method adopted by Oscar Lewis in his studies of the culture of poverty led to the important technique which in ethnological terms he was perhaps the first to use in detail. This technique is a method
of grappling with the dilemma posed to the modern social psychologist... that somehow he must simplify yet codify observed behaviour so as to 'report... yet point no morals, draw no conclusions... make no comments.' Having established this as a point of departure and having noted that Lewis felt it unnecessary to codify in statistical terms the next step was to move to Smith H.W. 'Strategies for Social Research: The methodological imagination' (1975). His guidelines particularly regarding informed consent and the promise of confidentiality were observed.

The method followed in this work was that each person interviewed was informed of the reason for the research. On some occasions there was a clear refusal to enter into a discussion which was to be taped (particularly in view of the fact that a good deal of the local publicity was given during the early part of 1983 within Hampshire to an experiment sponsored by the Home Office which was to permit the use of small tape recorders for taping evidence taken from suspects or witnesses). Even those who agreed to taped interviews expressed some reservations of which due note was taken. In cases where tapes were not utilised because of the wishes of the person or persons interviewed notes were taken immediately afterwards. The details were read back in the first place and then the person interviewed was taken through the transcript and asked to agree firstly that they were a fair record and secondly that they could be used within this research project. This was done. It was decided that a testable theory was not being generated. What was gradually appearing was a climate. The comments within the interviews, which are included in full (See Appendix B) indicated trends or tendencies and two notions of Smiths were adhered to closely:
(a) the idea of structured observation (page 200 et seq) and,
(b) the general instructions and example given in Appendix C of Smith's work wherein is set out specifically an example of a guide to interviewing techniques.

At the same time the work of Hope, H. and Greenwood, C.R. commenting upon social skills deficit and particularly their interest in peer relationships enabled the interview techniques to be utilised in a particularly meaningful way.

The approach used in this study was that

(a) 1. So far as possible the interviewer assumed non-guiding, non-interpretive role: drawing on experience as Marriage Guidance Counsellor (i.e. listening, recording).

2. Each subject was informed of reason for interviews - given opportunity to withdraw: assured of Confidentiality of material, and promised an opportunity to comment on final form (he indicated that he would wish confidentiality to be TOTAL, but added 'its all the same in care; what I think and want doesn't matter, you lot'll do what you like - you always have. But thanks for asking').

3. The Headings that were used to remind Subject of a framework within which to speak/comment are indicated below - as far as was possible, save to provide an introduction to second and third interviews, there was no 'turning back' or repetition or questioning.
'I want to hear something about your stay in the I.C.U. - to help me with some work I'm doing and in the process to get some idea of how you and other lads/girls see what's happened to you.

first of all during a day,
and then about certain particulars.

We'll start with 'the day', and I'll show you the clues - and next time I see you (to give you some time to think ahead) it'll be about these different aspects.
And the third time we'll go through it all and see what you think and feel about my notes'.

The Headings

A day in the life of-------
Routines of a day
  Important
  Unimportant

Incidents
Evening
Night
Activities

ADMISSION
DISCHARGE

Relationships

Effect on behaviour

future
At this point the Hampshire New Curriculum Family Counseling Interview Schedule used in 1980 by Shackleton-Bailey, M.J. for use with trainees going as mentally-handicapped persons to adult training centres gave a number of hooks which were utilised upon which to hang the trigger comments which sometimes freed those interviewed from the constraints which in a sense were self-imposed.

There is also a need to
Beware of inaccurate descriptions
Because in discussion, and by implication, many of those interviewed commented upon the way in which children were 'labelled'.... at school, at home, in community, and so on.... it seemed important to comment briefly not on 'Labelling Theory', but on the use of labelling words.

In 1971 Schur wrote of the sociological implications of 'Labelling Deviant Behaviour': for many years Dr. M. Ellis working at H.M. Borstal, Feltham had in U.K. been speaking about the iniquity of 'titling'.... suggesting that once a description (inadequate, maladjusted, enuretic, 'stupid') was written down it became a fact, and as such became the basis of further inaccurate and sometimes maligning reports. To quote Schur: 'at the heart of the labelling approach is an emphasis on process: deviance is viewed not as a static entity but rather as a continuously shaped and reshaped outcome of dynamic processes of social interaction'. Herein perhaps lies the moral and ethical objection to 'labelling' for, if no other criticism were identified, the 'falsely accused' referred to by Gibbs (1966) - who has not violated a rule but is believed (or said) to have done so and is reacted to accordingly - provided an inaccurate foundation on which all manner of false or biased or prejudiced super-structures may be erected.
Examples abound: for example, 'this girl' (who was almost puritan in her moral standards but had succumbed to the pleading of her - only - boyfriend on two or three occasions only) 'is clearly, promiscuous, and as such at risk'. What one wonders, does 'at risk' mean? Or, another example, a girl has absconded - she was picked up by the police (with another) and stolen glue, sniffed glue, and these were the real reasons for removing her from her previous placement. When she was brought back by the police she was spoken with and it was ascertained, as was later confirmed by her previous children's home staff, that she had been moved around 'because she was sniffing, incapable, and on the roof of the home'. In fact the girl said, and it was later confirmed in detail, (a) she had been glue sniffing and had been absent from school but on the day in question she had not been glue sniffing and she was absent for a valid reason; and (b) she didn't go on the roof - but was in the bedroom of another girl (where she should not have been, so in that sense she was out of bounds); when she heard someone coming upstairs she went out to the adjacent balcony, the home has indeed balconies in the old fashioned sense outside two of the main rooms upstairs windows and it was on this balcony that she was found. She had intended to shin down the drainpipe and run away but in fact was picked up there. One of the major problems which accrues to the young person because of labelling mechanism is clearly identified by Daniel Glaser (1971) where he speaks of the conviction process - which gives someone a label - as a public degradation ceremony designed for the formal rejection of the convicted person as though he were a lower species of human entitled to fewer rights than other persons. Certainly if rejection is also labelling and the labelling is about value judgements which then add a tag to a person's description in the same way that communities used to
do perhaps more in terms of 'blacks', 'yids', 'red-necks' and so on. This aspect of labelling theory was pointed out to subjects under interview and their response was interesting and salutary; their argument was that the interviews by psychologists and by psychiatrists were often perfunctory (an actual quote from Glaser) in the sense that what they were questioned about on interview bore a close relationship to what they had been told about themselves and what they had been told had been written on their records by residential field social workers or as a result of observation received first, second or third hand from Courts, members of the family, police, teachers, employers and so on. Certainly many of the young people would agree with Glaser that they themselves seek help and care by using labels on themselves but they worry that once they have a label it is extremely difficult to dispose of it, or even to change it and perhaps the self-labelling device leads them into a cul-de-sac from which there is no return.

The Editor's note in the Home Office Research Bulletin No. 15 makes the point: 'there is little point in seeing crime - or any other social problem - simply an abstract term. Crime affects or concerns everyone in innumerable different ways. Within the complexity of modern society, there is a wide variation in attitudes and perspectives as between, for example, city dwellers, researchers, experienced offenders, and law enforcement officials. Detailed exploration of aspects of viewpoints of this kind - rather than generalised or statistical analysis - provides a common theme, either explicitly or implicitly'. The young people interviewed were at pains to point out that whilst there is a wide variation in attitudes and perspectives as between different people involved in them the titling device does much to close that gap: they
accept that the label given by one person does not have the same meaning for another - what concerns them and concerns them very considerably is that once the label is attached it is the label which attaches itself to them and the appreciation and recognition of that label from the standpoint in the observer is quite different whilst at the same time the same term is used to describe the young person. Writing in 1979 Ken Plummer (in a book edited by Downes and Rock) talks about the misunderstanding of labelling perspectives in some detail. He takes issues with both the attack and the defence of the labelling theory, saying 'because the labelling perspective is in alternately and simultaneously as a perspective, a theory and a proposition, it becomes an easy target for attack and a ready refuge for defence' - the very nature of the title suggests roots obtaining nourishment and nutriment and producing growth and implies quite clearly that roots in a 'bad' soil or growing medium will produce rotten 'plants'. Like many educationalists Wadsworth (1979) suggests (page 63 et seq) that schools in poor physical circumstances have a slightly greater likelihood of having children who are deemed to be potential offenders and that boys at primary schools with relatively low success rates had a significantly greater chance of becoming delinquent. What appears to be being said is that schoolteachers are good at spotting problems - and one would take leave to doubt this, certainly they are able to say what appears to be happening with their charges in primary school if they are close to them in class terms: what is suggested by the subjects interviewed in this study is that such 'titling' has two at least concomitant and parallel effects: firstly that such labelling has a bad effect on the children themselves, both individually and within their peer groups, and secondly that such labelling is sooner or later translated into written reports if not
for parents certainly for future teachers and this is especially noticeable at the time of transfer to secondary school. Many of the young people spoken to in groups during the study indicated that they hadn't known they were - and whatever description was put forward - but they did recognise their own description when it was thrown out at them quite early in their secondary school days as being what the primary school said about you and your turning out to be exactly what they suggested.

Wadsworth speaks (page 113) of 'those who are labelled delinquents' and most important perhaps in his work he refers (page 122 et seq) as the different way in which teachers treat and speak of those who come from broken homes; the evidence within his study that both teachers and health visitors regard children, especially boys, from broken homes differently than they regard other young people; he speculates about the generally held social views and the way in which children are reported by the public to the police and in fact use a filter for that. He suggests that there is support within his study for the hypothesis that one of the reasons that delinquents come more commonly than chance would lead us to expect from broken homes, broken by divorce, separation or death before the fifth birthday of the child, is not only because such emotional experiences affect the child's upbringing but because there is a labelling syndrome at work, which says this is a child from X and the expectation of our society is that a child with this sort of damage or deprivation is likely to become delinquent. And certainly the young people speaking within this study made the very clear case that they thought, and they could only do this in an observational way, that there was no more crime from young blacks than from young whites, in their own experience they felt that quite frequently somebody seeing a young black offending would
report that to the police in circumstances which would not lead to a similar report to be made to the police if the child were white!

It is clear that the biographical approach, the Life History, is important in that there is thereby set out the basic information that seems pertinent to any study. The intrinsic theme which begins to emerge from interview material is made more explicit by a knowledge of the background/the source. Thus the developing aspect (as for instance in the poems which follow at Part 3) indicate a continuum which accentuates parts of the whole.

An example (not written up within the study): V had been adopted as a child of 3. He was taken into a very middle-class family (Doctor, with wife an ex-teacher). There was no knowledge of previous history and the family began to grow together. After some 18 months a natural child was added to the family but no real problems appeared. School presented problems for V, accentuated by initial playful bullying of the 'new baby' which later became more serious. V began to steal when aged about 10 years, and the move to secondary school was fraught with difficulties. More serious attacks on sibling was followed by referral to Child Guidance and several instances of arson.

Removal from home to a residential placement and reception into care led to further outbursts of violence as well as arson, and by age 14-plus V was in Glen House I.C.U. Education Psychologists indicated that he was extremely low in potential and performance, and because of the arson and assaults he was the subject of a long-stay order from the Court to remain in security.
He was (fairly) afraid of the dark and of being locked up alone in his room.

Only *then* were his previous records obtained and it was learnt that he had been the subject of long-term serious abuse as a child, including periods of days and nights when he was left in a cupboard under the stairs without food, change of clothing, and in his own urine and excrement.

The nine 'parts' which follow, and which include extracts from Life Histories, interviews, and written work by young people, are an endeavour to indicate the wealth and breadth of materials that are available for study and analysis before conclusions ought to be reached.

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Part 1

MARGARET (M) d.o.b. 25 May 1961

It is a detailed investigation, from primary sources, of a young person (Margaret) who eluded secure accommodation only because neither local authority nor central government could or would make any provision available for her. It is unlikely that her story could be repeated at present - nevertheless the picture that is revealed is salutory in that because of the problems posed by Margaret there appeared to be none of the agencies (social services, education, health, Department of Health and Social Security, voluntary bodies, or the private sector) able or willing to help. She eluded secure care.

It is also an example of the biographical approach in some detail, and serves as an illustration of the importance of being aware of background as well as the young person's own viewpoint.

This study is concerned (as an 'example') to take a serious look at 15 years of a black girl's life 'in care' with descriptive detail, background information, 'treatment'; and alternatives which were not (but might have been) tried. The importance to the current study of this resume is that it illustrates a success over 15 years that it is suggested might have been achieved by concentration in an Intensive Care Unit (Secure) over a much shorter period of time - say 3 months.

i) The girl exists - only her name is changed.

ii) The case history is a piece of applied social work in retrospect - there has been no access to the
Local Authority's files in whose care she was and is, nor has there been any sight of such assessment reports as may have been prepared at either of the Observation and Assessment Centres in which the girl was placed. Instead the Case history was compiled by interviewing as though from the beginning almost all the persons who have been in contact with 'Margaret'....
Margaret herself;
Her two close halfbrothers;
Her mother;
Her aunt and uncle;
Heads and Deputy Heads of the two Observation and Assessment centres;
Residential staff at her Family Group homes;
Residential staff at O. and A. centres;
Teachers, and one Head, fro, L.A. Schools;
Teachers from each O. and A. centre;
2 educational psychologists;
3 psychiatrists;
teachers and social workers from the Child Guidance centre she attended;
Staff at the CH(E) where her siblings were eventually placed;
my wife and my 3 children - who know 'Margaret' and her uncle's family well;
court officers and support staff at central and area offices of the Local Authority.

As well as a failure to meet the needs of some young people there has been apparently an ongoing belief throughout the field of Social Services in incrementalism (Etzioni, A (1968)) rather than forward planning in any form suitable for use within the field of personal, and especially
personal residential, social work that has led to a simple expectation of growth without restriction... even without in some fields, monitoring of standards and/or services.

In fact, in Social Services Departments, incrementalism has come to mean a dearth of planning - an ad hoc series of responses to arising crises with little or no overall strategy.

A part of the Children's Act, 1975; the Select Committee's (Vol. 1) notes on the 1969 C.Y.C. (1976); and the relevant portions of the White Paper (Cmnd. 6494) on the 1969 C.Y.P. Act - all stressed the need for secure accommodation for children (such as Margaret) with major presenting problems of either violence or absconding and offending.

What is by no means clear is

(a)  the extent to which the placement in the establishment/Institution leads to the exhibiting problem(s); and

(b)  whether the period of incarceration does, in anyway contribute to a change in the pattern of behaviour or if it simply takes the child out of circulation for a period with no change (except for the worse?) in behavioural patterns

'There are some children for whom no provision is made' was my original statement: it might be argued that for Margaret something positive WAS eventually achieved. If that is the case, the help was given almost unthinkingly; with commitment by some staff, and without commitment or support by some so-called caring organisations.
Margaret's Story

A. The Family

Mother (Miss A) was an immigrant from Jamaica - she came alone to England in her late teens, and settled in the Caribbean Community near to the City centre. For a short period she lived as a lodger in a Jamaican home, and until her mother's death (in Kingston, Jamaica, when Margaret was aged 11) she kept up a regular correspondence with her mother and with friends in Kingston. Miss A's sister, a couple of years older, followed Miss A to this country, lodged in the same house - but whilst Miss A. became promiscuous; had 3 known co-habitations - and was believed by friends to be soliciting and resorting to prostitution; her sister Miss B. was hard-working had a stable friendship over some 2 to 3 years with a West Indian married him to become Mrs. C. and bore Mr. C. four children in their own, sparsely furnished, but clean and welcoming house.

Miss A. bore her 3rd co-habitee three, and possibly four children - Margaret and her older brother, Philip, and her younger brother Peter, and a boy, Winston, who in age is located between Philip and Margaret.

Whilst there seems some doubt as to whether Miss A's co-habitee did father this child he DID on his return to Jamaica (where he still resides) take Winston with him when he deserted Miss A; and he took Winston to Miss A's mother in Kingston on visits fairly regularly.

After the desertion by this co-habitee Miss A. returned to her prostitution for a short while, but then established a stable co-habitation which progressed to marriage with
a West Indian (Trinidadian) with whom, along with 2 children, she lives (apparently happily and settled) on an over-spill estate some miles from the City centre.

She has maintained sporadic contact, usually via Mr. and Mrs. C. (Margaret's Aunt and Uncle), with her 3 children but so far as one can ascertain Miss A's husband is aware of the existence of only one pre-marital child - Philip!

B. Margaret

Margaret, her younger sibling Peter, and her older sibling Paul along with Winston her half-sibling were all taken into care in the city.

Peter was placed in an Observation and Assessment Centre in February of 1973 and shortly afterwards placed in a day Special School for maladjusted children until he ended his formal school life. Paul the older sibling was also assessed and it was decided that he should be placed in a home where there was a strong male presence and a benevolent but firm structure - he was eventually sent to a CH(E) in the East Midlands and he remained there from the time of his placement until his school leaving age. His story is interesting because of the way in which he made a link with the gardener rather than any of the Care or Teaching staff at his Community Home with Education and he later in a very real sense 'made good'.

At the same time Margaret, whose papers had 'been lost' in the Court section for a good period of time was at a girls' Assessment Centre - for older girls although she was quite young, and her papers went off to CH(E)s. At the same time at the age of eleven she was put on drugs for control purposes which caused side effects and because
of the fact that she had lost interest in her only real
hobby, running, she had begun to put on weight consider­
ably. At the age of eleven she was over 11½ stone -
hardly an easy proposition to tackle.
The JUNIOR SCHOOL... 'She's too big physically':
The INTERMEDIATE SCHOOL... 'She's too young chronologically'.
I commented at the time: 'It would seem that she is being
sent to a former approved school only because she is very
big and West Indian, and it is thought that a children's
home could not cope with her behaviour'.
D.H.S.S. expressed distant interest but could not help:
they did suggest amongst others two schools which no longer
existed!

At this point I suggested placement at a Working Girls'
Hostel at a CH(E). The school was willing to try the
experiment which I suggested was 'educationally and soci­
ally justifiable'. No action was however taken and
Margaret's career drifted aimlessly on at the O & A Centre.

A memo came from all the Teaching Staff at Margaret's
first (of 2) O & A Centres:- it read -

"At the moment the School Unit is having to 'contain'
some several disturbed children, a high proportion
being West Indian (in origin - my note).
One girl in particular, Margaret, is causing great
concern. She needs, in our opinion, urgent psych­
iatric treatment, yet she has been here at (No. 1
O & A Centre) for over 7 months - the stage having
been reached where she has to be drugged to be
manageable."

As a result of the Assessment in mid 1973 Margaret was
the subject of a direct request by the Deputy Director
of Social Services for placements at a local Roman Catholic
CH(E) which was willing to take Margaret as a day girl
though she was too young for residence; a Children's Home for adolescent girls close to the CH(E); other CH(E)s which were available for girls; the newly opened Youth Treatment Centre at St. Charles at Brentwood - via D.H.S.S. 'for it would seem that in view of her age, problems, difficulties and lack of offences she would, on the face of it, be an ideal case for St. Charles intervention'. After a period with no interim reply the application was turned down late in the year.

In December of that year (1973) still at the senior Observation and Assessment Centre she assaulted a male deputy. Later she was taken to visit her brother; early in the new year there was an outburst and she was removed to a cell, she stayed generally based on that cell for several months during 1974, although there were visits from staff and more frequently other girls and very occasionally by her Social Worker. For example on a visit in January of that year I noted 'M' was cold - in her nightdress and dressing-gown with no shoes or slippers'. In 1974 and 1975 she was visited by social workers, clinical psychologists, educational psychologists, she was interviewed for a place in a nearby Psychiatric Hospital (for the sub-normal), she went on an Intermediate Treatment Course and was sent home after three days from North Wales and by October of 1976 she was said to have caused distress to her Aunt and Uncle with whom she was now visiting in another part of the city' - she was at no time during this period offered any school place by the Local Education Authority - she made all sorts of strange claims including being an out-patient at a city hospital, being pregnant and having contacted VD, but incredibly she now found a part-time job, afternoons on six days a week, working for a West Indian lady (whom she calls Austin, though no real relationship is known). This person
employs ten or twelve ladies (black and white) to sew and repair clothing. The person persevered with Margaret even after money had been stolen from the owner's purse and a positive relationship did develop.

She was still refused school even in the fresh part of the city in which her Aunt and Uncle had rehoused and the same sad situation continued with no schooling at all from the age of 11 and no proposition of anything being made available for her save quite extraordinary pressures on her Aunt and Uncle to try to cope with her and to subject their own children to all sorts of outbursts and bullying from Margaret, who was increasingly impotent and concerned about her own situation.

Based on the source material obtained

there follows (quoted) a Pen Picture: it is quoted exactly as included in file, and sexist undertones clearly emerge. There is little sympathy shewn for the subject, but perhaps more importantly is the explicit nature of 'identification' that runs throughout.

PEN PICTURE - "is a striking, well developed, tall West Indian girl now weighing 13 stone but one would not feel surprised had the scales given at least another stone.

Of excellent deportment when clad in a full length dressing gown and walking a short distance... when the scene is not one of excitement and Margaret is not playing to the gallery she can be described as dignified and statuesque - there is a proud carriage. When in the general swim she speeds up considerably, often running from room to room with an ugly gait, consciously

*Appendix A, p. 219, pp (x) - (xxi)
careless of dress, hating to wear a garment which does not part at the waist, M. likes to expose her 'tummy'. All her movements become powerful, she thrusts herself in every possible way.

Very well covered in flesh. Her neck has folds of flesh. Her very broad back is fleshy, it is the upper part of her body which accents the impressive proportions of Margaret.

The shape of the head is rather masculine. One cannot imagine M. disguising the close crop of her race with a wig.

Her teeth, rather protruding, are quite wonderful to see, even allowing again for the natural blessing of her nationality (perhaps should read 'colour'). M's loud, rich laughter with the generous vision of these strong and lovely teeth is a memory for life.

Her large brown eyes are gentle, doe-like but when she is irritated she immediately lowers the lids, when she is angry only the white of the eye-balls can be seen.

Exceptionally full lips, the lower lip protruding in a very ugly fashion when she is out of temper.

Flat-footed, wearing a size 6 shoe, unexpectedly small for her general stature.

For the most part there is (now) a child-like charm to be seen, quite out of keeping with her physical proportions. I have not, as yet, witnessed the (reported) anger of M but the tremendous impact this has made upon
my members of staff leaves me in no doubt as to the danger of her temper. There are members of my team who are notably fearless when having to confront difficult girls, to a person they all feel they should not be expected to cope with Margaret'.

GENERAL CHARACTER TRAIT
(as imposed value-judgement section, but of inestimable interest)....
"When admitted M was a little tearful (on transfer from previous 0 and A Centre - see (b) at but did all that was asked of her." Up to the time of the Case Discussion, when she had been with us for 55 days there were no problems with controls. Although other girls told us that M had made the first move in a scene of riotous behaviour, her act being to throw a chair at a window to cause confusion, we had no proof of this. Gradually now M., who had related very well to Mrs. G who knew M at the previous 0 and A Centre, abandoned her interest in lessons.

The change did not immediately follow Mrs. G's leaving us; Mr. A. enjoyed a short progressive period with M (and they still maintain a good relationship) but it became impossible to keep M occupied in the classroom throughout the normal school hours. She would become so disruptive that I (the female Superintendent) would be asked to remove her from the classroom.... would persuade M to rest in her bedroom where she would always fall asleep and by this means we would have periods of peace. Occasionally M would complete school work in a room alone.

Lesbian tendencies (quoted, without comment - SFJ) were mentioned when M was admitted. After one slight early
incident we have not recognised such here. M has had every opportunity of displaying such (tendencies) here and if we ourselves had missed an incident the girls would certainly have informed us and, of course, shown the usual signs of excitement related to this problem.

Very lewd and crude of speech when talking of sex M has an exceptionally filthy tongue.

Attracted to violence. Expresses a desire to go to prison. Derives a tremendous sense of enjoyment out of trying to hurt someone. Following an act of violence relaxes very quickly.

A colossal appetite.

Outrageously lazy.

Not 'dim' but unwilling to harness her brain to sensible achievement. Has not completed a small, simple jig-saw puzzle in 3 weeks although she has said she was going to complete it for Mr. B (Educational Psychologist) to see.

Very cunning

- seems to have blocked out the past and the future; her creature comforts of the moment are all in all.

RELATIONSHIPS (with peers)
Disastrous. M bullies the weak, inspiring something akin to terror in those who fear her.

The N'er-do-wells were absolutely delighted to have M in the swim. They prodded her to be less and less
obedient and more and more excitable. They applauded her clowning and fostered her aggression. Period of tension: on one occasion M grabbed a young student and swung her around in the air 'just for the fun of it'. Every conceivable mischievous and cruel idea was 'sold' to M and she moved from strength to strength.

..... since being isolated M has asked for particular girls to visit her who have been afraid to do so, 'indeed we could not have risked their acquiescence'. There is a middle stream of girls who do not wish to become involved; a number who will spend a short time with M but do not wish to become further involved - and a group who (seem to) delight in telling M all kinds of yarns about life 'in the rest of the home', and in turn tell the group of the threats M has uttered against staff. The only occasion when M has asked to rejoin the group has (sic) followed a session with one of these girls and together they have planned the kind of rumpus which could be successful (only) with the strength of her participation.

She names a number of friends she has had in the past when pressed so to do but the conversation never develops; she does not dwell on past friendships or on future reunions; 'And of course, she's never really had any continuing relationship with parent, parent-substitute, or sibling.'

(with adults) first and foremost M assessed any degree of apprehension one may feel about her presence; again and again this has been apparent.

Some of her (M's) disturbance has obviously hinged upon her relationship with the male deputy. Early in her stay
she told Mr. V she could not talk with him. As time went on he sensed, probably quite rightly, that M was anxious to make a relationship (with him). He gave endless patience to her needs. He was aware for several days (before the event) of M's threat to injure him. Members of staff became very apprehensive; her pattern of worsened behaviour when V was on duty was marked. She was known to work out the staff rota days ahead and state just when she would be difficult. V was still able to recognise that M was probably provoking him into a (different) relationship. During the evening of the (actual physical) attack Mr. V and M had been working together on a project.

Verbal aggression against Mr. V continued.... then (after a lapse of time) M wrote a very pleasing little note asking him to visit her. He did so and M apologised for her behaviour.

The suggestion, agreed and underlined by Margaret herself and by her life-style early in care, and since leaving care, is

(i) that the breakdown in relationships that eventually leads into Secure placement may be caused by parent(s) or by apparently caring staff or the wider family;

(ii) as in Margaret's case, the fear and suspicion of adults in general after punishment or behaviour that includes withdrawal of 'love' is extremely hard to overcome;

(iii) rejection, to the recipient, is the most difficult piece of life's jigsaw to replace;

(iv) the long saga of what was done to Margaret in the name of social work might have been condensed in an Intensive Care Unit. The long years of abandonment, rejection, and punishment - the ongoing
unhappiness that became a part of Margaret's life and is now affecting her in her relationship with her son, could have been avoided by (to use the analogy of boxing) 'standing close instead of backing away'.

What is done in Secure Units which are intentionally geared to the staff 'standing close' is to heal the wounds more quickly so that, hopefully, the young person is not so deeply scarred for the future.
The views of the Intensive Care Unit(s) and their regimes as enunciated by young people there, their parents, and social workers.

The transcripts are given in full at Appendix B: there were serious problems in obtaining more than a handful of interviews, and the whole scene was 'muddied' by the publicity given at the time of the study to the Home Office experiment in tape recording interviews with a view to use in court proceedings. The experiment was a detailed attempt to make the interview procedure more simple and easily undertaken for both police and accused (or witness), but the result was clearly to make all those in conflict with the law a great deal more suspicious of the role of tape recordings.

The interviews were with young people in security, their parents, social workers, and residential workers, and the extracts follow. They are grouped within 8 headings, with some extracts appearing more than once.

(i) Intensive Care Unit Regime considered beneficial

   a) The parents of one young man 'at no time during this fairly lengthy period did she (the mother) ever feel in any sense that anyone was doing anything for her son or that she was getting closer to him until he reached the Intensive Care Unit'.
   'Perhaps after 11 or 12 weeks in the Intensive Care Unit.... (he) began to write to her (mother) and accepted the fact that she might not reply regularly or might reply only very occasionally'....
   ....'what seemed interesting to her was that he mentioned members of staff and other lads in the Intensive Care Unit with him as having problems
similar to his and having family problems similar to those he saw as his own family having'.
b) 'So you said some pretty nice things about Medina really despite the fact that you were locked up in there, especially when we were just chatting?'

'Yes they did (help me) because I got on with them it made you feel that you didn't have to deal with somebody higher up than yourself, they didn't boss you about and they didn't shout at you'.

I questioned whether the woman mentioned stopped the lads swearing and the subject continued.

'Well not really you know cos well I reckon its pretty good really because you have to learn to control yourself.... some people don't like her but I got on alright with her, she was alright'.
c) Speaking with subject's Mother, Father and Step-father "After his period in the Intensive Care Unit as his letters improved so did his behaviour in the home and the surrounding area"

Perhaps now the Intensive Care Unit's found his Dad's address and he is writing to his Dad things will be better cos perhaps he can make some future for himself with his Dad where his Dad lives now" Father - "During the time X was in the Intensive Care Unit the staff traced me as a result of that after some telephone calls I agreed my address could be given to him and he could write me and if he wrote properly I would reply" In Father's opinion the period of time spent in the I.C.U. did have a marked effect on his son. Firstly to persuade him to write more meaningful letters, secondly to persuade the son that people did care about him, thirdly to put him in touch with his
father and fourthly and perhaps most important to Father and Step-mother to preach caution so the subject did not try to rush into a relationship.

d) Notes were made of some meetings between the researcher and the parents of young people held in Secure Accommodation - at first one mother was 'horrified, she thought they were locking him up like an animal' She felt the Intensive Care had been helpful 'persuading young people to contact their parents and not be as it were resigned to their fate'. She indicated that during the periods her son spent in the I.C.U. especially with reference to his third period there, she felt a number of advances were made in their relationships. Her closest and most meaningful praise was for the residential staff in the unit. I also spoke to the subject's sibling (possibly the only meaningful adult in his life who has any chance of helping him with his future - at the time she was only 17 years old) she was fatalistic about the prognosis for mother, father and brother but 'felt the only chance he had was during his third stay in the Intensive Care Unit, she was not sure why this was, except that it was at this time that he seemed to come to face his problems, to be able to talk to his mother, father and herself without losing his temper, to have turned to some extent away from glue sniffing and really to be sufficiently settled in relationships with social workers, peer groups, residential staff whom he had met in the Unit and herself to have at least a reasonable chance of making a go at his life. She felt that this was all she wanted and he owed it to the
period he had spent in the I.C.U....."
The Social Worker's comment is as follows "Well I felt it was .... marking time.... he was accept­ing this, marking time until he went to Court.I don't think he felt he was going to get any bene­fit out of it.... he was quite happy to remain there." He was asked what he thought of the relationship between himself and the boy "I think I got to know him better because of his being here" - he was asked to explain that "Well its rather an odd thing to say but its um, I felt that I got to know him a little better in as much that, well authority he didn't think much of, he didn't accept Social Services in any way as being effective, as being helpful to him.
The Director of the Youth Treatment Centre in Birmingham whilst professing himself dissatisfied with the routines of the day in the I.C.U. and remarking upon the smallness of the size of the establishment when compared with the Youth Treatment Centre felt that by and large the programm­ing and injection of education and so on were rele­vant and pertinent and he thought that the re­lationship between the young person and the staff of the Intensive Unit made positive moves forward for the young person, particularly the counselling of the young person by his social worker and by one or more of the residential staff in the Inten­sive Care Unit".
e) Of course within these comments and read­ing through the whole of the transcripts of inter­views with young people, their parents, their social workers and others who are involved, there are a good number of value-laden comments : what is for instance beneficial to one is seen as pos-
itively harmful by others and certainly as boring in many ways by the young people. What is suggested however is that within the Intensive Care Unit there are opportunities to make better relationships with both peers, authority figures and concerned adults including parents and social workers and that in the Intensive Unit the one factor which leads to a positive outcome in a number of cases is the lack of peer group pressures of the sort that the young person has been used to previously - for instance in school the young person has frequently been the butt of other children's humour or has been the scapegoat for one or more teachers; in the peer group outside the school situation the young person has been known as fool, clown, delinquent, gang leader and so on.

(ii) Progress in Relationships
Obviously some of the comments in paragraph I indicate that progress within relationships has been made. The comments made in this section allude to a better understanding of adult behaviour, perhaps adult hypocrisy and certainly the need to live in society instead of being a loner and hence at the bottom of society in terms of how one is acceptable both to adults and to other young people in the community. A Mother 'At no time until he went into the Intensive Care Unit did I feel in any sense that anyone was doing anything for my son or that I was getting any closer to him".... "After eleven or twelve weeks in the I.C.U. he began to write (to her), accepting the fact that she might not always reply regularly".... previously although she couldn't provide for him he simply could not come home
except to spend her money, use her home as lodgings, criticise her boyfriends and yet go on living the sort of life he had been living. After his period in the Intensive Care Unit, although obviously there could not be an initial fundamental change the boy's letters to her had changed and he began to talk about other adults and other lads who had problems similar to his and had family problems similar to those he felt his own had.

"I've been in Care for about four or five years, you know and I have had three social workers, the first one was, the first social worker I had was a woman and I really liked her but I got to know her a lot, and we went out, yer know, cups of tea and that sort of thing, I really did like her, she did things for me yer know a lot. Then one day this bloke come to me and said well I'm yer new social worker and I goes what, yer know, because I felt really surprised about it, he goes yer I'm your new social worker and I goes where's Mrs..... where's that woman then and I goes, an he goes well she's got to go away somewhere because she's got to do things an that. I got to know him over 2½ years and better when I was here and he was the best social worker I ever had and three or a couple of months ago he had to go away on a course of computers and I felt really bad about that, he was the best social worker I ever had, I got a new one now and you know I just, yer know I'm not used to him cos I haven't got to know him and I'll have to see him a couple more times to get to know him". He was asked further about the one he really liked. "Yes I know him well, well you know, before I went to the I.C.U. and it was just the same really,
he came out to see me, I knew him better in Medina because he came nearly every week an he used to come to see always once every two weeks or something like that, I expect he was pretty busy but when I was in the I.C.U. there was a lot of things going on for me, reports and case conferences and he always came to see and told me what went on".

Another parent, a very frail and introverted mother "Well during his period in the Intensive Care Unit his letters improved and so did his behaviour in the home and surrounding area; my lad is not a bad lad a lot of things have happened to him caused by the police chasing him, by the neighbours scapegoating him and most of all by me not being fair to him... I've been looking for some love for myself he couldn't give it to me so I turned for it elsewhere and he didn't like that and that even turned him further away from me. Now he's in the Intensive Care Unit and they've found his Dad's address, he's writing to his Dad, he's writing more sensibly to me and perhaps things will be better because perhaps he can make some future for himself with his Dad where his Dad lives now."

"And during this time (during a third and longer period in the I.C.U.) he seemed to come face to face with his problems, was able to rationalise in some way about the direction his life was leading him and perhaps even learn from the experience of his parents, about which he was all too unhappily aware. When (Mother) first heard about her son's stay in the Intensive Care Unit she was 'horrified, she felt they were locking him up like an animal...." But she continued that "he. suddenly, (suddenly really a relative term),"
within several weeks became able to have relationships with adults," this was shown in two ways, an improving and very deep relationship with his field social worker - sadly a relationship which was ended, ended by the change in view of the Principal Area Officer about this relationship, it seems worthy of digression to intimate that the enhanced and deepening relationship between boy and male social worker appeared to have been filled with envy or to have been the object of suspicion by people within the hierarchy who are not directly concerned with the boy or with his immediate family, that was sad... Mother also felt that her son began to understand relationships...."some of his relationships with his parents were interesting and were in fact as he graphically described them in his interview peripheral and short term and were unlikely to have more meaning in the long term than 'ships that pass in the night'. Her closest and most meaningful praise was for the residential staff in the unit...
The Director of the Youth Treatment Centre in Birmingham thought that the overall regime, the pattern of visits, the information of what will happen when a young person moves, how he may progress from Secure to Open and what the future holds for him, and further "he felt that the relationship which began between staff and kids, between kids and their peer group, and them and their home situation, between them and their social workers, all appeared to be useful and positive." He had reservations about the relationships with their friends because of course distance generally means friends could not visit on any regular basis even if this was thought advisable.....
(iii) Progress in Behaviour

It is perhaps the most subjective of all the judgements: the Mother of subject A - her comment that he was beginning to "come and see me, see my problems, see the sadness in my (his Mother's) life." She had stated that she felt (understandably perhaps) that he (A) needed a Father's hand that a woman's touch was not sufficient to control him - suggesting her only control by blackmail by threatening withdrawing love, which she regarded as a very unfair means of control but said she had no other as he was too big for her to hit. She felt his reactions had changed, his letters had changed in format and "what seemed interesting to her was that he mentioned members of staff and mentioned other lads who were in the Intensive Care Unit with him and having problems similar to his and having family problems similar to those he saw as his own family having". She felt that this was a beginning of a serious attempt on both their parts at looking to see what the future held.

In another case "the comments I remembered as worthy of note were as follows from Mother:... that after a period in the Intensive Care Unit as his letters improved so did his behaviour in the home and the surrounding area" the subject said, and his Father who lived away agreed, was that relationships with Mother, Father and so had been very difficult, Father agreed that because Mother, his ex-wife had had problems these were played out through the son but felt that for the first time in many years he was able to link with his son whom he regarded as having made some improvement.
both in relationships and in behavioural terms and it was as a direct result of this that the lad was eventually able to go and live with Father and Step-mother.... in a third instance the subject's Social Worker commented that "he had very firm views and opinions of all staff members but I suppose that needs to be qualified by saying that here was a boy of extremes, there were really no shades of grey in his assessment of people, things, places or whatever. The lad has no friends, no home outside the Local Authority, his relationship with his Father is ambivalent and perhaps with heavy hatred and close love - the Social Worker indicated that he had not intentionally misled or told untruths to the boy but completed his comment by saying "on balance I would say that the Secure Unit at Glen has had a positive effect in formulating for him a more acceptable life-style over the past 6 to 9 months". The Social Worker expressed reservations perhaps significant amongst which was the removal of choice so far as the subject was concerned, in that the choice to sniff or abscond not being available whilst in the Secure Unit... within interviews with five parents over a period of time came perhaps the most conclusive proof that they at least felt their offspring had made progress whilst in the Intensive Care Unit: one Mother for instance said "it was during that time that he seemed to come face to face with his problems and be able to rationalise in some way about the direction his life was leading, perhaps even learn from the experience of his parents about which he was all too unhappily aware."; another was unable to comment in any way on the routine
of the day but said that she could say that "during the periods her son spent in the Intensive Care Unit and especially with reference to the third period she felt a number of advances were made—that he suddenly, suddenly really a relative term, within several weeks became able to have relationships with adults, this was shown in two ways, an improving and really very deep relationship with his field social worker and an improving relationship with members of residential staff"; better behaviour seems to come clearly out of better relationships, for example "some of his relationships with his parents were interesting, some were, horrific, and were unlikely to have more meaning in the long term than 'ships that pass in the night'; there was clear praise for residential staff in the Unit for she felt out of their relationships they had led to better relationships with Father and the result was better behaviour both at home and in the community—"he learned to distinguish between those people with whom he could not enjoy an on-going relationship, with whom he would enjoy some social intercourse and those people he may, either from his past or from his new present and future take aboard as friends". And going on from that one Mother felt that perhaps the Intensive Care Unit (a middle class lady who was able to comment in this sort of terminology) "which had in fact followed the medical model and been intensive in terms of care exhibited to her, to the rest of her family, to the boy himself, which was beginning to have some effects on his behaviour", and she felt very strongly indeed that although words came with difficulty on this subject she was really for the first time since
the subject had been a small boy in some measure optimistic about the future, and even had hopes he might some day, perhaps largely focused upon his sad experience over this past 18 months and his three visits to the I.C.U., be able to come within the family as a unit. One subject's sister was fairly pessimistic/fatalistic about what was happening but felt "the only chance he has was during his third stay in the Intensive Care Unit:" she was not quite sure why this was except that in this time he seemed to have come to face his problems, to be able to talk to his Mother, Father and herself without losing his temper, to have turned away from glue sniffing and really to be sufficiently settled in relationships with people to have a chance....

(iv) Friendly, Helpful Staff

It would be both presumptuous and wrong to suggest that the ethos of the Intensive Care Unit or such training as has been part of the input has in any way changed the attitudes that staff brought with themselves to the Unit, however, one of the things that has been worked with by senior staff and supervising staff has been the notion that if social work can do anything it must be on the basis of positive input and not of constraints and controls. With this in mind it has been the policy since the time of the opening of the two Intensive Care Units to charge staff with the twin chores of being friendly towards and helpful with, those young people who come to the Units.

It may not be unfair to suggest that one of the problems when receiving any 'prisoner' who is charged with, or known to have committed serious
sexual offences, offences against young people, serious offences within the family and so on is to punish them by one's withdrawal or even (as has been suggested in a number of penal establish­ments of one sort or another, and especially Remand Centres) to allow other inmates to know the offences and to mete out some sort of punishment within the penal situation. Within the Intensive Care Units there was a positive decision not to allow this sort of pre-trial punishment and there have been regular staff meetings to try to inculcate a posi­tive attitude towards the young people and the Courts: this has been stressed as far as possible by giving the staff in the I.C.U a positive role of advice and support during the traumatic period prior to and during trials for serious offences. The suggestion is that there has been a measure of success - for example "compared with being searched in a police station where they rough you up a little bit but I thought (in the I.C.U.) it was alright because when you are being searched they asked you what you have got on you and take it off you and you go upstairs for a shower, take your clothes off and that... I thought it was alright. As soon as you went down stairs they said to me are you alright, do you want something to eat... a cup of tea, I said alright" and later "yes I thought it was alright, they tried to settle you in as soon as possible, I thought it was alright" one subject described the activities as part of the friendliness he couldn't remember but agreed "it was a reasonable sort of life as much as any lock-up could be, good food there and then went on to describe the sort of activities which they did almost as a hobby, like making jigsaws and so
on and what they earned for that". Later, "Yes I have been to lots of places, so I know what the average sort of staff is, and what every personality is, and I thought the staff there was one of the best bunch I have met, they used to make you laugh, they talked about problems... I had a visit once, I mean my Mum, I hadn't seen her for ages... having problems me Mum was, having problems, troubles and they just kind of broke up on me visit... a bloke, he come up with me Mum I just kind of cracked up, it really upset me - and then the staff took me aside, spoke to me... gave me a cup of tea and that you could do yes, yes you could talk to them 'cos you know them so see 'cos it was a close knit kind of unit, you really knew them well and they knew you and could talk about what you wanted to really." And again later "yes you got a fair chance, that's right" subject mentioned other establishments and said there was quite a lot of bullying there and went on "the reason there is not much bullying because a lot of the staff treat you like one big family sort of think I reckon, the way I see it, one big family. I mean you all kind of put work in and you all take the benefits out of it". Well on arrival I was really frightened (this is a description of how the subject was received at the Intensive Care Unit) "Glen House we are going to move you to - its a lock-up, you know, I was really surprised sort of thing, didn't know it was going to happen... on arrival I got out of the car and they grabbed hold of my arm, well not tightly, just you know to show me the way and I walked through this door" (he went on to describe the reception procedure) the interview continued
"so you said some pretty nice things about Medina really, despite the fact that you were locked up in there, especially when we were just chatting" - "well there's a lot of difference between D.C. and Medina, cos in Medina they used to show you round the place, in Detention Centre they don't tell you nothing just get in there and do your time" he then described in some detail the fairly dispassionate way in which the Detention Centre routine unfolded and affected him and ended "you know D.C. a lot of hard work where you have to do your mile runs, well about five mile runs something like that, its pretty bad, at Medina (that's the I.C.U.) you don't have to do that. Don't like D.C. wouldn't like to have to go back there again". The interviewer continued to ask questions about the staff - "Well, the staff were alright, you know cos yo really got on with them and they were a pretty good laugh, you know you could have a joke with them, you know mess about, have a play scrap with them, you know as long as it didn't get too far" and he went on to describe the regime, how the woman staff helped him to settle, the enjoyment he could have in certain situations and the ups and downs he had in there and ended "yer they did (help me) yer know cos you got off with them, yer know, they made you feel you know that you don't want anyone higher up than you, you're all the same sort of thing, you know never bossed you about you know if you had to do something you did it no mess, but they never shout at you nothing like that."

Parents, friends and lads alike (not so much the girls because of the change in rules for Certificates of Unruly Character but with the period
under review) had had experience of her Majesty's Prison Service, many of them had been there, or at least in Remand Centres and they had very harsh and hard feelings towards the prison staff whom they regarded as being very 'bossy' and unwilling to be helpful either towards the prisoners in their charge or towards visitors, who in many cases had come longish distances at fairly high personal cost in terms of both emotion and money. I quote a Mother who had not been in touch with her son during his Borstal training nor during his second stay in the Intensive Care Unit but in fact his third stay began at a time when there was a good deal of pressure by the staff of the Intensive Care Unit to persuade young people to contact their parents and not be, as it were, resigned to their fate.

The comments of the Director of the Youth Treatment Centre at Glenthorne during his visit in 1983 underlined the feeling that the staff were friendly and set up reasonable and meaningful contacts with the young people in their charge at both boys and girls units: he was particularly interested in the fact that so far as the past five admissions from this region (Wessex) one of whom was a Section 53 admission, had been concerned, all the procedures had occurred correctly had been positive and had seemed to have helped the young person and his parents as well as the social worker to feel that it was an ongoing partnership – in all the cases referred to the parents accepted the treatment or training part of the programme and have been able to visit quite frequently and on occasion have been helped by
Glenthorne as well as by the appropriate authority by which the child is in Care.

He felt that "the relationships which began between his staff and the kids, between the kids and their peer group, between them and their home situation, between them and their social workers, all appear to be useful and positive and that this was especially true of the children being put up for Youth Treatment Centres from our Intensive Care Units in the region of Wessex.

(v) Good Staff/Child Communication

Communication is always a difficulty. Communication between people of similar levels of intelligence with similar background is a problem, and it is a problem that has to be faced in all areas of inter-personal relationship. It seems clear that good communications between supervising staff, as for example social workers, and the child under their supervision is a matter which has in-built difficulties. These difficulties arise from the problems of the understanding of intent which is conveyed by words actually used. It is an area of difficulty which exercises a good deal of attention in all departments of Social Services but it was felt that within the Intensive Care Units particular stress could be made on the problems of staff-child communication because of the close working relationships and the ability of staff and children to question whether a particular statement, instruction, or piece of advice had in fact been understood.
For example, could you talk to the staff? "You could do, yes, 'cos you knew them so well see, 'cos it was a close-knit kind of Unit, you really knew them well and they knew you and you could talk about what you wanted to really. yes there was always joking, was always making jokes."

Another Subject indicated that "At the Detention Centre they don't tell you nothing, just get in there and do your time". He talked a good deal about the difficulties of communicating in any sense with the officers in the penal establishments and then continued after the interviewer's indication that we should talk about the staff at the I.C.U. "Well, the staff were alright, yer know, 'cos you really got on with them and they were a pretty good laugh, you know you could have a joke with them you know mess about, have a play scrap with them, yer know, as long as it didn't get too far, yer know play games, sometimes you got an extra fag and yer know it was pretty good. I was on three fags a day when I was in there an it was pretty good yer know, suppose you just got used to it and having a woman staff there helps yer know its alright really but yer know but it makes you feel well I think, I reckon its good having a woman there really 'cos you don't see many girls when you're in lock up sort of thing do ya and she got, we got on alright, played cards and that, well she was alright, I reckon, I really got on with the staff there, maybe a couple of ups and downs an that but yer know I enjoyed it yer know." Do you think they helped you?
"Yea they did, yer know 'cos you got off with them, you know it made you feel yer know that you know don't want anyone higher up than you, you're all the same sort of thing, yer know never bossed you about, yer know if you had to do something you did it you know, no mess. But they never shout at you nothing like that."

A Mother too spoke of the improvements in her son's ability to talk to other people but specially vouchsafed the view that 'suddenly'.... really a relative term, 'within several weeks (he) became able to have relationships with adults', this was shown in two ways - an improving and a really very deep relationship with his field social worker and also clearly an improving relationship with members of staff and with her herself. She also felt that her son began (at this stage for the first time) to understand relationships...

She went on to say that 'some of his relationships with his parents were, (as in fact he graphically described during his interview) horrific and short term and were unlikely to have any real meaning in the long term'.... Her closest and most meaningful praise was for the residential staff in the Units. She felt it was they who encouraged receipts of telephone calls by herself which gave her the ability to hold her head more highly than she had done in many years.

A Social Worker who had grave reservations about any placements in conditions of security intimated that "Yes, I felt that we got to know each other better then, than before, I felt that I didn't know him as well as I would have liked to" and
further "I think the I.C.U. was helpful to me in giving me the opportunity of getting to know C and also commenting on his behaviour within the I.C.U. I think C although he himself wouldn't admit it, I think he got a benefit from it as you yourself found out, (a) from the one-to-one relationship that he could make within that unit, I think he sometimes felt that it was boring but (b) there was also quite a lot for him to do there, it kept him occupied to a certain extent." And the Social Worker at the time he was commenting upon those things which he didn't feel were so good about the Intensive Care Unit made 2 further comments "Yes, they received us very well -" he was asked whether he felt he could talk to his client without others listening and his reply "Yes, oh yes, I was given every opportunity to talk, to see on my own".

"Well when I did go there, (to collect the boy) he wasn't quite ready but I thought it was quite alright, (they) invited me into the office to wait while they got ready, he was getting ready, and they seemed to be friendly with him. There was a friendly um... relationship if you know what I mean, you know more like a good parent, come on get ready boy, you know, there was no nastiness, nothing like that."

(vi) Privacy with Family - Helpful and Approved

A major area of concern for many of the young people who find themselves in the Intensive Care Unit is the lack of a firm and meaningful relationship with any member of their immediate family, and those who have spent periods of time - as many have - in penal establishments, whether in Remand Centres; in a Youth Custody Centre (prev-
viously Borstal) or in Detention Centre are at one in suggesting that the peculiar arrangements for visiting in an open-plan room sitting at tables with Prison Officers circulating and where the noise level may be extremely high is not conducive in terms of privacy to the sort of discussion one would wish to have with one's immediate family regarding very real problems in the family set-up and regarding one's future situation in Court and afterwards. One lad made a specific point of this issue - "I had a visit once I mean my Mum, I haven't seen her for ages... having problems me Mum was, having troubles, and they just kind of broke up on the visit... a bloke... he come up with me Mum... I just kind of cracked up, it really upset me... and then the staff took me aside, spoke to me... gave me a cup of tea an that, I could talk to them, 'cos you know them so well see, 'cos it was that sort of Unit, there was even the ability to joke with one another..."

He later continued commenting upon the relationships with home and his feeling that because of the smallness of the Unit it had become a close-knit entity within which one could share problems and yet have a measure of privacy about problems so that although he knew most of the staff knew the sort of difficulties he was experiencing in his relationships with both Mother and Father he was able to talk to the individual member of staff of his choice without the feeling that he was talking to a soulless, nameless, organisation.

The Director of the Youth Treatment Centre indicated the important role that organisation had to play in smoothing the inter-personal communication
between staff and young people. He particularly stressed the importance of counselling the young person by a Social Worker, by one of the residential staff in the whole unit, by someone from outside who knows the Youth Treatment Centre to which he or she is going as to the general regime, the pattern of visits and so on... the young person is thus given an idea of the treatment plan and this will be modified on arrival... the Director of the Youth Treatment Centre continued "that this procedure was a good one and additionally before the final placement was made one or two of his staff, usually with an Educational Psychologist or similar professional colleague, would come down and talk to the boy for a considerable length of time. They would describe what the place was like, what rules, the way the behaviour therapy would be organised, what could happen about visits...." and he concluded by saying that when these procedures occurred "the procedures had been positive, had seemed to have helped both the young person and his parents, as well as the Social Worker, to feel that there was an on-going partnership". He further intimated that he felt that "the relationships which began between his staff and the kids, between the kids and their peer group, between them and their home situation, between them and their Social Workers, all appeared to be useful and positive. He had reservations about the relationships with their friends..."

(vii) Staff Open, Honest and Straight (in the Intensive Care Unit)

It is important to underline that at no stage in the interviews was any suggestion made that child-
ren should criticise other establishments they had been in. However, it is clear that within this section the view of the staff was tempered and coloured by their experiences with the police, and prison officers in Remand Centres, Detention Centres and Youth Custody Centres.

In Youth Custody Centres the return of officers to uniform which occurred at the same time as the change over from Borstal to Y.C.C. and the movement of officers on to a shift system which led to a lack of regular contact with specific officers was seen by all the young people who had been to Youth Custody as a move towards making their relationships totally impersonal and absolutely punitive. Frequently people said "at least there was no violence in the Intensive Care Unit like there was in the D.C.s" And when one subject was asked how it compared with being searched in a police station (that was when we were comparing the arrival and admission procedures) he said "in a police station they rough you up a little bit, but I thought it was alright because when you are being searched they ask you what you have got on and take it off you, and you go upstairs for a shower, take your clothes off and that, take your clothes away to be washed". Most of the subjects interviewed stressed the lack of violence at the I.C.U. as opposed to the D.C. and in fact only one person in the whole survey, including the group discussion, complained of any mal-treatment at the I.C.U. and this was a case of what a girl regarded as an enforced injection when the Consultant Psychiatrist and Doctor felt it was for her own good. But more positively - "Yes, I have been to a lot of places,
so I know what the average sort of staff is, and what every personality is, and I thought the staff there was one of the best bunch I have met, because Mrs - Authority and Mr - kind of well how can I explain, kind of big hearted, like your mate, he used to really make us laugh, and Mr - he was like a Grandad he was a really funny bloke and then you had Mr - I though it was really good staff there". "Because in a way, you said to me, you had some problems, unfortunately... I had a visit once, I mean my Mum, I hadn't seen her for ages... having problems me Mum was, having troubles and they just kind of broke up on me visit - a bloke.... he come up with me Mum....I just kind of cracked up, it really upset me... and then the positive thing was that the staff took me aside, spoke to me... gave me a cup of tea and that - you could do, yes, (talk to them) 'cos you know them so well see, 'cos it was a close-knit kind of unit, you really knew them well and they knew you and you could talk about what you wanted to really" and there were other comments about joking, making jokes, being a close-knit unit, got to know the staff really well, there wasn't any bullying because the staff knew what was going on and "well if you started bullying I reckon the staff would start bullying you and tell you to leave off, start giving you your own kind of punishment kind of thing...the reason there is not much bullying is the staff there treat you like one big family sort of thing I reckon, the way I see it, one big family." Another subject was introduced to the subject by 'so you said some pretty nice things about Medina really, despite the fact that
you were locked up in there" - and the reply "Well there is a lot of difference between D.C. and Medina, cos in Medina they used to show you round the place but in D.C. they don't tell you nothing, just get in there an go yer time. When I got in there yer know the police car took me from the police station 'cost I went to Court that day and they sent me down... I was pretty upset about that, its meant to be pretty bad, I got out of the police car and the screw goes, you ain't going to walk through that door, you ain't going to run through that door, yer going to fly through that door, and a good deal more description of this nature, for example I was writing a letter to me Mum and Dad saying how sorry I was and this Officer come in and he goes you're meant to stand up when you're, when someone opens your door and says your name and number and I says I forgot Sir but he never told me in the first place. So I got up, and said look I got up Sir, and he got me, pinned me up against the wall, banged me in the nose, an I didn't cry or nothing like that but as soon as my nose was bleeding I just let out yer know 'cos it was pretty bad, yer know D.C. a lot of hard work we had to do, yer know yer mile runs... in Medina you don't have to do that. I don't like D.C. I wouldn't like to go back there again". The interviewer then moved on to the I.C.U. staff. "Well, the staff were alright, yer know, 'cos you really got on with them and they were a pretty good laugh, you know you could have a joke with them, you know mess about, have a play scrap with them, yer know as long as it didn't get too far, yer know play games, sometimes you got an extra fag and yer
know it was pretty good, I was on three fags a day when I was in there an it was pretty good yer know, suppose you just got used to it and having a woman staff there helps yer know its alright really but yer know but it makes you feel well I think, I reckon its good having a woman there really cos you don't see many girls when you're in lock up sort of thing do ya and she got, we got on alright, played cards and that, well she was alright, I reckon, I really got on with the staff there, maybe a couple of ups and downs an that but yer know I enjoyed it yer know". Do you think they helped you? "Yea they did, yer know cos you got off with them, you know it made you feel yer know that you know don't want anyone higher up than you, you're all the same sort of thing, yer know never bossed you about, yer know if you had to do something you did it you know, no mess. But they never shout at you nothing like that."

So what about the other lads, did you make friends with them and did you know any of them and what were the sort of things that happened with other lads?

"Well as soon as I got in there you know they were all geeing me up sort of thing and yer know saying you'll have to get your sugar tokens and all that and I was believing them because I'd never been in there before and ah I got in here, the boys were geeing me up and soon as, yer know as soon as time passed made a couple of friends an that, they were alright, I only had one scrap in there, yer know it was over something stupid yer know yer know and we just made friends after that. I lost a fag, it just was over, yer know, some
of the boys were alright, made a couple of mates, after a while they didn't gee you up except for a couple of boys yer know who used to bully yer, that was it really."
How did it compare with D.C.?
"Well in D.C. there was a different system sort of thing, cos the boys know if they got to have a fight or if they're going to gee someone up, the screw knows that they've gee'd them up an they're going to lose days and do a longer bird, they want to get out as soon as possible cos yer know all the boys in D.C. they are all in the same fingey bob really they're all doing the same stretch, you want to get out as soon as possible. Some of the boys are alright yer know, do things for you, do things for them and that's it yer know."

The parents too appeared to view the relationship with open, honest and straight forward staff as something positive 'Mother quite clearly saw an improving relationship with a particular Social Worker and that was underlined by the feelings of the residential staff in the Unit, by the short observations of myself - she also felt that her son began to understand relationships... that her closest and most meaningful praise was for the residential staff in the Units, she felt it was they who encouraged telephone calls - gave her the ability to hold her head more highly than she had done in many years - to correspond with her son and thus to continue when he moved into the Open Unit with correspondence, more frequent telephone calls culminating in their meeting together as a family."
(viii) The gradual realisation by the young people of other people's love and concern

The fact that other people could have care and concern and love for them was something which impinged but slowly upon the consciousness of young people in the Secure Units. To be sure they had a poor self-image and generally they had a bad experience of life and relationships. Nevertheless the slow dawning of a realisation that people had love and concern one for another was something akin to poetry when it arose. Parents came to realise this; young people came to realise this, for example in the movement from them becoming immediately defensive... in four years experience with him friends don't really figure in his lifestyle, he sometimes has acquaintances but invariably this is on some sort of business (crime) footing.... and yet after a period in the I.C.U. and with relationships blooming between the boy and his separated parents (despite the very distressed prior state they were in), between the boy and his social worker and the boy and the residential staff, there came to be the dawning of some self-worth for people seemed to like him for his own sake.

And a Mother - despite her 'fall from grace' she had really been endeavouring to do the best for her children and felt that her state and her husband's state was so low that the only positive thing for the children was to have them taken into Care. But Mother later clearly saw an improving relationship between the social worker and her son and that was underlined by the feelings of the residential staff in the Unit and by the
observation of myself. She also felt that her son had begun to understand relationships... and this was largely 'because she had to place on record the only thing she could and would corroborate was the kindness and the friendliness of the people in the Intensive Care Unit and the way in which, in her view, it had changed her son's life.' The boy's sister recorded a similar comment in her interview. But there is a reverse view, that the young people need, not protestations that adults care but evidence that they do. ".... don't treat them like animals that you can't go near, 'cause its the other way round -its you they fear!
You think you're smart. Well, as you do think,
But to them you fucking stink."

They're not bloody animals you're trying to tame.
There ain't no difference, you're all the same.
So stop trying to think you're fucking it,
With all your gold and all that shit,
'Cause we're gonna live in this world too,
And there is nothing you can do!"
In contrast to the interview-transcripts is the written testimony of R aged (at the time of writing) 15+, her poems - of which those which follow are a selection of what R wrote and gave me permission to use. They set out in moving yet clear perspective her view of what it is like to be rejected (home, foster-home, residential care etc); what it is like to be on the periphery of society: not fully in the delinquent group, not in Secure Accommodation but clearly threatened by it 'because it is there and referred to', not in freedom (yet the doors are clearly unlocked). In fact R is searching for enlightenment in much the same fashion as do those who go to church. "What is life?" she asks - her perspectives, like ours, are slanted both by experience and by the unknown. But she did not - until she was held - have the supports available within the family, the community, society.

The poems are presented in sequence: thus a story and a commentary unfold side by side. "A bit of my life story" sets the scene almost in the way that a pen picture at the beginning of a report describes and summarises the person under consideration. R then progresses, as she moves through a sequence in the child care system, to rationalise away her concerns and fears - "I don't care" - to wish what might have been - "I wonder...", and to comment upon the world she has been placed into (by her acts as well as the lack of commitment by parents and agencies) - "A Monday morning".

By "Land of Hope and Glory" and "That old lady" she is snarling back - at 'the system' and at Authority, and is perhaps for the first time able to see herself
as within society rather than as an object outside it. She comments in a most meaningful way, however on how she sees herself used.

But by "Summer", "Nature", and even in "In a tent at night" and "Dark", and especially in "Nature's gifts" and the poems that follow, there is a gleam of hope.

She has moved onwards from being totally dependant and controlled, through external controls by threats and fears (of being locked away and so), to be coming into the (relative) calm and normality - with all the involved depressions and high-lights that make up the texture of ordinary life. For R it is not only a change for the better, it is an achievement in itself.

In terms of the Study this piece of evidence fits in closely with a progression ... in the Life History approach.

This is therefore her story, and her experience.

A BIT OF MY LIFE STORY
My name's Rachel and I lives in glory
And I'm gonna' tell you my life story.
When I was born I lived in Slough,
I lived with a foster lady, fucking fat cow.
My two little stepsisters lived in a home,
They both got scolded in a bath full of foam.
Once me mother came an' took me out
I started crying so she gave me a clout.
When I was five I lived with me dad and mum
And when I was naughty I got whacked on the bum.
Once we were in the backroom and me sister said 'shit'
And I went and told me mother, and me sister got hit.
A few years later me mum left me dad
My dad was very angry, fuckin' hell he was mad
A few months later went quicker in pace
And that was when I got a fist in my face.
Next day after I got chucked out the house
And I was shit scared like a cat after a mouse.
I stayed at me auntie's house for only a day
And after that I got put away.
I stayed in that home for two weeks or more;
Then I started nicking and got done by the law.
And then I moved to Burnham to my mum's mate's flat.
She was really fuckin' dirty, ugly and fat.
Then I started nicking and got caught once more.
A social worker came and so did the law.
They said in a couple months' time I'd have to go to court
I ain't fucking going to court, I thought.
A couple weeks later I started nicking again
After that something bad happened, then
I ran back home and grabbed a knife
"Fucking give me some money or you won't have your life!"
Me mother took an overdose and the pigs came along
And they said "You stupid little girl, what have you done wrong?"
"I ain't done piss all, ya fucking grunt
So why don't you fuck off, ya fucking cunt?
I might of done somink wrong if I had
But what I have fucking done ain't that bad
So why don't you piss off and leave me alone?
I just wanna fuckin' be on my own."
Three of them grabbed and pulled hard
And at the pig station I had to sign a card.
They put me in a cell, pooh! what a shitty smell.
What have I fuckin' done? Oh, fucking hell!
At about quarter to twelve a social worker came
The pigs pushed me in her car
She said, "What was your name?"
She said, "You're going to Red Hatch for a day or two
You'll be good for me, you will, won't you?"
"Fuck off, ya cunt, I won't be good for you.
Fuckin' hurry up an' get there, I wanna go loo"
At half past one we got to that place,
"Go up to the bathroom and wash your face!"
It looked fucking horrible and a hospital smell.
What am I doing here? Oh fuckin' hell!
The night lady said "Have you been fed?"
"Course I fuckin' 'ave, hurry up, I wanna go bed".
A couple days after I moved in a home
Piss of ya cunts and don't fuckin' moan.
A week after that, I went to court.
They decided to move me. How stupid, I thought.
They keep on moving me from place to place
Why don't they leave me and let me be free?
Live and let live and let me be?
But they just make a fuckin' big Fuss of it
Why don't they piss off?, the fucking shit!

I DON'T CARE!

I don't care what people say,
I don't really care what people do,
'Cos I couldn't give a toss about them
When I've got my glue.
They can treat me like a bit of dirt
Or beat me black and blue.
They can't hurt me more than I'm hurt,
'Cos that's what they try to do.
They move me to places that I don't like
I wish they'd just go and take a hike
They shouldn't put me where I don't wanna go
I wanna disappear somewhere where nobody will know.
I wish I wasn't here today.
I wish I could live in another way
But it was my parents who made me live
Ah' it's my parents I shall never forgive
I wonder what it'd be like with another mum an' dad
I wonder if it'd be this fucking bad
I wonder if they'd be lovely and kind
If they were that I wouldn't mind
I wonder if they were common or a snob
If they were skinny or a big fat blob
I wonder what I would be living in
An 'ous or a flat or a bloody dustbin
I wonder if I'd be nicking in the shops
And getting done by the fuckin' cops
I wonder if I'd be running away
An' taken to the police station nearly every day.
I wonder if my mother would be as nice as can be
Like if I'd need help she would talk to me
I wonder if I'd get punched in the face
Then get put away in a place.
I wonder if they'll be nice still today
Or maybe they'll be different in a nasty way
I wonder if they'd be as parents should be
I wonder if they'd be normal and kind to me
I wonder if I'd be older than five
I wonder if I'd still be alive.
I wonder if I'd be living in outer space
I wonder if I'd be living in the human race.
I wonder what I'd be doing right now
Maybe in a farm with a horse an' a cow
I wonder what colour I'd have been
Black or white or in between
But I've got a mother and I love her a lot
But there's just one thing I haven't got
And that's a dad, but I don't mind
I've still got my mother who's mine and she's kind.
A MONDAY MORNING

I had to wake up at eight in the morning
I ran down the stairs really storming
A girl left her ear-rings upon the drawers
She was a fucking dopey whore
She left them there for someone to nick
She's fucking slow mental and thick
I gave her a mouthful she gave a bit back,
I wish she's fucking leave an hurry up an pack,
She reckons she won't tell when her things go missing
She thinks she's so hard with her fuckings and pissings,
But she won't be so hard when her things do go
An where they go she'll never know
But she'll regret it and she'll be mad
She'll learn her lesson and I'll be glad,
Then she won't leave her things around
Because if she does they'll never be found.

LAND OF HOPE AND GLORY

This is supposed to be land of hope and glory
Well I'm gonna give ya a bit of the true life story.

Look at these people that walk the street
With their long sad faces and tired feet
With their scraggy clothes and greasy hair
But these bloody rich bastards don't bloody care.
They're all right in their nice warm beds.
What they needs is a kick in their heads!
They need to sit down an' think of others as well,
And not just leave the poor bastards in hell.
What about the people who can afford nothing except
second-hand mugs?
And these people that glue-sniff and take all kinds of drugs?
Don't fucking treat them like animals that you can't go near,
'Cause its' the other way round - it's you they fear!
You think you're smart. Well, as you do think, 
But to them you fucking stink. 
They're not bloody animals you're trying to tame, 
There ain't no difference, you're all the same. 
So stop trying to think you're fucking it, 
With all your gold and all that shit, 
'Cause we're gonna live in this world too, 
And there is nothing that you can do!

THAT OLD LADY

Look at that old lady staring at me 
Will I look like that when I'm 63 
What's wrong with her why does she stare 
Look at her wrinkles and her long grey hair 
When I get older I don't wanna look like that 
I don't wanna be decrepid old and pot 
I want to stay young and as pretty as can be 
I'm not going to look like that when I'm 63 
I'm going to keep old people out of my way 
I'll stay inside everyday 
I'll look in the mirror all day long 
Make sure nothing on my body ever goes wrong.

BEING USED

We're marching onto war, 
Our hearts are beating fast, 
We're feeling very fearful 
We hope we don't due fast. 
Our feet are marching in rhythm, 
Just like the beat of drums. 
There is nothing that we can think of 
Apart from our dads and our mums.
The guns and cannons were noisy.
The stench of death we smell.
Our best friends fought beside us.
Then smiled at us and fell.

It's getting dark and cold now.
The noise begins to face
Soldiers lying dead before us,
And not seeing the happiness they've made.

SUMMER

Everybody, summer is here.
There'll be no snow, so have no fear.
The grass will be green, and the sky will be blue,
The birds will be singing sweetly too.
The bees will be buzzing all the way
Thinking, "Who can I sting today?"
The clouds will be white, full with bloom,
The sun will be shining out of its bomb,
The rain will be glittering like white gold,
The kids will be swimming and so will the old.
The flowers will be swaying to and fro,
You'll hear the trees rustling in a lovely echo.
The wind you'll get in a slight cold breeze,
Not like in winter when you freeze.
I wish it could be summer every day
And just have June, April, July and May.

NATURE

Nature is wonderful, Nature is good.
Nature is good for our neighbourhoods.
All the honey and all the bees,
All the bugs and all the fleas,
All the cats and all the dogs,
All the winds and all the fogs,
All the birds that you see and hear,
A drop of rain, just like a tear,
All the clouds white with bloom,
All the space and all the room.
All this nature is too good to be true
But all this nature is looking at you.

IN A TENT AT NIGHT

I lie in a tent awake at night,
Listening to the wind gives me a fright.
I look out the doorway and I look at the stars,
Listening to the stones crushing underneath the cars
I listen to the trains passing, and the trees swaying too,
Then I sit back and wonder and think about you.

I think about the good times,
And I think about the bad,
And tears form in my eye and I feel so sad.

Then suddenly I hear a dog bark
And footsteps on the ground.
And then it all goes quiet
Without a noise or sound.

DARK

When it's dark and windy, late at night,
I lie in my bed, cold with fright.
I listen to the footsteps, walking on the ground.
I lie back with relief and then I hear another sound.
I hear the trees rustling and the wind whistling through.
I hear the cars passing and drunk men singing too,
And then I hear some tapping on my window pane —
But then I listen harder and realise it's rain.

Then it's gets lighter and I hear the birds singing
And I see the sun is shining to show that it's morning.

**NATURE'S GIFTS**

What has a green stalk and coloured so bright?
And looks so pretty in the daylight.
Some got green leaves and lives in the ground
You just can't miss them they're all around
Grownups pick them to give to their lovers
Children nick them to give to their Mothers
People pick them for house and home
Bees suck them for honeycomb
Well, what are they can't you guess?
Well I'd better tell you I must confess
Well they're called flowers that will be forever
Because nature if a gift that for us is to clever.

**POEMS WRITTEN WHILE CAMPING**

Well, here I am camping and having lots of fun
And this is the beginning, so my fun has just begun.
The sun is shining brightly, while the day is going past.
And I am sitting silent, watching the people go past.
The trees are looking green, the clouds as white as fleece.
Oh, how it is so lovely to have a bit of peace!
The grass is wet and muddy, the cows graze on the ground,
While I still lie in silence, without a noise or sound.
But as the day gets darker the night starts to get cold,
And I lie in my sleeping bag, and start to curl and fold.
IN BED AT NIGHT

Lying in bed is such a frightening thing,
Especially late at night when the church bells ring,
Or when the cockroaches start making their noise,
Or when you hear crazy singing from drunken girls and boys,
When the planes are like volcanoes erupting in the sky,
Or looking at the stars shining brightly way up high,
When your house starts shaking when the trains are passing through,
Or the moon reflecting on your window spying on you,
Or the cars on the roadway really screeching as they pass,
The blowing of the wind swiftly rustling the trees and grass,
When the day breaks open and the morning birds start to sing,
They're singing cos they're happy and don't worry about a thing.

THE KING

I am the King of cats
And I live on nice fresh rats.
I live in the trees
And I have a few fleas,
'Cause I am the King of cats!

I am the King of cats,
And I lie on nice furry mats,.
My nails are clean,
My eyes are green,
'Cause I am the King of cats!

I am the King of cats
And I spy and chase all the rats.
I am evil and sly
And shall never die,
'Cause I am the King of cats!
The streets are crooked and dirty, the lamppost stands up high,
People shoving and pushing and cars are rushing by
The people are really impatient and really looking mad,
There's orphans on the corner really looking sad
There's drunken people tumbling, singing their little songs,
Not knowing what is happening not knowing what's going on
Everyone's very noisy until it comes to night
And then it's back to normal when daytimes back in sight.

ANOTHER POEM I WROTE WHILE CAMPING

It's me last night of camping, I'll soon have to go
I might come again - I'll never know.

I'll remember this week forever an' ever
I'll remember the cold rainy weather
But most of all I'll miss the fun
And after that the clouds and sun
The way it shines way up high
and how the clouds drift in the sky
And the trees that bend to and fro
And how soft and hard the wind does blow

But I know me, I'll miss it all
And I'll not forget it not at all.
PART 4

A general comment

In the course of this study exactly three hundred sets of case papers in respect of young people admitted to the two Intensive Care Units were perused. Of the three hundred, sixty were female. So far as boys were concerned:— a quarter stayed for under eight days whilst only 3% exceeded the three-month period for which the Unit was set up. Half of them were on some form of Warrant of Commitment or Remand and almost half of them were the subject of existing Care Orders. Their disposal after their stay in the Intensive Care Unit was 40% to penal dispositions of Detention Centre or (then) Borstal training whilst 60% went home, into lodgings, to a Children's Home or Hostel, to another Observation Centre, to some form of special educational provision, to Community Home with Education or to a Youth Treatment Centre.

So far as girls were concerned, dealing with extremely small numbers, the overall pattern was somewhat different. Almost all the girls were the subject of some sort of Care Order but only some 10% were on Remands or Warrants of Commitment (this of course is in part due to the fact that from the period mid-way through the study it was no longer possible to place girls on "Certificates of Unruly Character". The length of stay for girls was at both ends of the spectrum, ie about 15% stayed for one night only, usually placed by the Local Authority after police involvement preparatory to moving back to their home area in another part of the country, whilst in the first period of the study 30% of the girls stayed for more than two months and
10% for more than the normal minimum of three months. Their disposals were generally to open situations although a fairly high proportion (some 20%) went to Youth Treatment Centres. Only one girl in the period studied went to Borstal Training and course for girls there is no Detention Centre sentence.

In dealing with placements from and to Authorities which were not within the Region for which the Intensive Care Units were set up it was noticeable that

a) those Authorities which had access to Secure Units were likely to utilise them;

b) that clearly in some Secure Units there was no attempt to do other than provide a lock up and there was no suggestion that any form of close supervision or involvement with the young people was envisaged;

c) some Local Authorities appeared quite dispassionately to look at the cost implications of placement in Secure Units and to make a cold choice to allow boys to go to Prison Department Remand Centres (for which the cost to the Local Authority was nil);

d) there was in the Case Notes studied a clear indication that Courts do generally accept social work advice - and also that if the Social Enquiry Report or Recommendation to the Court 'sits on the fence' the result is generally a penal disposal;

e) Secure Regulations (2) of 1983 undoubtedly make it easier to lock up children in local authority Secure Accommodation, especially if the Court is willing to accept that the need is for a period in Secure Accommodation under Regulation 54 which indicates that 'Section 21A(4) provides that in
the event of a juvenile court adjourning its consideration of an application, it may make an interim order authorising the child's care or responsible authority to make arrangements for him to be placed in secure accommodation or in a Youth Treatment Centre for the duration of the adjournment. An interim order will be made only where the court is not in a position to decide whether the criteria in Section 21A(4), or the provisions of Regulation 7 in respect of remanded children, have been met. If the court adjourns its consideration of an application and does not make an interim order, the child may not be placed in secure accommodation during the period of the adjournment unless his circumstances subsequently change, when the normal procedures will apply."

Three tables follow (for full details and notes see APPENDIX D) -

No. 1 indicates the onward placement of 54 males from Glen House during a calendar year.

"Treatment" oriented placement

<table>
<thead>
<tr>
<th>Placement</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>home (including foster home)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>lodgings, flat</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Childrens Home or Hostel</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Observation and Assessment Centre</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Special School</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHE</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Youth Treatment Centre</td>
<td>2</td>
<td>60</td>
</tr>
</tbody>
</table>

31
"Penal" Placements

<table>
<thead>
<tr>
<th>Placements</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detention Centre</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Remand Centre for Borstal</td>
<td>11</td>
<td>40</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(2 discharges absconded in Court)

On this evidence, admission to the unit for any one young man indicates a strong possibility of a penal disposal. For 85% of the discharges, a residential solution is seen as likely.

Table No. 2 gives a breakdown of lengths of stay (for boys)

<table>
<thead>
<tr>
<th>Lengths of Stay</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 days or under</td>
<td>15</td>
<td>26</td>
</tr>
<tr>
<td>up to 15 days</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>up to 29 days</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>up to 43 days</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>up to 3 months</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>over 3 months</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

whilst

Table 3 indicates legal status at time of reception (to the Secure Unit)

<table>
<thead>
<tr>
<th>Legal Status</th>
<th>NO</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Warrant of Commitment</td>
<td>28</td>
<td>48</td>
</tr>
<tr>
<td>Interim Care Order</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Place of Safety Order</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Care Order (unspecified)</td>
<td>24</td>
<td>41</td>
</tr>
<tr>
<td>Sect. 2 1980 Act</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

58
Despite reading; in spite of tapes played and re-played and typed up and read; despite talking for hour upon hour to children and young people who were, or had been, in secure units; despite hours of study and contemplation in solitude, the story told remained 'second-hand' in that the words describing the experienced remained cold and dead and photographically cold rather than conveying the warmth of a classical painting.

For this transformation and explanation, and injection of colour, I am indebted to one 14 year old lad., indeed one whom I met in the Intensive Care Unit (Secure) after the field work for the study was completed. It was (October 1983) a time of industrial action on the part of residential social work staff: a time of acute distress for many who had given all, or large portions of, their lives to work in residential settings: for as well as industrial action there was massive criticism of the total residential care scene on political, philosophical and economic grounds. There were, it was suggested 'better' options based on justice, caring and cost-effective rationales. At such a time the use of Secure Units (oft-times referred to by the emotive term 'lock ups' by critics) was under attack from the extreme opposite viewpoints of a) so-called children's rights groups suggesting a sell-out to 'justice', and b) the magistrates and establishment side purporting to offer 'prison as a fair punishment' compared with the 'woolly social-work approach of euphemistically named local authority secure units."

The 14 year old, Dean, said: "I'm not good at school and I don't like it. I don't get on with my parents - I'm not sure why but I'm always arguing and rowing and running off. I steal, and break things, and pinch
bikes... sometimes I don't know why but it's usually for a giggle or 'cause my mates egg me on. I'm the clown: at school and round home, and no-one believes me, not even when I try to tell the truth.

Today in court my Social Worker and my Solicitor asked me if I wanted to appeal against the council's (Local Care Authority) application to keep me in secure (the Intensive Care Unit) for another week until they hear my case.

I said 'no' - because I've settled down there. I can think about my problems and not get pushed into going back home the minute me Mum and Dad or me suggest it. I don't have to live up to what my mates expect. I can go to a sort of school without needing to be a clown, or needing to square up to someone because me mates keep passing remarks. I can even think about my future and my Mum and Dad and how, one day, I'll be able to go back home as a son and not as a no-good lad.

It won't be a miracle; it may take until I'm 18 or so; but it will happen because they can help me".

It was indeed a testimony of faith, worthy of the best evangelical/pentecostal tradition.
"S" - a sixteen year old at risk

S is now 16: he was abandoned by his parents in turn in that father left the family home when S was 4 and mother has really opted out of any responsibility for him or duty towards him since the time he was about 7. Since that time he has been in various forms of Local Authority Care and fostering and has frequently been referred for assessment to different parts of the supporting Health Services. S is sub-normal, his broad score IQ is well below 65 points and therefore on the advice of my Tutor - this note is the result of six different one-hour plus sessions with S together with a perusal of all his files and papers, both in Assessment Centres and various Social Services and indeed Social Services Area Office. It proved impossible for reasons of 'confidentiality' to be allowed to see the four medical documents although access was made to a number of psychiatric referral correspondence, letters and memoranda.

In the nine years since S was 7 he has variously been admitted to four hospital assessment units, six or seven Local Authority homes, and three Assessment Centres (two on more than one occasion). The observation of his serious aggressive physical manifestations began when was about 7½ years old but of course for the first five years or so thereafter because of his physical smallness it was fairly easy to control him and restore calm. When he was 12 or 13 the physical difficulties began to increase (although he was still described as 'puny' by the psychiatrist who had known him virtually all his life)
and his awareness that using a knife had a fairly interesting effect on nearby adults led quite logically to S being aware that he had more power and to grave reservations by residential staff about their ability to cope. Since the age of about 9 he has indulged in head bashing, either on the floor or at head height on walls and this has been noted by medical personnel as well as by care staff as a fairly regularly repeated phenomenon. When he was 5 and 6 and 7 it was a fairly simple task for whoever he was with, whether at school or in some form of residential institution to hold him when he had a temper tantrum or the incidents of head bashing seemed to be close at hand: from the age of 14 as he became bigger and more effective in his attempts towards self destruction led towards destruction of others this physical control became more impossible. In recent times before the interviews he had variously attacked a member of the public, a fairly elderly lady getting out of her car in a carpark, a person he had not seen at all before in his life; he had on thirteen noted occasions attacked either with hands, sticks, feet or knives members of the care staff at the establishment he had been at; and on an occasion not long before he was admitted to the Intensive Care Unit he had walked into a local police station and asked if this was the place he should 'come to kill a cop' - when arrested and searched he had two knives on him and was apparently seriously intending to hurt some member of the force. He was placed in the Intensive Care Unit and in the first two months of his stay there on nine occasions there were serious recorded incidents which apparently had no trigger; a very detailed scheme for reporting was undertaken in order to try and ascertain what did start S on his
destructive or self-destructive behaviour and despite the analysis by the local General Practitioner, by his Consultant Psychiatrist and by members of the care staff there seemed to be no rhyme or reason or evident pattern. On an occasion in late June (1984) a party of Magistrates was visiting the Intensive Care Unit and some ten or twelve minutes before they went into the Unit S attacked a boy, was removed with great difficulty to the time-out room by four male members of staff, and the astounded Magistrates witnessed a period of some forty minutes during which S ran the length of the time-out room 11' 6" and bashed his head against the metal frame door. He continued to do this even when blood was running down his face and he was obviously in physical pain; it was quite impossible to enter in order to restrain him and this was at a time when he was on the maximum prescribed dose of Largactil, prescribed by the local G.P. on the advice of the Consultant Psychiatrist.

It was nevertheless decided that despite S inability to read or write in any meaningful sense some interviews should take place and these were undertaken on six separate occasions each lasting about one hour with the boy. This is a summation of his reaction:

1. S has no friends. On 11 separate occasions he referred to this and there is no doubt that his unkempt and dishevelled appearance and the sort of 'wild eyed look' comes across and makes folk rather reminded of an old Bedlam painting by someone like Hogarth. His train of conversation too is not conducive towards relationships, he finds it difficult to talk about one thing for more than
two or three sentences and it is clear that amongst his peers no one likes him and he really likes no one. A very sad phrase in one of the Consultant Psychiatrist's reports of some four years ago said 'this boy will remain unloved and unlovely for the rest of his natural life.' S is all too aware of his lack of friends and at times said that he wanted to have them but didn't know how to get them/keep them. He is aware that people don't like him and says that it dates back to when he was a very young child when none of the adults he knew liked him, no-one picked him up and certainly it is apparent that in a negative sense at no time in his early childhood did his mother ever hold him/kiss him/cuddle him.

2. In his more lucid moments S mentions people who have tried to care for him: he speaks with affection of members of staff in one of his children's homes, of the officer in charge at the hostel where he in fact did the many assaults against members of staff including assault on the person to whom he regards himself as having had the closest relationship and for whom he expresses the most affection, the officer in charge. He does not think much of the Psychiatrists, Psychologists and General Medical Practitioners with whom he has come in contact and he dismisses them all really by saying 'they either want to shove needles in me or send me away and I don't understand the reason for either'. He does express interest and some regard for some of the members of staff in the I.C.U. - one of the very odd things about S is reaction to people and his comments about them
and their comments about him, is that if he does enjoy some sort of relationship with someone he does not, perhaps contrary to the rest of us, appear to believe that out of that relationship (to which he pays more than lip service) should come any preferential treatment and he can't understand why on earth the person with whom he is apparently building a relationship should be upset/cross/angry when S changes the whole tenure of the relationship by attacking or insulting or both the member of staff with whom this relationship was built up. However he has for the past few weeks, whilst we have endeavoured in a sense to produce specific behavioural therapy approach which included a particular area of punishment in that S was taken completely away from other young people and separated in the time out unit for a fairly long period of time, perhaps as long as four hours, he does seem to have regarded this as something positive which would help him and on occasions has shown a surprising degree of insight by saying that it was much the same sort of thing as he was able to do when he was younger. I asked him to explain this and he said yes when he was younger and people weren't afraid of him (his words) when he felt himself about to hit out or become very angry or lose control he was able to walk away from the situation and go and hide and he often ran out of school (and of course the reports from the school indicate this but do not give any suggestion at that time for the reason(s)); what S says is that if he went away and hid in the bushes or in the park or even in the ditch at the bottom of the school playing fields he was able to almost go to sleep (his description) and
after an hour or two he felt much better and went back. What he couldn't understand was when he got back people shouted at him and oft times caned him for running out of school and misbehaving.

Extracted comments include.

(i) G.P. 'Felt that these attacks were not purely personality disorders and it was important to eliminate the diagnosis of temporal lobe epilepsy (later eliminated) and therefore contacted psychiatrist with the possibility of repeating EEG. Psychiatrist suggested S changed to Largactil instead of Neulactil and prescribed Largactil tablets 100 mg three times a day increasing to 100 mg four times a day. I have previously stopped Parahypon as he had been on this and it can sometimes act as a stimulant.'

(ii) from a Consultant Psychiatrist at a subnormality hospital 'The only villa we have at Cold East for disturbed patients like S is L villa which is a locked ward. The patients there are severely handicapped, I think it would do S more harm than good to be placed in such an environment. In our definition S is only minorly handicapped and is at least more intelligent than our type of resident and therefore I feel he might benefit more from an educational environment where he could receive further education'. The Psychiatrist made a number of suggestions all of which were found to be totally out of date and quite unwilling to take any one of S's problem.
a further Psychiatrist said his intelligence was assessed at border-line pre-school and re-assessments have indicated that he is dropping steadily; when last measured it was in the ESN (M) range dropping.

presenting a complaint have always consisted of attention seeking, inappropriate physical contact that has sometimes been classified as 'sexually perverted', outbursts of rage without restraint, overall dullness and unattractiveness which have made S a butt of peer group bullying and he has demanded special commitment from adults to ensure he got his fair share of attention in competition with more rewarding children...

he has developed clowning behaviour to win approval. In group situations S is easily frustrated and over reacts to teasing, cheating etc from peers. There is nearly always some small slight hurt or thwart which in retrospect can be seen to have precipitated an outburst although when in a good mood he can take a fair amount of teasing.

The general questions which were referred to, although not in the headings which are at present being used, by the other people interviewed were put directly to S, his response was as follows.

a. Yes its not too bad most of the time at least they talk to you and listen to what you say.

b. Well I can't say its helpful, it isn't really helpful, I mean what is helpful.

c. I don't know whether I get on with people better than I used to do or not, I can't remember half the time and when I do remember it is usually
about people who annoy me. No it isn't boring because I know what is going to happen everyday, you get up and do things and then you have your breakfast and then you go to lessons and they're not bad, the teachers I mean, they really are quite helpful and they do try to teach you something and I think I am learning a bit and then its dinner time, and then I like going in the gym and we have a long time in the gym or in the play area and thats good, and then after tea we have telly and I can't be bothered and yet I can't read and so I just sit and sort of think about things, yes I suppose I do daydream.

d. I don't have a family so I can't talk about what happens with them and if anybody has helped me, I mean really you can forget them but at least the staff talk to me and sometimes they call me son and I like that because really I'm not anybody's son and because nobody cares about me they've just left me. I think its good here really, I mean, I mean I can get to know people and even when I've been bad and I know when I've been naughty and they tell me off about it and they even put me in the room, at least they don't shout at me afterwards, they don't keep going back to it and that's what always got me at school and in some of the homes I've been in. I mean when you said you were sorry and you knew you couldn't help it but you were trying, they didn't believe you they just pushed around the same and then you got in more trouble and it never ended so I think its not bad and really I agree with Dr. Byrnes I'd like to live here but I suppose I can't, cos I think in time I would get better and it is longer and
I don't hurt myself so much and if I don't hurt myself as much I'm not going to hurt other people am I, and I'm sorry really for all that I do.

N.B.

a) S. is now a long stay patient at Moss-side Special Hospital, Merseyside;
b) if he 'likes' you he draws pictures of birds, with crayons, and present them;
c) a folder of S's work, and observations by staff who have cared for him is available.
PAT (P) d.o.b. 27 October 1967

in condensed form, compared with the long history of Margaret this potted history not only describes the in-care period of some 2 years 'interspersed with 3 visits to the Intensive Care Unit) but is an endeavour to illustrate the possibility of concentrating, and thus condensing, relationships.

Information has been gleaned from the subject, Pat, (Interviews, but tape recording refused), her social worker, her father and members of staff in each of the 3 units.

Pat had been in and out of care since birth almost on whim placed by Mother, along with two siblings. When Pat was aged 9 Mother finally walked out on the family, and despite rumours there has since been no certain knowledge of her and/or her whereabouts. Father tried hard to bring up the three children but, perhaps the pattern had been moulded, he continued to 'send the kids away to the home' when the going became hard, as Mother had done.

Father did not have a regular girl-friend, although he did have a 'lady friend' who lived close by, and who did prove to be extremely helpful to the children from time to time: unfortunately without any real level of consistency.

The older (male) sibling left school and found work – and generally lived away from home; the younger sibling (male) was used by Father as a weapon in quarrels
and in negotiations with Pat (rather in the manner that unhappy parents moving towards divorce sometimes 'use' their offspring). Pat responded almost as the 'mother' in the situation. And indeed this was what she became in the unhappy father-dominated menage.

At this time Pat was still of school age, yet her primary task was clearly to 'look after Father': he would not even straighten his bed during periods of unemployment - that was 'a woman's work', and at no time did he do anything to encourage Pat's undoubted potential in scholastic terms. The opposite, in fact, so that on any flimsy pretext Father kept Pat away from school with the result that she could not achieve continuity in her studies.

Her route was from voluntary placements, to placement in senior girls assessment centre - where there were recorded problems of violence and absconding - to Intensive Care; father attending reviews (tearfully) yet not keeping his word when Pat returned home... a repeat of assessment again followed by I.C.U., this time leading to placement at a single-sex Community Home with Education. Abscondings followed to London, and there was involvement in the solvent abuse and minor drugs scene, together with sexual activity (it is thought partially to pay for the substances). Pat left the C.H.(E) 3 months after it was ascertained that she was pregnant and was placed at a specialist C.H.(E) for pregnant girls in the north of England.

There she was prepared for the length of pregnancy: counselled regarding whether or not she should keep the child, and what the alternatives might be: and after the birth instructed in good child care practice and also enabled to maintain links with the school-provision there; she obtained 3 CSE grades.
One thread held together all the sad ups and downs of Pat's 2 years between referral and placement back 'home' with a father who had for very long periods rejected her (and had in fact not only refused to visit, telephone, or write, but had also DENIED Pat any contact with her siblings for a period of more than 7 months during her time in the north) – that thread held together in a supportive way Pat, her social worker, and her family. It was the I.C.U. staff group who wrote regularly to her: who kept father aware of developments and who invited him to discuss problems... there were misunderstandings between father and social worker, but the input of I.C.U. staff who also kept in as close contact as was possible with Pat and with the C.H.(E) staff, provided the enabling device that has led to at least a measure of success in this comparatively short time-scale.

Pat is now, with her young child, living at home and re-instated into the family group.

Her history is indicated over the 2 year time scale by a series of comments and quotes:

"she (Pat) has an underlying nasty streak and gravitates towards the anti-authoritative group".

during her many abscondings from 'a' and 'b'... her various offences ranged from stealing to extortion.

"....swearing and shouting.... got over the fence... managed to restrain her she is 'desparately keen to find her mother although realising that this may be an unproductive exercise... feels she has been let down'.

'it seems to me quite unfair to Pat that whether or not her father maintains contact she should be precluded from regular meetings with her siblings..."
PERSISTENT ABSCONDING PLUS IN BOTH MORAL AND PHYSICAL DANGER.

**** after a period at the first C.H.(E) "Pat has now definitely settled here. She is worried about the Christmas break, but is keeping in regular contact with the I.C.U. staff".

ABSCONDED - "quiet and desperately wanting to go back 'home', even if to a lock-up.... needed to be physically carried from area of home... screamed and swore...(later) when apprehended after abscond had to be physically restrained and hit out at Head... shaky and worried"

PREGNANT - "needs to come to terms with the pregnancy should curb her temper and refrain from absconding... impending court appearance (for assaulting a member of staff)... if placement has irretrievably broken down an interim placement (or I.C.U.) may become necessary";

and from EDUCATION - "positive effort to cover lost ground... a wide variety of work in England and earned praise from the teacher who stated that Pat likes hard work and finds it a challenge... distinct improvement beginning to accept that people (here) have not rejected her and are very concerned about her problems and life in future";

BABY - "I'd hoped to be able to come (back) to Hampshire to have my baby... can some-one again try to help me find MY mother?.... maybe you could come again (to see me)... I am being good.. I have still not heard from my dad or anyone in the family.. I have sorted myself out now.. love to ....I know I lose my temper very easily: I also know I have got to do my best to control it. When things are getting me down I should talk to someone and get the problem sorted out and not shout and bang..."
**** in the near future when the baby has arrived I will not be able even to think about losing my temper or to get mad with anyone or else people will look at me as being an unfit mother... everywhere I go there will be problems, not only for me but for everyone else too. I shall try to give others a chance. I shall try my hardest to respect (others);

**** father says: (as reported by social worker) at present quite clearly with deep feelings wishes no contact between himself, Pat, and the children... excessively angry towards this department and behaving in a threatening manner towards the (senior) social worker... specifically requested no visits from this Department should be made, rationalising this request by stating his children will be further distressed and he wishes to hear no more of Pat".

EDUCATION - further good reports in all subjects from teaching staff at northern C.H.(E) - also information that Pat has been able to re-visit previous C.H.(E) for a day... largely apologising and repairing previous broken relationships...

HOLIDAY - as home not a possibility before and after birth of baby an arrangement was made that Pat should spend (3 in all) holidays in a staff flat at the Assessment centre of the I.C.U. campus. Staff from the I.C.U. visited and supported Pat, and she was also able to go (with baby) to see staff at the Assessment centre.

Her letters began to be more cheerful and realistic: "we" were able to persuade father to see pictures of his grand-child... then to talk about child and Pat... then to have father visit her... then to regain telephone (and latterly written) contact.
One of the children in the I.C.U. placed everything in perspective by quoting Cicero during a discussion we had regarding on what are popularly termed 'video nasties': 'O tempora, O mores:' he translated as "What dreadful times we live in - what dreadful goings on", and went on to discuss what happened within the Intensive Care Unit (he was not a young person who was interviewed within Appendix B). This young man talked about group counselling and the way in which we had talked with the group about group counselling and group therapy as 'of little help or aid for anybody who was offending or even having difficulties with his family but certainly seems to me', he said 'that it is a great help to those who have to run institutions like this one'.

The aims of the Intensive Care Units have been clearly outlined, often in quotations from the report of the Working Party which met to consider the setting up of the (now 2) Intensive Care Units within Hampshire under the general auspices of the Wessex Children's Regional Planning Committee. Subsequent to the passing of the 1982 Criminal Justice Act and the issue of regulations to control secure accommodation, the definition of which children could be placed in such secure accommodation was fairly constructively defined. They were those children with a history of absconding, those children whose physical or moral welfare would be at risk if they absconded, those children accused of a very serious offence which in the case of an adult would attract a sentence of 14 years or more, and those children whose violence towards themselves or other people was uncontrollable for a period of time. And in deciding whether the liberty of children in care should be restricted the local authority still
had a quite detailed duty 'to safeguard and promote the welfare of the child... and so far as practicable to ascertain the wishes and feelings of the child regarding the decision and to endeavour to give due consideration to them'. We have felt that it should be a prime focal point within the secure accommodation that the initial feature of such secure accommodation should be to provide good child care. In fact as was set out in D.H.S.S. Circular LAC 75(1) "The general objective with all children in care is to help them to grow up into responsible independent adults. This applies to those placed in secure units more than to others; for them in particular the aim of treatment is to enable them to move from a state of imposed control to one of self-control and this process should begin from the moment of admission'. (This quite clearly accords with the work of Reissman who talked of inner-directed and other-directed). 'Residential treatment in a secure unit is, in most cases, a preparation for residential treatment in an open setting as a stage in the child's progress to living in the community under supervision and eventually to independence.'.

Thus it is not unfair to suggest that the physical containment and the task of physical containment should really become in effect secondary to the main task which it supports and is assisted by. This means that there has to be the acceptance of certain risks possibly that even children from secure accommodation may not always be contained for it may be necessary to take them outside the secure unit for a period of time, and in the experience at the intensive care units under study this is done not normally as a part of activities but certainly on occasion when being taken out for specific aims like meeting parents and always the barrier of
security is broken when there is any need for hospital or dental treatment. In an unpublished working party during 1983 London Children's Regional Planning Committee suggested that ".... in considering such issues we acknowledge that a distinction may need to be made between newly admitted children, particularly in any regional centre, and those about whom more is known and with whom it has been possible to develop a relationship, especially in a previous longer term placement. We argue that such risks must be accepted by managing authorities, by care authorities using secure placements and acknowledged by the committee if we are to avoid pre-occupations with security defeating the child care objectives of secure units'. And so to what the children, their parents and the social workers think.

There was a generality of comment, a consensus of opinion, and therefore initially the views are provided as separate items.

Parents, field and residential social workers alike, and the young people felt that during the period in the Intensive Care Unit they improved but little.

Many of the field workers approached the I.C.U. as a Secure Unit with some trepidation - in so case was this feeling that the establishment concerned was an institutional lock-up sustained. The parents clearly felt that the ability to hold and restrain the children indicated that the local authority could impose a measure of control which they as parents had, for whatever reason, been unable to exert in the home situation. The young people appreciated this 'holding' and in the majority of cases it was quite clear that
the 'holding' on the part of the local authority constituted a loving or caring control which they did not feel had been present during previous dealings with the local authority. The children felt that the presence of mature residential social workers within the establishment meant that there were adults who had an appreciation of what it felt like for a child to lose liberty and live in the secure unit, for they felt the adults in the establishment were really in almost every way undergoing the same restraints and conditions as themselves. This also came out in the feelings of the young people that there was a need for the understanding of the difficulties and special needs of children held in secure accommodation which could only be put forward on their behalf by the residential care staff within the establishment. The residential staff felt there were, and received training in analysing this area of their work, skills needed to recognise and defuse situations that might build up to violence within the I.C.U. Equally they felt there had to be skills which could be passed on in training programmes to help them restrain young people as well as have some appreciation of what was permissible/possible. This led clearly to the common view held by the children and young people that the residential staff within the intensive care unit were 'their friends', that they knew the specific problem which was imposed upon such staff and that by and large except in moments of aberration they were willing to go along with the free and easy relationship which became the norm within the two I.C.U.'s... The young people interviewed were at one in claiming that until they entered the intensive care unit (where there was a rule that every young person should be visited at least once weekly by the allocated social worker) they
had not 'known' their social worker - almost every one of them continued to suggest that if he had known his (or her) social worker better the relationship would have been more meaningful and they would have been more inclined to follow the advice given.

It is impossible to comment on the correctness or truthfulness of this assertion but it was interesting and like many others it was put forward without any prompting whatsoever.

Well when I first come I wanted to leggit, I couldn't because the police brought me out, but I found that I didn't mind it that much, its pretty good now, you get used to it.

There is a lot of difference between D.C. and the Intensive Care Unit - in the Intensive Care Unit they used to show you round the place but in the D.C. they don't tell you nothing just get in there and do yer time.
PART 8

As the local Organisation Secretary for the Wessex and adjacent regions of N.A.Y.P.I.C., National Association for Young People in Care, this young person appears to have come to terms with the fact that she has been in care, in a sense she has no past although one hopes she has a future and at the recently held Conference by the Social Services Research and Information Unit at Portsmouth Plytechnic (jointly run with Hampshire Social Services Dept. and Wessex Regional Planning Committee) she was very much in evidence both as a mature member of the day Seminar and also as one of the speakers for the Young People who had been in care.

Fuller information is set out in Appendix B - xi; D gave permission for the draft article which follows to be used, and it is included here as a further example of a self-produced life history approach, written by a casualty of the 'system'.
Some people believe that the Local Authority always act in a 'child's best interests'. Well, unfortunately, this didn't happen to me.

At the age of thirteen I was given a full Care Order by the local Juvenile Court for minor offences I had committed when I was twelve. (Up until this time I had been in voluntary care of the National Childrens Home from the age of three months).

A Case Conference was held to decide where I should go. Later I learned they had seriously discussed putting me in Moss Side, or some other adult mental hospital. However, at ten minutes notice I was taken from the Home, to an all girls Assessment Centre (formerly a Remand Home - which still ran along the same lines). I was here for seven weeks, during which time I absconded seven times as it was the 'in' thing to do. On returning from my last two absconsions (I was never out more than a few hours) I acted out, i.e. threw objects across a room. Because of this the police were asked to handcuff me, while a doctor was brought in and forcibly gave me an injection of Valium. When asked if I had calmed down I replied 'no', so the doctor got out another needle and gave me a dose of Largactil.

On my last return from absconding I was taken to semi-secure. (A room with a bed in it and windows that don't open). I was kept in here for over a week and special agency nurses were assigned to look after me.

The only thing that kept me occupied during this time, was watching the nurses crochet and learning to do it myself.
At the end of the week I had had enough, so I tried to break out. However this proved unsuccessful and the police were brought in immediately. There then followed a scuffle, because I refused to be stripped by the staff and the police. More police were brought in and I was handcuffed before being thrown on the bed and given over 200 milligrams of Largactil.

The next day I was moved to a secure unit in Southampton, although there were six nurses looking after me each day, I had no contact with any other children despite the local doctor telling the superintendent that he was 'concerned at the way I was being isolated from children of my own age, and strongly recommended that this should not continue'.

Each day throughout my three month stay I was given 125 mg of Largactil (orally). If I refused to take these tablets, then the doctor would be called in to give me an injection.

I twice tried to abscond from here, the second attempt was unsuccessful, and I was thrown into my room where I proceeded to smash it up, out of sheer frustration. I was taken into the lounge, where several nurses, staff and police were standing, they threw me on a sofa while I was given another injection.

After this three months I was moved to an open assessment centre. This didn't work out for various reasons so I was moved back to the secure unit where I stayed for a further eight months. I was treated the same way as I had been before (drugs, etc). I was allowed out six times in the last two months of my stay, and the only reason I left this place was because I ran off.
After a week of being 'on the run' I was picked up in London and taken to a girls secure unit in London. I was then moved to another secure unit in Middlesex. Here I was seen by a psychologist; and the following quotes are from the psychological report he wrote on me.

'Absconding and subsequent violent behaviour which Denise exhibited in Redhatch and Fairfield Lodge are essentially normal, since they are patterns of behaviour which people normally develop in situations where they are confined against their will, unless controls are very tight or a programme is created to avoid conflict situations.'

'She does not appear to be particularly delinquent or to have done very much by the standards of present day delinquency and nor does she appear to be particularly violent, unless placed in conflict situations where the naturally expected reaction is one of violence, or less frequently, apathy'.

'It would be just as reasonable to conclude that since Denise has spent all her life virtually in care, that Denise's present predicament is the result of failure of the caring and educational services as to label her as having a personality disorder, which is simply shorthand for being unable to define what the problem is'.

I never knew where I was going to be moved to next or when I would be allowed to settle down. I had already been moved fourteen times since being in care. I was eventually told that I would be moving to a 'Youth Treatment Centre' in Birmingham (a long term secure unit for 'seriously disturbed' young people). On the date I was
supposed to move I was told that I would now be going to a 'Youth Treatment Centre' in Essex on another date.

Since the day I first had my Care Order, I was given no education whatsoever, despite having asked for it at every available opportunity, as well as pointing out that it was illegal not to receive education.

I was also disappointed at the lack of contact I had with my family and close friends as they were only allowed to visit once. All my mail was opened and read, at each secure establishment I had been in.

I remained in the Youth Treatment Centre for three years. The first six months of my stay was spent in a totally secure house, where I was allowed out (with staff) about six times. Each night we were locked in our 'rooms' which contained an unmovable wooden bed, a small cabinet, pretty curtains hiding a 'plastic' bullet proof, flame proof, shatterproof 'window' with metal bars behind it.

I was then moved to a less secure house (supposedly) where I could go out more frequently. The education here was minimal mainly catering for the 'slow' ones.

Fortunately I didn't have to take drugs here (although by this time I wanted them as I had become addicted). I only had injections here when the staff could not control me, or if they thought I was going to be violent.

My last injection I had resulted in me being rushed to hospital (after I had fainted) and having a stomach pump.
Absconding was looked on as a serious 'crime' and each time I returned (sometimes on my own accord) I was locked up in a cell, or my room.

I haven't really elaborated on much of what happened to me in these secure units because it would take a whole book to do so. I have just given general information to give a brief idea.

What happened to me in these institutions has happened to a lot of other young people who go through the 'care' system often through no fault of their own, but because there is no-one to turn to, to complain to, then this sort of treatment is allowed to continue, under the pretence of 'acting in the child's best interests'.

D
December 1982
This area considers the everyday realities of the caregiving process and experience. The patterns of day to day life as experienced by young people and their direct care workers constitute the essence of residential care programming.

To optimally enhance each child's development it is important that the programme's daily schedule of activities be flexible and take into account individual needs and differences. Areas that need to be addressed in a personal and supportive way are: waking, washing, dressing, personal care, preparing for school, eating, appropriately and sufficiently, work or programme activities, socialising with others, initiating, maintaining and developing family relationships, playing, pursuing hobbies, getting adequate exercise and rest, recognising, coping with and resolving personal problems, preparing for bed and sleeping.

Where possible, opportunities should also be provided for young people to freely experience, express and develop their own individual needs, interests, aptitudes and abilities and to participate in individual and group problem-solving and decision-making processes. There must be concern for the development of ethical, spiritual and moral values and a respect for the beliefs and values of each young person's family.
WAKING DAY (outline)

08.00 Supervised rousing (gentle)
Stripping beds for airing
Washing and dressing
Shower for anyone who is enuretic

08.20 Breakfast

08.50 Bed-making, tidying room, cleaning teeth

09.10 Group meeting

09.30 Working morning with break 10.30 - 10.50
to

12.20 Each boy to be occupied following his
personal plan of care*

12.30 Lunch and

14.00 Organised play and activities

14.00 Working afternoon with break 15.15 - 15.30

16.15 Each boy to be occupied following his
personal plan of care*

16.40 Tea

17.10 Group discussion

17.30 Evening activities - games, hobbies,
exercise, letter writing, films, slides

19.30 etc.

MEDINA UNIT - Daily Living Experience - Waking Day (cont'd)

19.45 Snack supper - followed by T.V., quiet
games, listening to radio, records etc.

21.00 Shower - then to room - privacy, quiet-
ness, reading, chatting to staff etc.

22.00 Lights out

* The working day must allow for psycholo-
gist, psychiatrist, social worker, medical
officer, solicitor, police, etc. to inter-
view the young person and also to have
discussions with staff. Also, allowance
must be made for periods of observation,
preparation of reports, for courts, reviews,
educational assessment etc.
The above is but a framework on which to fit the more detailed aspects of the daily living experience for each young person, the personal plan of care directing what those aspects will be.

The daily programme is to make provision for boys to be locked in their rooms for an hour to allow them privacy, an opportunity to meditate and to give staff a chance to communicate with each other, discuss cases and co-ordinate the two shifts. Ideally this should occur between 14.00 - 15.00 hours.

There follow diagrams of the layouts of both Glen House and Fairfield Lodge Secure Units...
CHAPTER V

Some comments and conclusions

Discussion

The thesis originally propounded was that the time a young person was in Secure Accommodation might prove to be a positive experience.

Within the study it is suggested that Social Workers, parents, residential staff and the young people themselves state that the intensity of involvement within the (Necessarily) shorter time-scale does help to build up relationships - and hence mutual respect - in a way that is not possible in less structured and less pressured situations.

It is not suggested that to lock a person up in itself has any positive values: however, through the interviews and poetry the feeling grows that young people incarcerated experience no deterrent value either from the threat or from the actual.

But there is a feeling that intensive work with young people does have a chance of success. Such specific work involves close working together and pressurizes relationships. It may involve physical contact - with concomitant fears for the staff involved, of accusations or of play, deteriorating into horseplay and worse - and close contacts of a physical or relationship nature impose threats and involve an almost unbearable drain on one's inner strengths. Intensive work is intense for both staff member and young person alike: close involvement, formulation of, and carrying out of specific plans aimed at bettering inter-familial relationships and improving life chances is invaluable but dangerous
tinkering as it does with the very chemistry of the young person's developing friendships. There are, clearly, all manner of formulating and exhibiting difficulties for child and staff alike when there is physical contact. The doctor does not, generally, have this problem during close physical involvement with either sex: it is thus incumbent upon us to achieve the same degree of professionalism - via training and staff support - in our residential workers in order to reach the same quality of 'workmanship'. Practical steps towards such a level of the key worker concept (a nominated person as a communication channel, acceptable to all parties in the involved support mechanism - child, field-worker, parents, other residential workers, psychiatrist, psychologists etc). as well as by structured physical contact in gymnasium through team games, and the like.

In the long saga of Margaret periods of little contact or involvement with peers or adults coincided with periods of stunted growth in relationships and understanding, and this is indicated within her 'history'.

Aichhorn (1951) was suggesting as long ago as 1925 that 'the child possesses inherent possibilities for adaptation to society.... and that education as well as experience has a distinct function to perform in the development of these potentialities'. Aichhorn added that 'this is not new but worthy of note, as something that may be observed'.

Further, in a foreward to Aichhorn's book (op cit) Sigmund Freud observed that 'it must not be assumed that (this) gift of intuitive understanding will be
found in everyone concerned in the bringing up of children'. And further, 'A child, even a wayward and delinquent child, is not as yet a neurotic: and re-education is something quite different from the education of the immature'.

If, it is posited, there is an opportunity for intense and intensive relationships - with one's peers and with adults - the opportunities for re-education and/or maturation are considerably increased.

Such intensive care, concern, involvement may be possible in 'open' situations: clearly the great majority learn, as it were, the first or second time round in home and community situations that which we describe as 'normal' behaviour. But for the deprived, maladjusted and maladapted, and for the delinquent who may better be described by one of the preceding terms an increased intensity seems called for.

The observation is not that such intensive involvement may only be obtained in conditions of security - it is that there is a minority for whom a 'normal' environment is not sufficient stimulus towards development/maturation, and for them total control is an initial necessity. 'Normal' in this sense is intended to convey 'that which is acceptable within the community'.

Comment

From experience one amasses feelings that ought, perhaps, to be listed... for it is from emotive responses that the improvements (such as there have been) for young people have arisen.

(i) If local authorities had to pay for any placement in penal establishments (remand, detention centre, or youth custody centre) there would be a positive reason for recommending non-custodial options.
(ii) Local authority secure accommodation ought to be the final option for any young person, under age 17 who satisfies the criteria, who has not been awarded a custodial sentence by a court;

(iii) It is (always) wrong to accept uncritically the research instrument used. Questionnaires are notorious for distorting social reality. They present only one view of (that) reality, no more and no less valid than other viewpoints, (including so-called 'commonsense' judgements).

(iv) In a research by Dr. Norris (University of Surrey D.H.S.S. funded) 'Broadmoor patients, especially murderers, released from the maximum security mental hospital are less likely to re-offend than criminals released after a prison sentence'. One asks oneself: is this a triumph for treatment compared with containment?

(v) Within (secure) establishments there is a need for the leavening of humour: one of the obvious points noted by visitors to penal establishments is the 'seriousness'. The more normal relationships and the frequent laughter together of staff and inmates is a positive virtue in Intensive Care Units;

(vi) The physical layout imposes constraints. Yet, whilst drawing upon the work of consultants Troup and Steel (1975), and D.H.S.S. 'Notes of Guidance' (1979), and needing to accord with central government wishes to obtain capital funding, there has been flexibility. D.H.S.S., through its (then) advisory team, allowed local client-briefing to result in the production of quite different secure environments, to a real extent thus mirroring the overall philosophy of the providing Department.
(vii) It is not true that custodial disposals have decreased as a result of the Secure Accommodation Regulations (1983) - for example Campling (1985) concluded that 'in the period from July 1983 to June 1984 custodial receptions of young female offenders into penal establishments rose compared with the preceding year:

- 15 and 16 year olds: 45 to 95
- 17 to 20 year olds: 670 to 765

(viii) The proportion of male young persons (48% - p.148, Table 3) who are on some form of remand and thus awaiting a further court appearance needs further comment. Whilst 60% of the sample under review (54 males) went to treatment-oriented placements.

a. Two went to Youth Treatment Centres, where at least initially - they would be in a Secure environment.

b. Of those who received a penal disposal (p.148, Table 1), some who received a Detention Centre sentence (the actual figure is not available from Local Authority records) were in fact discharged direct from the Court of sentence... after written representation by the social worker as to the period of time actually spent in the local authority Secure Units. This means that some of the young males who went home did so direct from court because in effect the number of days spent in custody was at least equivalent to their custodial sentence award;

A difficulty does arise for the field social worker when seeking a non-custodial disposal for someone in secure accommodation. It is not, as might
have been supposed, that the court has a pre-disposition towards custody when learning that the young person has been in security. Rather is it bound up with the difficulty of assessing the motivation towards a non-custodial option (eg intermediate treatment) whilst incarcerated.

(ix) A higher level of in-house training for staff working in Local Authority Secure Accommodation would be positive. Sponsored qualification courses clearly have a major part to play in professional development; but there would seem to be a need for more down-to-earth guidance. In

a. aspects of physical contact and controls;
b. in knowledge of aspects of law, and social security benefits;
c. job opportunities, and contact persons;
d. stressing the importance of working alongside young people;
e. in the use of time - to trace family and friends, explain problems, discuss one's own (and their) experiences.

(x) In the context of explanation to young people in the I.C.U. it has proved worthwhile to indicate to the youngster just where he/she is within the intricate contexts of social and family, local authority and the law (Court), and to elucidate the possible future routes and relationships the future may hold.

(xi) Finally, there is a paradox clearly indicated within the study. It is that the Regulations brought into effect as a result of the Criminal Justice Act, 1982, have both given the young people held in secure accommodation clearer and simpler legal rights (to be represented, for parents to be present, to hear - and object to - the reasons advanced for their being held in security) and
have also imposed a watchdog in the form of referral to the Social Services Committee or a sub-Committee.

The welfare model has thus benefitted from including elements of the justice model, leading to work within tighter time constraints. And the study indicates that within such constraints it is possible to intensify care to the benefit of the young person.
The passing of the Criminal Justice Act 1982 secured, inter alia the commission of Regulations that would have the effect of providing conditions to be satisfied before any young person could be placed in Local Authority Secure Accommodation. (It also, incredibly, determined that by virtue of the wording of the regulations it would be easier to place a young person on remand in prison – for the criteria to achieve that were less stringent!)

What did, quite quickly, become apparent, was that any template, any checklist, any procedure, was as good only as its weakest link.

From Maria Colwell (East Sussex 1972) via Lester Chapman (Berkshire and Hampshire, 1979) to Jasmine Beckford (Brent, 1985) the public concern about non-accidental injuries to young children resulting in death has continued, nay increased. The 'answers' suggested by a great many enquiries both public and internal, have followed fairly stereotyped lines: there is a need, it has been posited, to

- increase training, and make it more relevant
- increase emergency cover for other than office hours
- increase inter-disciplinary co-operation

look at 4 matters seen as of great importance, which are

(i) the exchange of (known) information
(ii) full exchange as to significance of such information
(iii) allocation of responsibility to named 'key worker'
(iv) accurate recording and distribution of notes.
As a result non-accidental injury registers have been kept and a procedure for review(s) and inter-disciplin­ary co-operation has been set up and honed over the years.

The problem of how best to intervene in n.a.i. ('battered baby') cases has not been solved: the incidence of tragedies seems not to have declined: every involved profession has taken shared blame, apportioned in different ratio in desperate cases.

There is a relevance when looking at the problem of locking up young people - for the procedures and regulations are not a defence for those young people. Rather (do) they (perhaps) set out guidelines that may be by-passed by wording applications in such an imprecise yet innuendo-laden application form? that the local authority uses the secure accommodation as an added control... a sort of unwritten addition to the community home regulations!

Guide lines, and indeed all laws and regulations that are intended as aides to freedom, demand eternal vigilance. Each delegation of power allows impreciseness: impreciseness fudges clarity of thought and purpose, and in turn allows actions other than those intended either by Parliament or the administering Social Service Committee. The short step backwards to denying the rights of the child is easily taken: 'do not tell me that he/she may not be placed in secure accommodation: make an application phrased in such a way that the court will accede to our request.'

If, in my view, there is a lack of individual control and involvement (by a named person) there will surely follow management use of its secure accommodation as a tool of control/expediency.
The challenge is an exciting one. It is one which can, in the writer's view, best be met by individual programmes which can be grouped rather than the more common approach of writing a programme from which certain children may digress almost at their peril. It is true that the children in secure accommodation will present problems because of the wide range of age, aptitude, attainment, attention as well as being both sexes, but the scheme of presenting after discussion, a reasonably settled, yet relevant training programme to and for each child, was one which I adopted with a measure of success in the maximum security borstal at Wellingborough, and which has been adopted for fairly widespread use within the Prison Service educational system.

It would seem to me that such individual assessment of need and attempt to meet such need, can also enable the educational movement of the child to be closely linked with his or her progress in social and maturity development, and can if properly and perceptively handled, be a major antidote to the boredom which seems at least in part, inseparable from comparatively small 'class' accommodation.

There has also to be faced, the problem of wider aspects of social education, and perhaps one immediately has to consider sex education... there are major inherent problems to be considered when one is dealing with the maturation of adolescents who are not developing within the normal community.
It seems to me that the educational problems posed within a long-stay secure unit are, to some extent compounded by teachers' feelings about classes, and by the problem that education in a closed community is a total paradox in that it ceases to be education for or in life.

The problem then becomes one of organisation and understanding; it becomes a struggle to allow the physical and developmental growth to continue without the normal breadth of contact possible in our society to all developing children. It is for this reason that the educational co-ordinator must endeavour to provide the children with basic skills which will be the foundations for their future growth.

At the same time, exposure to a larger number of people will be a valuable social exercise as well as provide differential educational input, the prescription being that it will be on the side of continuum of care that ongoing relationships and modelling will develop;

It would seem, therefore, that as well as 'special teachers' there should be some latitude to allow for visiting peripatetic teachers, both for particular subjects and possibly within the total Scheme to engender interest in some subjects within club activities or small clubwork during out of school hours;

It is clear that outlets such as craft, music and art will have a more than usually important part to play for it would seem that at least in some major aspects of life, this will present the children with their only chance, perhaps along with poetry, of free yet controlled expression during the maturing of their own personalities.
CONCLUSION

In principle there is an alternative to locking up children and young people in order to get close to them. But it is only possible if there can be total control (ie prevention from escape). The 'TREK' system or an intermediate treatment or outward bound procedure, or on a boat would seem to be such alternatives. It is more difficult to reproduce the sort of intensive care facilities (save perhaps for the boat), in a small industrial society such as the United Kingdom. It is patently simpler and easier to get into an area where there may be a cordon sanitaire around whatever activity is taking place in a large land area such as the United States or parts of South America.

It has been suggested that such an alternative could be provided in one of the islands off the north west coast of Scotland and this is certainly a possibility although clearly there are negative connotations in having young people for any reason connected with delinquency on an island because of the connotations of Alcatraz and/or Devil's Island.

The conclusions are therefore that

i) Intensive care works;

ii) it is difficult for staff but not impossible as is the case where staff cover is intended to stop young people absconding..... particularly there are serious legal implications if any of the control is done by physical force or endeavour;

iii) so frequently because of the varied mix of young people going to local authority secure accommodations
on remand, awaiting sentence for short periods of treatment, for therapeutic reasons, etc. It is difficult in small units to have separate treatment programmes; therefore, iv) there are alternatives but the clear message is that the intensive care idea does enable young people to be kept in a single place, to come to terms with their problems, and to face some of the realities which they need to face in order to give them life skills in a situation which is not threatening and which shortens very considerably the timescale needed.
Postscript

In a piece of work such as this there has to be a (date) cut-off point.

However Blumental, G.J., Senior Architect with Durham CC. (Gower of Aldershot 1985) "Development of Secure Units in Child Care" deserves mention.

I therefore felt it right to comment briefly in view of my correspondence with the author, and my provision for him of information and 'corrected' descriptions of many of the small local authority secure placements to which he refers.

In a small (and expensive) volume Blumental has done a tremendous task in surveying, and producing plans, of a great many units.

His criticism is serious, and I believe relevant: it is that D.H.S.S. in funding secure units and in advising on standards (D.H.S.S., 1972. Op.cit) has been parsi-monious: has not accepted advice from other concerned agencies, for instance of educational space requirements (which, at the least, ought to parallel the per capita space recommended by the Department of Education and Science as 'special school requirements'); and has pressed upon its own Architects and upon Local Authorities a money-saving requirement that small units be produced on existing (usually O & A) campuses in order that revenue costs be reduced because logistic facilities may be shared.

He identified 3 major areas as critical -

(i) that, as the majority of publications regarding small secure units have been produced or commissioned by D.H.S.S." .... made it possible for D.H.S.S.
to emphasise the faults of others involved with the units by describing them at length while omitting to mention faults which can be ascribed to D.H.S.S." (my underlining);

(ii) he feels that (like me) he offers a "defence of the staff against some recent criticism...."; and

(iii) he suggests that D.H.S.S. used administrative convenience rather than professional skills and knowledge, to decide on size and site. Thus staff had to make up for physical deficiencies, as well as having to withstand additional pressures caused (at least in part) by the claustrophobia engendered by living in such limited space.
CHAPTER VI
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APPENDIX A

DIAGRAMS
Certificates of Unruly Character

AIDE MEMOIRE

i) The GROUNDS for granting a 'Certificate of Unruly Character' (an UNRULY CERTIFICATE) are

a) charged with an offence punishable in the case of an adult with 14 years' imprisonment or more; ***

b) charged with offence of violence, or previously found guilty of an offence of violence (not sufficient merely to have previously been charged);

c) persistently absconded from community home (not home or foster home), or seriously disrupted the running of community home - (not sufficient to claim child will run, or may disrupt).

ii) the court will be more relaxed when hearing an application for the first time: the grant of the Unruly Certificate implies that a further and more detailed search for an alternative provided by the Authority will occur before a second appearance in Court;

iii) in accord with S.23 of the C.Y.P.A. 1969 girls under 17 years of age may not now be the subject of Unruly Certificates in any circumstances; boys may be at present committed on Unruly Certificates once they have achieved their 14th Birthday - present indications are that the age will be raised to 15 from 31 March 1981;

iv) applications for Unruly Certificates may be sought by Police, Probation, or Social Services - the R/O Circular 91/1977 intimated that co-operation was necessary in eliciting whether or not non-penal accommodation was available (and in Wessex the co-ordination is via the Professional Adviser to the C.R.P.C. at 0962.4411 Ext: 7342) - it also listed the requisites in the Report to Court, i.e.

(a) Name, address, and d.o.b. of child;

(b) certificates (S.23 of 1969 CYP Act) that the child cannot safely be committed to care of L.A.,

(c) the grounds for application - see paragraph (i);

(d) a statement that either

i) there is no suitable (NOT SECURE) accommodation available within, or to, Authority and Region;

ii) that in the case of an absconder there is no-where that may reasonably hinder his/her absconding;

(e) a statement of what efforts have been made;

(f) an indication that the signatory has checked and is satisfied with the factual matter of the Report.

NOTES

A) *** an offence punishable by 14 years or more in the case of an adult is not a clear category - generally it may be said to include young persons charged with

1. Murder, or attempted murder;
2. Manslaughter (though the charge may diminish);
3. Arson - particularly if life is intentionally endangered;
4. Burglary - the 'new' definition no longer defines when the offence occurs, but there must either be theft or intent to steal;
5. Rape - and intended rape;
6. Carelessly and deliberately endangering life (e.g. stones thrown at train).

b) persistent absconding has not been defined - 4 or 5 absconds with but brief periods in the home, rather than over a 2 year time scale, would appear to be "persistent" to the courts;

c) girls - over age 16 (i.e. from 17th birthday);
boys - over age 13 (i.e. from 14th birthday) - this is likely to move upwards by 1 year early in 1981

S.F. Johnson
Professional Adviser to
Wessex C.R.P.C.
October 1980
ADJOURNMENTS OR REMANDS BEFORE FINDING OF GUILT

Should adjournment be granted?  

--- NO --- Case must proceed

YES

Is simple adjournment sufficient?  

--- YES --- Agree date and adjourn

--- NO ---

Should bail be granted?  

--- NO ---

(Grounds to be announced)

Can the juvenile safely be remanded to the care of the local authority?  

--- YES --- Agree date and remand in care (up to 8 clear days)

--- NO ---

Do (i), (ii) and (iii) all apply?

(i) Is the juvenile a boy aged 15+?

YES

(ii) EITHER (a) is the offence punishable in the case of an adult with 14+ years imprisonment?

--- OR (b) is the charge an offence of violence?

--- OR (c) does he have a record of violence?

--- YES ---

(iii) EITHER (a) is this the first remand and has there been insufficient time to prepare a written report?

--- OR (b) does a written report confirm no suitable community home place is available without substantial risk to himself or others?

--- YES --- Remand in prison or, if available, remand centre

--- NO ---

Do (i), (ii) and (iii) all apply?

(i) Is the juvenile a boy aged 15+?

--- YES ---

(ii) Has he persistently absconded from or seriously disrupted a community home?

--- YES ---

(iii) Does a written report confirm no suitable accommodation can be found without risk of further absconding or serious disruption?

--- YES --- Agree date and remand in care (up to 8 clear days)

--- NO ---
<table>
<thead>
<tr>
<th>CHILDREN PLACED IN SECURITY ACCOMMODATION</th>
<th>CHILDREN IMMINENT TO CASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A history of abusing and likely to</td>
<td>a. Is charged with or</td>
</tr>
<tr>
<td>be abused from any other description of</td>
<td>convicted of an offence</td>
</tr>
<tr>
<td>accommodation.</td>
<td>other than that provided</td>
</tr>
<tr>
<td>b. That is kept to any other description</td>
<td>for the purpose of</td>
</tr>
<tr>
<td>of accommodation he is likely to injure</td>
<td>restricting liberty is</td>
</tr>
<tr>
<td>himself or other persons.</td>
<td>inappropriate because</td>
</tr>
<tr>
<td></td>
<td>the child is likely to</td>
</tr>
<tr>
<td></td>
<td>injure himself or others.</td>
</tr>
<tr>
<td></td>
<td>In either case it appears</td>
</tr>
<tr>
<td></td>
<td>that accommodation</td>
</tr>
<tr>
<td></td>
<td>other than that provided</td>
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<td>for the purpose of</td>
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<td>restricting liberty is</td>
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<td>inappropriate because</td>
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<tr>
<td></td>
<td>the child is likely to</td>
</tr>
<tr>
<td></td>
<td>injure himself or others.</td>
</tr>
</tbody>
</table>

Social Worker: Social Worker feels Secure Accommodation is appropriate for young person. Are either of criteria applicable?

- If young person aged 10 years or over?

- If young person in an establishment that has Secure Accommodation for up to 72 hours?

- If young person not already in Secure accommodation care authority must select preferred placement. Can a placement be negotiated?

- If young person placed in Secure accommodation?

In consultation with representatives of the managing authority the care authority decides:

a. That the care authority will take the Court action, or delegate the responsibility to the managing authority.

b. What action will be required and how will it be proceeded. The proposed course for Court, with a possible time scale of when it is considered that the young person meets the criteria for placement.

c. What Court(s) to make the application? Choice of all Courts in area of care authority (11) any other Court.

d. Who arranges with young person for his legal representation.

e. Who appoints young person for Court.

- The notice period/guidance of placement and time and place of court hearing (principally at first followed by written confirmation).

- The role of an independent visitor if required and not already appointed (2.11 Child Care Act 1990).

- The role of an Independent visitor of details of hearing

J. The role of a transport officer in security accommodation for up to 72 hours.

- The care authority may keep young person in accommodation restricting liberty for a period authorized by the Court, provided the criteria still apply.

- The local authority retain discretion to remove the young person from security accommodation at any time, without notice to Court, and such action to be notified to the Court within 24 hours.
**Research indicates that, no matter what appears to be the overt reason - going 'into care' is an almost perfect index of the level of disruption of family: boys become (however short the care period) poor in relationships & in literacy/**

**** Scottish Panel system often seen as real discussion/involvement with parents before action is taken

---

**Borbal - commute to Prison + Attendance Centres**

*** As in non-accidental injury where consensus now agrees to fairly immediate initial intervention
An approach to Community-based Intermediate Treatment (I.T.)

- with a "tariff" base


- Intensive I.T.
  (may include residential)
  Norfolk "TRAIL" system

- Community Work 'projects'
  Training workshops
  + Residential workends where necessary/applicable

- Attendance regularly at agreed group:
  generally diversionary/groupwork.
  \[\rightarrow\] "Supervised Activity Order" *

* with contractual, yet directive,
  element such as is envisaged in
Schematic representation of criminal justice system of England and Wales
Children of present relationship of only one earlier siblings

- Children's Home
- Only black child in

Field-work support

Residential Child Care

Field-work support

25 May 1961
Born-Maternity reported as quiet child; no abnormalities in development
- Mothers several before
- child entered into stable relationship
care known to have
- stability before entering
- time

Feb. 1962
- Birth in Local Hospital
- Mother reported as "shy but happy baby"

Feb. 1964
- Care Order under 1955 C.P. Act at this time
- Only spasmic visiting
- by Mother from this time on.

Sep. 1965
- Grandmother in family had retained close contact & visited regularly returned to Jamaica

Jan. 1964
- to Family Group Home
- Short-term relationships
- no friendships, but fused & manipulated other children.

Dec. 1967
- Not mixing, mysterious outburst.

3 brothers born 1950
3 sisters born 1960
2 brothers born 1957
2 sisters born 1966
3 brothers born 1968
Younger and older brothers in other Children's Homes
Began school at age 4; no difficulties.

... for next 3 years at school.

At school, remedial work was given on and off. Some progress was made.

Remedial Work

In the next 12 years, parent-contacts are needed to see that the boy works with different subjects (see Table 1) and is followed by 2 other persons.

School Attendance

Group Home

Dr. John Smith

June 1969

Date: 1969

May 1969

June 1968
Retained this Social Worker - who also took over cases of 2 siblings later. For duration of this exercise,

interests continued to increase. Weight and state improved.

Interested.
due to increase of weight and state, gradually increased. Later...

retained little information at a centre and on transfer to O. Younger sitting when I arrived. Would be referred to another.

Female member of staff was also involved.

interviews increased.

decrease in visits due to illness for school placement when available.

Recommended for special school placement when available.

Further tests and interviews at hospital school. Not a mental handicap.

Tests results at hospital school agreed with doctor's already reported.

Recommended as to whether to apply for (A) or (B) for Special School Placement.

6 weeks observation. 6 weeks observation.

Academic, personal, and social. 6 weeks observation.

Academic, personal, and social. 6 weeks observation.

Custody issues, and finances.

Custody issues, and finances.

Age: 17 yrs. 4 mths.

Age: 17 yrs. 4 mths.
No entries on social work file
Period until over subsequent no adverse report

Heard completely

- Performance 1.9 90
- I.Q. Score 1.9 90

- Psychologist

- One dy diunect

- Given - tests carried
treated to hospital

Oct 1970

1970

1969

July 1968

- Attention
- Tantrums and
- tempers
- Need complete
domestic

Art and Homemsta

- "Cookie" Works well

- Formal school
- "One more"

- Settled into

--
<table>
<thead>
<tr>
<th>Date</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 17</td>
<td>Consultation: Hospital – 9 months letter. Text consulted by P.D. and consultant physician.</td>
</tr>
<tr>
<td>Sept 17</td>
<td>Initial telephone.</td>
</tr>
<tr>
<td>Sept 72</td>
<td>Centre assessment was completed.</td>
</tr>
</tbody>
</table>

**Assessment Phase**
- Aged 70
- Home Raj
- New Manager
- New Social Worker
- Mother
- New social worker
- Transferred to New

**Reporting**
- New in the evening
- First call to new
- School became available
- After going to new

**Related Comments**
- Comments on Education
- Comments on Social Work
- Comments on Family
- Comments on School
- Comments on Therapeutic
- Comments on Treatment
- Comments on Issues
Comments

School Work

Relationships

Family

Schooling

Activities

Behavioral/Comments

Dates

Place/Event

Emotion... room

secure room

with one

fearful, disoriented, group, a few, group


Attitude...

••

assessment with one

group, a group, group, group


Emotion...

••

secure room

with one

fearful, disoriented, group, a few, group


Attitude...

••

secure room

with one

fearful, disoriented, group, a few, group


Emotion...

••

secure room

with one

fearful, disoriented, group, a few, group

A message was sent to Mr. Smith, the head of the center, to ensure that he would be aware of the situation. He was instructed to send a representative to the annex to confirm the information.

The message was then sent to Mr. Smith, the head of the center, to ensure that he would be aware of the situation. He was instructed to send a representative to the annex to confirm the information.

The message was then sent to Mr. Smith, the head of the center, to ensure that he would be aware of the situation. He was instructed to send a representative to the annex to confirm the information.
POLLUX IN PAPYRUS

HEREFULS OF PERIODS OF RESTRICTION, AND SO ON
PLACEMENT BY SOCIAL WORKER / OR (E) PROGRAM PLACEMENT
DESCRIPTION OF THIS PERIOD, OR NOTATION OF ANY AND UNCLE

[Handwritten text in Latin, some of which is cut off or unclear.]

Regent Visit

[Handwritten notes and entries, possibly regarding placements and visits, but the handwriting is not clear.]
APPENDIX B

Transcripts of 13 interviews

(tapes retained)
Interview Data - INDEX

Names of persons interviewed during the Study are not to be disclosed in text, and are identified only by designated initial letter (e.g. A) - or by title in the case of Staff.

All notes were read by, or read to, the person interviewed: and AGREED.

i. Interviews with A - who objected to any taping;

ii. detailed comment by J., who was Deputy Principal at Fairfield Lodge I.C.U., Southampton, at time of commencement of current study; TAPE NO. 1

iii. interviews with, and comments from Mother, Father and Sister of A: all objected to being directly recorded on tape, but agreed to use the tape recorder as an 'aide memoire'. TAPE NO 2

iv. detailed interview with C: in H.M. Borstal, PORTLAND (agreed prior to interview with Home Office, and with Governor and further agreed by Assistant Governor who 're-heard' tape after session ended); TAPE NO.3

v. detailed comment (under general agreed headings) by F., who was Principal at Glen House I.C.U. Sarisbury Green (nr Portsmouth) almost throughout the time covered by the study. TAPE NO 4

vi. a further major interview with subject A, who by this time was in 'open' unit within overall Glen House campus - on tape this time; TAPE NO. 5
vii. comments recorded immediately after (separate) interviews/conversations with C's Mother and Father; both refused any face-to-face conversation, and in any event Father and Step-mother live abroad; TAPE NO. 6

viii. comments by A's Social Worker (after seeing 'headings' but not substance of A's comments); TAPE NO. 7

ix. notes after comments received from C's Mother and Father (with 'new' Step-mother) - by author; TAPE NO. 7

x. Taped Unit Discussion - Staff and lads (7) in I.C.U. had lunch together in I.C.U. on 31 March 1983: author introduced elements remarked upon by subjects, and the resulting discussion was taped; TAPE NO. 8

xi. Author's notes after 9 x 1 hour interviews with D (female) and used to introduce Evidence presented in 1983 to Parliamentary sub-Committee (reproduced).

xii Social Worker - on 'C'.

xiii Director - YTC
Interview No. (i)
Interview with A

S.F.J.

"We've talked about the reasons for this chat, and my promises of confidentiality etc. - and you've seen the sub-headings (and have the card in front of you) .... so now tell me about a day".

A

It's a long day - boring in some ways, but quite interesting in others: long but bed-time's too early - and except for education it's the same every day in the week: We get up at 7, or it might be 7.30 - we're in our cells and there isn't much air so we're glad to get out of them: we put our clothes into our lockers before we go to bed so the first job is about getting washed and getting our clothes and tidying our cells (they keep referring to bedrooms but we all call 'em what they are - cells).... in Glen House (Medina Unit - I.C.U.) the cells are all upstairs and everything else is downstairs so there's some problem when we go up and down stairs.

No-one's very wide awake, so we all go - grumbling a bit but usually pretty quietly, orderly, downstairs... then we start jobs. That depends on how many are in the Unit, but most times there are 3 jobs to do and in the main part of the day they are probably given to lads over 16 who don't go to classes. Anyway, someone sets the tables and someone helps with the trolley: breakfast (all the meals are really quite good and there aren't many complaints) is a cereal, a cooked course, and bread or toast. It comes in on the trolley like I said from the main kitchen and we've got a little kitchen where things can be kept warm or drinks made. etc.
After breakfast we tidy up everything - talk with staff, and someone washes up in our kitchen. The utensils are checked and go away here, and so do the plates - and trolley and big dishes go off to the kitchen.

Then it's a joke(i), we do our hands and teeth like little kids and it's after 9 to lessons. I do lessons (and only get 3 fags a day instead of 7 because I'm not 16 and so haven't left school') while the over-16's go in to the little quiet room and play draughts or listen to radio or tapes. A teacher comes over and we do maths and English and anything else he fancies or we've asked for - it's boring in a way but I suppose it depends on us and I quite like it.

We have a sort of break in the middle of the morning (and we don't have lessons on Saturday or Sunday or during the holidays), and then the lessons go on till about 12 o'clock when we get ready for dinner like we do for breakfast... setting the tables, bringing in the trolley after the staff have brought it in through the secure door, serving, and then have our dinner.

About half past one when all is cleared away and the washing up done we go to our cells for an hour: the staff talk about us, write up their notes, and the two shifts changeover - and then after 2.30 we are changed for P.E. sorts of things (except Fridays) - games, gym, 5-a-side area, etc. The afternoon's OK if you like games and that sort of thing, but with it being such a small group and young people needing exercise you can't really miss out of it. It's soon tea-time, clearing and cleaning up, and from 6-8 pm - longer on Saturdays and Sundays - it's TV or games or activities. Not much fun or variety but some of the things (like making jig saws puzzles) are really great.

(i) my footnote - "After Grace, Teeth" Op.cit
Showers, teeth (again), clothes into lockers, all by 9 pm and then you can read or write in your cell until 'lights out' at 10 pm. You can ask for your light to be put out earlier, but bed-time is definitely too early .... its for the staff's benefit and no matter what we're told about DISCUSSION that's one thing we can't change and they won't discuss with us.

Even tho' with someone awake on duty it wouldn't affect anyone else in any way if you wanted to read a bit longer.

New lads are a bit daft, ringing the bell to ask for things or toilet after 10 pm if you just want to lie and think.

It's boring in a way because it is quiet, and - although I've really been here a long time (S.F.J. over 6 months in 3 placements) I haven't seen any violence or real anger, although there have been some disagreements between lads.

My dad's been once, my Mum not at all - she doesn't live with him! my Social Worker has to come because of the rules here: I didn't like him at all, but now I know him a bit he's a good bloke and tries to do what he can for me.... and we can both say 'no' to each other which make us able to talk properly.
The subject of secure provision is undoubtedly a very emotive issue to talk about locking children and young people up produces within individuals a variety of different responses. For the uninformed and perhaps for the misinformed it conjures up very often the idea of shutting away a young person until they serve whatever period of time has been allocated. My own personal view and attitude is that secure provision has and can afford a lot of positive help for certain types of young people. Very often it is necessary for the protection of society, but more importantly still, for the protection of the young person themselves. How else for instance can we possibly get to know and understand the deep rooted needs of a young person who flatly refuses to settle anywhere long enough for people to establish meaningful relationships with him or with her. Is it right for instance to allow the young person with very strong criminal tendencies to be allowed to run willy-nilly within society without any check being made upon him or her or without there being some concerted effort to understand the deep seated needs of that young person. The young man that constantly takes cars and drives them away with very little thought to his own personal safety and certainly about the safety of others; does he not require some setting where the opportunity will be afforded caring people to perhaps begin to understand the hidden reasons for his behaviour. The young girl that sets out upon a series of muggings of old ladies does she not require some sort of setting where old ladies are protected from her and where the opportunity is afforded for people to begin to perhaps understand the deep lying reasons for her unacceptable behaviour.
It is my strong belief that this type of young person requires a form of secure provision that will afford professional people, experienced people the opportunity to get close enough to them to begin to unravel some of these deep seated needs and hopefully to be able to prescribe some sort of remedy. My own personal view is that secure provision is a necessity for certain types of young people. When we talk about secure provision we think perhaps of the two main areas in which secure provision is divided into. There are short term units which exist purely for the purpose of containment, where the young person is placed perhaps on bail from the Court awaiting his trial until some sort of decision is reached. Young people who perhaps need to be removed from a situation and placed in short term secure accommodation for a cooling off period. There is the other type of secure provision that is for long term and is therefore therapeutic in its approach. I feel that my own personal experience in the secure setting is somewhat limited but during my few years at the assessment centre at Southampton I was directly involved, latterly as Deputy Officer in Charge, with the semi-secure provision and in the setting up of the Secure Unit that is now a feature of the Assessment Centre. During the three years that I was involved in the Unit as a semi-Secure Unit we accommodated several young girls, many of whom could not be contained within a normal Community Home setting, mainly because of their persistent absconding and the unsuccessful attempts of staff to establish a kind of relationship with them wherein, they could really begin to expose some of the deep-seated needs of the young person and begin to work them through. In the isolation of secure provision one has the opportunity of working with young people on a one-to-one basis and of establishing meaningful relationships with them. The inter-
esting thing is that the young person themself very often, feeling perhaps for the very first time in their lives, a sense of security that up until now they had not experienced, begin to talk about themselves in depth in a way that they have not shared their personal experiences, their personal problems before. Certainly this has been true of my own experience of working with such young people in a secure setting. Many of the girls, if not most of them, that passed through the unit in the time I was there, have moved on and have made a reasonable, and are making a reasonable, success of their life in the community. Of course it is absolutely essential within secure provision to have staff of very wide experience in dealing with young people on a one-to-one basis and equally staff who are very well trained professionally. It is obvious that to work in such a setting is tremendously intense and I feel most strongly that staff that are appointed to work in secure provision need to be chosen and selected very carefully. They need to be people that have a very clear understanding of what their task is and also need to be people who have the ability to relate, at all levels, extremely well to the staff they are working with. Young people in any type of community home setting are extremely perceptive and very clever at exposing any individual weakness of staff, and certainly are able to reveal any problems that may exist in terms of personality clashes among staff. With reference to the headings of the questionnaire for young people in the secure setting the one area that I think to be of vital importance which doesn't seem to be covered is social contact or social intercourse. I appreciate that this poses tremendous problems and difficulties as to how this can be best realised but it does seem to me that when a young person is confined in a secure setting for a
considerable period of time, it is not only desirable but absolutely essential, that there is some form of social intercourse other than with staff and peer group and with visiting friends and social workers. If at all possible I think there ought to be some deliberate policy of re-intergrating them gradually back into the community and this perhaps can be best realised through trips out with a ratio of two staff to one young person. Perhaps where the Secure Unit is part of a bigger establishment there could be some thought given to gradual re-intergration back into the larger group and where possible perhaps there could even be the introduction of social activities within the secure setting to which other young people from outside could be invited. I appreciate that this idea or suggestion is very idealistic and in terms of its realisation poses tremendous practical problems, but I feel it to be of vital importance as an area to which sensitive and sensible consideration needs to be given.

Spring 1983
Interview No. (iii)

Interviews with and comments from Mother, Father and Sister of A

We now move to the parents of Subject A.

Father was absent from the family home and in fact as will be seen by a short interview at the end of this statement we had not known his whereabouts for some seven years. During the time the subject under discussion was in Her Majesty's Borstal establishment we were able to contact Father because of a follow-up from the boy's time in the Intensive Care Unit, and now to Mother. Mother was known to the Department, to the Health Authority (Mental Health) and to the Police. (largely because of the massive anti-social behaviour exhibited by her son over several years) - she did not visit her son in his CH(E)s, two of them; during his time in the Intensive Care Unit, during his brief time in the Remand Centre, and during his 8+ months in Her Majesty's Borsal. When I asked her both in writing and on the telephone she appeared unwilling or unable to see me but in fact towards the end of the subject's time in the Intensive Care Unit - he spent a goodly time there, something over 16 weeks, because of the fact that he was remanded several times before the direct referral with a recommendation to Borstal Training caused him to be transferred to the Remand Centre - she did agree to see me. She stressed it would have to be once only and she stressed that although I could make such notes as I wished after our interview I must neither make notes during it nor take a taperecorder because 'I have had the police here I don't know how many times, each time they have written things down...
or put them on tape and then told me that I have said things about my lad that I never said at all and never meant." The most interesting facet of our discussion was that apart from the numerous digressions she led me into to discuss her health and her drinking problems and the possible relationship with a man in the neighbourhood and the relationships she had had with men who had come to live with her and her tirade against her former husband whose whereabouts she professed not to know, she did say that at no time during the three and a half years her son had been away, obviously visiting her for holidays and occasional weekends but generally getting into trouble in the area during his visit, at no time during this fairly lengthy period did she ever feel in any sense that anyone was doing anything for her son or that she was getting closer to him until he reached the Intensive Care Unit. It will be recalled that it was in the Intensive Unit that along with the representative from the Department of Health and Social Security the writer had lunch with subject and it was at that time some 11 or 12 weeks after his placement in the Intensive Care Unit, after he had been the subject of a good deal of counselling that he'd come to see the problems and the sadness in his mother's life. He then began to write to her and accepted the fact that she might not reply regularly or might reply only very occasionally, perhaps only in terms of returning a letter rather than replying to a letter. When I tackled his mother with this she said that was true, that she had really been at her wits end for all sorts of reasons and again we went down the trail of the problems and the difficulties that had beset her throughout her adult life but the gist of what she said was I think understandably that during the period in the Intensive Care Unit her son had come to understand
that her problems did not allow for any real solution, that she was unable to provide for him and that he could not simply come home to spend her money, use her home as lodgings, criticise her boyfriends, yet live the sort of life he had been living. She felt, understandably perhaps that he needed a father's hand that a woman's touch was not sufficient to control him. Interestingly she suggested that her only control over him was by blackmail, either threatening him or withdrawing love, which she regarded as a very unfair means of control but said she had no other because he was too big for her to hit so she felt that at the time he was in the Intensive Care Unit the letters had changed in format. What seemed interesting to her was that he mentioned members of staff and he mentioned other lads who were in the Intensive Care Unit with him as having problems similar to his and having family problems similar to those he saw as his own family having. Many of them like himself weren't from two parent families, she felt that this was the beginning of a serious attempt on both their parts at looking to see what the future held. It would be wrong for me to suggest that here was an example of the Intensive Care Unit working in a very intensive way to explain the difficulties, what I took to be her message was that when her son

Mother broke down, and refused to continue  Spring 1983
Interview - No. (iv)

detailed interview with C in H.M. Borstal, PORTLAND

(first words on tape erased....) then
been there three times, I thought it was alright, took
us in, searched us and had a shower.....................
made you feel at home, asked if you wanted anything to
eat and that sort of stuff.

(Was it rotten being searched?)
Not really no
(How did it compare with being searched in a police
station?)
In a police station they rough you up a little bit, but
I thought it was alright because when you are being
searched they asked you what you have got on you and
take it off you, and you go upstairs for a shower, take
your clothes off and that, take your clothes away to be
washed in the laundry so if you had anything in your
clothes you wouldn't get it anyway, plus when you go
in the showers they can see if you have anything on you
or had anything. I thought it was alright. As soon as
you went downstairs they said to me, are you alright,
do you want something to eat.... A cup of tea, I said
alright.
(So you felt.....
Yes I thought it was alright, they try to settle you
in as soon as possible, I thought it was alright
(And then what happens in an average sort of day?)
You get up, go downstairs and have breakfast and that
lot.....
(What about things like, doing your bedroom, where were
your clothes kept)
Well your clothes, you have one set, it all depends...
when I was there had their own clothes, you had a locker
by the shower and all your clothes are in there.
(So your clothes weren't in your room?)
No, all you had in your room, was a bed and a mattress, a square pouffe and that was it.

(What did you call your room?)
It was a cell, called it a cell.
(What did the staff call it?)
A cell. An average day, you get up have breakfast, tidy up, wash up and that lot, sit about for about ten minutes or so, and then a bloke used to come in to teach us maths and English and do art with him.
(That was everybody?)
Well only people who were still at school
(I see)
Because the people who had left school did housecleaning, given a set job and soon as you had finished, that was it.
Time you had finished the housecleaning you had a cup of tea, breaktime - and a fag, anything like that, one thing that did me up there was the dinner time, one o'clock to two
(What did you do after you had had your dinner?)
Sit in your cell, staff changed over duty, really boring...
wound me up
(........ you were just locked up with nothing?)
Well you get books and that, there is a room there, a........ room where there is all books and comics there, but well you know it is a bit boring because you get in the swing of the day, you just start getting the swing
(but what was, go on)
You just start to get the swing of the day and all of a sudden you just stop,..... in your room you get really bored.
(Well that must have happened to you during Borstal, your lock up?)
Yes, but there you get more freedom, so you kind of (miss what's taken away from you)
Yes you miss it but here you as you don't get hardly any, your kind of locked up a lot, you don't really miss it.
(So go on with the day, you have this hour locked up while the staff changeover)
Then you come back down and then you play games and that lot, you know watch telly or play tabletennis.
(Is that when you go.... during the afternoon sometimes to the gym or the five-a-side)
Oh yes, we have gym everyday, Mondays, Wednesdays and Fridays we.... the circuit, Tuesdays gymnastics and Thursdays either football or basketball something like that and... that's in the afternoon come down, go to the gym then play tabletennis or whatever else then have tea, then wash up and that whatever your duty was, because you had a rota, your job and that, and then watch telly and then have supper and then go up (.......go on)
Nine o'clock, well supper was at eight o'clock, you go up at nine and that was it, the day, lights go off at ten
(So you went up to your room at nine?)
Yes
(Ready for bed?)
Yes
(......what happened then?)
Have a wash and that, go to toilet, whatever you wanted.
(And then were you locked in?)
And then you were locked in your room with the light on for an hour
(And then what did you do...?)
Well read books, whatever, and then at ten o'clock, they start banging again, unlock you again, to go to the toilet and then back and your light off
(And that was it)
That was the day, yes
(Can you remember ...... ...... what time you got
up in the morning)
I can't remember now
(........)
I reckon yes
(What was the difference on Saturday and Sunday?)
Bigger tea
(But it was much the same)
It was really the same, except for the classes
(Though the same sort of day so there wasn't......)
Except for the gym, sometimes went in the gym, it all
depends, if other units were using it or not, once or
twice went in to play badminton or whatever....
(And you said that the thing that really was the biggest
landmark in the day was the absolute boredom in the hour)
Yes in the middle of the day
(So what things stand out in your mind, were there any
about the day, except that were there any specially
important things or unimportant things?)
Um

(Or was it sort of a reasonable life as much as any lock
up could be)
Yes I reckon so, yes
(..... you said the food was decent)
Good food there, yes
(............. you were there three times)
After a while I was I was kind of set out on making
money all the time
(What do you mean?)
I used to get £3, I think it was £3 a week pocket money,
it goes into your account, used to make little jigsaws
and paint and Mr...
(Oh thats what you did for my wife's school didn't you)
Yes

(The Nursery school)

Make pictures and that and cut them up and make jigsaws out of them, where you get 14p or a Mars bar.. slog away all day making these at the end of the week.... save it up, spend hardly anything, in the end the staff used to take the Micky out of me, 'cos all the money I was making and wouldn't spend it, 'cos when the.... came up, I don't know what days it is... buy stuff put in your locker downstairs, they used to say to me God, you're not buying things are you, take the Micky out of me. Thought it was pretty good.

(So your pocket money was your earnings)
Yes plus sometimes when there was a fete coming up, and when we could make posters and that for the fete, advertisement for it, I made a couple of posters for it and got paid ½ ounce - I thought it was pretty good...
I was a real scrouge there
(What about the actual staff, obviously you cannot tell about individuals)
Yes, I thought they were good there, really good.
(Were there any positive things, were you able to talk...?)
Yes I have been to a lot of places, so I know what the average sort of staff is, and what every personality is, and I thought the staff there was one of the best bunch I have met, because Mrs. - Authority and Mr kind of well how can I explain, kind of big-hearted, like your mate, he used to really make us laugh, and Mr W he was like a Grandad he was, a really funny bloke, then you had Mr A I thought it was really good staff there.
(Were there any times you could really talk about the problems, because in a way, you said to me, you had some problems and fortunately some of the problems have been resolved outside your life).
Oh yes
(You know your Mum's got a chance at last and your Dad's doing all right, but you had problems too
I had a visit once, I mean my Mum I haven't seen her for ages,... having problems me Mum was, having troubles and they just kind of broke up on me visit... a bloke.... he come up with me Mum..... I just kind of cracked up it really upset me...
(You found that was)
The staff took me aside, spoke to me.... gave me a cup of tea and that
(Could you talk to the staff, I'm not saying you did talk to them but could you)
You could do, yes, 'cos you know them so well see, 'cos it was a close knit kind of unit, you really knew them well and they knew you and you could talk about what you wanted to really.
(Was there a reasonable level of, I don't know how to put this, but was there ability to joke with one another)
Yes there was always joking, was always making jokes
(Can you give me an example?)
Oh, like
(Tell me the sort of thing?)
...... see you come up breaktime about halfpast ten, you still want to volunteer to make the tea for breaktime.... choose a number from one to a thousand and you'll say a number and they'll say wrong, off you go, and that sort of thing.
(So the atmosphere generally, what about the other lads who were in...) (because obviously as...
Yes as it was such a close knit thing you knew them, after about a couple of weeks
(You got to know them)
You got to know them really well, yes, as it was such close knit, altogether, we used to have some good laughs there, I mean.
(Is it true or false that there was no bullying towards what there is in bigger institutions)
Well you couldn't really do bullying, you could tell a kid like, start bossying him about, but after a while, so many staff about, one staff to about two kids, you couldn't really do it because they saw everything that was going on.
(So would it be fair to say that somebody like yourself, who is not a little lad and quite bright and all those sort of things, even if you wanted to you couldn't really bully a lot)
Well if you started bullying I reckon the staff there would start bullying you and tell you to leave off, start giving you your own kind of punishment sort of thing.
(But what I am getting at, is it fair to say then that if you were a bit meek and mild or a bit dim like the boy we were talking about earlier, at least got a fair chance)
Yes you got a fair chance, that's right
(Which in big institutions they don't do they, I mean you and I know at x there is bullying isn't there)
There is quite a lot of bullying there, yes.
(And largely because a lot of the activities are out of anybodies sight)
The reason there is not much bullying because a lot of the staff there they treat you like one big family sort of thing I reckon, the way I see it, one big family. I mean you all kind of put work in and you all take the benefits out of it.
(Can I go on with the business of about the relationship with home, then, because I mean your mother had had a rough old time for a number of years and to be honest you hadn't helped had you)

Not really no

(but when she was able to come I think she came with the Social Worker didn't she)

She came about twice I think

(But I mean what happened, can you just describe what happened, I mean where did you see her, did anybody help you and did they have a cup of tea for you)

Yes

(with her)

There's a cell downstairs called the Dolls House when if you misbehave during the day

(Is that the one just past the kitchen?)

Yes, near the office, we used to call it the Dolls House and if you misbehaved during the day used to go in there and lock you up until you quietened down or calmed down and take you back out again, or you used to have visitors in there, sit on the bed and that on the cushions. After about ½ hour, the staff would come in, and ask if you wanted a cup of tea and this lot, you could always get a cup of tea.

(And was it sufficiently private)

Oh yes they just used to leave the door open
(I mean it wasn't just a pretence like in a visiting room, it isn't the easiest place to talk in my opinion is it?)

The staff there, they wouldn't listen anyway, nor eavesdrop, there weren't no staff about, they always used to just pull the door up, not lock the door just pull it up.

(So what I really getting at was, that interview room, call it an interview room, that was helpful when you were with your Mum, or whoever because you could really talk without feeling people were spying on you there, is that fair)

Yes 'cos like in a prison or borstal like there was tables all round you and you get emotional, you want to bring your emotions out but you can't really because your frightened of showing yourself up, but when you are there in that little room on your own, with your parents or whatever, you would be alright you know, show your emotions.

(Now your Dad, you weren't in touch with your Dad)

Me Mum wasn't married at the time, she had a boyfriend

(Your Dad)

Oh me real Dad, yes, I didn't know him, no I didn't know him.

(When did you start getting ready to get in touch with him, was it while you were still at Glen)

No, I was back at home
(Oh I see, would you say then, not for you perhaps but what you saw of other people, did they help, kids keeping in touch with home, what were they like about writing letters at Glen)

That was alright, you could write a letter when you wanted

(Really)

You used to just go up to the office, say you wanted paper and that lot and write a letter, 'cos I am canteen; you could go up to the canteen to buy stamps and then stamp your letter and send it out, you..... to know because you used to worry a bit 'cos say someone's wrote to you, and they have asked for a letter back as soon as possible sort of thing i.e. for a visit or something, they want information for it and that you kind of, the letter's kind of short, you've left it too long, it might not get there in time you always ask the staff and that there if they could take it out at night when they go home, post it as soon as possible, they always say yes, really helpful.

(Now before I go on to ask you about your Social Worker, not in terms of the Social Worker but in terms of Glen if people, this is your observation but it may be true of you as well, if people misbehaved at Glen, was there much misbehaviour, quite serious misbehaviour?)

No there wasn't really no

(But if anybody did anything silly, I think you mentioned it before, if they sort of had a rest, you had a restroom there, and they shoved them in that room)
Yes well when I was there one kid started to bug me a bit, started kind of when I was playing table tennis, started to push in front of me, I just lost me grab one day and kind of went at him sort of went at him and they kind of put me in the Dolls House, the kind of cell, put me in there 'till I'd calmed down. If it was something silly like if they was giving the staff a bit of hassle or something they used to say, are you going to calm down or are you going to go in the Dolls House, kind of given the choice.

(So it was used as really a...)

A kind of calming down place

(Rather than a punishment)

Bring you back to your senses, yes

(That's interesting) (Was there any punishment's that they gave, or did they not need to because of the sort of...?)

That was the only punishment there that I know of, that was the only punishment there, just in the cell, calm down that was it.

(Did you think there were many rules, I mean a big Borstal like you are in now, in fact when you first come my experience of Borstal is that you have got a lot of rules to learn in a way)

Yes, here you have got a lot of rules, but there, no I don't think you have, you got one or two rules and that's just behave and show respect to staff and that's just about it.

(What about that respect, I mean when I came in this afternoon you called me Sir, which didn't please me very much)
That's because

(You had to do it didn't you)

Not there you don't you call them by their first name or second name like.... whatever

(Was it helpful as well)

Well you got on better terms

(So lets go back to the Social Worker, that one incident, The Social Worker, I am going to say some things to you now, chip in if you want to interrupt me, but before you went to Glen House you had the same S/W for quite a while)

Yes about a year and a half I reckon, I think about a year and a half

(And during that time you had known her for about a year and a half and I think about the first time I saw you I actually drove to St. x with her)

Yes

(So you were at x, then y, then z or any permutation of those and occasionally you were at home. Now, so you knew her for quite a while)

Yes

(Did you know her well before you went to Glen House)

Well not really no

(So what)
I knew her as a person, well as a S/W I mean but as a person I didn't really know her, not much

(Now she was about improving the relationship between you and your Mother she thought, can you tell me what happened when you were waiting at court that day when you asked to see your Mum)

That's a completely different time, that's a different time that is when I was at Winchester Prison.

( I see, can you just tell me about it)

Well, me and Mum was in Court together she was getting done with aiding and abetting me

(At which Court)

Oh Juvenile, its just above the Police Station, me Mum ran out of the Court, they had finished with her, she wanted her bag, she just ran out crying, they finished with me and I was led downstairs to the cell and locked me up, before they locked me up I asked one of the coppers if I could see me Mum, to cheer her up that sort of thing, get her over it and the bloke said yes alright. After about 1 1/2 to 2 hours I was going to sleep waiting for her and all of a sudden I got woke up and the bloke said you are going now, I said you what, he said you are going now. I said I aint going yet, I wan to see me Mum, he said I don't care you are going now, he said you look here, I said I'm not going until I see me Mum, 'cos really emotional she was, I was frightenened about her, and he said no I must go and came up to me and drove me out of the cell.... I jumped up and started fighting and that lot and all of a sudden all the other coppers in the police station ran in and restrained me sort of thing on the floor..... that its about it really.
(did you follow it up and complain about it?)

No as soon as I got to Winchester Prison that was it, I forgot about it.

(How long were you at Winchester Prison)

About 8 weeks, I was there 8 weeks.

(....... comparing Prison with Glen House)

Completely different.

(in what way is it different)

Well quite a lot of things really, just the general establishment really, the whole place.

(What I am getting at, this is my last question, if you think back to what we have been talking about, it sounds as though Glen House, you could describe it as being)

A second home really.

(Yes)

It's like a children's Home.

(Yes, nobody outside would say that about a lock-up would they?)

No they wouldn't.

(So you really think, you could have had, it didn't have all that good an effect on you in one sense it did in a lot of relationships but it didn't succeed in keeping you out of Borstal, which was unfortunate)
Yes, talking about Borstal there was a kid in there from Glen House and we was talking about Glen House two or three months ago and I said to him I says, if I had one wish my one wish would be to do my sentence in Glen House because we liked that place.

(Thanks very much)
Interview No. (v)

detailed comments by F who was Principal
at Glen House, ICU, Sarisbury Green, (Nr Portsmouth)

Here are my comments in general terms on a number of headings as far as the I.C.U. at Glen House is concerned and the routine of the day. As you are well aware the routine of the day in any establishment is most important, in fact I was so very pleased that guidelines for the routine in the I.C.U. had been set well and truly before our Induction Course it gave the staff the opportunity to acquaint themselves with what was required, the setting of perimeters in which kids were allowed to function. As you were aware too I consider that the setting of guidelines, the setting of perimeters which surround the routine of the day is your key to discipline and control in the Unit. By and large most kids will stick to routine, they find an inner sense of security because boundaries are set, because set things for the day concern them, they know where they are going, what's expected of them. Occasionally one or two buck the routine as far as they possibly can but this is to be expected when you are dealing with difficult kids. The problem lies mainly with staff, seeing that the routine is carried out in a meaningful way and discussing problems with the kids when they arise. You always get someone who wants to do his own thing, and I think this is what started in the wrong way in our friend whilst I was away in Canada, trying to establish his own system which was undermining the routine which had been laid down with disastrous effects as you are well aware. It's very important in a Unit such as the I.C.U. at Glen House that the day starts with a discussion on what is happening for the day as far as this possibly can be determined, in view of staff duties, what other commitments there are for the day, visitors and so on. But I think that once the kids know at the start of the day that certain
things are going to be carried out, that they are going to adopt a certain routine where there will be inter­jections or interventions from others, may be outside the Unit or inside the Unit, at least they have got the atmosphere created for the rest of the day. I found that the kids by and large that came into the I.C.U. followed the routine very well and the type of kid there is supposed to be, bearing in mind history and so on, they had an inner sense of security whilst they were there, followed things pretty well, which resulted in there being very little trouble with the kids, in fact what trouble there was with the kids in the Unit at the time that I was there was a question of faulty handling by staff; things which never should have arisen. Some members of staff were not able to take anger from a boy, they were not able to take the fact that the kid rejected what they were saying and so on, to talk it through, with the result that they started to take the law into their own hands at one stage by placing kids in segregation during the day without my knowledge at the time but as soon as I heard about it this was recti­fied but I feel basically if the staff could follow the routine in the way laid down, they would feel much more secure in what they were doing with the kids and be able to avert some disastrous situations which can be created by staff wanting to do their own thing. So the effects of the routine of the day can be that you are stabilising as far as the boys are particularly con­cerned and should set guidelines for staff in which they are able to work. We are all different in our approach but routines can be flexible as long as the end product is the same otherwise staff do not have a chance to use their initiative therefore there is no sense in having an inflexible situation except in speci­fic cases where one does not want to give the kids a chance to manipulate. For instance if we say why the
routine or rules say that you will have 5 cigarettes or 7 cigarettes a day that we don't want staff giving an eighth, a ninth and so on just to buy their way with the kids. These are the inflexible ones which I would foresee the routine in the I.C.U. improved considerably.

When we had a teacher going in in the mornings and then subsequently when I introduced Mr. Ford the P.E. teacher to take afternoon sessions with the boys and this broadened horizons for the kids during the day, they saw new faces, they were doing different things but it was done on a routine basis just the same. The stabilising effect of the routine brings to the kids a sense of order which they possibly have not had for quite some considerable time and in having a sense of order it makes them come to terms with their own difficult behaviour.

You go on to ask if the relationships with staff, peers, family, friends improved. When you say relationships with staff, do you mean between staff in their particular Unit and the rest of the establishment or with senior members of staff or do you mean amongst staff in the Unit themselves. I would think the particularly noticeable thing would be the relationship amongst the staff or between the staff in the Unit itself. As you know there was a dichotomy of response towards T, originally he took some over on to his side and in fact others were put terribly against him and this persisted for quite some time. I had to work pretty hard at improving staff relationships within the Unit to get them to work together as a team. I think relationships gradually did improve between the staff and this was noticeable at crunch times, when kids acted out, that they were altogether, they all supporting each other, which is the important thing. I think it is to the credit of the staff during the 18 months that I was, that I had the Secure Unit that not one boy was lost from the Establishment and that included many outings in to the
gym and to enclosed open air court outside... and so on. The fact is as you well know the only boys who were lost were lost by social workers when they took them to court. In the peer group there was quite a different mix from time to time as you are well aware. We were having boys come in who were co-defendants, appearing in court, and these if not handled properly could have produced some rather undermining situations where groups would be jacking up against the staff and the regime. Staff worked well with these kids, realising and sensing that they were friends that they were co-defendants and that they could cause trouble but being sufficiently sensitive to counsel each on a personal basis to let them see where they were going, what they were doing, what their behaviour, where their behaviour would lead them and so on. And we also had boys who had known each other outside and had been quite hostile towards each other and in a less structured situation there would have been fights and personal vendettas. Again here there was no real trouble from a physical point of view or a bullying point of view in the Unit, in fact it is a credit to staff handling of the boys in the Unit that a) no boy was assaulted by another boy and no member of staff was assaulted by a boy. I can only call, re-call, two or three occasions where boys had to be physically moved from a group for being rather disruptive or physically aggressive and to be cooled down for a very short period before re-entry into the group. Most of this success I lay down to the real structure within the Unit, coming back to the routine and its effects.

Contact with families was on the minimal basis, to a large degree the boys being in for a relatively short period and progress was made with some families in trying to alleviate them of the distress of seeing their kids in the situations they found themselves, of having
to come to terms with their own feelings of insecurity, their inability to handle kids and so on. This was an area which I felt could have been developed progressively over a period of time, where families could have been much more involved with their kids than they were at the time. I would like to have seen Mr. Tansy replaced by a warden in that particular unit to co-ordinate the work in the unit with senior members of staff in the establishment. I felt that there were times when I would like to have spent more time in the I.C.U. but was unable to do so because of all the demands made on me from the running of the total establishment and also co-ordinating work with the other units, 2 assessments units and the long-stay unit. I felt the need for someone as a leader within the confines of the I.C.U. would have been more appropriate, a person who could refer to Senior Management, who could co-ordinate the work in there and also who could be seen as being able to make decisions on the spur of the moment without someone having to consult someone at a distance, even though it wasn't a great distance obviously but someone remote, physically, from the Unit. I did discuss this with John Webb before I left indicating that I felt the time was ripe for the appointment of a Warden in the Unit, he said he would look at the problem but it was not rationalised before I left though I don't know what the position is at this time. What I had hoped to develop within the Unit, had I stayed, was the introduction of individual treatment programmes for each boy, even though it would be on a short term basis, seeking to achieve short term goals and to make the boys much more aware of the situations in which they can find themselves, how to handle those situations effectively and successfully. This would have meant the development of assessment schools for staff in the Unit so that they could diagnose problems and difficulties, relate these with need, and then treat
appropriately. I am still convinced that short term treatment plans can be developed for kids in the I.C.U. it means that staff have got to be much more aware of the needs of the kid when they arrive, based on information supplied and concurrent history.

(Here just said 'stopped for Christmas Break')

You asked for the effect of the I.C.U. in all its senses. A) Originally as you well remember it was intended that the I.C.U. at Glen House would be used for children who were in the care of the Local Authority and who were becoming unruly or out of control and there was the need for them to be placed in security to break a pattern of behaviour, pattern of absconding and so on, and then return them to their units. However this seemed to be taken out of our hands by the courts in that the fact that 70% of the kids coming in to the I.C.U. were those who were on Remand waiting to appear at Crown Court and a number of them were going on to Borstal and Detention Centres, so in many ways it was being used in a penal aspect although not being run as such. I feel its much more desirable that kids who eventually may find themselves in the penal system for a time at least can have the benefits of good child-care practice even though this is done in security. I think basically because the I.C.U. was secure physically this gave all the kids who came an inner sense of security whereby they could come to terms with their own problems and difficulties with help from staff but in a situation where normally they wouldn't have done so because they would have been running round like the man who gets on his horse and runs off in all directions, not knowing where they are going. I think the other aspect is it gives a chance to break patterns of behaviour which become instilled in some kids situations, the persistent absconder who puts himself at risk or puts the community
at risk, at least this pattern can be broken, those kids who are acting out, there can be modification of behaviour in that in a physical setting they are not able to damage property or to damage themselves, or should not be in a position to do so. Another aspect which I see as very important is that once you've got the kids with you you can use your staff in counselling situations to work through the problems and the difficulty, to relate these with need and to work out quickly where these needs can best be met. Unfortunately this doesn't happen in the case of the kids who are on Remand unless one is able to report to the court and make suggestions. All too often the kids we had were on a week to week basis with like cases being heard and subsequently when they appeared they were dealt with without recourse to ask for reports from the I.C.U. as to means of disposal. I think the routine in the I.C.U. improved greatly when we were able to introduce a teacher who was able to take the boys for so many hours per day in various projects, items of education and also the very fact that we could get them out into the gym and the open air court where they could expand a lot of energy in contact games and this sort of thing. This was good for them, this meant a much better working day for them, I believe this also contributed greatly towards a sense of boredom which could become routine in intensive care units where they are allowed to loll around and then get themselves into trouble, become aggressive and so on. I think there is a need for structure of the day, this was the aim throughout in I.C.U. although even when I left there was still more to be done. Its surprising the number of boys who got in touch with staff in the I.C.U. having left, obviously looking upon their period of time there as being constructive and one in which they felt someone had done something for them. That they were wanted, that cognizance had been taken of their needs, that people had tried to help them,
guide them and to do things for them, and basically 
this is a good child-care approach whether its in an 
I.C.U. or whether its in a Childrens Home or anywhere 
else really, except that its on a more concentrated basis 
because you've got the kids around you all the time. 
They just do not have freedom of movement, they are 
within a certain inscribed environment and therefore 
you are able to face up to problems with the kids them- 
selves or they are able to face up to them in consult- 
ation with staff. One may say that you've got a 
captured audience, well this is basically true and 
because you've got a captured audience you are well 
able to do more with them because they are there with 
you. Basically I don't like the idea of locking up kids 
but there are those for whom it is necessary as a means 
of protection to themselves and as a need for protection 
to the community at large, However as we did in Hamp- 
shire we kept the length of stay to an absolute minimum 
by adherence to a strict policy of Reviews, and I found 
that these were most helpful and that one could monitor 
the progress of the kid or the need for him to stay in 
security. This however was often dictated to us by the 
length of time which was required for a final court 
appearance or for admission to long-stay treatment unit. 
I felt that the approach in the Glen House I.C.U. was 
on the right basis, was going in the right direction, 
there were other things which needed to be done, I didn't 
get them done because it takes time to do all these things 
but I feel it was one secure unit which was successful 
in that it did things for kids in the Hampshire or in 
the Wessex region, where it would have been virtually 
impossible to have done it in any other form of child 
care establishment. It also kept a number of kids out 
of penal establishments at least for a time and at least 
during that time we were able to do something with them 
rather than them sitting for 22 hours a day in a locked
up cell in some penal establishment. Thus to sum up in effect the I.C.U. is a breathing space for some kids, in that it gives them time to come to terms with the reality of their own situations with help from staff. It gives them an inner sense of security where they haven't had one. It means they are able to be counselled by staff because they're there and not running round the countryside where no-one can speak to them. It also means that good child-care practice can be established even though it is in a secure situation. I also think that because it was on a short term basis, that regular reviews were held and that no boy was held longer than was necessary, this made it successful as far as the boy was concerned. At least he knew things were being done for him, that he did know that in reason when he would be released from the unit, he also knew that he wouldn't be held there any longer than was really necessary. As you are well aware there are a number of kids in our child-care system who need a refuge, a place where they can feel secure and many of the more difficult, disturbed, delinquent, dis-advantaged kids who come our way could do well there, but obviously not placed there unless there is a need to do so.

I hope these are the things that you were looking for me to say, if not don't hesitate to give me a ring at the school here and discuss it with me, in fact you may wish to do so having played the tape back. The tel. No. is 05055 2556. I would finally like to point out that I would really like to see the I.C.U. get back to the state where it is being used or would have been used in my time, for the thing which it was decided to be used and that was for the kids who were in care and who needed to be their own units or some
other unit rather than become basically a Remand Centre for kids who are going on into the penal system. I don't know whether this could be achieved by educating courts and so, I just don't know, it depends upon the number of serious cases which are being produced. We also know that some of the courts tend to bend ones arm to use the situation implying that if the kids got into trouble by being placed elsewhere then the department or the Director would be held responsible, which is blackmail technically.

Spring 1983
Interview No. (vi)
A further major interview with A, Glen House

So we look through the previous interview (i) and you're in general agreement with what we said then, so now what I want to do is to turn on to the second part of what we were talking about, to talk about the procedures and each time I'll ask you a question and you talk as long as you can will you. So we'll start by looking at what happened to you when you were at your CH(E) and they told you you were going to come to the Secure Unit.

(Yea, it was you know, come really quick sort of thing, you know cos I was glue sniffing that day and you know the copper arrested me, took me to the police station and I was in the cell for about 2 or 3 hours and they told me, yer know just come in and said well we're going move you to Glen House its a lock up, yer know, I was really surprised sort of thing, didn't know it was going to happen, and then my social worker come, yer know, got all my stuff then he uh, my social worker with 2 coppers took me to my social workers car, we got in the car and yer know we drove up to Glen House, we went through the porch way and my social worker rung the bell and these two people come out of the lock up and they shut the gate, I got out the car and they grabbed hold of my arm, when not tightly, just yer know to show me the way and I walked in through this door. I got in there, I had to take me shoes off, I had to sign these papers saying how old I was, when was me birthday, yer know all my stuff and that and they went through all my stuff, saying what I got and hadn't got an that. I went upstairs, got changed, had a shower, they searched me an that before I went in the shower, yer know, thorough search and that an I went downstairs, yer know an yer know and all the boys were looking at me, I didn't really like
it but I couldn't do nothing about it, they were a lot bigger than me, an I was a bit frightened, cos yer know I didn't know any of the boys, an I didn't want to get on the wrong side of them sort of thing yer know I just got into the place really, got used to the boys, made some friends, an they were alright, there was a couple of bad boys in there you know, kept on bullying you an all that, just had to get used to it).

So then we looked at the regime and everything that happened inside the Unit and that was on the first interview, now what happened when you were told about your discharge and what actually happened to you when you discharged across here?

(Well I was pretty excited, yer know cos I'd been there two months and after you've been there for about two months it gets a bit boring, yer know, get bored with the routine an that, don't feel like doing things, I was pretty chuffed about it, yer know, it was Case Conference yer know, didn't really know nothing about it but I knew something was going to happen today, the day of my Case Conference, yer know an I was pretty chuffed. The social worker come in an told me an this other member of staff in Medina, he goes, you're going to Hamble Unit, that's another place in the grounds, yer know I was pretty chuffed and yer know I got my stuff an that and that an got my stuff and had to sign some papers saying all my stuff was there and sign out my property, saying it was all there, and they took me through this door, through another door an I walked up a sort of corridor and I walked into this Unit an it was called Hamble, some of the boys there yer know looked alright, yer know never bogged me out nor nothing like that. They took me in the office, told me the rules an that, what I couldn't do and what I could do and I got
all my stuff an that and took it upstairs, got changed had a shower and yer know come downstairs, just got on with the boys alright).

So you said some pretty nice things about Medina really, despite the fact that you were locked up in there, especially when we were just chatting, so you've been to a Detention Centre haven't you. How did it compare, what was it like when you got to the Detention Centre?

(Well there's a lot of difference between D.C. and Medina Lock up cos in Medina they used to show you around the place but in Detention Centre they don't tell you nothing, just get in there an do yer time. When I got in there yer know the police car took me from the police station cos I went to court that day an they sent me down, 3 months Detention Centre, I was pretty upset about that, its meant to be pretty bad, I got out of the police car this screw goes, you ain't going to walk through that door, you ain't going to run through that door, you're going to fly through that door, when I heard him say that I just run through the door and I was in there I stand up yer know to attention sort of thing, said Yes Sir, No Sir, Three bags full Sir an all that an he searched me yer know thoroughly an that an I had to sit in this cell for about 2 hours something like that an I had to read this thing, what kit I had to have and what rules there were an you know all these little notes you know, pieces of paper with a lot of writing on, I had to read it an they never told you much about the place really, nothing about the place really only your kit and I got, had a shower and I got in the room told me to turn round an that and any marks on me an all that, tattoos anything wrong with me and I went up this corridor with a towel round me and that an I got my kit, had to carry it in my arms and I ran to my cell, well quick marched to my
cell sort of thing, and I got in there, he shut the
door, locked it and I was sitting in there and he goes
Yer going write a letter to yer Mums and Dads saying
how sorry you are, and saying I didn't mean to upset
you an so I sitting in there writing my letter an I
didn't know nothing about or nothing like that an this
officer come in, I was still writing my letter an he
goes You're meant to stand up when your, when someone
opens your door and says your name and number and I
goes I forgot it Sir, but he never told me in the first
place. So I got up, and said look I got up Sir and he
got me, pinned me up against the wall, banged me in the
nose, I didn't cry or nothing like that but as soon as
my nose was bleeding I just let out yer know cos it was
pretty bad, yer know D.C. a lot of hard work where you
have to do your mile runs, well about 5 mile runs some­
thing like that, its pretty bad, at Medina you don't
have to do that. Don't like D.C. wouldn't like to
have to go back there again).

So now we move on to staff. What did you think of them,
what were they like, did they help you, was it any help
having a woman there?

(Well the staff were alright yer know cos you really got
on with them and they were a pretty good laugh, you know
you could have a joke with them, you know mess about,have
a play scrap with them, yer know as long as it didn't
get too far, yer know play games,sometimes you got an
extra fag and yer know it was pretty good. I was on
three fags a day when I was in there an it was pretty
good yer know, suppose you just got used to it and hav­
ing a woman staff there helps yer know its alright really
but yer know but it makes you feel well I think, I reckon
its good having a woman there really cos you don't see
many girls when you're in lock up sort of thing do ya
and she got, we got on alright, played cards and that, well she was alright, I reckon, I really got on with the staff there, maybe a couple of ups and downs an that but yer know I enjoyed it yer know).

Do you think they helped you?

(Yea they did, yer know cos you got off with them, you know it made you feel yer know that you know don't want anyone higher up than you, you're all the same sort of thing, yer know never bossed you about, yer know if you had to do something you did it you know, no mess. But they never shout at you nothing like that.)

What about the thing about the women you mentioned, did it stop the lads swearing and that at all?

(Well not really yer know cos well yea because they got a fag basis if you swear or something like that you lose a fag, I reckon thats pretty good yer know cos I suppose you have to control yourself or something like that yer know cos you know your going to miss a fag, you know its alright and yer know they did swear in front of the woman member of staff yer know because yer know, some people don't like her but I got on alright with her, she was alright).

So what about the other lads, did you make friends with them and did you know any of them and what were the sort of things that happened with other lads?

(Well as soon as I got in there you know they were all geeing me up sort of thing and yer know saying you'll have to get your sugar tokens and all that and I was believing them because I'd never been in there before and ah I got in there, the boys were geeing me up and
soon as, yer know as soon as time passed made a couple of friends an that, they were alright, I only had one scrap in there, yer know it was over something stupid yer know yer know and we just made friends after that. I lost a fag, it just was over, yer know, some of the boys were alright, made a couple of mates, after a while they didn't gee you up except for a couple of boys yer know who used to bully yer, that was it really).

How did it compare with D.C. for

(Well in D.C. there was just a different system sort of thing, cos the boys know if they got to have a fight or if they're going to jeer someone up, the screw knows that they've jeered them up an they're going lose days and do a longer bird, they want to get out as soon as possible cos yer know all the boys in D.C. they are all in the same fingeay bob really they're all doing the same stretch, you want to get out as soon as possible. Some of the boys are alright yer know, do things for you, do things for them and thats it yer know.)

Now I want to ask you a number of questions, please?

First of all about your home, and now when you were at your CH(E) your Dad came to visit you once or twice. What about your relationships with your Dad, your Mum and your sister.

(Well, my Dad yer know he's alright, and I got on well with my Dad, I really love my Dad and that yer know, he's got in trouble and that, that's his own fault really, well he came up to see me one day in Medina and I was really surprised yer know, for him to come up and see me, that means a lot to me really, he come through the door, I had to go into this little room that I talked
in to yer know and and I was talking to him, he give
me some sweets, he wasn't allowed to smoke because
they got fire alarms all round the place, sort of thing,
if one of them went off yer know be you know really
trouble sort of thing, and I got on with my Dad. My
Mum, yer know its alright because she yer know she
split up from my Dad yer know she lives with a tramp
now, I don't really like that, he mucks her about yer
know, he's a pimp he is so really he needs my Mum
to prostitute and all that, he gets the money an all
that, I thought it was really bad, I feel like kick­
ing his head in, I will one day and my sister she cares
about me the most in the family, cos my Dad don't see
me as much as me sister does really she keeps in contact
I goes home and sees her. I can't see my Dad because
I don't know where he is or my Mum now. I really love
the whole family including my brother Chris. me and
him's had our ups and downs and that yer know but we
get on together yer know and thats it really, I really
do love him).

When you were in the, in Medina, I mean, Dad came to
visit you your Mum didn't, your sister did, did that
let you sort of think more carefully about it than
before?

(Well, yea you know, but I doubt if Mum didn't see me
sort of thing because she's in a bit of trouble, yer
know, booze and that and all that, yer know, just like
that yer know, I felt really happy when they did come
up, my sister and my Dad. I knew my brother couldn't
come up, cos he ain't old enough to come up and see me
yer know but I was pretty chuffed, I got on well,
talking and that had a cup of tea, that was it really,
yer know and that was it.)
Now talking about friends, you must have had some friends but going to the CH(E) and the Detention Centre and Medina and now this Unit, have you no friends left?

(Well yea, yer know I reckon it was a bit stupid really because you make friends and never see them again, make really good friends yer know, really good relationships with them and that, not bent nor nothing like that but good relationship and it just ends like that, gotta leave and that, found it really bad, like in D.C. you make friends but you're not allowed to talk to them and that, well you do talk to them but not allowed to give their name and address, you get nicked or something like, I reckon that's really bad. I did make some friends in Medina but yer know but I couldn't I wouldn't really make friends with them really because its trouble really yer know but but I did like a couple of mates from there and they were alright, yer know but I felt really bad leaving an that, but its better on the out than it is on the in.)

And the last question about relationships, what about your Social Worker, How long have you had him? and did you know him well or did you really only get to know him when you got into Medina.

(I've been in Care for about 4 or 5 years, yer know and I have had three social workers, the first one was, the first social worker I had was a woman an I really liked her but I got to know her a lot yer know, we went out yer know, cups of tea an that yer know, I really did like her, she did things for me, yer know a lot. Then one day this bloke come to me and said well I'm yer new social worker and I goes What, yer know because I felt really surprised about it, he goes Yea I'm your new social worker and I goes where's Mrs.....
where's that woman then, and I goes, an he goes um
well she's got to go away somewhere yer know because
she's got to do some things an that, so I goes, what's
her name then, he told me his name and I had him for
about 2½ years, and yer know I just got to know him
and he was the best social worker I ever had, and about
3 about a couple of months ago he had to go away for,
he had to do a course on computers and I felt really
bad about that he was the best social worker I ever
had, I got a new one now, and you know, I just yer
know, haven't really got used to him yet cos I haven't
really got to know him that well really yer know and
just got to see him a couple more times to get used to
him really.)

You know the one you said you liked you ahd for 2½ years,
did you get to know him better when you were in Medina
or did you know him well before that?

(Yea I know him well before, yer know before I went to
Medina and it was just the same really, come out and
see me, well I know him well in Medina because he came
up nearly every week, yea, and when I was in W he used
to come and see me about once every two weeks or some­
thing like that yer know, I expect he was pretty busy
but when I was in Medina there was a lot of things
going on for me sort of thing yer know, reports and
Case Conferences yer know and he had to see me an that,
that was it really, I really did like him.)

So the last question is, what effect has it had, going
in Medina, these three times, what's been good about it,
has it helped you or has it justed passed a bit of time on?

(Yea, well it has helped me a lot yer know because three
times is a lot yer know really, six months then yer know,
yer know, it did a lot for me really, cos I had a lot to
think about, I was in there for glue sniffing and yer know glue sniffings really bad it really did effect me and yer know whilst I'm talking in this tape recorder it makes me sound a right dope don't it, that's what glue did to me, but I really did think in Medina, yer know I thought about my life, thought about the future, yer know and I thought about my parents, my brothers and sister and ah well yer know just said on to now as soon as I come out of Medina I was in Hamble, (an 'open'house on the Campus) and I went out and did some more glue sniffing and I went back in Medina, I come out again and then I did a bit more glue sniffing again and then I went back in, now I'm out again I'm alright cos I got things going for me, I might have a job going for me, might yer know, I got a load of people to back me up and that I'm doing well, doing well at school, doing well at everything really, I was thinking about being a labourer and Medina really does help yer, well yer know going from Medina, we going on to D.C. really well I went in D.C. I they done nothing for a year now and its just about, just about the right thing for me really cos yer know D.C. did do me a lot, so did Medina too, Medina stopped me from glue sniffing and D.C. stopped me from thieving, yer know and I might have a chance of getting a job when I grow up. I'm in Hamble now, and yer know I goes out near enough every night and goes out nearly every night and I got three birds, well I did 'ave three birds and yer know and yer know they're really nice, they packed me up but thats things you have to face, when you're grown up, just going to have to accept it. Felt really bad about it yer know, cos I really did like them and that, yer know and I'm going out with a girl now she's really nice I do like her yer know, she's really nice, thats it really, my behaviours good and that and I reckon I've done really well cos that the way it goes really aint it).
The problems her son now faced were also the problems she now felt were the problems of the family, that is to say there was no basis for them getting together in a real sense although she loved her son, she felt he loved her, the realisation of the reality situation had led them to understand that in the long term it would be necessary for him to make his own way and his own life away from her, perhaps with his father if he could get in touch, and for her to make her own life with one of her boy-friends whom she had not been able to retain because of the regular visits from her son and the rows which had erupted because the son saw the boy-friend in place of his father in the home. The comments I remembered as worthy of note were as follows from Mother:

Firstly, that after his period in the Intensive Care Unit as his letters improved so did his behaviour in the home and in the surrounding area. Secondly, my lad's not a bad lad, a lot of things have happened to him, they have been caused by the police chasing him, by the neighbours scapegoating and most of all by me not being fair to him and the most tragic and pathetic, I've been looking for some love for myself, he couldn't give it to me so I looked for it elsewhere and he didn't like that and that turned him even further away from me, so he had to do something in order to find himself a home away from me. She ended by saying, perhaps now in the Intensive Care Unit they've found his Dad's address and he's writing to his Dad things will be better 'cos perhaps he can make some future for himself with his Dad, where his Dad lives now.

No interview was possible in the strict sense of the word interview with Father who now lives on an island away from the mainland on the United Kingdom. However
after seeing our subject at the Borstal I did with his permission telephone Father and spent some minutes on the telephone. Father agreed that I could make a general comment as a result of our conversation, asked that I did not quote him and that I did not record the conversation, these two requests I have acceded to. During the course of our 7 or 8 minute conversation, at the end of which Father asked me not to contact him again, he agreed that the following was a fair summary.

First of all that he had been aware of the problems that our subject had faced but had not felt he could intervene because of his very poor relationship with Mother, ex-wife, also because of the wishes of the subject new step-mother who appeared to be a very pleasant (she came in on the conversation a couple of times) person, one who understandably showed marked traits of jealousy. Father said that during the time subject was in the Intensive Care Unit the staff there traced him (Father) and as a result of that after a couple of telephone calls he agreed that his address should be given to the subject and that if the subject wrote to him in a sensible way he would reply. The correspondence continued on a regular basis about weekly during the remainder of the time the boy was in the Intensive Care Unit, during the period he was at the Remand Centre and during the whole time he was in the Borstal Establishment. Home leave for a week about a fortnight before the end of the Borstal Training was not arranged in view of the distance involved but in fact during the last two months or so it was agreed with Father that the boy should move across to the island to live with him, stepmother and their two children and that the boy would work for a six month trial period with Father in his small building firm. We agreed that nothing further could be said save that in Father's opinion the period
of time spent in the I.C.U. did have a marked effect on his son. Firstly to persuade him to write more meaningful letters, secondly to persuade the son that people did care about him, thirdly to put him in touch with his Father and fourthly, and perhaps most important to Father and step-mother, to preach caution, so that the subject did not try to rush into a relationship. I spoke briefly on the telephone with step-mother but as she knew nothing about the subject except what she had learned from her husband and from the boy's occasional letters and telephone calls I felt there was nothing of substance to add.

Spring 1983
Interview No. (viii)

comments from A's Social Worker

The thoughts that spring immediately to mind when I think in terms of the Medina Unit and perhaps I should say at this stage that I am talking with something like six or seven months of hindsight, was that it occurred to me that when the shifts of duty staff changed then certainly the atmosphere, the regulation and the running of the Medina Unit changed quite significantly with that. By that I mean I had the feeling that staff philosophies were sometimes quite different in their objectives. I think this could certainly be reflected amongst the boys resident in the Medina because they had very specific favourites amongst members of staff and would tend to assess the imminent shift period of four 8 hours entirely on the personalities who were going to be on duty at that time. I am fairly hazy with the procedure on admission, as I recall it was fairly informal and I think to some degree dependent on the mood of the member of staff facilitating the admission as to precisely how the immediate future was described to the boy in question. I think on the several occasions when my boy was admitted it was almost proverbially explained that "if you do not give us any aggro you need not expect any aggro in return", very latterly it was possibly more basic in that A was reminded that he had been here before and that really there was nothing new. Certainly in the case of A he had very firm views and opinions of all the staff members but I suppose that needs to be qualified by saying that A was a boy of extremes and there were really no shades of grey in A's assessments of people, things, places or whatever. In the case of A I suppose he is something approaching being unique in that there really is no home beyond the local authority, his father was evicted from
their council maisonette mid 1980 with incredible arrears which realistically it cannot be anticipated will ever be cleared up, and by the same token that Portsmouth City Council will ever offer any alternative accommodation to A's father. His mother on the best available knowledge appears to continue sleeping rough or dossing or squatting and sometimes is accommodated through the good offices of the DHSS in various bed and breakfast establishments around the town. In this same context A has few friends and in fact his relationship with his father is extremely ambivalent and extends towards very heavy hatred and to very close love; mainly this is precipitated by Dad's most recent frame of mind when he has visited or contacted A. If he is or has been drunk this tends to depress A and encourage quite pronounced hostilities towards Dad but if on the other hand his father is sober and understanding A then immediately becomes defensive and very caring towards him, on balance the two probably cancel each other out. In my four years experience with A friends really don't figure in his lifestyle, he sometimes has acquaintances but invariably this is on some sort of business footing and by that I mean, what they can do for A or what A can do for them and while this status quo exists so does the relationship. A I think views his S/W as a necessary evil, the relationship that I worked at and maintained with A was one of complete and total honesty and certainly this did precipitate a trusting response from A and this continued even when parts of A's life was essentially crumbling about him. I never knowingly or intentionally misled or contracted with A anything that it was not my genuine intention to keep and this was an awareness which eventually A was able to internalise. On balance I would say that the Secure Unit at Glen House has had a positive affect on formulating for A a more acceptable lifestyle over the past 6-9 months. Clearly
in making such a statement I do have reservations and I suppose significant amongst these would be the very real removal of choice as far as A has been concerned. The choice to sniff or to abscond has not been available to him whilst in the Secure Unit and therefore the problems that these two traits have normally engendered for A have not existed. Additionally I am quite certain that facets of A multi-stays in Medina have illustrated to him that, not as he constantly accuses, that in fact there are people who are genuinely concerned for his welfare and contained well being and I think this was a feature which prior to Medina admissions A would not have accepted under any circumstances. I am not certain whether these features have justified the very protracted stays that A has had, our justification has and I presume will continue to be that this has been the only resource where we could effectively protect A from himself and to a lesser degree protect other people from A. I, and I don't believe any member of staff has ever been in a position to present A with a reasonable answer when he has made overtures to us as to why he should continue to remain in Medina forfeiting most of his rights when ostensibly he has not committed any offence. In the context of discussing A's future at the moment I could not illustrate any facet of A's stay in Medina that would effectively make for a more successful or opportune future. I think in that context this is probably up to him that if he adopts certain activities and behaviours then he is pretty much aware that the agencies, society, us, or for our part will also follow a fairly well defined course of action, most inevitably in the case of A. I think he has the knowledge that this will almost certainly impinge on his freedom.

Spring 1983
It is important to understand that the parents of the young people were at first quite unwilling to be interviewed. Five parents were seen and each will be introduced with a note about themselves and then some comments on their attitude towards their child and their attitude towards the placement in secure accommodation. The first and perhaps most obvious reason which precluded parents from giving open information in the form of an interview was their hesitation to be involved on tape. None of the five needed all that much convincing that it was helpful when the reasons for the interview were explained to them but because of their regular brushes with the law and their frequent incarceration in Her Majesty's prison they were unwilling to be interviewed on tape. Moreover the second person was at the time in prison and readers will note that on a previous occasion I was unable without a great deal of difficulty to interview one of the three subjects of this study with a tape-recorder in prison and as a result almost lost a good deal of the information. On that occasion the Home Office department P4 was willing to allow me to take out the tape recording provided it was certified by the Governor or his Deputy not being in breach of any of the rules and regulations of the prison department. Subject No. 2 was interviewed, was quite adamant that this was against the prison rules (as indeed it was) and refused me permission to make a tape recording, although he was kind enough to make a good deal of re-organisation within his prison to allow me to see Subject 2 at some length.

Therefore I begin with Subject 1, the mother of one of the young persons interviews; I propose to describe something about this lady but not to identify her against
the particular child because I think her son was right to ask me not to do so. She is a woman in her early forties, the subject referred to in our study was one of three of her children, he was the middle sibling. She is at present living in a small board and lodgings accommodation in the Solent area with her pimp and she is engaging in regular prostitution. I think it's worth mentioned this because before she moved to the Bed and Breakfast accommodation under the umbrella as it were of the pimp who is now minding her, she spent some eleven months living rough in a bus shelter just outside a small park in the area where he and she have lived most of their lives. She was living rough when I first met her in fact I had two interviews with this lady, she had a drink problem, a major drink problem as had her husband (Subject 2, referred to later) and as she deteriorated her children were taken away from her and put into care, her husband left her, not because of her drinking but largely because of his own and she deteriorated as a person over five or six years almost to an animal existence. For the eleven months she told me about she lived in a cardboard box with plastic bags over her head and limbs and covered in newspaper in the aforementioned bus shelter in the evenings. In the day she begged to get enough money to buy cider, she ate virtually nothing except biscuits or sweets which were given to her by children and her son, and indeed all her children lived in the knowledge that their mother was not only living in this strange, almost half-animal existence, but also that she was giving herself not as a prostitute but she was the lady whom the local kids in their early adolescent years used to go and see, have intercourse with, indulge in all sorts of unnatural practices, she was always willing to accommodate them and really they learned about sex from her behaviour. A sad and sorry state, not only for her,
but also for her children who knew about this. As I stated earlier at the beginning of the interview she was very tearful, wondered whether I was going to report her to the police, asked whether I was going to keep her son away from her, and eventually in the course of the first interview I was able to
a) make some suggestions as to the betterment of her situation which sadly has resulted in her going to Bed and Breakfast accommodation with the pimp, but
b) to suggest to her that now that her son had been stabilised, having moved from CH(E) to our Intensive Care Unit (Secure Accommodation), there was a period of time when his Social Worker and myself and the Residential staff at the Centre could talk to him about the problems his mother and father had met.
We did so and over the next four months between the two interviews I was able to bring my notes to a more formal state and to report as follows on the second interview.

This time Mrs. X was in a calm state, she had not so far as I could ascertain been drinking and she ordered her pimp to leave us and we sat alone on a bed drinking some rather unpleasant tea and from time to time she would come to the edge of breaking down but not absolutely breaking into floods of tears. She was very guilty and very ashamed and asked me on several occasions during the hour and a half that we were talking together to be absolutely sure that her son never heard what she said. A goodly part of the interview was concerned with her own background, the way in which she had 'fallen from grace' and as is so often the case her trying to justify what had happened to her and she had really been endeavouring to do the best for her children and felt that her state and her husband's state was so low that the only positive thing for the 3 children was to have them taken into care. But so far as we are concerned
at this time, we must look at the headings which I broached with her on the subject of her son's stay in the Intensive Care Unit. It will be recalled from the notes on the second interview with him that in fact he had been in the Intensive Care Unit on three separate occasions. The first time, my own inclination is to feel that it was seen as a punishment, then a little later he went to a Detention Centre, after his return to a Community Home with education he was again placed in the Intensive Care Unit as a result of glue sniffing and consistent regular absconding and then a little while later he was placed in the Intensive Care Unit for the third and longest period of stay and it was during that time that he seemed to come face to face with his problems and be able to rationalise in some way about the direction his life was leading him and perhaps even learn from the experience of his parents about which he was all too unhappily aware. This was the point at which we moved from our general discussions, Mother and myself, to the effect of her son's stay in the Intensive Care Unit. When she first heard about it she was horrified, she thought, quote, they were locking him up like an animal, but after a short time he went back to his CH(E) and when she heard that he had been given Borstal Training for the offences which were theft and burglary and were in some extent mitigated by the fact that he had been both drinking and sniffing glue before he committed the offences she really regarded that period of time simply as a punishment. She had not been in touch with him at all during his second stay in the Intensive Care Unit but in fact his third stay began at a time when there was a good deal of pressure by the staff of the Intensive Care Unit to persuade young people to contact their parents and not be, as it were, resigned to their fate. Obviously this person is unable to comment on the routines of the
day. Despite many attempts by the Social Worker, occasional letters from the boy and contacts, both attempted contacts which did not come to fruition and actual contact by telephone, usually in-coming from her, all sorts of attempts, she found herself quite physically and mentally unable to face a visit to the Intensive Care Unit. She is therefore unable to comment in any way on the routine of the day. What she could say was that during the periods her son spent in the I.C.U. and especially with reference to the third period, she felt a number of advances were made. That he suddenly, suddenly really a relative term, within several weeks became able to have relationships with adults, this was shown in two ways, an improving and really very deep relationship with his field Social Worker - sadly a relationship was ended by the change in view of the Principal Area Officer about this relationship, it seems worthy of digression to intimate that the enhanced and deepening relationship between the boy and his male Social Worker appeared to have been filled with envy or to have been the object of suspicion by people within the hierarchy who are not directly concerned with the boy or any of his immediate family, that was sad. But Mother quite clearly saw an improving relationship with the particular Social Worker and that was underlined by the feelings of the residential staff in the Unit and by the short observations of myself. She also felt that her son began to understand relationships.

that some of his relationships with his parents were interesting, some were, (as in fact he graphically described during his interview) horrific and short term and were unlikely to have more meaning in the long term than. "ships that pass in the night". But her closest and most meaningful praise was for the residential staff in the Unit. She felt it was they who
encouraged receipt of telephone calls by herself which
gave her the ability to hold her head more highly than
she had done in many years. She felt also that they
helped her to correspond with her son, which she did,
towards the end of his time in the Intensive Care Unit,
and this enabled her, when he moved into the open unit
on the same campus, to continue a sort of correspondence
and more frequent and more regular telephone calls which
culminated in their meeting together as a family, as you
will hear from the record of the Father's relationship
at Christmas 1982. Looking back at my notes I am aware
that I have missed out one important element. Earlier
mention was made of the relationship between the lad
and his peer group. He learned to distinguish between
those people who were available within his age range in
different places, like his Community Home with Education,
like his Detention Centre and like the Intensive Care
Unit. And Mother felt that what happened at that time
was he learned to distinguish between those people with
whom he would not enjoy an on-going relationship, with
whom he would enjoy some social intercourse and those
people he may, either from his past or from his new
present and future take aboard as friends. She felt
that it was the Intensive Care Unit which had in fact
followed the medical model and been intensive in terms
of care exhibited to her, to the rest of her family, to
the boy himself, which was beginning to have some effect
on his behaviour and she felt very strongly indeed that
although words came with great difficulty to her she
was really for the first time since he had been a small
boy optimistic about the future, and even had hopes
that some day, perhaps largely focused upon his sad
experience over this past eighteen months and his three
visits to the I.C.U. would in the future sometime bring
the family, in some way, together. This was the end of
the interview with the boy's mother but it is worth men-
tioning that an interview also took place with the boy's sister, who was only a year or so older than himself. She refused to let me tape or make notes of what was said but on balance she agreed with the main features of the points that the mother had made and strongly stressed this hope for future unity, saying that as an unmarried mother she feared Authority, she feared very much the input and interference from Social Work Services of all sorts but had to place on record the only thing she would corroborate was the kindliness and friendliness of the people in the Intensive Care Unit and the way in which, in her view, it had changed her brother's life. She in fact was the host for the boy's Christmas leave from the open unit and was the instigator in what came to be a very happy day during the afternoon and evening of Christmas Day, and she, her mother and father, her younger sibling, as well as the boy to whom we are referring came together for the first time in some eleven years.

The subject's sibling is a girl of only 17 years, she lives in a form of self-contained flat which is really better described as a bedsitter. She had a serious boyfriend and the almost 2 year relationship was broken off in the Autumn of 1982, that is to say soon after our subject entered the Intensive Care Unit for the third and hopefully last time. It was this young girl who really endeavoured to keep the family together. I went to see her on two separate occasions and also met her once when she was visiting the boy at his CH(E) in Winchester. She felt she did not wish to have an interview, all she would say was that she was sorry that the family was not together, she was going to do her utmost to bring them together, she loved her mother, father and brothers and they all loved one another. She was sadly almost fatalistic in her assumption that things
would not go right, that father would continue to drink, that mother would continue 'on the game' and that her brothers would probably progress to further penal establishments. On the third and last occasion that I met her we talked for some ten minutes, she said she did not want the details of our conversation recorded on tape, nor did she want them written down although she did accept that it would be helpful to other people to hear her views on some of the things that have happened to her brother. She felt the only chance he had had was during his third stay in the Intensive Care Unit, she was not sure why this was, except that it was at this time that he seemed to have come to face his problems to be able to talk to his mother, father and herself without losing his temper, to have turned away from glue sniffing and really to be sufficiently settled in relationships with Social Worker, peer group, residential staff whom she had met in the Unit and herself to have a chance of making a go of his life. She felt this was all she wanted and she owed it all to the period in the I.C.U. which of course she did not know by this name, it being better known by its formal title of Medina Unit, but she did at some length during this short talk stress that it was only whilst he was there that he thought people were concerned about him and she felt that we were doing anything at all to make him have an opportunity of making a reasonable life for himself.

Spring 1983
Interview No. (x)
Taped Unit Discussion
Lunch on 31. March 1983

S - Interviewer
Others - A, B, C, D, E, & F.

S. * Right so when you first came here what did you think about it, when you were coming and when you arrived, please.
A* Well I thought it was going to be alright, better than.... to start with they treat you much better

S* You didn't really know that before you came, what were your feelings when you were approaching the gate.
A* ................

S* Now has anyone ever said anything about that, what did you feel about. when you were coming.
B* Well when I first come I want to leg it, I couldn't because the police brought me out, but I found that I didn't mind it that much, its pretty good now,you get used to it.

S* ..... 
C* What
S* Tell me when you first came here
C* I thought it was alright, I didn't mind it
S* What the first part
C* Yea
S* Even when you ..... .......
C* Well the second time... you know.... the first time was alright but they said....... you know

S* .... tell us about that
C* They said I was going to a Childrens Home you know they reviewed it.
S* They didn't tell you anything about what you were coming to.
C* No
.....
C* I thought I was going to another home, I thought. til I got here...
S* And did you think about it because you'd come a long way.
B* I wasn't sure what... but once you have been here a couple of hours it was alright.
S* What about you little...
E* Um
S* Lets go on then, well when you got here you were pretty upset.
E* Yea
S* Why
E* Because it was a lock up, I've never been in a lock up before.
S* And how long did it take you to settle down
E* About....
S* And what were the lads like, I mean they were all the same people.... was the only one who wasn't here when you came wasn't it.

S* Were the lads nice to you, and the staff
* mumbles (no identifiable reply/replies)
S* Anybody any comments about that
A* The first time I come here I thought it was something like D.C. because I come straight from........ D.C..... I walked through the door and I thought that.... lock up I knew it was a lock up cos my social worker said, I walked in the doors and I thought.... it was all strict... ... keys..... I thought the first couple of hours.... locked up getting away and getting home but it started to get better.... five-a-side football. .. alright it was pretty good...
S* What do you all think about the atmosphere apart from the smoking

E* I think it's alright... when they said I was coming in I was sort of a bit frightened an that

S* Although you had been across the other side

E* Yea

S* And knew about it

E* Yea and a I was a bit worried, I felt like jumping out of the car - sort of thing but they had all the locks on and all that, well, when I come I thought it wasn't as bad as I've heard an that...

S* Do you all feel that staff talk on your level they don't talk down to you is that very.....

S* Those 2 or 3 who have been to D.C. I mean they obviously can compare I mean would you compare it as better or softer, I mean, I mean they are not necessarily the same, what do you think.

C* I like D.C. better

S* Because of what we were talking about at dinner time, that it was programmed, you could do things where you wanted to do rather than...

C* That's right....

D* But you can still do that here...

C* Yea I know but I like D.C. I don't know why... it was alright you know.

S* Mind you in a way, am I putting words into your mouth, it was a bit like you really wanted, I mean you really wanted the army, and in a terrible sort of way you got almost the equivalent didn't you.

C* Yea

D* ............

F* ................. I got on pretty well. I got a green break... whenever.... when I come here the second time it was stricter than it was when I come here the first time, cos the first time I come here it was only.... cigarettes a day.... 7 or 8....
Now let me go on to the next bit which is a ticklish one, what do you think of your social worker.  

*What....

*Yes

*...........one step behind, wants to get, my social worker tells a lot of lies an that, says.... an that so he can get me in the place he wants me to go, like the lock up or anything, he just wants to get me locked up all the time.

D* ..... the staff do not tell you a load of flannel, they tell you the straight truth.

A* The point is they tell the truth whereas the social worker fort of keeps it back

*........... (fewer speakers identifiable - over excitement)

*Yea, well I think my social worker don't never tell me lies or nothing, he tells me it straight you know.

S* What do you think ..... social worker.....

*............

*Yes I mean he just leaves out enough not to be quite truthful  

*Yea he leaves enough sort of..... going to happen.

S* You went on a visit to.... a possible school yesterday, didn't you, well I mean how much, can you sort of compare what you were told here with what your social worker told you.  

*Well they said here that it would be alright yer know if I behave myself... the social worker said... it takes a long time to come out of it, here they just come out straight with it.

*I saw mine yesterday an he didn't say that nothing happened very much at the Case Conference, he was just talking about my past an all the trouble an that lot, but he started talking about my case
conference and he went on to something else about me getting into trouble, and then he went on to the Case Conference, going backwards and forwards all the time, talking about me when I got into trouble that's all, he didn't tell me much about what happened yesterday, I asked Mr. W and he told me, just straight.....

*........

*........

*Well no that's not altogether true, I mean there are a lot of alternatives really, I mean I sometimes write it down.... a girl asked me a question..... now tell me what could happen, I said, well everything could happen, she said yes, now there were actually 15 alternatives I wrote down and here's one I wrote down for you to see and of course the girl couldn't cope.... said that for boys.....

*...........

*Oh yea that's right

S* Sorry what were you going to say E?
E* When my social worker tells me that my case conference..... she don't say come straight at me she just sort of says yer know... what going to be good for me an all this, I don't see how she knows what's best for me an that.

E* Now who....
S* They don't....

*Now that's my real question, you've picked out my last question, can it be good for you

S* It makes you think

*You say it makes you worse, you say it makes you think again, what do you think

*I reckon it's good for you, it makes you worse now an then

*It does it makes you... an all that business

*........
S *Not in a case like this but I mean when you go to...
*No, no, so your distinguishing aren't you really
between a place like this where perhaps you can sit
and think for a little while and have a talk to
people, even if you don't agree with them, like
we did at lunch time and a prison where you're
simply put with other cons and if you want to learn
the game you can learn it better, is that what you
are saying.
*Well I think it was good... for A Lodge anyhow
but I didn't think it was going to be for this long
I thought I was only going to be here for about a
month or so, and move on again.
S* So you're saying the same thing that they were say-
ing and I think everybody is saying, that whoever
it is, don't matter whether it is social worker or
folk at other establishments you really, one of the
real moans is you don't know how long and for what
do you.
*Yea
*You know its
*You do for D.C....
*Yea
S* Our policy here is that we always try and solve
that, this is what would happen to you, and if we
don't know we won't tell you, say we're sorry, as
soon as we do know we will give you a date, and I
think that is...
*Is that fair
S* I mean is that what you think they do
*Yea
S* They tell you what they can
F* It's like... this is not.... everybody thinks its
open but it aint open, there's kids that get... its
supposed to be a short sharp shock, which it aint....
juveniles get out of the Intensive Centre
*It makes it... worse.... ..... cos they've met up
with someone.
E* .....they come out on their own... and they think....

P* Before.... yer know caught shoplifting a few times
but as soon as I went into Care I just got in more
trouble....

S* Do you all think that
*Yea me and P we both been at Ashbourne Lodge together
and we both...

S* But do you feel here, that the staff here are trying
to help you in the best way they can.
*Yea

S* Yes but what about the other side of it, none of you
have said anything about any moans about here.
*......

S* Go on

F* Well I don't like, I suppose going to bed at 9 o'clock
but.......
*........can't wait to get up
*........

*One thing I disagree with is being locked up for
an hour in your bedroom
*What for the change over when the staff
*........

D* Can I say there that E actually hit on the very
thing, as we are in such a tight community... and
we have such a long day to go through that particu-
lar break which we have at whatever time, half past
one to two, two-thirty, gives you a bit of time to
have a bit of privacy on your own and it gives the
staff time to have privacy on their own.

S* An even time for a sleep
*Its very interesting in the time the units been
open the number of lads who actually relax, one day
I said to him one Saturday afternoon, right lads
theres a good match on we'll stay - Oh no, we go
up because we like our little nap between one-
thirty and two, you know its very.... they seem to
adapt......
*It's a bit too long it should be about half an hour.
*You would sooner it be half an hour
*Yea, bit too long
*...... it should be an hour an a half but the time you get to sleep........
The details recounted in this set of interviews are somewhat different from the other two main subjects, first in the fact that this girl, now aged over 18, was at the age of under 13 the first subject to be placed in the girl's secure unit (Intensive Care Unit) which at that time was in the process of construction when the behaviour manifested by D caused her to be placed in the Secure Unit in its incomplete state along with other girls from time to time but with the majority of the manning being by agency staff from a local nursing agency. The situation so far as this young person is concerned is different than the other subjects in a number of ways; firstly, attached are press cuttings which followed upon her giving evidence as a Regional Secretary of N.A.Y.P.I.C. which is the 'National Association for Young People in Care', an organisation which was born some two years ago out of the 'Who Cares' Groups formed under the auspices of the National Childrens Bureau. The subject gave evidence to the House of Commons Select Committee on services for children in February of 1983 and also therefore attached are details of the newspaper cuttings etc.. etc. which followed the evidence which she gave. This presentation also differs from the others in certain serious areas, there is no interview with the social worker, there is no interview with mother or with father and therefore this transcript begins with a background relating to this young person in order that the reader may more clearly see why there was not the same supportive comment from residential or field social workers or from parents. The subject was abandoned by her mother at the age of three months and taken into a residential complex, a large
residential complex, accommodating some 160 children at that time, in various house units, in the major National Children's Homes complex in South Hampshire. She remained there until she was 12½. For the first years of her stay she was a normal developing child albeit having difficulties in that she was the only black child placed on this large campus and one suspects from the evidence given by some of the people who knew her when she was young that she was really treated as a rather pleasant 'piccaninny' - almost as a toy when she was small, black and extremely pretty. By the time she was five years old and attending the village primary school she was particularly pretty and obviously well loved by all those on the campus, especially the pro-parent figures in the house group of which she was a part. This is obvious from the large number of photographs of her when she was young. She did well at the primary school, had some difficulties because again she was the only coloured girl on the school role but progress seemed to be pretty normal both in the institution and at the local school until she was ten when she first apparently manifested a great interest in the whereabouts of her parents; such was the policy of that time that she was really told nothing, she was virtually fobbed off with fairy stories. At the age of 11+ she moved schools, first of all to the local secondary school where she had a bad reputation as a fairly awkward young lady who was not willing to enter into things in the same way as the other 'normal' children and by the time she was twelve she had been placed in a formal school exclusion unit across the water, a ferry ride each day away, in the nearby city of Portsmouth. By the first term of her second year of secondary school age she was at the point of being excluded from that unit and later she was. She was offered some home tuition which she resented and disliked because she was not allowed to be with her peers, she asked to go
back to the local secondary school and this was refused and by the time (two or three weeks before Christmas in that fateful year when she was 12½), the end of term had arrived, the Superintendent of the National Childrens Home establishment had written formally to the mother local authority to ask whether any help could be given in dealing with what was now to become a fairly intractable and escalating problem to his staff. As a result of this communication the decision was made to place her as a temporary measure, on a sort of unofficial interim care order, at a senior girls' assessment centre. She arrived there during a period of massive absconding and in fact ran away about as many times as the rest of the girls. The difference was that she was black and 12½ and they were all 14+ and mostly fairly seriously delinquent or involved in serious non-school attendance and absconding. After a short while she was placed in the secure room at the assessment centre but as this seemed to have no effect on her she was about a week or ten days before Christmas, in that fateful year, placed, as I have already indicated, in the wing of the observation and assessment centre in nearby Southampton in a sort of unofficial semi-secure unit where her control was by means of agency staff and quite shortly afterwards, as it turned out, by on the introduction of medical advice a fairly regular dispensation of Largactil. Generally speaking this was offered orally and the subject took it but occasionally she refused and if she was 'high' the drug was administered by means of injection. At the same time everyone involved presumed that she would return, such being the sentimentality of all of us in regard to the Christmas season, to the childrens home complex for Christmas. Two days before Christmas, immediately after a visit by one of the senior staff at the complex, a letter arrived to indicate that D would not be acceptable in the home and as a result she had not
only an extremely unhappy and rejecting Christmas, but quite obviously she felt herself the subject of a major rejection for the second time in her life, the first by her mother, as has already been alluded to, the second by the place which had been for home for all but 3 months of her 12½ years of her life. Moreover not only did she not know anything about her mother and father and was she not told anything by the institution which had been her home for these 12 years but in fact nothing was known about the whereabouts of her father at any time and when interviewed by a social worker at the time of her being placed with N.C.H. nothing was learned about the father, his involvement, or indeed his whereabouts even at that time. It is worth mentioning that a special underlining of the rejection was that she had a brother whom her mother kept. The year or so in the intensive care unit was a traumatic period both for the agency staff and for the superintendent and his residential staff when they moved in, for they were really in a no-mans-land - unable to work with the establishment which she had come from, unsure of the relationship with the nominated social worker, who was a very senior person (female) within the Social Services Department, and unable also to deal with the subject in terms of the intensive care facility which was to become part of the ordinary working arrangements in the secure establishment. Something of this will become clear as the narrative continues. Many Case Reviews were held and some fairly outlandish proposals made, even to the extent at one stage of suggesting that she go to Moss-side Special Hospital, a singularly inappropriate suggestion. In the event it was decided she should be recommended for a place at a Youth Treatment Centre and in view of what we knew at that time this seemed to be a sensible and positive recommendation. The idea was that she should go into the initial secure unit and then progress
through the sequential treatment programme in such a way as to have tight controls which could be taken away when she had learned to live with a measure of self-control and self-analysis. In the event this was to produce a less than appropriate response and although it is not my place to comment on her time in the Youth Treatment Centre it will become clear what her response to that incarceration became. But more important perhaps is the fact that when she moved into the open unit within the Youth Treatment Centre it was to the Intensive Care Unit that she returned when she absconded, she kept in touch with the superintendent and some of his regular residential staff who had by this time become part of the formal intensive care unit, she was taken by the Youth Treatment Centre to visit her mother and experienced yet another rejection, and still nothing was known about the whereabouts, or even anything about the history of her natural father. One could almost suggest that a game was played between the National Children's Home Institution and the subject in the sense that all sorts of encouraging noises were made from time to time. It was suggested that she could keep in touch with them, that there might be some future there, but as soon as she made a positive move towards them there was instant and total rejection by all the staff who remembered her (and I fancy remembered her reputation rather than she as a person). I skate over the three or so years which she spent at the Youth Treatment Centre except to comment on the apparent need to keep a close touch with the intensive care unit and the fact that she did return there. At the end of her time at the Youth Treatment Centre she became pregnant by a boy in the unit and was placed incredibly at a hostel in Essex and she was counselled to have and did in fact have an abortion at a local Essex General Hospital far away from any friends and all support.
Again she turned to the Head of the I.C.U. and his staff for all the friendliness and warmth which they were able to muster and it seems in retrospect that this indeed helped her through this very trying time. She then came back to the area of her social worker where she experienced multiple rebuffs and rejections. This is not to say, and I stress this from a number of interviews with the subject and also discussions, not formal interviews, with the social worker and some of her staff; this is not to say that the subject was not 'a pain' in every sense, she refused help and advice, she turned to petty-crime in shoplifting and similar offences, when wrongfully arrested, certainly a trying situation for a coloured girl of her age, she assaulted police, she caused difficulties in public places, on one occasion she burgled the area office to obtain her own file, read it, and then simply kept it on her bed until the police came to interview her. She was convicted of this and a number of minor shoplifting offences. Then again she turned to the intensive care unit, simply for support at a distance; she came out of care and became involved in the organisation to which I referred. She managed to get a number of 'O' levels at a local technical college and was accepted on a Child Care Course (Preliminary) at a nearby Technical College but was however unable to sustain this for a variety of reasons; the paucity of the grant available from D.H.S.S., the fact that the grant from the Local Education Authority was too little and too late in her case and in fact the further offence of shoplifting led to two court appearances which let us know a good deal about the girl, which made a point about her honesty, and which opened a new door for her. Firstly she telephoned the College where she was doing the Child Care Course, explained what had happened, said she was pleading 'guilty' and felt it was not in the best interests of the other
young people on the course that she should continue. Secondly
she went to Court told the truth, pleaded for leniency
and was given a six-month deferred sentence. Thirdly she
again contacted the Intensive Care Unit, discussed the
problems with the staff, they encouraged her to tell the
truth in this way and out of the blue by one of those mill-
ion-to-one coincidences her natural father saw her name
in the national press, because one of the court adjourn-
ments was to enable her to appear before the House of Commons
Select Committee, and he telephoned the Intensive Care
Unit and was put in touch with her. They have now met
on two occasions and she has visited him and his family
and seems to be accepted by, and acceptable to, her natural
father's wife and their two children. I think this is
a really wholly tenuous, fortuitous, occurrence which
has largely been brought about in real terms by the support
given to her by the I.C.U.

We move on now to an actual series of comments from the
subject regarding the time in the intensive care unit, her
view of some of the things which have happened to her and
my final comment.

."They give you rules which you have difficulty in following."

."Their idea of a reward isn't to give you a privilege
or talk to you or to treat you like a human being but
to offer you a smoke"
. "What they really do is to reach you what its like
in an institution and then what its like to live in insti-
tutions"
."Look at their response to absconding, stupid, they either
give you no punishment and smile at you or tell you your
out of control and lock you up, what mad extremes."
"Or when they have placed you somewhere for training whatever that means, they give you a holiday, what do they do they send you to an observation and assessment centre, when you don't do just what they tell you they lock you up."

"Well its worse for me being black but the way the police treat you, for instance, they kept me overnight in the cells because they said they couldn't identify me, they knew jolly well who I was and in any case they could have rung the social workers on emergency"

"I am putting you in the Youth Treatment Centre, well I don't know what it means"

"You mix with Section 53 kids, they've done terrible things like murder and there are some kids who whatever they tell you about it really started of by not going to school"

"Who gets priority, I'll tell you, the Section 53 kids because they're serious and yet they get all the privileges"

"We were all mixed up together, they showed us the local papers, headlines like 'They're all murderers down there'"

"Back in the I.C.U. you know the one in Southampton, well it wasn't finished when I was there and they had to use drugs because they were told to by the doctor, I know that, and I must say all the people there seemed nice, their only aim was to get you out, I was only thirteen, but looking back I couldn't see any chance of progress because everything seemed to be done for me, and I know what you mean when you ask me what was supposed to happen to me but there wasn't a programme, there was no future for me, so what use was it bothering"

"Its no use dangling something five years ahead, if you can dangle something a day ahead its difficult to know whether they could manage to reach it"
The subject was one of the young people in care or ex-care who was invited to give evidence to the House of Commons Sub-Committee considering children and especially children in care. She wrote out her own prepared statement of evidence and has given me permission to quote that in full and it now follows.

APPEALS FOR 'NO GRANT' GIRL

A girl in the care of Hampshire S.S.D. has protested against the local authority's refusal to give her a grant for a full time 'O' level course, writes Anne Whitehouse.

In a letter to Community Care 17 year old Denise Simpson described the decision as 'totally unreasonable'.

Admitting her behaviour has not been 'exactly angelic' in the past, she writes 'I was trying to settle down and keep out of trouble. At a time of high unemployment it seems rather ironic that they should take this attitude.'

Miss Simpson, who had previously taken a part-time course at Chelmsford College while living at St. Charles Youth Treatment Centre in Essex, was unable to take up a place at a sixth form college in Fareham because of her authority's refusal to finance her.

In a letter, last September, principal area officer Maureen Levenson informed Miss Simpson; "If over the next few months you can demonstrate by, say, attendance at evening classes, and your attitude generally, that you really are able to take advantage of further education, we would be prepared to consider your request again."
Miss Simpson, who has since started a part-time course of 'O' levels at another college, financing herself from supplementary benefit, wrote to the Children's Legal Centre, for professional advice.

A Voice for the Child in Care has also written to the authority on her behalf.

In a letter to the authority, the organisation stated: 'I expect that you are pleased that Denise wishes to carry on with her studies and that you will manage to find some way to finance this, despite the financial situation.'

S.S.D. director Arthur Hunt told Community Care that Miss Simpson's request had been carefully considered by a number of staff in the department before the decision was made.

"This department and this authority support many children in care in pursuit of further study and vocational training," he said.

"There are a number who are supported beyond the statutory requirements.

"We were aware of Denise's request, but wished some assurance of her ability to sustain further study. Denise knows that, given this indication, we are prepared to consider her position again."

Extracted from Community Care, April 15th 1982
Annexure - press cuttings - D
SCANDAL OF GIRL DRUGGED IN CARE by Roger Todd

A girl in council care was given drugs that made her 'like a zombie' for three years to control her. Then she found out that she should not have been in care. A psychologists report which she discovered in a secret file on her, said she was a problem only because of the way she was treated.

The girl, Denise Simpson, now aged 18, was giving evidence to a Commons Select Committee investigating children in care.

She said that doctors forcibly injected her with the drugs Valium and Largactil.

Finally she broke into a social worker's office to look at her own file because she wanted to know more about her background.

She was shocked to find a psychologist's report that her behaviour was purely due to the way she was treated by the Authorities. Denise was put in care voluntarily by her mother at the age of three months.

At 13 a full care order was made after she took revenge on a school which expelled her, by setting fire to it.

In the next three years she was repeatedly controlled by drugs.

She told the M.P.'s 'I was taken to Redhatch Assessment Centre, Winchester, and absconded seven times in seven weeks as it was the 'in' thing to do.
"On returning I 'acted out', and the police were asked to handcuff me while a doctor forcibly gave me an injection of Valium'.

INQUIRY

After that she said, she was given a dose of Largactil. Similar treatment followed at a secure unit in Southampton and at an open assessment centre.

Council officials at Hillingdon, West London, were yesterday investigating Denise's case.

Extracted from DAILY MIRROR, Thursday, February 10th 1983
D was also the subject of a television programme in the community programme unit's series Open Space which was broadcast on B.B.C.2 at 7.30 pm on Thursday 6th December 1984; the aim of the programme was to be reflective and in essence I think this was what it tried to be. However two aspects of the programme were worrying in that there was a confrontation between D and her Mother and later there was as it were a confrontation between a nurse who had been helping prior to D stay in Secure Accommodation and the Hampshire Social Services Department and the comments made by the nurse appeared to be less than helpful.

What was interesting was that as the programme was intended as a reflective one it gave D an opportunity to look into her past and although she was clearly critical of some aspects of the time she spent in (a) in separation, (b) in a secure room and (c) at the Youth Treatment Centre, she, like those who tried to care for her in those difficult times felt that in totality much had been done to enable people to get close to her and to make relationships which she valued and still continues to have.
D's period at the Youth Treatment Centre has been referred to. Whilst there she wrote some poetry and three poems follow which I think reflect more than adequately young people's re-action to being locked up.

The poems were first published by 'A Voice for the Child in Care' in London in March 1982

I am labelled
A number, not a name.
A number on paper,
A number on a book,
A two figured number
In their little red book

*****

Nutty people, nutty place.
A total disgrace to the human race.
Screaming at night, banging on the wall,
Clawing and scratching in my cell so small.

At the dead of night everything is quiet.
No more screaming, no more riot.
But the pantomime begins again
Without fail each night at ten.

*****

Banged up in his cell for 24 hours a day,
Crouched up in a corner, crouched up out of the way.
Darkness falls at night time, coldness makes you freeze
Shadows creep across the floor, alone I cough and sneeze.

In the morning breakfast comes -
Cold egg and beans, tea and crumbs
At two p.m. dinner comes -
Cold egg and beans, tea and crumbs
If I'm lucky I'll get my tea -
Cold egg and beans, tea and crumbs
And that's all I'll get until morning comes.
This is the comment by the Social Worker on the I.C.U. containment and the results for C.
C to go into the I.C.U. mainly because he refused to go back to Turners Court, under any condition he would not go back, Ashbourne Lodge coul not have him, there was only one alternative, for him to go to the I.C.U. and he was taken there by the police, well by escort...
"How long had he been there when you first saw him"
Oh, we visited the following day, I visited with Mr. W The Senior.... we visited the following day after he had been admitted to the I.C.U. and C did not and he refused categorically to return to Turners Court, under any conditions they wanted him back.
"even from the I.C.U.?
"Even from the I.C.U."
"He refused to go back"
We asked him on several occasions to go back, he was waiting to go to Court and he refused and he said no he would rather stay in the I.C.U. until his Court case.
"Even though he didn't like the I.C.U."
Even though he didn't like the I.C.U. he refused to go back to Turners Court.
"Now when he was in the I.C.U. you visited him regularly"
Yes
"What did you think, I mean can you tell us some of your impressions about the I.C.U."
Well C I felt was using it as um marking time basis, he was accepting this, marking time until he went to Court. I don't think he felt he was going to get any benefit out of it, he didn't accept that it would do him any good but he was quite happy to just remain there.
"Did you get to know him any better because of his being there"
I think I did, yes
"Can you explain that"
Well, its rather an odd thing to say but its um, I felt that I got to know him a little better in as much that well authority he didn't think much of, he didn't accept Social Services in any way as being effective, as being helpful to him. Although he accepted that he, that things had to be done to him as he said (a) because of what he had done, he had to go to Court, but I feel that he was expected to be able to go home afterwards, after he went to Court
"You see its interesting in that C in his interview said that it was the first time he got to know you well." Thats right, yes, I felt that we got to know each other better then, than before, I felt that I didn't know him as well as I would have liked to.
"Did you think that you got any help from the I.C.U. in their comments on him or in the way he responded or anything."
I think the I.C.U. was helpful to me in giving me the opportunity of getting to know C and also commenting on his behaviour within the I.C.U. I think C although he himself wouldn't admit it, I think he got a benefit from it as by you yourself found out, (a) from the one to one relationship that he could make within that unit, I think he felt sometimes it was boring but also there was quite a lot for him to do there and kept him occupied to a certain extent.

"Looking back on it do you think it was helpful to him although he said it wasn't at the time, sorry said it wasn't at the time but he now says that he can see the advantages"
Yes
"Where compared with Borstal for instance"
Yes, I think he gained something from it, but without him knowing.
"Yes, are you able to expand on that at all"
Well I think he gained more in relationships with adults and with authority than what he's gained before. He wouldn't accept it at the time and he didn't admit it at the time but I think he will have gained by his different viewpoint on authority figures.
"Now you visited him in the Borstal afterwards"
Yes, I did
"What do you think of C comment that in the Borstal he didn't get to know anybody, simply did as he was told."
I can imagine that, yes, I can understand that, I feel that there C was just also wasting time or shall I put it that he was there being locked up and he didn't think he was going to gain much from it, I had hoped that educationally he would gain, but I think he at first thought he would when he first went to there he had visions of um catching up on education.
"But he didn't get the opportunity really did he"
I don't think he gained from that opportunity.
"Now you are a social worker of very wide and varied experience and for all your difficult case load C is the only boy who has gone to the I.C.U."
That's right
"And I think I'm right in saying that you haven't ever recommended anybody else for the I.C.U."
No
"I wonder could you as a final comment say something about why that is, because you know the I.C.U., you obviously have some good feelings about it"
Oh yes, I think you have got to be very careful when you recommend any child of any description to be locked up because in a lot of cases it does more harm than good and I think you have got to study your child very well before you can ask for that, and there is only a certain type of child I would say could take it. I think it can be very detrimental to some.
"Let me ask you one last question, what do you find wasn't good about the I.C.U., there must have been some things, did they receive you well."
Oh yes, yes, they received us very well
"Did you feel you could talk to C without other people listening in"
Yes, oh yes, I was given every opportunity to talk to C on my own.
"You thought the different members of staff were friendly rather than hectoring, not bullying."
Yes, no not bullying, I didn't see any bullying with C or anything like that.
"What about when you had to go, once I remember with an escort to take him to Court"
Thats right
"What was that experience like"
Well when I did go there, naturally C wasn't quite ready but um I thought that was quite alright, invited me into the office to wait while he got ready, he was getting ready, and they seemed to be rather friendly with C There was a friendly um..... relationship if you know what I mean, you know more like a good parent, come on get ready boy you know, but there was no nastiness, nothing like that.
The interview with the Director of the Youth Treatment Centre at Glen thorne (Birmingham) took place on the morning of Tuesday, 22nd February, 1983:

Because of the rules of the Department of Health and Social Security in common with other Government Departments a formal taped interview was not possible, however, a far ranging discussion took place, I was able to keep notes and these are the main themes of what occurred.

Details of the aims and philosophies of the Youth Treatment Centres are contained (p. 42 et seq.), for preference because of its behaviour modification practise young people from Wessex tend to be recommended for placement at Glenthorne and as well as normal recommended placements we have put at least one person there as a result of a Section 23 Order. The Director has visited the boys Intensive Care Unit as have members of his staff and reciprocal visits have taken place. Additionally there has been a regular consultation arrangement between the Intensive Care Unit for boys and the Youth Treatment Centre. The Director professed himself dissatisfied with the routines of the day in the I.C.U., a remark on the smallness of the size of the establishment when compared with the Youth Treatment Centre, but felt that by and large the day's programming and the injection of education were relevant and pertinent. He was complimentary regarding the paperwork and the links between the authorities in Wessex and his Centre via the Department of Health and Social Security in London and was able to comment of course only on the discharge so far as the Intensive Care Unit was concerned which would lead to a reception into the Youth Treatment Centre. This we arranged in the following manner, the young person has completed an assessment procedure, then the pro
forma for application to Youth Treatment Centres places is forwarded to the Department of Health and Social Security Admission Panel in London and these papers are considered usually at a fortnightly meeting - as an aside, thus far no Wessex application has been turned down by the Panel - when a decision is made by the Panel that the young person should be considered for a Youth Treatment place there is concomitant with this recommendation a suggestion as to which of the two Youth Treatment Centres would be better in the child's interest in terms of an on-going treatment programme. The application pro forma is a very detailed document of some 68 pages and in addition to this there is a further assessment of the child made before application for Youth Treatment Centre place is made, at least so far as this region is concerned. Once the placement is agreed and the appropriate establishment nominated the Director indicated that the programme of mutually interchangeable visits was most helpful. What happens is that the boy is counselled by his social worker, by one of the residential staff in the Intensive Care Unit and by someone from outside who knows the Youth Treatment Centre to which he is going, as to the general regime, the pattern of visits, what will happen when he moves, how he may progress from security through to the open part of the establishment, and what the future holds for him. He is given an idea of the treatment planned, this will be modified on arrival particularly at the Glenthorne Youth Treatment Centre because of their use of an induction period where an internal assessment as to the way the treatment programme can be tailored to the individual child's needs is set up and this is the first unit the young person goes into. The Director of the Y.T.C. felt that this procedure was a good one as additionally before the final placement was arranged one or two of his staff usually with an
educational psychologist or similar professional colleague would come down and talk with the boy for a considerable length of time, about what the place was like, rules, the way the behaviour therapy would be organised, what could happen about visits, and hopefully they would meet the social worker who would continue involvement, and the family. The Director was able to say that as far as the past five admissions from this region, one of whom was a Section 53 admission, had been concerned, all these procedures had occurred, had been positive and seemed to have helped the young person and his parents as well as the social worker to feel that there was an on-going partnership. In all the cases referred to the parents have accepted the treatment or training part of the programme and have been able to visit quite frequently and on occasion have been helped by Glenthorne as well as by the appropriate authority with which the child is in Care and by D.H.S.S. locally. The Director stressed, correctly in the writer's view, that the sort of young people he is taking are the most difficult and disturbed we have and that is certainly true of the children being put up for Youth Treatment Centres from our Intensive Care Unit in the region of Wessex. He felt that the relationships which began between his staff and the kids, between the kids and their peer group, between them and their home situation, between them and their social workers, all appeared to be useful and positive. He had reservations about the relationships with their friends because of course distance generally means friends could not visit on any regular basis even if this was thought advisable and one has to bear in mind that distance, particularly in a closed establishment, does not lend particular enchantment to friendships which, certainly amongst adolescents, seem to need face to face contact on a fairly regular basis in order
that they may thrive. However, so far as behaviour was concerned the Director felt that if we chose right, as he was suggesting we were doing in our recommended placements from Wessex, then the behaviour therapy would have both a short term and a longer term effect upon these young people and one of the very real difficulties which we have seen in monitoring this was the one that he underlined, that the age-old practice of saying that no offences within two years is success, offences within two years is failure, was really not sophisticated enough, not exact enough, and in fact may be totally irrelevant.

A motoring offence occurring within this time to a young person who had previously been involved in a good deal of aggro, actual or grievous bodily harm and so on, might be almost irrelevant, the sort of 'stagger' which any normal young person might make and I think that this is something which the Director felt ought to be stated, not as a reservation about the statistics but as a very real comment on what we must see as a measure of success with these very difficult and disturbed children. It is of course important [and he stressed it] that when he is dealing with a mix of Section 53 children about whom others have written at some length (note Godsland J.H.), the mix which he has to deal with where he really has two client groups, one of children who are serious offenders and have many offences and another group which consists of children who have been found generally guilty of one or two very serious offences but have no other record and also have little future because the end of their stay at the Youth Treatment Centre may not be the end of their incarceration, almost at the caprice of the Home Office.

In conclusion the Director felt that the important comment he could make about the Intensive Care Units was not in pedantic terms about their rights and wrongs, good and bad points, which he had obviously only seen on
his visits, which were for other reasons than to 'inspect' the two units, but rather he would say that the calibre of staff, the way staff were maturing, the relationships between his staff and the staff of the Intensive Care Units, all helped to make a railway track along which good communications could take place because when there were good relationships between well-meaning people there was a good deal positive going for the young person who had reached this very grave situation of being in secure accommodation and were being recommended for a longer period in an alternative, also secure, placement.
APPENDIX C

As well as the transcripts set out in full within Appendix B, the following directly relevant evidence/information was pertinent to the study:

(i) A - a dependency problem
(ii) S - a plea for help
(iii) G - a letter telling of further offending to staff;
(iv) C - 'some success for a sub-normal girl';
(v) D - parental letter of commendation.
(vi) J - a complimentary letter!
(vii) self-confessed vandal.
A - a dependency problem

The subject is a lad, aged just 15 at the time of the interview:
as well as interviews, access was made available to
Social Services Department Area files; to the CH(E) file; to the Intensive Care Unit file; and to the
Regional 'Secure' file:-

there follows a brief pen-picture.

'A' - male - aged 15+ no specific religious affiliation,
is a rather pale youth, slim, and about 5'4" in height:
within the lower average band of intelligence, and attain-
ment, he generally presents in a friendly manner and has
frequently been described as 'honest and realistic'.

He has been 'In care of the Local Authority', subject
to first a Voluntary and then a Full Care Order since
1979. Some 4 years ago, whilst undergoing assessment
at a residential unit, his almost total dependence on
cigarettes was noted: the Principal of his CH(E) some
15 months ago described him as 'hooked upon electronic
games as a baby is upon its dummy'; and over the past
year glue and solvent sniffing - concurrent with a
little minor theft - has been A's major problem. The
behaviour manifested when 'high on glue' caused major
fears within the Social Services Department, codified
by a Consultant Psychiatrist who commented "...
behaviour has deteriorated...needs to be moved to secure
accommodation for his own protection and for the pro-
tection of others".

During the three years he has been in care to the local
authority his educational standards have relatively
declined; he has indulged in minor theft; he has become
a 'dodger' in respect of any form of work; he has become
increasingly 'slow' in his response to any communication
of a verbal nature (a peer in the same CH(E) 'his brain
has gone pugged': a Prison Officer at the end of his
6+ weeks in Junior Detention Centre, again for minor offences only, noted 'his brain seems to have been affected by his glue-sniffing..."

This synopsis resulted from discussions with

Social Worker;
Senior Social Worker;
Principal Area Officer;
Head of O & A;
Residential Worker;
Head of CH(E); and

written comment from Detention Centre Staff member.
S - a plea for help

Dear Mr. - 6 June '85

Would it be possible for me to go into a home temporarily while the children at R have settled down because I do not know why I should suffer because of them. And also I am feeling very upset and getting more depressed staying here. I would like very much to settle down into the endependent living.

Have you any idea what it is like here or what it does to you to be locked up and deprived of my freedom. It seems when you are locked up in the I.C.U. you are forgotten about. I hope that is not true.

Yours sincerely,

S
As at March 1983

G a letter to staff, telling of further offending

(Please read this out for boys to listen)

Dear

Mr. S and everyone else at W when I whent home at Xmas. I met up with M. G. After Christmas was over he dicided that he would not return to you so we hanged around with each other for a while I was liveing somewhere else at the time so I needed some money for my my lodgings so I done alot of bugaries with M. and I mean alot then we nicked a hole lot of cars I was driveing and we smashed three of them up then in the end we got caught like most people do as you know. So we got taken down Shirly police stion and was chared then on Monday morning we went to court and they remanded us at Winchester Remand Prison for a week. Then we went back to court and they remanded us at Glen House Secure Unit. We went back to court again and they remanded us back up Winchester again for about six weeks.

'G'
C some success for a sub normal girl

C who was at the time certified as nearly educationally sub-normal and certainly was performing at the very low end of the English and Mathematical range of ability, was placed at a Barnardo's Special School for girls in the low average and high ESN range in 1979: after two terms at the school her propensity towards absconding increased very markedly and she was absconding 3 and 4 times weekly without any real understanding of the danger she was in (she must at that time have been about 12) and was unable or unwilling to accept any counselling on the dangers inherent in her actions.

By July of 1980 the level of absconding had become so serious that neither school, social worker, nor parents were able to get any form of agreement from C that she would try to settle at the school and make her best use of it. The school holidays were almost with us and it was therefore agreed that (at the time we were able to do this on the authority of the Director of Social Services after consultation with Senior Management as part of our good practice policy) we should talk to C and place her with Agency staff in the what was then deemed 'semi-secure' accommodation in the wing of Fairfield Lodge which was later to become the Intensive Care Unit. This was done for about 60 hours, including thus 2 overnights, and then C was counselled as to what would happen to her if she continued to abscond - she agreed a contract and went home for the holidays with the tripartite agreement between school, parents and Fairfield Lodge that should this absconding again begin she would again be placed in the semi-secure unit. She kept her word... absconded only twice from her parents during the summer holidays, and when returned to the school in early September 1980 was able to say that she
had 'learned her lesson' and would stay at the school and try to benefit from the schooling there.

She did this quite positively, for a year and a half kept in peripheral touch with Fairfield Lodge and is now performing as a reasonably secure, although of course under-achieving, young lady in regular contact with her previous schooling and enjoying a reasonably good relationship with her parents at home.

May '84
Dear Mr.

My husband I wish to thank you and your staff, for the wonderful caring attitude which everybody showed towards my son D.

Our fears of a 'secure' unit were completely unfounded after our visit, in which we observed everyone of your staff were genuine in their interest towards D. and in the way they looked after him.

May we both thank you again.

Yours sincerely,

C........................
re J complimentary letter

KENT  July '83

Extract 1

........... that he was placed at a main-stream secondary school - apart from 2 days off ill and a half day when he was reconnoitring the limits again (which resulted in a brisk response and thorough talking to) J has attended consistently and presented no trouble to the school.... there are some grounds for optimism.

KENT  October '84

Extract 2

...........this Department is no longer involved with J, but I write to let you know what happened. The (placement at school) next year went extremely well. the Care Order was discharged in June 1984.... J then elected freely to stay on at school to make up for what he had missed in the past. In September he was appointed Deputy Head Prefect!
My thanks to you and all in the I.C.U. for all the help you gave in this case which may now be seen as successfully completed.
Self confessed vandal

Letters page

A GOOD FAMILY, A GOOD HOME, BUT HERE'S WHY I'VE BECOME A VANDAL.

I am a young man of 16, and a self confessed vandal. I have written this letter because most people think vandals are;

1. Badly brought up people;
2. Poor boys from a poor family;

Yet I was brought up well; I come from a pretty well-off family and live on the West Heath Estate, Farnborough, which is a clean and good environment.

Yet my reasons for turning into a vandal are because of upsets with my father and the lack of facilities in the West Heath area. In the evenings my friends and I go around breaking windows and fences, damaging cars and gardens, stealing bicycles and pinching apples. I started at the age of 12 and still carry on doing it and enjoying it.

I agree it is silly, childish, and infantile yet it seems good at the time – and it is something to do during the evenings. Nowadays, there is a lot of school work to do, but we still do the vandalism on other days. I agree that the council has built a swimming pool and sports centre, but this is not enough and still more must be done to give us teenagers something to do.

Our parents go to the pubs every evening and we are left to roam the streets and parks and find something to do. Why can't the council do something to stop this, and make places for us to go?
The council says it has not got enough money, yet it would not have to repair damaged property etc. Therefore, I hope something will be done.

TEENAGE VANDAL (Name withheld at Editor's discretion)

'Extracted ALDERSHOT NEWS' 3 October 1975
After the setting up of the two Regional Secure Units in Hampshire on behalf of the Wessex Children's Regional Planning Committee it was decided that for the first Year of Operation of each Unit there should be monitoring by the writer and D.H.S.S. (Social Work Service): this was completed, and the two Reports together with facts and figures for the 2nd year at the boys' Unit only follow:
WESSEX CHILDREN'S REGIONAL PLANNING COMMITTEE

Wednesday 17 June 1981

FAIRFIELD LODGE

Monitoring the first year of working of the
Intensive Care Unit (Regional Secure Provision
provided by Hampshire County Council Social Service)

D. Lambert, D.E.S.S. (Southern)
&
S.F. Johnson, Professional Adviser to the C.R.P.C.
First Year Appraisal

1. This appraisal of the first year of operation of the intensive care unit (secure accommodation) for girls at Fairfield Lodge Observation and Assessment Centre, Southampton, has been prepared jointly by Mr Stanley Johnson, Regional Planning Adviser, and Mr David Lambert, Social Work Service officer. The appraisal has been prepared at the request of the Regional Advisory Group of Officers, (and they may wish to present it in some form to the regional Planning Committee.) The substance of this appraisal has also contributed to the confirmation of approval of the accommodation by the Department of Health and Social Security, following the successful completion of this first year.

2. The intensive care unit at Fairfield Lodge admitted its first girl on 1 April 1980. The unit is the first of three similar schemes. These have been planned and designed over the last few years by Hampshire County Council on behalf of the Wessex Children's Regional Planning Committee. In 1976 a working party was established under the chairmanship of Mr John Webb, Deputy Director of Hampshire Social Services Department, to look at the problem of providing secure accommodation for that small number of children who were proving difficult to manage in community homes, or provoking a variety of other management problems for the police, courts, and hospitals. The working party reported in June 1977 and their recommendations were accepted, in principle, by Wessex in the autumn of that year. The outline plan was to develop three short stay secure units at the major observation and assessment centres in Hampshire. These units would have a regional remit and would thus be able to attract 100% Central Government capital grant and commissioning costs. Since that time work has continued on each of the three schemes, and the local authority, Wessex Region, and DHSS have collaborated closely with design briefing, regime planning, and negotiations concerning cost and siting of all three units.

3. The plan proposed that there should be a 3-bedded unit for girls at Fairfield Lodge, Southampton, an 8-bedded unit for boys at Glen House, and an 8-bedded mixed unit at Andover Road adjacent to the 2 present observation and assessment centres in Winchester. The Fairfield Lodge and Glen House units have been built and are now both operational. A decision to continue with the building of the third unit at Andover Road has been postponed for the time being. It is considered that this postponement was well judged on both professional and financial grounds, but there is now a growing recognition of the need for a small medium-stay unit and this could be provided at Andover Road.

4. The intensive care unit at Fairfield Lodge is an adapted wing of the existing observation and assessment centre. The main centre provides assessment and holding facilities for 20 children of mixed ages and sexes. There is full education on the premises for the children at the assessment centre. The management of the centre are responsible for the intensive care unit, although the unit is staffed independently. Fairfield Lodge is some 2 miles from the city centre and is easily accessible by road and rail from all parts of the Wessex Region.
5. The unit is designed to provide maximum security for 3 adolescent girls. The expected age range is between 12-17 years. The Wessex Regional Planning Committee has issued all potential users of the unit with an operational prospectus and this is strictly adhered to by both Hampshire and the placing agencies. The prospectus clearly outlines the function of the unit, the type of presenting problem expected from the girls, and the procedures which should be taken by authorities to ensure an admission.

6. All involved with the development of the unit consider that the modifications at Fairfield Lodge have proved very successful, and that the great amount of work put in at the design briefing stage has paid dividends. The overall design is a simple one with a fairly short corridor running through the unit with offices, ablutions and bedrooms to the right, and living-rooms and kitchenette to the left. The general feeling about the unit is its relative spaciousness, particularly in the sitting and dining area. Usually there are never more than 5 people using the unit, and space seems more than adequate for this number with there being no feeling of constraint.

7. The staff find the unit pleasant to work in. Over the year the initial blandness of the environment has been improved by both adults and children. As confidence has grown, and the early fears about high levels of disruption and violence have not been realised, the unit has been able to allow the young people more personal expression in their bedrooms and in the communal rooms. Girls are, within reason, allowed to decorate the walls of their bed-sitting-rooms and to keep soft toys, books and personal possessions, such as photographs in them. Obviously the extent of this depends on the particular child, her behaviour and attitudes. In a similar way, the communal areas have developed. More use is made of the kitchen facilities than at the start of the year. There seems to be little technically wrong with the unit and it has remained in excellent physical condition throughout the year. Unsuitable bathroom mirrors were quickly replaced and the major defect seems to be the rather complicated window mechanism which can be used to inflict minor self-injury. During the winter months there was some difficulty in regulating temperature throughout different rooms in the unit. With hindsight, a hard play area might have been provided in preference to the existing grassed area which is not available during the very wet winter days.

8. The girls have, in the main, respected their environment and there has been no major instance of damage or vandalism. There have been no breaches in the security of the unit, and anticipated problems with contraband by other children or accomplices has not occurred. This maintaining of maximum security has been achieved by good staff cover, supported by the commitment of the senior staff. Anticipated problems of handling extremely difficult behaviour have not materialised throughout the year, although the unit has not been without its short periods of turbulence. These have all been contained at below crisis level and no situations have developed where a major loss of control was involved. The Superintendent at Fairfield Lodge, Mr Smith, feels that this situation has been due largely to the level and type of staff involvement, and to the size of the unit. Although, when three girls are present, there can be interaction problems of rivalry, jealousy and attention-seeking, the situation is one in which the negative sub-cultural inferences of some larger groups is not present and staff have much better chances of intervening at an earlier stage.
9. From the early days in the unit, a very firm and controlled life-style has been imposed on the girls. It is generally reported that the girls have adapted well to this regime and have gained some emotional, as well as physical, security from it. The day is quite a long one for the girls, having to rise at 7:30 am and then spend the next 14 hours in the company of the same small group of people. At certain times each day an element of boredom must enter, but the staff have been active in their attempts to minimise this by a balanced programme of domestic work, general recreation and some educational work. Some days are broken up for the girls by visits from their parents, social workers or other relevant people. Generally, life for the girls within the unit has proved less barren than worst fears anticipated. The question of providing a more formal and extensive educational input is still to be considered. Progress in this area has been inhibited by teacher staffing problems in the main observation and assessment centre.

10. The progress of the children is reviewed on a regular weekly basis, or more frequently if the situation demands it. The social worker placing a child in the intensive care unit is under obligation to attend this review weekly, and to maintain a high level of contact with the child in question. During the year this contract has been respected by all social workers involved, and the more frequent and regular contact has had undoubted benefits for all concerned. Mr Smith, Mr Rodway, and Mr Johnson attend all these weekly reviews, and this has done much to ensure that the procedures are well adhered to and that treatment plans for the children are progressed as energetically as possible.

11. The Fairfield Lodge intensive care unit is staffed to such a level that on each of the two-day shifts, two full-time staff are available. Night-time cover is provided by a waking night staff and a further member of staff sleeps in. This level of staffing has proved satisfactory, although the year has seen a higher than expected level of sickness. The Superintendent feels that this is related to the nature of the job and the personal stress which it generates for individual workers. It might be that in future a different model of staffing could be explored, in which problems of stress could be more widely spread. None of the staff employed originally were formally qualified in child care or social work, but some had previous experience of residential child care, a number having worked in the main unit at Fairfield Lodge. The staff were given a one week induction training course and this was felt to be initially helpful. The staff in the unit receive considerable day to day support from the Superintendent, Mr Smith, and his other senior staff. They play an important part in the general running of the unit and assist greatly in the maintenance of its equilibrium.

12. Since the first admission in April 1980, 20 placements have been made in the unit involving 18 different children. Two of the placements were for boys who were accommodated at the unit by special arrangement during court proceedings. During a 12 month period, five girls had stayed for under eight days. The bulk of the work during the year was in caring for 11 girls who stayed for an average period of a little over 8 weeks (59 days). Only one girl exceeded the 91 day limit and this was due to having to await a placement at Glenthorne Youth Treatment Centre. (Details of girls admitted is attached at the Annexe.)

13. During the year the level of occupancy operated at the two-thirds mark. (673 child days out of a maximum of 1,068 available.) In a small unit of this size, this does seem to be a very acceptable and practical level of occupancy. It is clear that the opportunities for creating vacancies when three girls are
The early experience at Fairfield with the girls is already showing striking divergence from the experience with boys at the Glen House unit. It is suggested that girls tend to stay longer than the boys, are more disturbed, and the social work staff and advisers have more difficulty in finding onward placements for them. However, in terms of demand, the requests for girl placements are only a minor part of the proportion of total referrals for security. Other social and control agencies are pressing for more boys to be locked up for reasons of law and order, and this may be freeing the Fairfield Lodge unit to take on a more treatment orientated task.

Conclusion

The first year of the Fairfield Lodge intensive care unit has shown that the decision not to proceed with the long-term joint regional unit, especially for girls, was probably correct. The girls do seem to respond to a short to medium period of care and control under secure conditions, and this does point towards the renewed consideration of a medium term facility within the region. The Fairfield Lodge unit has taken the pressure from Red Hatch and has already created for itself a viable place in the range of available provision. The unit has been used by each of the constituent authorities in the Sussex region, excepting the Isle of Wight, and also by West Sussex County Council. The Superintendent, Mr Smith, Mr Rodway and Mr Johnson have all done much to ensure this successful launch of the project.
APPRAISAL OF FIRST YEAR
FAIRFIELD LODGE INTENSIVE CARE UNIT

**List of children admitted**
1st April 1980 until 31st March 1981

<table>
<thead>
<tr>
<th>Girl</th>
<th>Date of Admission</th>
<th>Age</th>
<th>Legal Status</th>
<th>Responsible L.A.</th>
<th>Length of Stay Days</th>
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</tbody>
</table>
### APPRAISAL OF FIRST YEAR

**FAIRFIELD LODGE INTENSIVE CARE UNIT**

**Before and After Placements**

*Children admitted 1 April 1980 until 31 March 1981*

<table>
<thead>
<tr>
<th>Child</th>
<th>Placement prior to admission</th>
<th>Placement after stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Riverside O &amp; A, Salisbury</td>
<td>Glenthorne Y.T.C.</td>
</tr>
<tr>
<td>AB</td>
<td>Redhatch O &amp; A, Winchester</td>
<td>Care Concern, Wales</td>
</tr>
<tr>
<td>AC boy</td>
<td>Atkinson Sp. Unit awaiting C.C.</td>
<td>Kingswood Sec.</td>
</tr>
<tr>
<td><em>AD</em></td>
<td>Red Hatch O &amp; A, Winchester</td>
<td>Rivendell CH, Basingstoke</td>
</tr>
<tr>
<td><strong>AE</strong></td>
<td>excluded High Close Special School, at Wokingham</td>
<td>Special School via Red Hatch, Winchester</td>
</tr>
<tr>
<td>@AF</td>
<td>Bournemouth O &amp; A Centre</td>
<td>Fostering</td>
</tr>
<tr>
<td>AG boy</td>
<td>Forde Park CH(E), Newton Abbot</td>
<td>Ford Park, Devon</td>
</tr>
<tr>
<td>AH</td>
<td>Children's home in West Sussex</td>
<td>St Charles Y.T.C.</td>
</tr>
<tr>
<td>AI</td>
<td>holding after absconding (from home)</td>
<td>Red Hatch, Winchester</td>
</tr>
<tr>
<td>AJ</td>
<td>picked up by police as absconder bailed to Crown Court</td>
<td>Home, on Probation</td>
</tr>
<tr>
<td>AK</td>
<td>Red Hatch O &amp; A, Winchester</td>
<td>Home, on trial</td>
</tr>
<tr>
<td>AL</td>
<td>overnight holding - from Y.T.C.</td>
<td>St Charles Y.T.C.</td>
</tr>
<tr>
<td>AM</td>
<td>Red Hatch O &amp; A, Winchester</td>
<td>Red Hatch, Winchester</td>
</tr>
<tr>
<td>@AF</td>
<td>from Special Fostering placement</td>
<td>Home (Xmas) Care Concern</td>
</tr>
<tr>
<td>AN</td>
<td>CH Home at Peacehaven, West Sussex</td>
<td>Beechfield, Sussex</td>
</tr>
<tr>
<td><em>AD</em></td>
<td>Red Hatch O &amp; A, Winchester</td>
<td>Month's trial at Care Concern</td>
</tr>
<tr>
<td>AR</td>
<td>Riverside O &amp; A, Salisbury, Wilts</td>
<td>n/a</td>
</tr>
<tr>
<td>AR</td>
<td>overnight holding - from Girls' Hostel</td>
<td>Still resident</td>
</tr>
<tr>
<td>AS</td>
<td>Red Hatch O &amp; A, Winchester</td>
<td>Still resident</td>
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WESSEX CHILDREN’S REGIONAL PLANNING COMMITTEE

---------------------------------------

Monitoring the first year of working of the
2nd Intensive Care Unit (Regional Secure
Provision provided by Hampshire County Council
Social Services)

... GLEN HOUSE I.C.U. ...

D. Lambert, D.H.S.S. (Southern)
&
S.F. Johnson, Professional Adviser to the
C.R.P.C.
WESSEX CHILDREN'S REGIONAL PLANNING COMMITTEE

REGIONAL INTENSIVE CARE UNIT FOR BOYS

GLEN HOUSE, SARISBURY GREEN, SOUTHAMPTON.

First year Appraisal.

1. This appraisal of the first year of operation of the intensive care unit (secure accommodation) for boys at Glen House Observation and Assessment Centre, Southampton, has been prepared jointly by Mr. Stanley Johnson, Regional Planning Adviser, and Mr. David Lambert, Social Work Service Officer. The appraisal has been prepared at the request of the Regional Advisory Group of Officers, (and they may wish to present it in some form to the regional Planning Committee). The substance of this appraisal will also contribute to the confirmation of approval of the accommodation by the Department of Health and Social Security, following the successful completion of this first year.

2. The intensive care unit at Glen House admitted its first boy on 27 October 1980. The unit is the second of three similar schemes. These have been planned and designed over the last few years by Hampshire County Council on behalf of the Wessex Children's Regional Planning Committee. In 1976 a working party was established under the chairmanship of Mr. John Webb, Deputy Director of Hampshire Social Services Department, to look at the problem of providing secure accommodation for that small number of children who were proving difficult to manage in community homes, or provoking a variety of other management problems for the police, courts, and hospitals. The working party reported in June 1977 and their recommendations were accepted, in principle, by Wessex in the autumn of that year. The outline plan was to develop three medium stay secure units at the major observation and assessment centres in Hampshire. These units would have a regional remit and would thus be able to attract 100% Central Government capital grant and commissioning costs. Since that time work has continued on each of the three schemes, and the local authority, Wessex Region, and DHSS have collaborated closely with design briefing, regime planning, and negotiations concerning cost and siting of all three units.

3. The plan proposed that there should be a 3-bedded unit for girls at Fairfield Lodge, Southampton, and 8-bedded unit for boys at Glen House, and 8-bedded mixed unit at Andover Road adjacent to the 2 present observation and assessment centres in Winchester. The Fairfield Lodge and Glen House units have been built and are now both operational. A decision to continue with the building of the third unit at Andover Road has been postponed for the time being. Since the original work of the Regional Working Party there have been some shifts, both in residential resources available to the Region and in legislation; in particular the raising of the age for both boys and girls at which remand to a prison department establishment on an unruly certificate was permissible. This has resulted in both Dorset and Wiltshire County Councils developing units specifically designated for a remand function. The Wiltshire unit is to be a small secure unit of 3 places, for either boys or girls, and is to be sited at Starfield 0 and A Centre, Holt and is planned to come into operation during 1982/83. The Dorset unit is a 9-bedded highly-staffed special facility attached to Bournemouth 0 and A Centre - it is NOT secure, and opened in the Spring of 1981. These developments have the agreement of Wessex RPC.

4. The intensive care unit (Medina House), that is the subject of this Report, is an adapted wing of Glen House Observation and Assessment Centre. The centre provides assessment and holding facilities for 40 adolescent boys. Glen House, formally the Portsmouth boys' remand home, was completely rebuilt in the mid-1970s. It provides 20 assessment places in 2 house units of 10 boys each, 12 longer term allocation places in a third house unit and the 8-bedded maximum security unit. There is full education on the premises for the boys in the assessment and allocation units, and a more limited facility for the boys in Medina. Glen House is set in a rural situation some 5 miles from Southampton. There is easy access by road from all parts of Hampshire and the Wessex Region. The Centre is set in extensive grounds and has its own gymnasium, sports area, hard play area, gardens,
fishing pond, and, at times, a smallholding. A swimming pool is presently being constructed by self-help. Education is provided in the original Glen House with teachers attending the I.C.U. to give Education (see para. 11). There is also a barn which is being converted into workshops.

5. The unit is designed to provide security for 8 adolescents. It was expected that most would be in the age range 12-17 years and this has proved to be the case. The Wessex Regional Planning Committee has issued to all potential users of the Unit a working prospectus. The prospectus outlines both the function of the units, the type of presenting problem expected from the children and the procedures which should be taken by authorities to ensure an admission. It is reported that the guidelines have been closely adhered to by placing authorities and there have been few problems. Daytime admissions are preferred and the police have co-operated by keeping boys in police cells until early morning. There have been few night admissions. A close monitoring of requests has been maintained from the start and rigorous tests of suitability have been applied. This has had the effect of controlling demand. Some requests have been redirected to the open part of Glen House. There have been some transfers of boys from the open part to security, but this has normally followed persistent absconding and offending. Boys are not transferred because of indiscipline. The policy is that boys will not return to the open section after a period in security but will be placed elsewhere. This policy is currently under consideration.

6. All involved with the development of the unit consider that the modifications at Glen House have proved very successful, and that the great amount of work put in at the design briefing stage has paid dividends. The unit entails a major conversion of one House Unit and is a two-storey development. The ground floor layout remains very much as originally designed, although one room has been converted into a secure admission room (also used for time-out). A new, wider staircase had been built and a new main entrance opening to the rear of the main building. Downstairs, the main sitting room is spacious and is well used. The room is tiled and carpeted in parts and is used for both recreation and dining. There are facilities for table tennis, TV viewing, education and other recreational activities. A second small room leads off from the sitting room. It is used for playing records, craft work, and as an interview room for visitors. Space for this latter activity is at a premium in the unit. The kitchenette is used for the preparation of snack meals and sometimes breakfast. Boys wash up their crockery here after meals. The kitchenette is basically equipped, with a small cooker and refrigerator. All other meals are prepared in the Centre Kitchen and brought to the unit by heated trolley.

7. Eight secure bedrooms have been provided on the first floor. There is also a staff night office and sleeping-in facility on this floor. Each of the bedrooms is of bed-sitting room size and are well finished in terms of furnishings and fittings. The bedrooms are equipped with foam beds and mattresses covered in vinyl. The boys have duvet bed covers. The bedrooms have been built to a high standard of security with steel lined doors and ceilings. All other fixtures and fittings have been chosen for maximum safety and security. The bedrooms are not accessible to the children during the day and due to the high incidence of remand placements, and for security reasons, no personal effects are allowed in the room excepting a family photograph. A satisfactory call system has been installed in each room.

8. The intensive care unit has available two exercise areas; the Glen House games hall and the hard five-a-side football pitch which is bounded by 10 ft high fencing. The unit has used the games hall extensively, but has used the outside play area less frequently due to anxiety about security. This problem has now been overcome by increasing staff cover, but some physical assistance by way of a part-fenced walkway between the house and play area would be preferred. The first year has seen some concern about the facilities for exercise and fresh air, but this seems to have been resolved by experience.

9. The regime and programme for the unit has been designed by the Principal of Glen House and an attempt has been made to follow an essentially child
centred approach. The Principal sees the situation as one of containing the child for a relatively short period of time in a supportive and fairly benevolent environment. The day to day operations of the unit are prescribed by the Medina House Manual. This offers a set of guidelines for most situations and as the year has progressed these have been closely followed by the child care staff. The result is a fairly relaxed, but rather limited, experience for the young people. There have been no serious acts of violence between either boys themselves, or boys and adults, and the majority of the time the people in the unit are harmoniously engaged in a variety of recreative and educational activities.

10. The matter of security has been taken extremely seriously by the staff at Glen House. The security has not been breached by any young person and only fitting screws around bedroom windows have been susceptible to abuse. The fabric of the building has been well maintained and respected by the young people. At the end of the year some minor settlement cracks in the bedrooms have appeared, but these have not affected security. There have been no problems with contraband. In general, staff feel that the positive approach to the young people and the growth of "security consciousness" has led to a more settled atmosphere in the unit.

11. At the opening of the unit, Hampshire was unable to provide any formal educational input from the limited teacher resources available at Glen House. This situation has now improved and since September 1981 the boys receive assistance from a teacher for general subjects (mainly craft based) each weekday morning, and in the afternoon the gym master takes the group for physical education. As this arrangement develops it may be possible to look more closely at a suitable curriculum for this form of limited educational intervention.

12. Social Workers are expected to keep in regular contact with their clients and to attend any Reviews called. The rules for visiting seem very sensible given the security aspects and attempts are made to ensure that children's rights are respected wherever possible. The Principal has retained the right to censor incoming mail at his discretion. The first year has seen a great deal of work done in this area, given the very high number of short term admissions. This is an area of developing staff expertise and feedback from involved agencies has been very supportive.

13. Although the senior management of Glen House are responsible for the day to day running of the care unit, it is staffed separately. There are 8 full-time child care staff working during the day and 2 full-time night staff. The 8 day staff work in 2 teams of four, under the direction of Team leaders. The original establishment allowed for a Unit leader, but this post has remained unfilled after the first incumbent moved on. Discussions still continue as to whether the post is required. The team work a straight shift system, a late (2pm - 10pm) on one day followed by an early (7am-3pm) on the next. The whole year is timetabled on this basis. Staff like this degree of stability and feel that it supports their private lives. The teams have a handover period between 2pm and 3pm when the boys are put in their bedrooms for a rest-hour. During this period staff write their logs and pass on any relevant information.

14. Glen House was able to recruit experienced workers to these new posts. All had some previous experience of work with children or adolescents in a variety of residential settings, including hospitals. There were graduates and trained teachers amongst their numbers. New Staff were offered a 3 week period of induction training. The staff were well pleased with this training which covered all aspects of their proposed task and included a high level of simulated role play which was analysed via video recording.

15. Since the first admission on 27 October 1980, 58 placements have been made at the unit involving 49 different children, that is to say during the first year of operation. All the placements have been for boys and it has not proved necessary, to date, to consider the emergency admission of girls. This level of demand has resulted in an occupancy level of 60% (1724 child days out of a maximum of 2920 available). There would have been some marginal improvement on this level had three applications for beds materialised. In the
event other decisions, usually judicial determined alternative placements. This level of occupancy is reflected at the unit level as a common group size of four to five boys. The unit has rarely been fully occupied, and this has positively contributed to a situation where the unit can offer flexibility and accessibility. One may anticipate a higher level of occupancy in future years due to the combined effects of a growing reputation and knowledge of availability, and the absence of a build-up period which understandably depresses the occupancy level in the first year. (Outline details of the young people admitted are given in annexes a, b, and c).

16. Of the 58 admissions, two boys were admitted three times and five boys twice each. Hampshire County Council made 47 of these admissions, Wiltshire 6, Isle of Wight 2, Gloucestershire 2 and Dorset 1. The fact that the unit is being seen increasingly as a predominantly remand facility may be affecting the placement by Wessex authorities, other than the managing authority Hampshire. Dorset, for instance, has provided her own Specialist (but not Secure) remand facility at Mandale Road, Bournemouth, and thus there would be an expected reduction of demand from this authority. The variation in length of stay at the unit has been broad, ranging from a very brief sojourn of 2 days to an extended period of 144 days. Only two boys have breached the 91 day short stay limit and both of these were waiting onward placement in a nationally provided Youth Treatment Centre. The DHSS has been acquainted with this situation which, it is felt, is not in the best interests of the individual child and other users of the unit. A more detailed breakdown of lengths of stay is illustrated in the following table (rounded percentages).

<table>
<thead>
<tr>
<th>No.</th>
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<tr>
<td>8 days or under</td>
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<tr>
<td>up to 15 days</td>
<td>8</td>
</tr>
<tr>
<td>up to 29 days</td>
<td>12</td>
</tr>
<tr>
<td>up to 43 days</td>
<td>10</td>
</tr>
<tr>
<td>up to 3 months</td>
<td>11</td>
</tr>
<tr>
<td>over 3 months</td>
<td>2</td>
</tr>
<tr>
<td>58</td>
<td>100</td>
</tr>
</tbody>
</table>

17. These figures indicate that about 60% of admissions will spend up to one month in the unit. The mean of all lengths of stay is 29.7 days. The fact that this period of time is markedly coincident to common remand periods reinforces the observation that the unit has been developing a primary function as a remand home, with a consequent reduction in its capacity to make sensible arrangements to meet adequately any other function, particularly intensive care with a treatment orientation. This fact is further reinforced by breaking down the admissions by legal status at time of reception.

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Warrant of Commitment</td>
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</tr>
<tr>
<td>Interim Care Order</td>
<td>2</td>
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<tr>
<td>Place of Safety Order</td>
<td>2</td>
</tr>
<tr>
<td>Care Order (unspecified)</td>
<td>24</td>
</tr>
<tr>
<td>Sect 2 1980 Act</td>
<td>2</td>
</tr>
<tr>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>
As can be seen nearly half the boys admitted were on Warrants of Commitment and it is known that many of the Care Order children were due to appear in Court. This close relationship between the Medina Unit and the judicial system is important to note. Whilst much of this was to be expected, especially the need for the unit to provide remand facilities for those young men now denied access to prison department establishments due to the gradual raising of the minimum age for unruly certificates, the current situation has, in fact, a different and unexpected quality. Firstly, there has been the experience of extended remands where the rationale for seeking extension is less than clear. It has been suggested that an element of punishment may be present. Secondly, the higher than expected level of remands can lead towards the unit feeling that it is in a real sense part of the penal, as against the child care system.

18. One other feature of the situation which also reinforces the above, concerns the onward placement from Medina Unit. Fifty four admissions have moved on during the year. Details of onward placement are as follows:

<table>
<thead>
<tr>
<th>&quot;Treatment&quot; oriented placement</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>home (including foster home)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>lodgings, flat</td>
<td>1</td>
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</tr>
<tr>
<td>Childrens Home or Hostel</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Observation and Assessment Centre</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Special School</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>CHE</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Youth Treatment Centre</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>31</td>
<td></td>
</tr>
</tbody>
</table>

| "Penal" Placements.            |     |   |
| Detention Centre              | 10  |   |
| Remand Centre for Borstal Training | 11 | 40|
|                               | 21  |   |

(2 discharges absconded in Court)

On this evidence, admission to the unit for any one young man indicates a strong possibility of a penal disposal. For 85% of the discharges, a residential solution is seen as likely.

19. The background details of the boys admitted to Medina unit during this first year are described in outline at annexe (b). Two factors are most striking; that the majority of the admissions have a background of delinquency and sometimes very serious crime, and that a high proportion of the boys have serious records of absconding and truancy. Whilst this present review has not attempted to collect comparative data on a control group of children admitted to the open Observation and Assessment facilities at Glen House, it is expected that a young person with a known predilection to absconding is more likely to be considered for security, especially where there are fairly serious offences. In fact, some of the criminal
activity practised by the boys has been of a very serious nature and there is no
doubt that this has contributed to the high level of penal disposals. Theft,
burglary and various driving offences and car stealing represent the common
pattern of delinquency for the boys in the unit. This, of course, is to be
expected with juveniles of this age group, but the notes also indicate that the
attitudes of law and order agencies may be coloured quite properly by other
aspects of the particular individual case. Apart from the potential threat of
absconding real or possible violence on the part of the boy seems also to be a
strong consideration. This type of behaviour is known to lie behind many of the
requests for transfer from other community homes. This brief examination of the
background features of the admissions helps to highlight the fact that the staff
at Medina unit have met, and dealt with in a very positive way, some very "tough
customers", and in doing so have established the worth of the unit to the Wessex
child care enterprise.

20 CONCLUSIONS

The first year at Glen House intensive care unit has shown that there is a strong
demand for secure remand facilities for young men. There is a real danger that
this demand may grow and eventually squeeze out or radically reduce the capacity
of the unit to accommodate other groups of children for whom a secure environment
is required. The unit has rapidly gained a sound reputation with social workers,
police, other social agencies and, in particular, the juvenile courts. The
availability of beds at the unit during the year has reinforced this reputation
and knowledge of the good track record of the unit vis-a-vis security is an added
factor. The managers and child care staff of the unit are to be commended for
their ability to continue to operate a child care focussed regime within the
context of maximum security, and to withstand the pressure to assume a more penal
stance.

Stanley F. Johnson. David Lambert.

November, 1981.
APPRAISAL OF FIRST YEAR
GLEN HOUSE INTENSIVE CARE UNIT

List of children admitted
27 October 1980 to 26 October 1981

<table>
<thead>
<tr>
<th>Boy</th>
<th>Date of Admission</th>
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<tr>
<td>AA</td>
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List of children admitted
27 October 1980 to 26 October 1981

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<th>Boy</th>
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List of children admitted
27 October 1980 to 26 October 1981

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### Personal details of children admitted
27 October 1980 to 26 October 1981

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<th>Age</th>
<th>Presenting Problems prior to admission</th>
<th>Educational Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>16.9</td>
<td>Immature &amp; lacking insight; V. disruptive; car theft &amp; other offences of larceny; absconding &quot;at risk&quot;</td>
<td>Long problem of backwardness and has been boarder at Special School</td>
</tr>
<tr>
<td>AB</td>
<td>15.9</td>
<td>Major hostility towards adults; some aggression; Breaking &amp; entering and other theft offences</td>
<td>Comprehensive - few problems evidenced</td>
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<tr>
<td>AC</td>
<td>13.4</td>
<td>Violent behaviour in schools and homes - bully - bizarre behaviour, glue sniffing &amp; delinquency</td>
<td>Resid. Special &amp; Day special Schools - excluded and little educ. progress</td>
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<tr>
<td>AD</td>
<td>15.3</td>
<td>Running away from home and absconding; several offences of theft - (mostly items of food!)</td>
<td>Poor school attendance and little liking for school: Low average potential</td>
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<tr>
<td>AE</td>
<td>14.8</td>
<td>Burglary &amp; previous offences and ex - D.Centre: unstable &amp; violent home and father &quot;an active criminal&quot;</td>
<td>No trouble at school, though said not to &quot;work very hard&quot;</td>
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<tr>
<td>AF</td>
<td>16.10</td>
<td>Major family delinquency - breaking and entering, plus t.a.d.a. (at least 40 known offences)</td>
<td>Good education - local Comprehensive - obtained 7 good GCE's</td>
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<tr>
<td>AG</td>
<td>16.10</td>
<td>Arson, but no previous offences or knowledge. (there had been a threat re brother's life)</td>
<td>Average - no problems</td>
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<tr>
<td>AH</td>
<td>16.0</td>
<td>Threatening &amp; violent behaviour, esp. with knives - major absconder but not an offender</td>
<td>Devious and disruptive: doesn't like school but is fair for near ESN scores</td>
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<tr>
<td>AI</td>
<td>15.2</td>
<td>Absconder &amp; string of petty offences, both in home area and near to school (Devon)</td>
<td>Special School - persistent absconder, but no school reports available</td>
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<tr>
<td>AJ</td>
<td>15.2</td>
<td>No home - theft, burglary, &quot;smash &amp; grab&quot; - many offences; persistent absconder and often alcohol-user</td>
<td>Low average but well able to cope - long history of non-school attendance</td>
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<tr>
<td>AK</td>
<td>15.5</td>
<td>Persistent absconder, and placed from CH(E) in attempt to &quot;break the pattern&quot;. Thefts.</td>
<td>Tries at school, and is to go on Work Opportunity Scheme - said to be reliable</td>
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<tr>
<td>AL</td>
<td>16.6</td>
<td>Violent outbursts &amp; assault &amp; t.a.d.a.</td>
<td>No information available</td>
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<td>Assault</td>
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<td>AN</td>
<td>14.5</td>
<td>Persistent absconder: 5 &quot;sets&quot; of offences of theft; violence, and lack of remorse</td>
<td>Long-standing school attendance problem - violent and awkward. Poor level of ability</td>
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<td>AO</td>
<td>16.8</td>
<td>Robbery, with threats and racial overtones</td>
<td>No reports received</td>
</tr>
<tr>
<td>AP</td>
<td>16.7</td>
<td>Robbery, with threats and racial overtones</td>
<td>Comprehensive - some ability &amp; expected to get 3 or 4 reasonable GCE's. Recent violence &amp; disruption</td>
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<tr>
<td>AQ</td>
<td>14.2</td>
<td>Theft, burglary, criminal damage, truancy</td>
<td>Good average, but dislikes school and attends only lessons he likes</td>
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<tr>
<td>AR</td>
<td>16.6</td>
<td>Thefts (plus at least 50 t.i.c.) - ex Det. Centre and CH(E) - many abscons: Burglary &amp; fraud</td>
<td>Low average - no interest in school</td>
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<tr>
<td>AS</td>
<td>14.4</td>
<td>Persistent absconder &amp; offender (minor) - all family &quot;known&quot; to S.S. - stealing &amp; altering cheque etc.</td>
<td>Absc. from schools and excluded from 5 - low performance &amp; ability</td>
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<tr>
<td>AT</td>
<td>14.3</td>
<td>Problems since age 7 - truancy &amp; staying out all night; Burglary &amp; several minor theft offences</td>
<td>Below average - disruptive - ex Special Units - surly &amp; unco-operative</td>
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</tbody>
</table>
### Personal details of children admitted
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<td>AU</td>
<td>13.4</td>
<td>Cheeky - offences (theft) &amp; abscondings - glue sniffing plus alcohol = disruptive. Excluded Mean House (M. Health)</td>
<td>Attended school regularly: not bright but no exhibited major problems there</td>
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<tr>
<td>AR</td>
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<td>see previous entry</td>
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<tr>
<td>AW</td>
<td>16.2</td>
<td>t.a.d.a. &amp; theft &amp; occasional violent outburts - driving whilst disqual. &amp; other driving offences</td>
<td>Low average - school is a neglected skill area and its &quot;now too late&quot;</td>
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<td>AX</td>
<td>16.7</td>
<td>Trespass, stealing, breach of bail: ex Det. centre -</td>
<td>Comprehensive - no information available</td>
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<tr>
<td>AZ</td>
<td>16.11</td>
<td>Burglary, t.a.d.a. driving under age; and actual bodily harm</td>
<td>ex - CHE - previously totally refused to attend school: low intell. &amp; under-achieving</td>
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<tr>
<td>BA</td>
<td>16.8</td>
<td>Belligerent &amp; foul-mouthed amoral = theft, trespass, possession of offensive weapon, and threats</td>
<td>Average intelligence - didn't like school &amp; long history of non-attendance @ Secondary level</td>
</tr>
<tr>
<td>AR</td>
<td>16.8</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
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<td>14.8</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BB</td>
<td>14.6</td>
<td>Insecure, lazy, &amp; awkward - at home &amp; in I.C.U. Petrol bomb &amp; thefts and abscondings (10+)</td>
<td>No information available</td>
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<tr>
<td>BC</td>
<td>15.9</td>
<td>&quot;Skin-head&quot; sub-culture - stealing cash &amp; other thefts, always 'with always': t.a.d.a. &amp; violence (uncontrollable!) (disinterested) attitude to school</td>
<td>Well above average intelligence, but poor</td>
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<tr>
<td>BD</td>
<td>14.8</td>
<td>Burglary, theft, trespass - absconded from 0 &amp; A and committed further theft-offences</td>
<td>Problem at school - often missing for several days - low intell. &amp; poor work. Threatened staff</td>
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<tr>
<td>BE</td>
<td>15.5</td>
<td>Reasons for admin. suspect &amp; he was quickly discharged - major psychiatric problems</td>
<td>Reasonable ability, returned to his Comprehensive school</td>
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<tr>
<td>BF</td>
<td>15.0</td>
<td>Absconder - ex D.C. - theft etc., (Police referrals &quot;are in dozens &amp; refer back to age 6&quot;) - burglary</td>
<td>Limited intelligence &amp; poor behaviour - often truanted or left during the day</td>
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<tr>
<td>BG</td>
<td>13.4</td>
<td>Burglary &amp; theft: persistent absconder and &quot;cooking a determined snook at authority&quot;</td>
<td>No information available</td>
</tr>
<tr>
<td>BH</td>
<td>14.0</td>
<td>Immature &amp; irritating - has attempted suicide by slashing wrists: t.a.d.a. &amp; burglary &amp; thefts. Absconder</td>
<td>Low average - but generally worked well &amp; was well accepted at Secondary School</td>
</tr>
<tr>
<td>BD</td>
<td>14.9</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>AX</td>
<td>16.9</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BI</td>
<td>16.7</td>
<td>t.a.d.a. theft, ex Det. Centre - half Chinese - from a broken &amp; unsupportive home</td>
<td>Fair application, and until D.C. order thought he'd do well in C.S.E. examinations</td>
</tr>
<tr>
<td>BJ</td>
<td>14.10</td>
<td>theft, missing from home, absconding - temper &amp; some violence</td>
<td>Average ability, but noticeably slow in Indecent assault</td>
</tr>
</tbody>
</table>
### Glen House Intensive Care Unit

**Personal details of children admitted**

**27 October 1980 to 26 October 1981**

<table>
<thead>
<tr>
<th>Child</th>
<th>Age</th>
<th>Presenting Problems prior to admission</th>
<th>Educational Background</th>
</tr>
</thead>
<tbody>
<tr>
<td>BK</td>
<td>16.11</td>
<td>Burglary, theft, t.a.d.a.</td>
<td>No information available</td>
</tr>
<tr>
<td>BL</td>
<td>16.3</td>
<td>Aggressive &amp; violent: &quot;skinhead cult&quot; - glue - sniffing &amp; alcohol - led &quot;riot&quot; at CHE - theft, burglary &amp; assault</td>
<td>Low average ability - but no interest in school &amp; makes this quite clear</td>
</tr>
<tr>
<td>BM</td>
<td>15.11</td>
<td>Assault, Indecent assault - major problems associated with I.Q. 59 &amp; no hospital provision</td>
<td>Sub-normal - Special school, and excluded for violence</td>
</tr>
<tr>
<td>AN</td>
<td>14.11</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BO</td>
<td>15.1</td>
<td>V. frequent absconder: major problems in home, &amp; behaviour escalated to cause short-stay placement - ICU</td>
<td>Average - troublesome and moody, and an infrequent attender</td>
</tr>
<tr>
<td>EP</td>
<td>15.5</td>
<td>t.a.d.a., theft, occasional violence. MAJOR problems in family...</td>
<td>Average potential - but poor level of literacy &amp; numeracy. Liked at school</td>
</tr>
<tr>
<td>BQ</td>
<td>15.2</td>
<td>Holding operation for Regional Authority. Theft, and abscondings</td>
<td>No information available</td>
</tr>
<tr>
<td>BR</td>
<td>14.11</td>
<td>Persistent abs. felt to be at risk, also against ruling of Judge, visited Father! *</td>
<td>No information available</td>
</tr>
<tr>
<td>AS</td>
<td>14.9</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BS</td>
<td>16.6</td>
<td>Burglary &amp; sundry theft offences</td>
<td>No information available</td>
</tr>
<tr>
<td>BL</td>
<td>15.3</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>15.1</td>
<td>Burglary, criminal damage: theft - possession of firearms etc. 40+ offences known. Absconder</td>
<td>Known to S/S O &amp; A since age 11 - ex CH(E) - physically keen, but below average</td>
</tr>
<tr>
<td>BU</td>
<td>15.0</td>
<td>Theft &amp; major absconding (incl. visit to Northern Ireland) - held for other L.A.</td>
<td>No information available</td>
</tr>
<tr>
<td>BE</td>
<td>15.9</td>
<td>see previous entry</td>
<td></td>
</tr>
<tr>
<td>BW</td>
<td>15.6</td>
<td>t.a.d.a. &amp; disruption &amp; assaults on resid. staff - long history of offences, plus bullying &amp; confrontation</td>
<td>Threats to staff, suspensions, &amp; finally excluded average ability but little motivation</td>
</tr>
<tr>
<td>EX</td>
<td>15.10</td>
<td>Theft and trespass, and &quot;no fixed abodes&quot;</td>
<td>No information - itinerant (Irish) Family</td>
</tr>
<tr>
<td>BY</td>
<td>16.8</td>
<td>Assault; theft; possessing car keys; t.a.d.a. etc. cruelty to animal</td>
<td>E.S.N. - but good behaviour &amp; work at E.S.N. Special school - also interested in hobbies</td>
</tr>
<tr>
<td>EZ</td>
<td>16.1</td>
<td>Burglary - is ex-Borstal but wasn't previously known to S/Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO ENTRIES AV, 'AY and EN (expunged)</td>
<td></td>
</tr>
</tbody>
</table>
### APPRAISAL OF FIRST YEAR

#### GLEN HOUSE INTENSIVE CARE UNIT

**Before and After Placements**

*Children admitted 27 October 1980 to 26 October 1981*

<table>
<thead>
<tr>
<th>Child</th>
<th>Placement prior to admission</th>
<th>Placement after stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Children's Homes, via O &amp; A Centre</td>
<td>Lodgings (approved)</td>
</tr>
<tr>
<td>AB</td>
<td>Home, via Court</td>
<td>Remand Centre - for B. Trg.</td>
</tr>
<tr>
<td>AC</td>
<td>O &amp; A Centre</td>
<td>Youth Treatment Centre</td>
</tr>
<tr>
<td>AD</td>
<td>O &amp; A Centre</td>
<td>Remand Centre - for B. Trg.</td>
</tr>
<tr>
<td>AE</td>
<td>Home, via Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>AF</td>
<td>Home, via Court</td>
<td>Remand Centre - for B. Trg.</td>
</tr>
<tr>
<td>AG</td>
<td>Home, via Court</td>
<td>Community (Children's) Home</td>
</tr>
<tr>
<td>AH</td>
<td>O &amp; A Centre</td>
<td>(approved) Hostel acc'n.</td>
</tr>
<tr>
<td>AI</td>
<td>Home</td>
<td>Special School placement</td>
</tr>
<tr>
<td>AJ</td>
<td>O &amp; A Centre</td>
<td>Community Home, with Education</td>
</tr>
<tr>
<td>AK</td>
<td>Community Home, with Education</td>
<td>returned to CH(E)</td>
</tr>
<tr>
<td>AL</td>
<td>Remand Centre, via Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>AM</td>
<td>Children's Home, via Court</td>
<td>Remand Centre - for B. Trg.</td>
</tr>
<tr>
<td>AN (iii)</td>
<td>Children's Home</td>
<td>Community (Children's) Home</td>
</tr>
<tr>
<td>AO</td>
<td>Home, via Court</td>
<td>Remand Centre</td>
</tr>
<tr>
<td>AP</td>
<td>Home, via Court</td>
<td>Remand Centre</td>
</tr>
<tr>
<td>AQ</td>
<td>absconded from Court area</td>
<td>Youth Treatment Centre</td>
</tr>
<tr>
<td>AR (ii)</td>
<td>Home, via Court</td>
<td>absconded from Court area - see later entry-</td>
</tr>
<tr>
<td>AS (i)</td>
<td>Special School</td>
<td>O &amp; A Centre</td>
</tr>
<tr>
<td>AT</td>
<td>Home, via Court</td>
<td>Detention Centre</td>
</tr>
</tbody>
</table>
APPRAISAL OF FIRST YEAR

GLEN HOUSE INTENSIVE CARE UNIT

Before and After Placements

Children admitted 27 October 1980 to 26 October 1981

<table>
<thead>
<tr>
<th>Child</th>
<th>Placement prior to admission</th>
<th>Placement after stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>AU</td>
<td>Community Home, with Education</td>
<td>(another) CH(E)</td>
</tr>
<tr>
<td>AR (ii)</td>
<td>Home, via Court *</td>
<td>Home (Deferred sentence)</td>
</tr>
<tr>
<td>AW</td>
<td>O &amp; A Centre</td>
<td>(approved) Hostel</td>
</tr>
<tr>
<td>AX (iv)</td>
<td>Crisis centre</td>
<td>(approved) Hostel</td>
</tr>
<tr>
<td>AZ</td>
<td>Home, via Court *</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BA</td>
<td>Police production in Court</td>
<td>Remand Centre - for B.Trg</td>
</tr>
<tr>
<td>AR (ii)</td>
<td>p.u. by Police as 'absconder'</td>
<td>Remand Centre - for B.Trg</td>
</tr>
<tr>
<td>AS (i)</td>
<td>Special School</td>
<td>O &amp; A centre</td>
</tr>
<tr>
<td>AN (iii)</td>
<td>Children's Home</td>
<td>Community (Children's) Home</td>
</tr>
<tr>
<td>BB</td>
<td>Children's Home</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BC</td>
<td>Remand Centre, via Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BD (v)</td>
<td>O &amp; A centre</td>
<td>absconded from Court Area - see later entry -</td>
</tr>
<tr>
<td>BE (vi)</td>
<td>O &amp; A centre</td>
<td>Home</td>
</tr>
<tr>
<td>BF</td>
<td>Police production in Court</td>
<td>Home (bailed)</td>
</tr>
<tr>
<td>BG</td>
<td>Community Home, with Education</td>
<td>returned to CH(E)</td>
</tr>
<tr>
<td>BH</td>
<td>Children's Home</td>
<td>Private CH(E)</td>
</tr>
<tr>
<td>BD (v)</td>
<td>Police production in Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>AX (iv)</td>
<td>Police production in Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BI</td>
<td>Home, via Court *</td>
<td>Remand Centre - for B.Trg.</td>
</tr>
<tr>
<td>BJ</td>
<td>O &amp; A centre</td>
<td>(another) O &amp; A centre</td>
</tr>
</tbody>
</table>
APPRAISAL OF FIRST YEAR
GLEN HOUSE INTENSIVE CARE UNIT

Before and After Placements
Children admitted 27 October 1980 to 26 October 1981

<table>
<thead>
<tr>
<th>Child</th>
<th>Placement prior to admission</th>
<th>Placement after stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>BK</td>
<td>Police production from cells</td>
<td>O &amp; A centre (outside Region)</td>
</tr>
<tr>
<td>BL (vii)</td>
<td>Children's Home</td>
<td>O &amp; A centre</td>
</tr>
<tr>
<td>BM</td>
<td>Home, via Court</td>
<td>Home on Bail</td>
</tr>
<tr>
<td>AN</td>
<td>Private Community Home with Education</td>
<td>in I.C.U. on 26.10.81</td>
</tr>
<tr>
<td>BO</td>
<td>O &amp; A Centre</td>
<td>O &amp; A Centre</td>
</tr>
<tr>
<td>BP</td>
<td>Police production in Court</td>
<td>Remand Centre - for B.Trg.</td>
</tr>
<tr>
<td>BQ</td>
<td>O &amp; A Centre</td>
<td>Special School placement (private)</td>
</tr>
<tr>
<td>BR</td>
<td>Children's Home</td>
<td>Home on trial</td>
</tr>
<tr>
<td>AS (i)</td>
<td>Private Community Home with Education</td>
<td>returned to CH(E)</td>
</tr>
<tr>
<td>BS</td>
<td>Police production in Court</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BL (vii)</td>
<td>Private Community Home with Education</td>
<td>in I.C.U. on 26.10.81</td>
</tr>
<tr>
<td>BT</td>
<td>Community Home, with Education</td>
<td>Remand Centre - for B.Trg.</td>
</tr>
<tr>
<td>BU</td>
<td>Children's Home</td>
<td>S.W. Regional Secure Unit</td>
</tr>
<tr>
<td>BE (vi)</td>
<td>Children's Home</td>
<td>Home on trial</td>
</tr>
<tr>
<td>BW</td>
<td>O &amp; A Centre</td>
<td>Detention Centre</td>
</tr>
<tr>
<td>BX</td>
<td>Police production in Court</td>
<td>Bailed, to parents in London</td>
</tr>
<tr>
<td>BY</td>
<td>Police production in Court</td>
<td>in I.C.U. on 26.10.81</td>
</tr>
<tr>
<td>BZ</td>
<td>from Area Office</td>
<td>in I.C.U. on 26.10.81</td>
</tr>
</tbody>
</table>
GLEN HOUSE OBSERVATION AND ASSESSMENT CENTRE

SECURE UNIT RETURNS (1 JANUARY 1982 to 25 FEBRUARY 1985)

Analysis of Returns

1. During the period reviewed there were 80 discrete admissions to the unit involving 65 boys. Twelve boys were admitted twice and one boy three times. There were 73 discharges, seven boys being present in the unit on the day of the inspection.

2. Seventy of the admissions were made by Hampshire Social Services Department (56 boys = 86%). Five boys were admitted for Wiltshire (7%), three for Dorset (5%) and one boy for Berkshire. There were no admissions from the Isle of Wight, the fourth constituent LA of RPC 10 (Wessex).

3. The level of occupancy in the calendar year preceding 25 February 1985 was 76% (2215 boy days from maximum of 2920).

4. Ages

The following table indicates the age at admission of the 65 boys.

<table>
<thead>
<tr>
<th>Age at Admission</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>13 years</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>14 years</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>15 years</td>
<td>24</td>
<td>36%</td>
</tr>
<tr>
<td>16 years</td>
<td>25</td>
<td>58%</td>
</tr>
<tr>
<td>17 years</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

The majority of the boys are in their 15 and 16 years. There is a marked reluctance to admit boys below 14 years.

5. Admitted from (returns for the 80 admissions)

<table>
<thead>
<tr>
<th>Admitted from</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile or Magistrates Courts</td>
<td>41</td>
<td>51.25%</td>
</tr>
<tr>
<td>Glen House open units</td>
<td>11</td>
<td>14%</td>
</tr>
<tr>
<td>Other 0 and A Centres</td>
<td>10</td>
<td>14%</td>
</tr>
<tr>
<td>Hampshire Community Homes</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Out-County Community Homes</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Police charge or prison</td>
<td>10</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

Half of the boys come to the unit direct from the Courts and a further large group are brought directly to the centre by the police, or are transferred from Winchester remand centre. This latter group are usually absconders. The admissions from the 0 and A Centres, either Glen House units or other, and from CHE are normally made because of absconding or unruly behaviour.

6. Reasons for admission The brief reasons for admission given in the admission and discharge register generally indicate a combination of reasons eg absconding and an offence. The range of reasons aggregates as below.
There has been a distinct change in reasons for admission in the last four months. There have been 27 admissions since the 3 November 1982. Of these 12 were for unruliness, most commonly in open C and A Centres or Community Homes. This contrasts with the four boys admitted for unruliness in the 53 previous admissions.

Absconding, actual or threatened, and the common offences of juvenile crime predominate these returns. One imagines that it is a matter of degree which separates the unit admissions from their fellows in the open Centres.

7. Legal Status

| Remand (Warrant of commitment) | 26 | 32.5 |
| Full Care Order | 47 | 58.75 |
| Place of Safety Order | 4 | 4 |
| Section 53 | 1 | 4 |
| Section 2 CA 1980 | 2 | 2 |

One third of the admissions are remanded from the Courts, and over a further half of the admissions are already in care of the LAs. Hampshire has managed, almost entirely, to exclude children on voluntary care orders from secure accommodation. It should be noted that the greater part of this unit's work continues to be for the Courts. Either the boys are remanded or retained on Care Orders by their LA. In other cases children who have committed offences whilst resident in community homes have been transferred to Glen House to await a court appearance. The percentage of remands in care has dropped when compared to the first year of operation (48%).

8. Place of discharge

During the period under review there were 73 discharges.

<table>
<thead>
<tr>
<th>Place of Discharge</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Winchester Prison Remand Centre</td>
<td>17</td>
</tr>
<tr>
<td>(normally to await Crown Court and Borstal sentence)</td>
<td></td>
</tr>
<tr>
<td>To Glen House open</td>
<td>13</td>
</tr>
<tr>
<td>Return to Glen House open</td>
<td>2</td>
</tr>
<tr>
<td>Other O and A Centre</td>
<td>3</td>
</tr>
<tr>
<td>Court (disposal not recorded)</td>
<td>3</td>
</tr>
<tr>
<td>CHE</td>
<td>3</td>
</tr>
<tr>
<td>Detention Centre (via Court)</td>
<td>12</td>
</tr>
<tr>
<td>Other (includes YTC (2) and 4 absconds from Court)</td>
<td>10</td>
</tr>
</tbody>
</table>
Twenty-nine boys (40%) were dealt with via the penal system whether being sentenced to DC or Borstal training. This level is identical to the first year of operation.

9. Length of Stay

Taken overall the average length of stay of the 73 boys discharged during the period under review was 32 days (29.7% in first year). However this mean is somewhat distorted by the inclusion of three boys with exceptionally long sojourns at the Centre (130, 161, 155 days respectively). Removing these gives an average length of stay for the residue as 26.5 days.

The following table gives the length of stay:

<table>
<thead>
<tr>
<th>Duration</th>
<th>No of boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 7 days</td>
<td>11</td>
</tr>
<tr>
<td>one to two weeks</td>
<td>11</td>
</tr>
<tr>
<td>two to three weeks</td>
<td>11</td>
</tr>
<tr>
<td>up to 28 days</td>
<td>12</td>
</tr>
<tr>
<td>up to 6 weeks</td>
<td>7</td>
</tr>
<tr>
<td>up to 8 weeks</td>
<td>6</td>
</tr>
<tr>
<td>2 months to 3 months</td>
<td>11</td>
</tr>
<tr>
<td>Over 3 months</td>
<td>4</td>
</tr>
</tbody>
</table>

DAVID LAMBERT
Southern Region
SWS

28 February 1983
GLEN HOUSE - MEDINA UNIT

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1. The Concept of Basic Care (2)
2. Children's Rights - Aim and Content
3. Grievance Procedure
4. In-residence Work
5. Admission (2)
6. Searches and Personal Belongings
7. Clothing
8. Personal Care: Rest
9. Daily Routine (2)
10. Mealtimes and Breaks (2)
11. The Living Group: Privacy and Free Time
12. Recreation and Leisure Activities
13. Smoking
14. Pocket Money (2)
15. Telephone Calls
16. Visitors: Letters
17. Family Involvement (2)
18. Religion
19. Fire Precautions
20. Emergencies and Absconders
21. Keys (2)
22. Transmitters and Receivers
23. Night Duty Procedures
24. Medical Care and Self-inflicted Injury
25. Visits to Hospital, Dentists, etcetera
GLEN HOUSE - MEDINA UNIT

POLICIES AND PROCEDURES

THE CONCEPT OF BASIC CARE

The term 'basic care' refers to the core or essential elements that any residential programme can be expected to provide, whether the provision is being given by a small parent-model group home or a large shift-model establishment. A programme may provide more than basic care, but it must not provide less. Stated in a different way, basic care is the provision of a wide range of nurturing and parental activities in a highly normalized manner. Certain limited and specified exceptions to or modifications in the provision of basic care need to be made for certain specialised programmes, such as those providing secure care or treatment strategies; thus, the need for set policies and procedures in Medina Unit.

It is important to clarify what is not implied by the use of the term 'basic care'. Basic care does not refer to the meeting of only so-called basic needs: for example, food, shelter and clothing. It does not refer to the provision of the minimum means for ensuring survival. To be human is to have a wide range of needs - intellectual, emotional, social, educational, cultural and spiritual - that must be addressed in a truly and fully human manner, no matter what the degree of the child's disability or disturbance. Basic care refers to the full range of rich and varied activities that in everyday life we consider necessary for the optimal growth and development of the total person. Providing this level of care adequately in a residential setting requires a high level of personal awareness, competence, understanding, warmth, genuineness and empathy (among other characteristics) on the part of the direct care (or key) worker.

It is also important not to equate basic care with normal parenting. There are important differences between the situation of the child in residential care and that of the child living in his natural family.

Basic care not only refers to those activities that are primarily or exclusively directed to or focused on the child, it also includes those activities that are "organization" and "system" related.

Basic care, then, involves the provision of a high quality of child rearing, or parenting, adapted to the particular needs of the children in care and meeting the necessary requirements for being part of a well-functioning children's service system.
THE CONCEPT OF BASIC CARE (continued)

SPECIALIZED PROGRAMMES - e.g. SECURE CARE

These types of programme must alter the nature or range of basic care activities in order to function effectively in their specialized capacity. However, they should ensure that disruption of the normalized patterns is kept to the minimum, consistent with effective functioning. For example, in the area of treatment strategies, it is well recognised that effective treatment can not neglect the essential elements of care giving and nurturance and that often, in fact, the day to day care of the children is the essence of the treatment, no matter what particular strategy is adopted.

A I M

To ensure that every boy placed in the secure unit is provided with appropriate and high-quality specialized care and/or treatment, to complement or modify basic care, as required to meet his special needs, in order to enable him to function successfully in the community in a manner reasonably commensurate with his potential development or in a less restrictive or less specialized facility.
POLICIES AND PROCEDURES

CHILDREN'S RIGHTS

A I M

To guarantee, to every child placed in residential care, the enjoyment of those fundamental human rights which are shared by all children in this country and some additional protections which must be provided for those children with special needs and who have been removed from the care of their families.

CONTENT

1) Equal access to residential care facilities, free from discrimination on the basis of race, religion or ethnic origin.
2) Clean, safe surroundings.
3) Adequate and appropriate food, clothing and housing.
4) Adequate and suitable medical, social, psychological and psychiatric care.
5) Freedom from physical abuse and inhumane treatment.
6) Adult guidance, support and supervision sufficient to meet the needs of each individual child.
7) An educational programme suitable to his age and ability.
8) Freedom of thought and conscience.
9) Reasonable enjoyment of privacy.
10) Have his opinions heard and to be included, to the greatest extent possible, when any decisions are being made affecting his life.
11) Grievance procedure.

A clearly defined grievance procedure, legal representation, establishment of the rôle of the direct care worker (or key worker) etcetera, help to ensure that the boy is appropriately heard.
POLICIES AND PROCEDURES

GRIEVANCE PROCEDURE

When children are placed in any type of residential care, they tend to view themselves as being at the mercy of the system. Rules and routines, which are unfamiliar, are imposed on them "for their own good", and quite often they have no means or method of questioning them. There are a great number of benefits from having a grievance procedure in a residential establishment, both for the children and the programme of care. This is particularly so in a Secure Unit, where children's rights are curbed.

By the introduction of a grievance procedure through which a young person can voice disagreements and problems in a suitable way, outbursts caused by frustration and a sense of helplessness can be channelled positively or even avoided. To simply introduce a grievance procedure implies that the care programme operates in a just manner and eliminates such rationalizations as "that's the way we've always done it" and "that's our rule here". Past experience has shown that almost all grievances can be resolved at the establishment level.

If a young person says he is powerless to affect situations which he sees as unfair, such as the inequitable application or abuse of authority, he may be less motivated to change. However, if a young person is taught that to challenge and constructively criticise is an acceptable part of social life, he may be more open to self-criticism and the ideas and suggestions of others.

AIM

To produce a children's grievance procedure that can be explained in a clear and simple manner, so that it may be easily understood by the boys and is accessible without fear of retaliation. Such a grievance procedure shall include the following elements:

a) regular opportunities, such as unit meetings or discussion periods, for airing general complaints or disagreements in the presence of other boys in the Unit and care staff.
b) "Unit hearings" for specific grievances involving a boy and a panel of direct care workers and other boys in the Unit. This panel would consider a grievance and attempt to reach a decision or solution amenable to all parties concerned.
c) direct access to the person in charge of the Unit or the establishment for those grievances not resolved at a Unit hearing.
d) hearing before an outside and impartial person, e.g. Adviser, Professional Services' Officer, Assistant Director, etcetera.
e) opportunity to speak to or correspond with solicitor, Ombudsman, M.P., or even Prime Minister.
POLICIES AND PROCEDURES

IN-RESIDENCE WORK

The programme in the Unit should use work assignments only in so far as they provide a constructive experience for the boys and not as unpaid substitution for staff.

The following should be noted when a work programme is being designed:

a) Tasks should be considered as part of the shared responsibility of living together.
b) Work should be allocated in accordance with the age and ability of the boy.
c) Some specific work should be undertaken with instructional and work education objectives in mind.
d) Jobs or chores should be given, as far as possible, so as not to conflict with scheduling of schooling, play-time, extra-curricular activities, visits from families, etc.
e) A change of routine should be offered periodically to reduce monotony and to provide a variety of experience.
f) Assignment of appropriate and reasonable extra duties that are not part of the regular routine and yet constitute a contribution to the total group may be used as a punishment measure.
g) Staff must be very careful what equipment boys are allowed to use when working. At the end of work sessions, ALL equipment must be checked and accounted for and locked away in the approved storage space.
POLICIES • AND PROCEDURES

RECEIVING THE CLIENT

The first encounter with a young person admitted to secure care is most important in laying the foundation for a positive experience in the unit. He may arrive in an aggressive, truculent mood, he may be withdrawn, upset, sorry for himself and so on. How he is approached and handled during the first half hour of admission is extremely important. Staff must use a great deal of tact and diplomacy. He should not be humiliated, nor stripped of his dignity. His admission should highlight good child care practices and emphasise his worth as a person, who has specific characteristics and needs, and who will be living within a unique and complex situational context.

Due regard must be given to the concern, anxiety and feelings of separation that may also be present in the young person’s parents. They, too, have a need for reassurance that the placement is necessary that it is a constructive measure and that the young person will be well cared for.

During the admission phase crucial linkages between the young person and his home and family could be weakened and the need for understanding and support towards all who are affected is great. The importance of approaching this highly significant process as a sensitive and genuinely personal matter cannot be over-emphasized.

As admission is, in most cases, the initial phase in the continuum of residential provision, it is important that it be carried out as comprehensively as possible with the active participation as appropriate of all concerned parties, i.e. the young person, the parents, the social worker, any other persons significant in his life and the residential staff.

The abstract and general goals of the secure care programme need to be translated into specific statements relating to the young person’s own needs, the appropriate initiatives and responses to be attempted by the programme and the objectives for the young person’s stay in secure care. The development of a plan of care is necessary in order to outline with greater precision the specific objectives to be worked towards within a given period and to clarify and make explicit the individualized programme responses. The plan of care, in addition to being individualized, should be time limited and goal orientated. It needs to be reviewed at frequent intervals and to state as clearly and specifically as possible the goals and objectives of secure care for the young person, both over the longer term of three months and within the specified time interval before the next schedule review.

The written, individualized, time limited and goal orientated plan of care should include:

GLEN HOUSE - MEDINA UNIT
Medina Unit - Policies and Procedures: Receiving the Client. (cont'd

A) a statement of goals to be achieved or worked toward for the young person and his parents and family during his stay in the secure unit.

B) specification of the daily activities, including education and recreation, to be pursued by the staff and the young person in order to attempt to achieve the stated goals.

C) specification of suitable staff responses to the child

D) specification of any specialised services that will be provided directly or arranged for, and measures for ensuring their proper integration with the young person's ongoing programme activities.

E) specification of time-limited targets in relation to overall goals and specific objectives.

F) goals and anticipated plans for discharge and after-card, where appropriate.

The initial plan of care and revisions of it should attempt to ensure that all aspects of the on-going daily programme and specialized services are optionally integrated, one with the other, both in terms of planning and implementation.
POLICIES AND PROCEDURES

SEARCHES

It will be necessary to search each boy as part of the admission procedure. Searches are essential to ensure that he is not in possession of drugs or anything that he may use to injure himself or others or use as a means to effect an escape. The best and probably the most dignified way to achieve this is to change his clothing completely. Care and watchfulness are required. Some boys are skilled at "palming" articles. Always search clothing thoroughly before placing in a store or cupboard.

A second member of staff must be present when boys are being body-searched, primarily as a safeguard against any allegation of malpractice being made.

Staff must be alert to the fact that, although visitors are told that they must not leave anything with the boy, it is highly likely that they will disregard this. A search may well prove necessary after a visit. Staff should show a high level of awareness and sensitivity.

PERSONAL BELONGINGS

Boys will bring personal belongings to the Unit, but there should be limitations or supervision as necessary in the use of these items, whilst they are in the Unit.

Where, in the interests of safety or the boy's programme of care, limitations or prohibition are imposed, the boy shall be informed of the reasons by a member of staff.

Boys are not allowed to wear watches, rings, ear-rings, bracelets, necklaces, chains, etc.

ON ADMISSION the personal belongings of a boy are to be listed in front of him, his signature and the date to be placed alongside the last item. Subsequent valuables he may receive are to be similarly recorded and witnessed.
It should be ensured that each boy has a supply of personal clothing of suitable quality and size in relation to his age, seasonal weather conditions, activities and community clothing standards.

The use of belts with large buckles, braces, laced plimsolls or shoes, and pyjamas and dressing-gowns with cords is prohibited.

No clothing is to be kept in boys' individual rooms.

At the end of the day, ALL clothing, including dressing-gowns, must be placed neatly in the clothing cupboards. Staff must check that ALL items are accounted for. Slippers should be placed outside boys' rooms alongside the doors. Night clothes (pyjamas, dressing-gowns and slippers) are to be locked in clothing cupboards during the day.

All clothing which is not in use is to be locked away in the designated storage space.
PERSONAL CARE

The secure care programme should provide instruction in personal care and should ensure that each boy is provided with suitable items, such as towels, toothbrush and other toiletry items.

As part of the process of developing sound health and personal hygiene habits and practices, the programme should foster each boy's recognition of:

a) the need for personal care, cleanliness and regular change of clothing to become an accepted routine.
b) the need for positive attitudes towards safe and healthful living.
c) the individual's responsibility both for his own health and safety as for the health and safety of others.
d) the structure, functioning, maturation and growth processes of his own body.
e) his sexuality, sexual attitudes and behaviour.
f) the need for adequate physical exercise.

REST

a) It should be ensured that each boy has the amount of uninterrupted sleep he requires.
b) There should be planned routines in respect to getting up in the morning and going to bed.
This area considers the everyday realities of the care-giving process and experience. The patterns of day to day life as experienced by young people and their direct care workers constitute the essence of residential care programming.

To optimally enhance each child's development it is important that the programme's daily schedule of activities be flexible and take into account individual needs and differences. Areas that need to be addressed in a personal and supportive way are: waking, washing, dressing, personal care, preparing for school, eating - appropriately and sufficiently, work or programme activities, socializing with others, initiating, maintaining and developing family relationships, playing, pursuing hobbies, getting adequate exercise and rest, recognising, coping with and resolving personal problems, preparing for bed and sleeping.

Where possible, opportunities should also be provided for young people to freely experience, express and develop their own individual needs, interests, aptitudes and abilities and to participate in individual and group problem-solving and decision-making processes. There must be concern for the development of ethical, spiritual and moral values and a respect for the beliefs and values of each young person's family.

WAKING DAY (Outline)

08.00 Supervised rousing (gentle)
Stripping beds for airing
Washing and dressing
Shower for anyone who is enuretic

08.20 Breakfast

08.50 Bed-making, tidying room, cleaning teeth.

09.10 Group Meeting

09.30 to Working morning with break 10.30 - 10.50.

12.20 Each boy to be occupied following his personal plan of care

12.30 to Lunch and
Organized play and activities

14.00 to Working afternoon with break 15.15 - 15.30.

16.15 Each boy to be occupied following his personal plan of care

16.40 Tea

17.10 Group discussion

17.30 to Evening activities - games, hobbies, exercise,
letter writing, films, slides, etc.
19.45 Snack supper - followed by T.V., quiet games, listening to radio, records, etc.

21.00 Shower - then to room - privacy, quietness, reading, chatting to staff, etc.

22.00 Lights out.

* The working day must allow for psychologist, psychiatrist, social worker, medical officer, solicitor, police, etc. to interview the young person and also to have discussions with staff. Also, allowance must be made for periods of observation, preparation of reports for courts, reviews, educational assessment, etc.

The above is but a framework on which to fit the more detailed aspects of the daily living experience for each young person, the personal plan of care directing what those aspects will be.

The daily programme is to make provision for boys to be locked in their rooms for an hour to allow them privacy, an opportunity to meditate and to give staff a chance to communicate with each other, discuss cases and co-ordinate the two shifts. Ideally this should occur between 14.00 - 15.00 hours.
Policies and Procedures

Mealtimes and Breaks

Mealtimes and breaks are the times when all boys and staff on duty have the opportunity to be together as a group. These should be regarded as social occasions and not as a means of satisfying a primary need. Many may not have been used to having meals at regular times from tables prepared especially for the purpose. They may also not have been used to a balanced diet and could reject food in a hostile, aggressive way. What should be a pleasant occurrence can suddenly erupt into one of chaos with crockery and food flying in all directions. It takes little to start such a situation: thus, there must be a clear underlying sense of control. Some boys will produce a great number of difficulties, but mealtimes and breaks provide a valuable opportunity for training in social skills. Main areas to be covered should include the following:

1) Each boy should learn how to lay the table for every type of meal.
2) Be taught how to serve food in the most presentable way.
3) Be shown good table manners and the correct use of cutlery.
4) Be taught to be considerate of others, waiting until all on his table are ready to start, passing condiments, dishes, etc.
5) Be encouraged to develop conversational skills.
6) Be involved in clearing the table after a meal. It helps greatly if cleaning is done with care; plates, cutlery, etc. sorted, and waste food placed in the receptable provided.
7) Learn how to wash-up dishes in a satisfactory manner.
8) Appreciate the work involved in preparing a meal, and learn how to decline food in a polite and tactful way.
9) Generally, he should be helped to acquire an overall level of skill and confidence to help him in similar situations: e.g. eating out, visiting friends, and maintaining standards in front of strangers.

Staff should demonstrate as necessary what is expected. They should stress the social, educational and therapeutic values of food.

/continued.
Food should be well prepared, palatable and attractively served. Tables should be laid in such a way as to add aesthetically to mealtimes. Boys should be encouraged rather than coerced to eat as many different foods as possible, with recognition of individual tastes and differences in quantity of food required. Staff should strive to see that mealtimes are a pleasurable experience in a relaxed atmosphere. Staff should sit with the boys at meals and normal conversation at the table (Not across tables), should be encouraged. Meals should not be rushed, everyone at the table having finished before the commencement of another course. All tables should have finished and be cleared before any boy is allowed to leave. Boys should not be allowed to wander during mealtimes. Television and radio should not be in use during these periods as they defeat the overall aims.

No boy should be forced to eat. In circumstances where a boy continuously refuses to eat, the matter should be drawn to the attention of a senior member of staff, who will then consult the medical officer.

Meal and break periods need a high level of control and supervision. Group involvement for all boys can help minimise the amount of external control exercised by staff.
POLICIES AND PROCEDURES

THE LIVING GROUP

The composition of the living group should be evaluated regularly in order to maximise the potential for positive and growth-enhancing interaction between and amongst the boys.

The living group should be planned to provide maximum opportunity for:

a) appropriate and on-going personal and special attention for each boy by the staff.

b) the boy to experience security and comfort through having the staff as physically close and available both day and night.

c) the boy to confront, cope with and resolve personal problems and conflicts at his own level of maturity, competence, understanding and pace.

d) the boy to express and share excitement, warmth, joy, success and other positive interactions with other boys and staff.

e) the boy to realise himself as unique, valued and competent and as a significant contributing member of a larger group.

f) the boy to exercise and develop confidence and responsibility in undertaking and pursuing routine activities of daily living and special projects.

g) the flexible adjustment of routines to take into account special or extraordinary situations or events.

PRIVACY AND FREE TIME

The programme should respect the boy's right to privacy to the maximum extent compatible with his care and safety and the proper functioning of the unit.

The programme should make provision for boys to have periods of free, unplanned time during the course of the day's activities.
Children frequently need outlets for the exercise of physical energy and emotional expression. Planned and unplanned play and recreational activity provide opportunities for joy, fun, exuberance and creativity in a relaxed and pleasurable manner. A range of types of activities providing opportunities suitable to the needs, interests and abilities of the boys in the secure unit should be provided.

In addition to the boy-related concerns, a number of variables will affect the nature and timing of the planned activities, including the knowledge and competency of staff, the availability of space and equipment, staff cover, and the proximity to other events, such as meal-times and bed-time.

The programme should:

a) ensure appropriate staff involvement in recreational and leisure activities.

b) provide experiences that stimulate interests and skills, having carry-over value for the boys' future lives.

c) ensure that opportunities are provided to develop physical coordination, individuality, leadership and teamwork abilities.

d) utilise as appropriate the total recreational resources of the Centre.

e) allow time for spontaneous individual and group activities such as singing, playing, reading and listening to the radio and records.

Referring to (d) above, it will be noted that it is intended to utilise as appropriate the total recreational resources of the Centre. This means that the games' hall/gymnasium, the outside court, and very occasionally the football-pitch, can be used for recreational purposes, but their use or non-use will depend upon the circumstances prevailing in the secure unit at the time. Request for the use of facilities outside the unit, but on campus, MUST be discussed with the senior duty officer in charge of the establishment and he alone will give permission or otherwise. It must be remembered that, once boys are taken out of the Unit, physical security no longer exists and this places infinitely greater responsibility on staff for the safe return of the boys in their care to the Secure Unit.
POLICIES AND PROCEDURES

SMOKING

1) Only boys over 15 yrs. 6 mths are allowed to smoke.
2) Smoking is to be confined to a specific room in the Unit.
3) Smoking is to occur at specified times, i.e.:-
   after breakfast
   after lunch
   after tea
   2 during the evening

There are to be no more than 5 cigarettes a day (weekdays and weekends).

4) Cigarettes are to be purchased from pocket money. Staff are not to give boys cigarettes as a gift.
5) Cigarettes are to be held in the Unit Office.
6) Cigarettes are to be lit by a member of staff. Boys must not be handed a lighter or a box of matches to light their own cigarettes.
7) There must always be an adequate supply of ash-trays. Staff must ensure that the number of cigarette ends collected from the ash-trays at the end of each smoking session is the same as the number of cigarettes handed out at the beginning. The contents of ash-trays are to be disposed of at the end of each smoking time.
8) Staff are not to smoke in front of boys during the course of duty. It is acceptable for them to do so when boys allowed to smoke are having a cigarette.
9) Staff must not leave cigarettes, matches or lighters lying around so that boys can help themselves to them.
10) Visitors are not permitted to smoke in the Unit.
11) Staff must stress to all boys' visitors that on no account must cigarettes, matches or lighters be handed to boys. To do so will jeopardise future visits. Any item whosoever must be handed to a member of staff.
12) Where there is cause for concern, it may be necessary for a search to be made - boy and/or rooms. Consult with senior member of staff.
G L E N  H O U S E  -  M E D I N A  U N I T

P O L I C I E S  A N D  P R O C E D U R E S

P O C K E T  M O N E Y  (continued)

S P E C I A L  G I F T S  A N D  A L L O W A N C E S

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<td>13 - 15</td>
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<tr>
<td>16 - 17</td>
<td>£6.45</td>
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As can be seen from the above, there are set allowances for birthdays and Christmas. These are to be used to buy the boy a present. No individual presents are to be given by staff members. Boys may also receive gifts on their birthdays and at Christmas from their families or specifically approved individuals.

Present giving on all other occasions should be discouraged so that most of the "extras" a boy receives are earned.

In certain cases it may be necessary to impose a financial limit on gifts given when parents visit. Larger gifts may have to be earned over a period of time.

Small gifts may be given to all the boys on specific occasions, e.g. a chocolate egg at Easter, but the staff teams should be consulted.

Christmas and birthday cards may be sent on an individual basis, if a member of staff chooses to do so.

The giving or lending of money by members of staff to boys is strictly forbidden.

Boys are not allowed to give or to lend money to other boys or to give or exchange presents.
GLEN HOUSE - MEDINA UNIT

POLICIES AND PROCEDURES

POCKET MONEY

Boys will be allowed £2 per week pocket money to cover the cost of personal requisites, such as cigarettes, sweets, reading material, etcetera.

Pocket money will be paid on Friday, money being retained in the Unit. Boys will not carry any monies.

Each boy will have an account recorded in a cash book held in the Unit Office. All transactions will be recorded and signed for by staff and boy.

If a boy is going to be in the Unit for several weeks and wishes to bank part of his money, this will be done in an account opened by Unit staff.

Money earned or received as a gift should be the boy's personal property, though limits may be placed on the boy's receiving such money, if it is determined to be in his best interests.

A boy should learn how to spend his money appropriately and wisely. He should be educated in the use of money and encouraged to budget and save for the more costly items he wishes to buy.

Reasonable deductions from the boy's pocket money may be made to pay for damage caused by him.

Special gifts and allowances..............................see over.
POLICIES AND PROCEDURES

TELEPHONE CALLS

1) Any telephone call made by a boy in the Unit will be under staff supervision.

2) Unless an extreme emergency arises, calls will be limited to TWO per week and may be made to parents only or other close relatives. All calls should be made after 6.00 p.m. They should be for a maximum period of 4 - 5 minutes (local) and 3 minutes over 56 km (35 miles).

3) Boys may receive calls from parents or very close relatives after 6.00 p.m. (TWO per week). A member of staff is to be in attendance and all calls are to be limited in length as in (2) above.

4) Boys may call their social workers during office hours provided it is determined that it is essential for them to do so.

5) At NO time should the making or receiving of a telephone call jeopardise security or leave a group of boys unsupervised. Staff should be able to decide quite quickly, knowing how many are on duty, what the boys are doing, the atmosphere in the Unit, etc., whether it is feasible for a call to be made or received.
VISITORS

Boys may receive visits from parents, older siblings or close relatives at appropriate times. There will be no set visiting time. Visits will be staggered throughout the week so as not to jeopardise security and make supervision by staff impossible or impracticable. Parents and relatives are to be accompanied by the social worker on the first visit for identification purposes. The same persons need not have the social worker with them on subsequent visits. If visitors change, then the social worker must be in attendance.

In exceptional circumstances, close friends may visit by arrangement and with the approval of parents, the social worker and the Principal. If any one of these should not agree, then the visit will not be allowed.

Solicitors, social workers, police, clergymen, etc. may visit by appointment. Casual callers will not be admitted to the Unit. A member of staff must be present if the police are interviewing a boy, but solicitors, social workers and the clergy may see boys privately.

Nothing must be handed to the boy. Anything left for the boy must be examined, (a packet of Polo Mints providing hidden storage space for matches, for example). Glass bottles of soft drink are a source of danger, etcetera.

Visitors are NOT allowed to smoke in the Unit.

LETTERS

Boys may write to parents or close relatives as appropriate. In fact, staff should encourage them to do so as part of family involvement. Letters to others than the above will be at the discretion of the officer-in-charge of the Unit or senior duty member of staff of the complex. Letters handed in for posting should be sealed, but addressees may be challenged.

If a boy's parents are not on the telephone, he will be entitled to one "free" letter per week; otherwise, stamps will be deducted from pocket money.

In-coming mail may be examined or withheld at the discretion of the Principal or whoever may be deputising for him. Naturally, it is much pleasanter for boys to open their own letters and when this privilege is extended to them, staff must still exercise some caution. For instance, just be feeling a letter, one would be unaware of the presence of a razor blade, a book-type match and strike paper, etcetera.
A boy's problems, needs and patterns of behaviour can not be understood apart from his family history and present family context. The provision of residential care necessarily frequently involves sensitive and complex relationships with parents and this can be more so if a boy is placed in secure care.

Frequently, a boy's problems or maladaptive behaviour patterns reflect dysfunction in the family unit. It is highly desirable to extend services to such a family and to ensure that these services form an integral part of the boy's plan of care.

The parents of a boy requiring residential care, for whatever reason, will often experience a mixture of feelings, including a sense of loss, failure, anger, guilt and rejection. These can be more acute if there is the need for secure care. They may also go through periods of idealizing the placement, attempt to over-indulge their boy, disparage the care programme or even attempt to sabotage the placement. In a large number of cases, children committed to care by the courts will have been so against the wishes of the parents and this can cause problems.

Though the importance of the family in a child's life has generally been well recognised, residential establishments have often neglected the delicate and often difficult task of attempting to connect with the parents and, where appropriate, the siblings in a sincere and on-going relationship. Too often, an initial negative contact with a child's parents is accepted as closing the door on any constructive working together. Except in those instances where no relationship is possible, due to abandonment, or total unavailability, or where the best interests of the boy indicate the need to be protected from parental contact, the positive involvement of the boy's family is a sufficiently critical factor to be worth considerably more attention and effort than is often given.

The care programme's plan for family involvement should be designed to:-

a) Preserve, maintain and develop the child-family relationships.
b) facilitate family contacts including correspondence, telephone calls and visits.
c) enable parents and siblings to recognise and involve the boy as a continuing member of the family.
d) ensure that parents exercise their legal rights and responsibilities in a manner compatible with the boy's best interests.

/continued
e) encourage independent functioning of the family by recognising its strengths and assisting it to function with minimal outside intervention.

f) where possible, facilitate the return of the boy to his family.

The special needs of children without families or without regular family contact should be recognised. The involvement of social relatives, etc, to provide additional supportive relationships for the boy is a way of meeting those special needs, but may be difficult to achieve in a short secure care programme.
The programme in the Unit shall ensure that boys are given the opportunity for religious experience and affiliation in accordance with their personal preferences. (See "Community Homes Regulation No. 8 Religious Observance - 1972.")

Religious observance should not be a compulsory part of a boy's programme of care, unless this is in accordance with his wishes.

The nature of the Unit obviously does not allow a boy to attend Church locally, but there is no reason why a clergyman should not visit on request.

Boys should be taught to respect the right of others to their own form of worship.
POLICIES AND PROCEDURES

FIRE PRECAUTIONS

IN THE EVENT OF FIRE

1) Person finding fire - set off fire-alarm, using the nearest one available.

2) Officer-in-Charge or other responsible member of staff - CALL FIRE BRIGADE: DIAL 999.

3) If at night, wake EVERYONE and make way quietly downstairs to dining-room, making sure all doors are closed. Take dressing-gown and slippers.

4) If unable to go down staircase, make way to exit via staff houses or sleeping-in room as instructed by member of staff.

5) Member of staff to decide whether necessary to raise the general alarm and vacate the building. Boys to remain quiet and to listen to instructions given.

6) Assembly point for all units in Glen House will be the games hall, unless it proves necessary to completely vacate the complex, when the Assembly Point will then be Old Glen House.

7) When persons arrive at the Assembly Point, a roll call will be taken and the Officer-in-Charge or other responsible member of staff notified of the result.

NEW BOYS MUST HAVE FIRE PRECAUTIONS EXPLAINED TO THEM AS PART OF THE ADMISSION PROCEDURE.

Fire precautions are to be read to boys weekly.

Fire drills are to be conducted bi-monthly.

There are four possible exits from Medina Unit. ALL members of staff must know their location and make boys aware of them.
POLICIES AND PROCEDURES

EMERGENCIES

Any emergency requires the operation of the transmitter/receiver system.

It must be remembered that some emergencies arise because staff fail to react intuitively at a stage when intervention by them or others would stabilise a situation or prevent further deterioration. Heightened awareness and the ability to communicate can prevent many emergency situations.

ABSCONDERS

In the event of a boy absconding, the following procedure is to be observed:-

a) Notify duty senior member of staff.

b) Notify the Fareham Police: tel. 87 - 286111 - stressing that it is a boy from the Secure Unit.

c) Notify the boy's social worker as soon as convenient.

d) Take extra care with the rest of the group, as the absconding could well have an adverse effect on attitude, behaviour, morale, etc.
POLICIES AND PROCEDURES

KEYS AND PERIMETER SECURITY

Each member of staff will be issued with a master key HZDX which will allow access to the Unit via the front door and the door adjoining the corridor in the main complex. Security in both of these points of access lies in the air-lock system. One door is locked before the next is opened. The keys for the inner doors of each air-lock will be kept in the key lockers located in the Unit Office and in the night supervision room upstairs.

On entering the Unit via the front door, staff should make use of their lockers before ringing the bell (attached to the inner door of the air-lock) for admission. It may be that staff on duty are unable to unlock the door quickly. This will depend on what they are doing at the time. Also, there is bound to be a time lag because the office will have to be opened to get the keys and then re-locked prior to opening the inner door.

The master key held by staff also unlocks the office.

CONTENTS OF KEY LOCKERS

GROUND FLOOR OFFICE

1 Front Door Air Lock B 61
1 Corridor Air Lock B 64
1 Fire Door Staff House 5 B 22
1 Fire Door Staff House 6 B 23
1 Set Fire Alarm Keys
1 Fire Hose Reel
1 D.D.A Box
1 Cash Box 92368
1 Desk 92264
1 Filing Cabinet 92365
1 Chubb Loft and Cisterns

NIGHT SUPERVISION ROOM

1 Front Door Air Lock B 61
1 Corridor Air Lock B 64
1 Fire Door Staff House 5 B 22
1 Fire Door Staff House 6 B 23
1 Set Fire Alarm Keys
1 Fire Hose Reel
1 Desk
1 Chubb Loft and Cisterns 92246

(continued)
Key lockers are to be handed over intact by one member of the duty shift to an on-coming member, (night staff included) and each are to sign the appropriate book "Medina - Key Lockers", held in the Unit Office.

Each member of staff will hold a unit sub-master Key KZRE/C, which will lock boys' bedrooms, kitchen, television hatch, hobbies' room, etcetera.

The staff toilet is to kept locked.

The steel gates are to be left open at all times, except when there is an admission. The car or van in which a boy is being conveyed will park as near to the front door as possible and before he leaves the vehicle, the gates will be closed. Once he is safely inside, the gates can be opened.

Staff must be extremely careful with keys entrusted to them. The loss of one key could cause incalculable trouble and expense.
POLICIES AND PROCEDURES

TRANSMITTERS AND RECEIVERS

There are 3 pocket-size transmitters for use by staff in the unit. The rather flimsy aerials must be tucked away to avoid having them pulled off by boys or by accident.

Transmitters are to be used in emergencies only. Once a button is pressed, staff carrying receivers outside the unit are bleeped and will proceed there with great haste. For any situation other than an emergency, contact can be made with staff outside the unit by telephone.

A red light and re-set switch are located on the wall in the office. When a transmitter is used, the red-light comes on and a buzzer (located alongside the re-set switch) operates. The latter is to warn other Unit staff that a colleague is in an emergency situation. Once help has arrived or as soon as practicable afterwards, the system should be re-set by pressing the re-set button.

 Receivers will be carried by duty senior staff outside the Unit during the waking day. They will also be carried by night staff in the main complex.

Staff using receivers are to return them to the duty senior member of staff at the end of their period of duty so that they can be re-charged.
GLEN HOUSE - MEDINA UNIT

POLICIES AND PROCEDURES

NIGHT DUTY PROCEDURES

Night supervisors are an integral part of the care team and on coming on duty have immediate responsibility for the safety and care of boys in residence. Day staff will discuss the happenings of the day, highlighting anything unusual and stressing the need to exercise any extra supervision of any particular boy for any specific reason. They should read the Day Log and sign to indicate that they understand the total situation.

Night staff will maintain constant supervision of the boys at intervals not exceeding fifteen minutes. In some cases it may be necessary to reduce this time. This may be due to what was said when day staff handed over to night staff or because the latter feel it to be desirable in the interests of any particular boy/s.

In the event of an emergency or unusual happening, the second waking member of staff or person sleeping-in must be called and a quick decision made as to whether the situation calls for EMERGENCY ACTION.

Visits are not allowed during night duty hours and the only people who will be able to enter the Unit will be senior staff of Glen House and/or night staff in the main complex. The former will have their own keys and will be allowed into the Unit at any time. The latter will only be allowed into the Unit in case of EMERGENCY ACTION.

If a boy needs attention during the night, for whatever reason, his room must only be entered with a second member of staff in attendance.

Night staff will keep a log of happenings throughout the night, particularly of the sleep patterns of each boy. When handing over to day staff, the log is to be discussed with them and duly signed by a member of each shift.

REMEMBER that in case of fire, removal of the boys from the building takes precedence over security.

Night staff are not allowed to leave the Unit at any time, except in the case of an emergency.
POLICIES AND PROCEDURES

MEDICAL CARE AND SELF-INFLICTED INJURY

Each boy is to examined on admission (during first 24 hours or 48 hours at weekends) by the Medical Officer. As part of the Admission Procedure a member of staff should contact Brook Lane Surgery (Tel.: 5191) requesting a visit and stating the name of the Unit and that the boy has been newly admitted. Any bruising or injury must be brought to the notice of the Medical Officer and recorded on the Medical Form.

Treatment for sickness after the initial examination will be on a temporary patient basis and requires the use of the temporary patient's card, which is supplied by the Medical Officer.

Any self-inflicted injury which occurs after admission must be recorded, brought to the attention of the Medical Officer and written on the medical discharge form which accompanies the boy on leaving the unit.

It is not unusual for boys in the Assessment Units, for instance, to be taken to Brook Lane Surgery to see the nurse or doctor regarding minor complaints. This will not be possible for boys in Medina Unit, thus a certain amount of discretion must be used so as not to call the doctor unnecessarily. If there is any doubt, discussion with the nurse at Brook Lane Surgery is advisable.
CLEN HOUSE - MEDINA UNIT

POLICIES AND PROCEDURES

VISITS TO HOSPITAL, DENTISTS, etcetera.

Hopefully, such visits may not be necessary, but it is inevitable that at some stage a boy may need dental and/or hospital treatment.

TWO members of staff will need to be in attendance, one sitting alongside the boy when he is being conveyed in either a car or mini-'bus. Particular care should be exercised if he requires toilet facilities at any time whilst out of the unit. He should be asked to visit the cloakroom immediately prior to leaving.

It must be remembered that the boy may have deliberately created the need for the visit in order to get out of the unit. He may feign tooth-ache or inflict some injury upon himself.

Escorting staff must be vigilant, aware of the boy's mood and attitude and exercise caution without making it obvious to members of the community.
APPENDIX F

LOCAL AUTHORITY CIRCULAR

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: The Chief Executive
    Metropolitan District Councils
    London Borough Councils
    The Common Council of the City of London

Copy to: The Director of Social Services

3 May 1983

Dear Sir

CRIMINAL JUSTICE ACT 1982 SECTION 25—RESTRICTION OF LIBERTY
THE SECURE ACCOMMODATION REGULATIONS 1983

SUMMARY

This Circular informs local authorities of the implications for them of the provisions of Section 25 of the Criminal Justice Act 1982 and of the Secure Accommodation Regulations 1983 which will be brought into force simultaneously on 24 May 1983, and gives guidance on their application. This Circular is that referred to in paragraph 2 of Local Authority Circular (83)6.

IMPLEMENTATION

1. Section 25 of the Criminal Justice Act 1982, which introduces a new section 21A to the Child Care Act 1980, will be brought into force on 24 May 1983. This section (attached as Annex A to this Circular) introduces specific criteria that must be met before a child may be placed or kept in secure accommodation. It empowers the Secretary of State to make regulations specifying exceptional cases of remanded children where those criteria are not to apply, the maximum period that a child’s liberty may be restricted without the authority of a juvenile court, and the maximum period or further periods a juvenile court may authorise restriction of liberty. The section also provides for the juvenile court to make an interim order on any adjournment of a hearing, for an appeal to be made to a Crown Court against a decision of the juvenile court, and requires that generally the child be legally represented in any application to the court.

2. In exercise of these powers and those in Section 39 of the Child Care Act 1980, the Secretary of State has made the Secure Accommodation Regulations 1983, which will come into force on 24 May 1983. The new Regulations revoke regulations 11 to 14 inclusive of the Community Homes Regulations 1972, which will cease to have effect from that day.

CATEGORIES OF CHILDREN

3. Section 21A empowers the Secretary of State to make regulations in respect of children in the care of a local authority. These children are defined in section 17 of the Child Care Act 1980 as those

   a. received into care under section 2
   b. subject to care orders
   c. remanded to care under section 23(1) of the Children and Young Persons Act 1969.

The regulations concerning the criteria and the authorisation of the juvenile court do not, therefore, apply to any other category of child (eg those subject to place of safety orders, in the care of a local authority following arrest or detention, etc). The Government is considering introducing an amendment to the Health and Social Services and Social Security Adjudications Bill, currently before Parliament, to extend the safeguards outlined in this Circular to other categories of children who may be accommodated in community homes. In the meantime the present arrangements will continue.
4. The liberty of children in care may be restricted in Youth Treatment Centres provided by the Secretary of State under section 80 of the Child Care Act 1980, or in secure accommodation approved for that purpose by the Secretary of State under Regulation 3. Secure accommodation is defined in the Regulations as "accommodation in a community home for the purpose of restricting the liberty of a child resident therein." Regulation 3 replaces regulation 11(1) of the 1972 Regulations. Any accommodation currently approved as secure accommodation under that regulation will, with effect from 24 May 1983, be considered by the Secretary of State as having been approved under regulation 3.

5. Local authorities may find it helpful to have guidance on how the Secretary of State would define restriction of liberty for the purposes of this regulation. The general criteria that he would apply are set out in Annex B to this Circular. In any case where there is some doubt about particular restrictions or practices, local authorities are advised to consult the department's Social Work Service.

SINGLE SECURE SEPARATION ROOMS

6. Local authorities have been encouraged for a number of years to phase out the use of single secure rooms in community homes. During the past three years the number of approved secure separation rooms has been reduced by more than 30%. The Secretary of State would like the use of these rooms to be ended completely, and he has decided that as from 31 December 1983 he will no longer approve their use.

MINIMUM AGE

7. Regulation 4 provides that no child under the age of 10 may be placed in secure accommodation without the prior permission of the Secretary of State.

CRITERIA

8. Section 21A(1) of the Child Care Act 1980 specifies the criteria which must apply before a child in care may have his liberty restricted. They are that:

a. i. he has a history of absconding and is likely to abscond from any other description of accommodation; and

ii. if he absconds it is likely that his physical, mental or moral welfare will be at risk; or

b. that if he is kept in any other description of accommodation he is likely to injure himself or other persons.

Subject to what is said in paragraph 26 of this Circular, it will be unlawful for the liberty of a child in care to be restricted unless these criteria are met. Similarly, a child must not be retained in accommodation provided for the purpose of restricting liberty once the criteria cease to apply (such accommodation includes secure provision in community homes and Youth Treatment Centres).

9. If a local authority is satisfied that the criteria specified in paragraph 8 are met in respect of a child in its care, it may place him in secure accommodation, or may make arrangements for his placement with any other local authority responsible for managing secure accommodation, or may arrange for his admission to a Youth Treatment Centre. If a local authority responsible for managing a community home that includes secure accommodation is satisfied that the criteria are met in respect of a child who is in the care of another authority and is accommodated in that home, it may admit the child to that secure accommodation (but see paragraph 11 of this Circular).

10. Regulation 5 excepts children remanded to care charged with or convicted of serious crimes from the application of the criteria in section 21A(1) and provides different criteria. These are described in paragraph 26 of this Circular.

NOTIFICATIONS

11. Regulation 6 provides that where a child in care is placed in secure accommodation which is not managed by his care authority, the managing authority must notify the care authority within 24 hours of the placement. Although the regulation provides for notification to be made "within 24 hours", it is suggested that the care authority should be notified, preferably by telephone, as soon as possible after the placement. Managing authorities should be informed of officers who may be contacted for this purpose at weekends and bank holidays. It is suggested that the opportunity is taken of indicating whether a period in security in excess of 72 hours seems desirable so that the care authority may, if necessary, set in train the procedures outlined in paragraph 14 of this Circular.
12. *Regulation 7* provides that no child in care shall have his liberty restricted for a period longer than 72 hours, either consecutively or in aggregate in any consecutive period of 28 days, without the authority of a juvenile court. *Regulation 10* requires that where it is intended to keep a child in such accommodation beyond this period (or any further period authorised by a juvenile court as described in paragraphs 16 and 19 of this Circular) the child's care authority must inform the child's parent or guardian of the intention to do so (or must make reasonable efforts to locate them in order to inform them) as soon as possible and the child's independent visitor, if one has been appointed.

13. The requirements of *regulation 10* should be considered in conjunction with those of rule 14 of the Magistrates' Court (C.Y.P.) Rules 1970 (which in effect requires the care authority to notify a child's parent or guardian of the date, time and place of a court hearing). Doubtless authorities will, where appropriate, combine this with the notification requirements of *regulation 10*.

**APPLICATIONS TO THE COURT**

14. Taking Section 21A(1), regulations 7 and 10 and Magistrates' Court (C.Y.P.) Rules 1970 together, these are the steps that need to be taken if it appears to a child's care authority that a child's placement in secure accommodation should continue beyond 72 hours:

- a. the care authority must satisfy itself that the criteria continue to be met in the child's case, and if so
- b. the care authority must make an application to a juvenile court. The application may by arrangement be made on behalf of the care authority by the local authority managing the secure accommodation (if different), and may be to any juvenile court, and
- c. the care authority must ensure that, in accordance with section 21A(6), the child's right to legal representation during the consideration of the application is explained to him, and that he is given details of the procedure (preferably in writing), and that where appropriate arrangements are made to ensure that he is legally represented;
- d. the care authority must ensure that the child's parent or guardian is informed as soon as possible of the decision to retain the child in security and of the date, time and place where the court will consider the application, or that reasonable efforts are made to locate the parent or guardian in order to do so, and
- e. the care authority should also ensure that the child's independent visitor, if one has been appointed, is similarly informed.

Staff working in secure accommodation and field social workers will no doubt be aware of the need to prepare children adequately and, in this respect, particular regard should be paid to those children who have never previously been involved in court proceedings. The child's entitlement to legal representation should be carefully explained. Staff themselves may require some guidance on the preparation of reports and on the need to ensure that the court is provided with a precise account, and evidence, of the way in which it is considered that the child meets the criteria for placement.

15. In applying to a juvenile court the local authority will be seeking to satisfy the court that the appropriate criteria are met in respect of the child. Where the court is so satisfied it must make an order. The order is permissive; it enables but does not oblige the local authority to continue the placement for the duration of the order.

16. *Regulation 8* provides that the maximum period a juvenile court may authorise continued placement in accommodation for restricting liberty is three months. This regulation refers to orders made on a first application (ie within the 72 hours referred to in *Regulation 7*).

17. Where a child's care authority believes his placement in such accommodation should continue beyond the period specified in the initial order, the procedures outlined in paragraph 14 (a to e) of this Circular must be repeated.

18. In reaching decisions about initial or continued placements in security of children not accommodated in their own community homes, care authorities will doubtless take into account the views of the authorities managing the secure accommodation, or of the staff of the Youth Treatment Centre involved.

19. *Regulation 9* provides that a juvenile court may authorise a child in care to be kept in accommodation for restricting liberty for further periods of up to six months beyond that authorised under *Regulation 8* on each application to the court.
20. On each application to a juvenile court the procedures outlined in paragraph 14 (a to e) of this Circular must be repeated.

21. The combined effect of Regulations 7, 8 and 9 is that once the initial 72 hour period has expired, no child in care may be retained in security unless the placement has been authorised by a juvenile court. Where the court has authorised such a placement, the child must not be retained in such accommodation beyond the period specified in an initial order (ie one not exceeding three months) or any subsequent order or orders (ie each order not exceeding six months), unless:
   a. a further application has been considered by a juvenile court, and
   b. the court has satisfied itself that the criteria continue to apply and made a further order.

REVIEWS

22. Regulations 11 and 12 deal with the review by the local authority of each child in its care in secure accommodation. Regulation 11 requires the care authority of any child in care placed in secure accommodation to ensure that his case is reviewed at intervals not exceeding three months, and to appoint at least two persons to undertake this function.

23. Regulation 12(1) requires the persons appointed under Regulation 11 to satisfy themselves, in respect of each case which they review, that:
   a. the criteria for keeping the child in secure accommodation continue to apply, and
   b. the placement continues to be appropriate for the child at that stage;

and in doing so they must have regard to the future requirements of the child.

24. Regulations 12(2) and 12(3) require the persons appointed to undertake the review to ascertain and take into account the views of:
   a. the child,
   b. the parent or guardian of the child, if practicable,
   c. other persons who have had the care of the child,
   d. the child's independent visitor, if one has been appointed, and
   e. the managing authority if different from the child's care authority.

These parties must all be informed of the outcome of the review.

25. Regulation 13 requires each local authority responsible for the management of secure accommodation to keep records giving
   a. the name, date of birth, sex and age on placement in secure accommodation of each child;
   b. details of the care order or other statutory provisions under which the child is in the community home and particulars of any other local authority involved with the placement of the child;
   c. the date, time and reason for the placement, the name of the officer authorising placement, and where the child was living before placement;
   d. persons informed, court orders made and reviews undertaken in respect of the child;
   e. the date and time of the child’s discharge from secure accommodation and subsequent placement.

These records must be available for inspection by the Secretary of State, and the Secretary of State may require copies to be forwarded to him at any time.

REMANDED CHILDREN

26. Section 21A(2)(a)(i) of the Child Care Act 1980 empowers the Secretary of State, by regulation, to specify exceptional cases of children committed to the care of local authorities under section 23 of the Children and Young Persons Act 1969 (ie remanded children) where the general criteria which must be met before a child may be placed in accommodation for restricting liberty will not apply. Regulation 5 defines such cases as being:
   a. where the child is charged with or convicted of an offence imprisonable, in the case of a person aged 21 or over, for 14 years or more, or
b. where the child is charged with or convicted of an offence of violence, or has been previously convicted of an offence of violence, and

in either case it appears that accommodation other than that provided for the purpose of restricting liberty is inappropriate because that child is likely to abscond from such accommodation, or to injure himself or other people if he is kept in any such accommodation.

27. The effect of regulation 5 is that if a local authority is satisfied that the criteria set out in that regulation are met in respect of a child remanded to its care, it may arrange for him to be placed in security for a period not exceeding 72 hours. Placement beyond that period is subject to the procedure set out in paragraphs 14 to 21 of this Circular and to the review requirements described in paragraphs 22 to 24.

28. Children remanded to care under section 23 who do not meet the definition set out in Regulation 5 may be placed in security only if the general criteria specified in section 21A(1) of the 1980 Act apply, when the same procedure must be followed as for any other child in care.

29. Children remanded in custody will have time so spent deducted from an eventual custodial sentence; time spent remanded to care will not be counted. Accordingly the courts have been asked, when determining the length of a custodial sentence in these circumstances, to take account of the placement history of any child who has been remanded to care, and in particular of any time spent in secure accommodation. In such cases local authorities are asked to prepare for the courts a short written document giving details of the child’s placement history, paying particular attention to periods spent in secure accommodation.

30. Young people remanded to care sometimes spend unnecessary long periods awaiting trial. It may not be generally appreciated that once a case is ready for trial, courts give particular priority in the list for hearing to young people in residential care. If the court is not aware of the youngster’s circumstances, this special priority cannot of course be accorded. It would be for the child’s legal representative, if he has one, to draw the court’s attention to his particular circumstances, and authorities who have such children in their care are asked to remind legal representatives of the special priority that is available. Where a remanded youngster awaiting trial does not have a legal representative, the care authority could undertake this function.

APPEALS

31. Section 21A(5) provides for appeals to the Crown Court against decisions of a juvenile court. Where such an appeal is against an order authorising a child’s placement in secure accommodation or a Youth Treatment Centre, the placement may continue during consideration of the appeal. Where a juvenile court has refused to make an order and the care authority is appealing against that decision, the child must not be retained or placed in secure accommodation during consideration of the appeal. In either case an appeal must be made within 21 days of the decision of the juvenile court (the period of 21 days starts on the day after the day on which the court’s decision is given).

CHILDREN SENTENCED TO DETENTION

32. Where a child is sentenced to detention under Section 53 of the Children and Young Persons Act 1933, and a local authority is directed under Section 30 of the Children and Young Persons Act 1969 to detain him in approved secure accommodation, the local authority must comply with the directions and with any guidance issued by DHSS in respect of the child concerned. The only requirements in the Regulations that apply are those relating to the keeping of records (described in paragraph 25 of this Circular).

INTERIM ORDERS

33. Section 21A(4) provides that in the event of a juvenile court adjourning its consideration of an application, it may make an interim order authorising the child’s care authority to make arrangements for him to be placed in approved secure accommodation or in a Youth Treatment Centre for the duration of the adjournment. An interim order will be made only where the court is not in a position to decide whether the criteria in section 21A(1), or the provisions of Regulation 5 in respect of remanded children, have been met. If the court adjourns its consideration of an application and does not make an interim order, the child may not be placed in secure accommodation during the period of the adjournment unless circumstances subsequently change when the normal procedures will apply (see paragraphs 14 and 15 of this Circular).
FINANCIAL AND MANPOWER PROVISION

34. The financial and manpower implications for local authorities of these provisions are included within those arising from the implementation of Part 1 of the Criminal Justice Act 1982 as a whole. Paragraph 39 of Local Authority Circular (83)6 therefore applies.

Yours faithfully

[Signature]

NTELLER

From:

Children's Division (A)
Alexander Fleming House
Elephant and Castle
London SE1 6BY

Tel. 01-407 5522 Ext 6168 or 6700

Further copies of this Circular may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.
25.—(1) The following section shall be inserted after section 21 of the Child Care Act 1980—

Use of accommodation for restricting liberty.

"Use of accommodation for restricting liberty of children in care."

21A.—(1) Subject to regulations under subsection (2) below, a child in the care of a local authority may not be placed, and, if placed, may not be kept, in accommodation provided for the purpose of restricting liberty unless it appears—

(a) that—

(i) he has a history of absconding and is likely to abscond from any other description of accommodation; and

(ii) if he absconds it is likely that his physical, mental or moral welfare will be at risk; or

(b) that if he is kept in any other description of accommodation he is likely to injure himself or other persons.

(2) The Secretary of State may by regulations—

(a) specify—

(i) exceptional cases where subsection (1) above is not to apply to children committed to the care of a local authority under section 23 of the Children and Young Persons Act 1969;

(ii) a maximum period beyond which a child may not be kept in such accommodation without the authority of a juvenile court; and

(iii) a maximum period for which a juvenile court may authorise a child to be kept in such accommodation;

(b) empower a juvenile court from time to time to authorise a child to be kept in such accommodation for such further period as the regulations may specify; and

(c) provide that the power conferred by virtue of paragraph (b) above shall be exercisable on the application of the local authority in whose care the child is.

(3) It shall be the duty of a juvenile court before which a child is brought by virtue of this section to determine whether the criteria for keeping a child in accommodation provided for the purpose of restricting liberty are satisfied in his case; and if a court determines that the criteria are satisfied, it shall make an order authorising the child to be kept in such accommodation and specifying the maximum period for which he may be so kept.

(4) On any adjournment of a hearing under subsection (3) above a juvenile court may make an interim order permitting the keeping of the child to whom the hearing relates during the period of the adjournment in accommodation provided for the purpose of restricting liberty.

(5) An appeal shall lie to the Crown Court from a decision of a juvenile court under this section.

(6) A juvenile court shall not exercise the powers conferred by this section in respect of a child who is not legally represented in that court unless either—

(a) he applied for legal aid and the application was refused on the ground that it did not
appear his means were such that he required assistance; or
(b) having been informed of his right to apply for legal aid and had the opportunity to do so, he refused or failed to apply.”.

(2) In the Legal Aid Act 1974—
(a) in section 28(3)(a) and (6), after “1969” there shall be inserted “or under section 21A of the Child Care Act 1980 c. 5. 1980”; and
(b) at the end of section 29(1)(a) there shall be inserted “or (e) where a child is brought before a juvenile court under section 21A of the Child Care Act 1980 and is not (but wishes to be) legally represented before that court.”.
RESTRICTION OF LIBERTY OF CHILDREN IN CARE

1. The Secure Accommodation Regulations 1983 define secure accommodation as "accommodation in a community home for the purpose of restricting the liberty of a child resident therein." Under regulation 3 the Secretary of State's approval is required before accommodation may be used for the restriction of a child's liberty. Local authorities may find it helpful to have the following guidance on how the Secretary of State will define restriction of liberty for this purpose.

2. The following forms of the restriction of the liberty of children in care will not be permitted except in accommodation approved for use as secure accommodation by the Secretary of State:
   a. The locking of a child or children in a single room at any time, even when accompanied by a responsible adult or adults;
   b. The locking of internal doors to confine a child or children in a certain section of a home, even when accompanied by a responsible adult or adults.

3. The following procedures will not be considered as constituting the restriction of the liberty of children though they should be adopted only where they are acceptable to the Fire Prevention Officer, and consistent with building regulations, and conducive to a domestic atmosphere within the home:
   a. The locking of external doors and gates at night, consistent with normal domestic security;
   b. The locking of external doors and gates during the day time where the purpose is to prevent intruders from gaining access to the home, provided that children are not prevented from going out;
   c. The securing of windows.

4. Control imposed or implied by staff or other responsible adults will not be considered to constitute the restriction of liberty, though control should always be imposed or implied in a manner consistent with good child care practice.

5. Procedures designed to ensure the safety of children which also have the effect of restricting their liberty may not be adopted unless they have been
drawn to the attention of the Secretary of State, who will decide whether such procedures are acceptable.

6. Where a home or a part of a home is surrounded, or it is intended to surround a home or part of a home, with walls or fencing continuously more than 6 feet in height, this must be drawn to the attention of the Secretary of State so that he may decide whether such restriction of liberty is acceptable.
LOCAL AUTHORITY CIRCULAR

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

To: The Director of Social Services

The Chief Executive
Non-Metropolitan County Councils
Metropolitan District Councils
London Borough Councils
The Common Council of the City of London
The Circuit Administrator
The Courts Administrator
The Chief Clerk to the Crown Court
The Clerk to the Justices (with a copy for the
Chairman of the Bench for the information of
the Justices)

9 December 1983

Dear Sir

HEALTH AND SOCIAL SERVICES AND SOCIAL SECURITY ADJUDICATIONS ACT 1983,
SCHEDULE 2 PARAGRAPH 50 – RESTRICTION OF LIBERTY
THE SECURE ACCOMMODATION (NO 2) REGULATIONS 1983

SUMMARY

This Circular informs local authorities and the courts of the implications of the provisions of Schedule 2 paragraph 50 of the Health and Social Services and Social Security Adjudications Act 1983 and of the Secure Accommodation (No 2) Regulations 1983 which will be brought into force simultaneously on 1 January 1984, and gives guidance on their application.

IMPLEMENTATION


2. The new section (attached as Annex A to this Circular) repeats the specific criteria that must be met before a child may be placed or kept in secure accommodation. It empowers the Secretary of State to make regulations specifying

   a. the description of children to whom the section shall, or shall not, apply either with or without modifications;
   b. the maximum period that a child's liberty may be restricted without the authority of a juvenile court; and
   c. the maximum period or further periods a juvenile court may authorise restriction of liberty.

The section also provides for the juvenile court to make an interim order on any adjournment of a hearing, for an appeal to be made to a Crown Court against a decision of the juvenile court, and requires that generally the child be legally represented in any application to the court.

3. In exercise of these powers and those in Section 39 of the Child Care Act 1980, the Secretary of State has made the Secure Accommodation (No 2) Regulations 1983, which will come into force on 1 January 1984. The new Regulations revoke the Secure Accommodation Regulations 1983, which will cease to have effect from that day.
MAIN CHANGES INTRODUCED BY NEW PROVISIONS

4. The provisions now being replaced applied only to children as defined in section 17 of the Child Care Act 1980. The new provisions give the Secretary of State power to extend the safeguards outlined in Circular LAC(83)8 to other categories of children who may be accommodated in community homes, and to make improvements.

5. The main changes introduced by the Secure Accommodation (No 2) Regulations are:

a. subject to a few clearly defined exceptions, section 21A of the Child Care Act 1980, and the revised Regulations, will apply to all children who may find themselves accommodated in a community home or Youth Treatment Centre (see paragraph 19 below);

b. children detained in a place of safety under section 28(4) of the 1969 Act, or arrested and detained in the care of a local authority pending a court appearance under section 29(3) of that Act, may have their liberty restricted without section 21A of the 1980 Act applying (see paragraphs 21 to 23 below);

c. the provisions which apply to certain categories of remanded children have been clarified (see paragraphs 29 to 32 below);

d. the responsibility for making an application to a juvenile court is placed on local authorities (see paragraph 35 below);

e. some easement of the 72 hour maximum placement in security without authorisation of a juvenile court has been provided in respect of certain of such placements which expire on a weekend or a statutory public holiday (see paragraphs 39 to 41 below);

f. the maximum period a juvenile court may authorise a remanded child to be kept in secure accommodation is the period, or further period, of remand (see paragraph 52 below);

SINGLE SECURE SEPARATION ROOMS

6. Local authorities were advised in LAC(83)8 that as from 31 December 1983 the Secretary of State would no longer approve the use of single secure rooms in community homes. The Secretary of State has noted that single secure rooms forming part of approved secure units are being increasingly withdrawn from use, and he wishes also to encourage this process as far as possible. Accordingly, he has decided that, with effect from 31 March 1984, current approvals for their use will no longer apply. Local authorities providing a secure unit that includes such rooms and wishing to continue their use will be required to apply to the Secretary of State specifically for approval to use them. Local authorities are advised that the Secretary of State intends to impose new strict conditions to govern the use of any such rooms he may subsequently approve.

USE OF TRANQUILLISING MEDICATION

7. Guidance about health care needs will be included in the circular accompanying the new Children’s Homes Regulations. The following paragraphs deal with the use of tranquillising medication in the particular context of placements in secure accommodation.

8. Treatment Requirements. As a general principle, tranquillising medication should be administered to a child in secure accommodation only on clinical and therapeutic grounds. The use of tranquillising drugs should be considered only:

a. where all other appropriate responses have failed to resolve a clinical situation in which a child is at imminent risk of serious self-harm or of harming others, and

b. if after full joint assessment by care and medical staff it is considered that the likelihood of this situation arising is such as to justify medication to avert it.

9. Consent. Where a child is in care but parental rights and duties have not passed to the local authority the consent of the child’s parent or guardian to the use of drugs should be obtained. In the case of an emergency, where in the clinical judgement of a consultant psychiatrist or medical practitioner acting in good faith immediate treatment is needed to protect the child’s life or health, such consent need not be obtained if it is not practicable to do so.

10. Prescription. The medical practitioner providing general medical cover to the home, or the consultant psychiatrist if one is involved, should be requested to see and assess a child who appears to be at risk of serious self-harm or of harming others and who is failing to respond to other attempts to calm him. To cover circumstances in which the usual doctor is not available, suitable arrangements to enable a medical presence to be provided at short notice should be made with the usual medical practitioner or the local health authority.
11. **Emergency** In an emergency a senior member of the care staff may consult the doctor by telephone, and if in these very exceptional circumstances tranquillisising medication is prescribed the details should be recorded, signed by the senior member of the care staff concerned and read back to the doctor to confirm the prescription before it is administered. As soon as possible after such medication has been given the child should be seen by the prescribing doctor for further assessment, and the dispensing record countersigned by him. Medication should not be repeated without the further advice of a medical practitioner.

12. **Administration** If administration is by injection, it must be undertaken by a medical practitioner or a qualified nurse. Injections must not be administered by members of the care staff who are not so qualified.

13. **Dispensing** If on medical advice small amounts of medication are required to be held in a secure unit for use in an emergency, the necessary arrangements should be established in joint discussion between the local authority and the local health authority. Procedural requirements about storage, access, and administration should be the responsibility of the general practitioner in consultation with residential nursing and senior care staff. A record should be kept of any administration of tranquillisising drugs to a child in secure accommodation. This should include details of why such medication was considered appropriate; who prescribed it; what was prescribed; consents obtained; whether the child was seen by a qualified medical practitioner prior to the medication being administered, and who administered the medication.

**RESTRICTION OF LIBERTY**

14. **Secure accommodation** is defined in the Regulations as "accommodation provided for the purpose of restricting the liberty of children". Within the community homes system the liberty of children may be restricted only in secure accommodation approved by the Secretary of State for such use under Regulation 3. Any accommodation currently approved as secure accommodation in community homes will, with effect from 1 January 1984, be considered by the Secretary of State as having been approved under Regulation 3 of the Secure Accommodation (No 2) Regulations 1983.

15. **Children to whom section 21A of the 1980 Act applies** may also find themselves placed in accommodation provided for the purpose of restricting liberty outside the community homes system. This would include the Youth Treatment Centres provided by the Secretary of State under section 80 of the Child Care Act 1980. As regards other such placements the interpretation of the term "accommodation provided for the purpose of restricting liberty" in section 21A(1) of the 1980 Act is a matter for the juvenile court, but it is likely that the placement of a child in care, or for whom a local authority is responsible, in any accommodation outside the community home system in which his liberty is restricted, for example in regional assessment secure units within the NHS or private homes or hospitals, will be covered by the provisions of that section. The exceptions to this general principle are where an order exists under other legislation (e.g. the Criminal Justice Act 1982, or the Mental Health Act 1983) to detain such a child. In any cases of doubt, local authorities are advised to apply to a juvenile court for the application of section 21A to be determined.

16. The various provisions of the Secure Accommodation (No 2) Regulations 1983 refer to either "secure accommodation in community homes" or "secure accommodation". The regulations as a whole apply to placements in secure accommodation in community homes; placements in secure accommodation outside the community homes system are subject only to those regulations which refer to "secure accommodation" (i.e. regulations 5, 6, 7, 8, 10, 11, 12, 13 and 14).

17. The general guidance that the Secretary of State would apply to define restriction of liberty for the purposes of this regulation appeared in LAC(83)8 and are again set out in Annex B to this Circular. In any case where there is some doubt about particular restrictions or practices, local authorities are advised to consult the Department's Social Work Service.

**MINIMUM AGE**

18. Regulation 4 provides that no child under the age of 10 may be placed in secure accommodation in a community home without the prior permission of the Secretary of State. This regulation applies to all children who may be accommodated in a community home, including those detained in a place of safety under section 28(4) of the Children and Young Persons Act 1969, or arrested and detained in the care of a local authority pending a court appearance under section 29(3) of the 1969 Act (i.e., children to whom the provisions of section 21A of the Child Care Act 1980 do not apply - see paragraph 21 below).

**CHILDREN TO WHOM SECTION 21A APPLIES**

19. **Section 21A of the Child Care Act 1980** already applies to children in care as defined in section 17 of that Act (i.e., children in the care of the local authority under section 2 of that Act, or by virtue of a care order, or a warrant under section 23(1) of the Children and Young Persons Act 1969). Regulation 5 provides that section 21A of the 1980 Act shall apply also to the categories of children listed in the Schedule to the regulations. This Schedule lists various statutory routes by which children may find themselves accommodated in community homes or Youth Treatment Centres and, in consequence, the protection of the statutory provisions is extended to cover nearly all descriptions of children who can be accommodated in such homes. It is recognised that some of the routes into care listed in the Schedule may already be covered by the existing legislation, but they have been included in order to remove any possible doubt.
20. For the purpose of these regulations, a local authority is referred to as either a "care authority" or a "responsible authority". Regulation 2 (Interpretation) defines a "care authority" as a local authority which has in its care a child to whom Part III of the 1980 Act applies by virtue of section 17 of that Act. "Responsible authority" is defined as a local authority which arranges for a child to be accommodated in pursuance of an enactment specified in the Schedule to the regulations.

CHILDREN TO WHOM SECTION 21A SHALL NOT APPLY

21. The provisions of section 21A of the 1980 Act do not apply to any child who may find himself accommodated in a community home or a Youth Treatment Centre who is not in the care of a local authority (as defined in section 17 of the 1980 Act) or subject to one of the enactments listed in the Schedule to the regulations. Two broad categories of children are excluded from these provisions:

a. children who may have their liberty restricted without section 21A of the 1980 Act applying (ie those sentenced under section 53 of the Children and Young Persons Act 1933, or arrested and/or detained under sections 28(4) or 29(3) of the Children and Young Persons Act 1969); and

b. children who may not have their liberty restricted in any circumstances (children in the care of voluntary organisations; children not in care but accommodated in community homes "for purposes connected with the welfare of children" within the meaning of section 31 of the Child Care Act 1980 as amended by section 4 of the Health and Social Services and Social Security Adjudications Act 1983, and young people over school age accommodated in a convenient community home under the provisions of section 72 of the 1980 Act).

22. In the cases of children mentioned at (a) above a sentence made under section 53 of the 1933 Act incorporates powers for the Secretary of State to determine where such children shall be detained. Children detained in a place of safety for up to eight days under section 28(4) of the Children and Young Persons Act 1969, or arrested and detained in the care of the local authority pending a court appearance within 72 hours under section 29(3) of the 1969 Act, are technically in police custody and the existence of such orders is sufficient authority to place such a child in secure accommodation without section 21A of the 1980 Act applying.

23. The provisions of section 21A are specifically disapplied in certain cases by Regulation 6. The purpose of this regulation is to ensure that any child subject to one of the enactments mentioned in the regulation, who might also be in the care of a local authority (as defined in section 17 of the 1980 Act) or the subject of one of the statutory provisions in the Schedule to the regulations, is not subject to its provisions.

24. The cases mentioned in paragraph 23 above are a child detained under any provision of the Mental Health Act 1983, or

a. section 53 of the Children and Young Persons Act 1933 (punishment of certain grave crimes);
b. section 28(4) or section 29(3) of the Children and Young Persons Act 1969 (detention of child or young person in place of safety and further detention of arrested child or young person respectively); 
c. section 72 of the Child Care Act 1980 (accommodation of persons over school age in convenient community home).

CRITERIA

25. Section 21A(1) of the Child Care Act 1980 specifies the criteria which must apply before a child may have his liberty restricted. They are that:

a. i. he has a history of absconding and is likely to abscond from any other description of accommodation; and

ii. if he absconds it is likely that his physical, mental or moral welfare will be at risk; or

b. that if he is kept in any other description of accommodation he is likely to injure himself or other persons.

The criteria in the amended section 21A are unchanged from those currently in force. Subject to what is said in paragraphs 29 and 30 of this Circular, it is unlawful for the liberty of a child to be restricted unless these criteria are met, no matter how short the period in security. Similarly, a child must not be kept in accommodation provided for the purpose of restricting liberty once the criteria cease to apply.

26. If a local authority is satisfied that the criteria specified in paragraph 25 are met in respect of a child, it may place him in secure accommodation, make arrangements for his placement with any other local authority responsible for managing secure accommodation, or arrange for his admission to a Youth Treatment Centre. If a local authority managing a community home that includes secure accommodation is satisfied that the criteria are met in respect of a child in that home but in the care of, or the responsibility of, another authority, it may admit the child to the secure accommodation (but see paragraph 36 below).
Regulation 7 exempts children remanded to care and charged with or convicted of serious crimes from the application of the criteria in section 21A(1)(a) and (b) and provides different criteria. These are described in paragraphs 29 to 32 below.

Any arrangement under which a child is accommodated in an open unit but spends time in a secure unit (eg for the purpose of continuing his education) would be subject to the provisions of section 21A of the 1980 Act. If the criteria set out in paragraph 25 above are not met, the child's presence in accommodation provided for the purpose of restricting liberty is illegal. If they are and the time spent in the classroom exceeds an aggregated period of 72 hours in any 28 days, the local authority must obtain the authorisation of a juvenile court for the arrangement to continue.

REMANDED CHILDREN

Section 21A(2) of the Child Care Act 1980 empowers the Secretary of State, by regulation, to modify the provisions of that section in respect of certain categories of child. Regulation 7 does this in respect of certain cases of children remanded to the care of a local authority under Section 23 of the Children and Young Persons Act 1969, by modifying the criteria which must apply before such children may have their liberty restricted. Regulation 7(1) defines such cases as being:

a. where the child is charged with or convicted of an offence imprisonable, in the case of a person aged 21 or over, for 14 years or more, or
b. where the child is charged with or convicted of an offence of violence, or has been previously convicted of an offence of violence.

Regulation 7(2) modifies the criteria in Section 21A(1) of the 1980 Act to be applied in such cases. It provides that such a child may not be placed and, if placed, may not be kept in secure accommodation unless it appears that any accommodation other than that provided for the purpose of restricting liberty is inappropriate because:

a. the child is likely to abscond from such accommodation, or
b. the child is likely to injure himself or other people if he is kept in any such accommodation.

The effect of regulation 7 is that if a local authority is satisfied that a child remanded to its care meets the definition in Regulation 7(1), and the criteria in Regulation 7(2) apply, it may arrange for him to be placed in security for a period not exceeding 72 hours. Placement beyond that period is subject to the procedure set out in paragraphs 43 to 45 below, and to the limitation on the duration of an order a juvenile court may authorise in such circumstances described in paragraph 52.

Children remanded to care under section 23 who do not meet the definition set out in Regulation 7(1) may be placed in security only if the general criteria specified in Section 21A(1) of the 1980 Act apply, when the same procedure must be followed as for any other child in care. The limitation on the duration of an order a juvenile court may make in such circumstances is as described in paragraphs 46 and 49 below.

Children remanded in custody will have time so spent deducted from an eventual custodial sentence; time spent remanded to care will not be counted. Accordingly the courts have been asked, when determining the length of a custodial sentence in these circumstances, to take account of the placement history of any child who has been remanded to care, and in particular of any time spent in secure accommodation. In such cases local authorities are asked to prepare for the courts a short written document giving details of the child's placement history, paying particular attention to periods spent in secure accommodation.

Young people remanded to care sometimes spend unnecessarily long periods awaiting trial. It may not be generally appreciated by local authorities that once a case is ready for trial, courts give particular priority in the list for hearing to young people in residential care. If the court is not aware of the youngster's circumstances, this special priority cannot of course be accorded. It would be for the child's legal representative, if he has one, to draw the court's attention to his particular circumstances, and authorities who have such children in their care are asked to remind legal representatives of the special priority that is available. Where a remanded youngster awaiting trial does not have a legal representative, the care authority could undertake this function.

APPLICATIONS TO BE MADE BY LOCAL AUTHORITIES

Regulation 8 is a new provision intended to ensure that applications to a juvenile court for authority to keep a child in accommodation provided for the purpose of restricting liberty shall be made only by, or on behalf of, local authorities. Thus it lays down that applications shall be made:

a. by the care authority or,
b. in the case of any child to whom the Schedule applies, the responsible authority.
The regulation enables applications to be made on behalf of the care or responsible authority by the local authority if different which manages the secure accommodation in a community home in which the child is to be placed or is kept. Similarly, in the case of a Youth Treatment Centre, applications may be made by the Director of the Centre on behalf of the care or responsible authority. In either case, however, the application must be made in the name of the local authority referred to at either (a) or (b) above.

NOTIFICATIONS

36. Regulation 9 provides that where a child is placed in secure accommodation in a community home which is not managed by his care authority or responsible authority, the managing authority must notify the other authority within 24 hours of the placement. This should be done preferably by telephone, as soon as possible after the placement, and managing authorities should be informed of officers who may be contacted for this purpose at weekends and public holidays. It should be indicated whether a period in security in excess of 72 hours seems desirable so that the care or responsible authority may, if necessary, set in train the procedures outlined in paragraph 43 of this Circular.

37. Regulation 10 provides that, subject to certain limited exceptions no child shall have his liberty restricted for a period longer than 72 hours without the authority of a juvenile court. Regulation 15 requires that where it is intended to make an application to a juvenile court to keep a child in such accommodation beyond this period the child's care or responsible authority must inform the child's parent or guardian of the intention to do so as soon as possible. The child's independent visitor, if one has been appointed, must similarly be informed. This regulation applies also to applications to keep a child in such accommodation beyond a period authorised by a juvenile court.

38. The requirements of regulation 15 should be considered in conjunction with those of rule 14 of the Magistrates' Courts (CYP) Rules 1970 (which in effect requires the local authority to notify a child's parent or guardian of the date, time and place of a court hearing). Doubtless authorities will, where appropriate, combine this with the notification requirements of regulation 15.

MAXIMUM PERIOD OF RESTRICTION OF LIBERTY WITHOUT JUVENILE COURT AUTHORITY

39. Regulation 10(1) provides that no child to whom section 21A of the 1980 Act applies shall have his liberty restricted for a period longer than 72 hours, either consecutively or in aggregate in any consecutive period of 28 days. The new regulations, however, provide some easement of this provision in certain circumstances. This is to meet the difficulties which may be faced by courts and local authorities in arranging applications to be heard at short notice where the 72 hour period expires late on a Saturday, a Sunday or public holiday. Regulation 11 provides that where a child is placed in secure accommodation between 12 midday on a day before and 12 midday on a day after a public holiday or a Sunday, and

a. during that period the maximum period of 72 hours expires and

b. in the 27 days before the placement the child had on at least one other occasion been placed and kept in such accommodation for an aggregate of more than 48 hours.

the maximum period (of 72 hours) shall be treated as if it did not expire until 12 midday on the first working day following the public holiday or Sunday.

40. This limited extension of the 72 hour rule is intended to cater for the emergency placement of a child in secure accommodation at a time when both a major proportion of that 72 hours has already been used up and it is unlikely to be possible to arrange for an application to be heard by a juvenile court before the 72 hour limit expires. In any other type of placement, a local authority must bring the application before the juvenile court within the 72 hour period if it is intended the placement should continue beyond that period, especially in those cases where the period would expire on a day when courts do not normally sit.

41. Local authorities are reminded that a child may be kept in accommodation provided for the purpose of restricting liberty only for so long as the criteria in section 21A(1) of the 1980 Act apply. The extension of the maximum period of 72 hours in security without the authority of a juvenile court provided in Regulation 11 is similarly subject to the criteria continuing to apply.

42. Regulation 10(2) is also new. This provides that where a juvenile court has authorised a placement in security, any time which a child has been kept in such accommodation before that authority was given shall be disregarded in calculating the maximum period of 72 hours. The practical effect of this provision is that the 28 days will restart on the expiry of any authority which the court has given. The provision has been included to meet the case of a child who may need to be readmitted to security as an emergency, and where-

a. during the previous 28 days the child has had his liberty restricted for up to 72 hours, and

b. a juvenile court has authorised such a placement for a period of less than 28 days.
APPLICATIONS TO THE COURT

43. Taking Section 21A(1), regulations 10, 11 and 15 and Magistrates' Court (CYP) Rules 1970 together, these are the steps that need to be taken if it appears to a child's care or responsible authority that a child's placement in secure accommodation should continue beyond 72 hours:

a. the local authority must satisfy itself that the criteria continue to be met in the child’s case, and if so

b. the local authority must make an application to a juvenile court. The application may by arrangement be made on behalf of the care or responsible authority by the local authority managing the secure accommodation (if different), and may be to any juvenile court, and

c. the local authority must ensure that, in accordance with section 21A(6), the child’s right to legal representation during the consideration of the application is explained to him; that he is given details of the procedure (preferably in writing), and that where appropriate arrangements are made to ensure that he is legally represented;

d. the local authority must ensure that the child's parent or guardian is informed as soon as possible of the decision to retain the child in security and of the date, time and place where the court will consider the application, or that reasonable efforts are made to locate the parent or guardian in order to do so, and

e. the local authority should also ensure that the child’s independent visitor, if one has been appointed, is similarly informed.

44. Staff working in secure accommodation and field social workers will no doubt be aware of the need to prepare children adequately and, in this respect, particular regard should be paid to the age of the child and to those children who have never previously been involved in court proceedings. The child's entitlement to legal representation should be carefully explained. Staff themselves may require some guidance on the preparation of reports and on the need to ensure that the court is provided with a precise account, and evidence, of the way in which it is considered that the child meets the criteria for placement.

45. In applying to a juvenile court the care or responsible authority will be seeking to satisfy the court that the appropriate criteria are met in respect of the child. Where the court is so satisfied it must make an order. The order is permissive; it enables but does not oblige the local authority to continue the placement for the duration of the order. Neither does it empower the local authority to continue the placement once the criteria under which the order was made cease to apply.

46. Regulation 12 provides that, subject to Regulation 14 (which contains special provision in respect of remanded children - see paragraph 52 below), the maximum period a juvenile court may authorise continued placement in secure accommodation is three months. This regulation refers to orders made on a first application (ie within the 72 hours referred to in Regulation 10, or the extended period referred to in Regulation 11).

47. Where a child's care or responsible authority believes his placement in such accommodation should continue beyond the period specified in the initial order, the procedures outlined in paragraph 43 (a to e) of this Circular must be repeated.

48. In reaching decisions about initial or continued placements in security of children not accommodated in their own community homes, care and responsible authorities will doubtless take into account the views of the authorities managing the secure accommodation, the staff of the Youth Treatment Centre involved, or the managers of any other type of accommodation provided for the purpose of restricting liberty.

49. Regulation 13 provides that a juvenile court may authorise a child to be kept in secure accommodation for further periods of up to six months beyond that authorised under Regulation 12 on each application to the court.

50. On each application to a juvenile court the procedures outlined in paragraph 43 (a to e) of this Circular must be repeated.

51. The combined effect of Regulations 10, 11, 12 and 13 is that once the initial 72 hour period, or extended period, has expired, no child may be retained in security unless the placement has been authorised by a juvenile court. Where the court has authorised such a placement, the child must not be retained in such accommodation beyond the period specified in an initial order (ie one not exceeding three months) or any subsequent order or orders (ie each order not exceeding six months), unless:-
52. Regulation 14 is new and provides that, in the case of a child remanded to the care of a local authority under Section 23 of the Children and Young Persons Act 1969, the maximum period a juvenile court may authorise such a child to be kept in secure accommodation is the period of remand. In practice, a child on remand must be brought before a juvenile court not less frequently than every eight days for the remand to be reviewed and, if necessary, renewed. Where such a child needs to have his liberty restricted authority for the placement to continue must be sought on each occasion the child is returned to the court for his case to be reviewed.

COURT PROCEDURES

53. Court procedure will continue to be in accordance with Part III of the Magistrates Courts (CYP) Rules 1970 as amended. Copies of the (Amendment) (No 2) Rules 1983 are attached to circulars issued to courts.

INTERIM ORDERS

54. Section 21A(4) provides that in the event of a juvenile court adjourning its consideration of an application, it may make an interim order authorising the child's care or responsible authority to make arrangements for him to be placed in secure accommodation or in a Youth Treatment Centre for the duration of the adjournment. An interim order will be made only where the court is not in a position to decide whether the criteria in Section 21A(1), or the provisions of Regulation 7 in respect of remanded children, have been met. If the court adjourns its consideration of an application and does not make an interim order, the child may not be placed in secure accommodation during the period of the adjournment unless his circumstances subsequently change, when the normal procedures will apply (see paragraphs 43 to 45 of this Circular).

APPEALS

55. Section 21A(5) provides for appeals to the Crown Court against decisions of a juvenile court. Where such an appeal is against an order authorising a child's placement in secure accommodation or a Youth Treatment Centre, the placement may continue during consideration of the appeal. Where a juvenile court has refused to make an order and the care or responsible authority is appealing against that decision, the child must not be retained or placed in secure accommodation during consideration of the appeal. In either case an appeal must be made within 21 days of the decision of the juvenile court (the period of 21 days starts on the day after the day on which the court's decision is given).

REVIEWS

56. Regulations 16 and 17 deal with the review by the local authority of each child in its care, or for whom it is responsible, in secure accommodation in a community home. Regulation 16 requires the care or responsible authority of any child placed in such accommodation to ensure that his case is reviewed at intervals not exceeding three months, and to appoint at least two persons to undertake this function.

57. Regulation 17(1) requires the persons appointed under Regulation 16 to satisfy themselves, in respect of each case which they review, that

a. the criteria for keeping the child in secure accommodation in a community home continue to apply, and
b. the placement continues to be appropriate for the child at that stage;

and in doing so they must have regard to the welfare of the child.

58. Regulations 17(2) and 17(3) require the persons appointed to undertake the review to ascertain and take into account the views of:

a. the child
b. the parent or guardian of the child, if practicable,c. other persons who have had the care of the child, if practicable,d. the child's independent visitor, if one has been appointed, and
e. the managing authority if different from the child's care or responsible authority.

These parties must all be informed of the outcome of the review; if practicable.
RECORDS

59. Regulation 18 requires each local authority responsible for the management of secure accommodation in a community home to keep records giving

a. the name, date of birth and sex of each child;
b. details of the care order or other statutory provisions under which the child is in the community home and particulars of any other local authority involved with the placement of the child in that home;
c. the date, time and reason for the placement, the name of the officer authorising placement, and where the child was living before placement;
d. persons informed, court orders made and reviews undertaken in respect of the child;
e. the date and time of the child’s discharge from secure accommodation and subsequent placement.

These records must be available for inspection by the Secretary of State, and the Secretary of State may require copies to be forwarded to him at any time.

CHILDREN SENTENCED TO DETENTION

60. Where a child is sentenced to detention under Section 53 of the Children and Young Persons Act 1933, and a local authority agrees to detain him in approved secure accommodation, the local authority will receive detailed instructions and guidance from DHSS in respect of the child concerned. The only requirements in the Regulations that apply are those relating to the keeping of records (described in paragraph 59 of this Circular). As mentioned in paragraph 23 above, any child sentenced under Section 53 who is also in the care of a local authority is specifically excluded from the provisions of Section 21A of the 1980 Act by virtue of Regulation 6(a).

IMPLEMENTATION

61. Children in care within the meaning of section 17 of the 1980 Act whose liberty is restricted on 31 December 1983, and in respect of whom the authorisation of a juvenile court to continue the placement has already been obtained, need not be brought before the court again with 72 hours of the implementation date of the new provisions. In the case of other children in care whose liberty is restricted on 31 December, or had been restricted at any time during the previous 28 days, time spent in secure accommodation prior to the 1 January 1984 will count towards the 72 hour maximum period permitted under the new regulations. Any child brought within the scope of the legislation for the first time on 1 January 1984 by being placed in secure accommodation on that day will need to be brought before a juvenile court within 72 hours, if it is intended the placement in security should continue.

FINANCIAL AND MANPOWER PROVISION

62. The financial and manpower implications for local authorities of these provisions are expected to be minimal.

CIRCULARS CANCELLED

63. Local authority circular LAC(83)8 is hereby cancelled.

Yours faithfully

From:
Children's Division (A)
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Further copies of this Circular may be obtained from DHSS Store, Health Publications Unit, No 2 Site, Manchester Road, Heywood, Lancs OL10 2PZ quoting code and serial number appearing at top right-hand corner.
50. The following section shall be substituted for section 21A of that Act—

21A.—(1) Subject to the following provisions of this section, a child in the care of a local authority may not be placed, and, if placed, may not be kept, in accommodation provided for the purpose of restricting liberty unless it appears—

(a) that—

(i) he has a history of absconding and is likely to abscond from any other description of accommodation; and

(ii) if he absconds, it is likely that his physical, mental or moral welfare will be at risk; or

(b) that if he is kept in any other description of accommodation he is likely to injure himself or other persons.

(2) The Secretary of State may by regulations—

(a) specify—

(i) a maximum period beyond which a child may not be kept in such accommodation without the authority of a juvenile court; and

(ii) a maximum period for which a juvenile court may authorise a child to be kept in such accommodation;

(b) empower a juvenile court from time to time to authorise a child to be kept in such accommodation for such further period as the regulations may specify; and

(c) provide that applications to a juvenile court under this section shall be made by local authorities.

(3) It shall be the duty of a juvenile court before which a child is brought by virtue of this section to determine whether any relevant criteria for keeping a child in accommodation provided for the purpose of restricting liberty are satisfied in his case; and if a court determines that any such criteria are satisfied, it shall make an order authorising the child to be kept in such accommodation and specifying the maximum period for which he may be so kept.

(4) On any adjournment of a hearing under subsection (3) above a juvenile court may make an interim order permitting the child to be kept during the period of the adjournment in accommodation provided for the purpose of restricting liberty.

(5) An appeal shall lie to the Crown Court from a decision of a juvenile court under this section.
(6) A juvenile court shall not exercise the powers conferred by this section in respect of a child who is not legally represented in that court unless either—

(a) he applied for legal aid and the application was refused on the ground that it did not appear his means were such that he required assistance; or

(b) having been informed of his right to apply for legal aid and had the opportunity to do so, he refused or failed to apply.

(7) The Secretary of State may by regulations provide—

(a) that this section shall or shall not apply to any description of children specified in the regulations;

(b) that this section shall have effect in relation to children of a description specified in the regulations subject to such modifications as may be so specified;

(c) that such other provisions as may be so specified shall have effect for the purpose of determining whether a child of a description specified in the regulations may be placed or kept in accommodation provided for the purpose of restricting liberty.

(8) The giving of an authorisation under this section shall not prejudice any power of any court in England and Wales or Scotland to give directions relating to the child to whom the authorisation relates."
RESTRICTION OF LIBERTY OF CHILDREN IN CARE

1. The Secure Accommodation (No. 2) Regulations 1983 define secure accommodation as “accommodation provided for the purpose of restricting the liberty of children.” Under regulation 3 the Secretary of State's approval is required before accommodation in a community home may be used for the restriction of a child's liberty. Local authorities may find it helpful to have the following guidance on how the Secretary of State will define restriction of liberty for this purpose.

2. The following forms of the restriction of the liberty of children in care will not be permitted except in accommodation approved for use as secure accommodation by the Secretary of State:
   a. The locking of a child or children in a single room at any time, even when accompanied by a responsible adult or adults;
   b. The locking of internal doors to confine a child or children in a certain section of a home, even when accompanied by a responsible adult or adults.

3. The following procedures will not be considered as constituting the restriction of the liberty of children though they should be adopted only where they are acceptable to the Fire Prevention Officer, and consistent with building regulations, and conducive to a domestic atmosphere within the home:
   a. The locking of external doors and gates at night, consistent with normal domestic security;
   b. The locking of external doors and gates during the day time where the purpose is to prevent intruders from gaining access to the home, provided that children are not prevented from going out;
   c. The securing of windows.

4. Control imposed or implied by staff or other responsible adults will not be considered to constitute the restriction of liberty, though control should always be imposed or implied in a manner consistent with good child care practice.

5. Procedures designed to ensure the safety of children which also have the effect of restricting their liberty may not be adopted unless they have been drawn to the attention of the Secretary of State, who will decide whether such procedures are acceptable.

6. Where a home or a part of a home is surrounded, or it is intended to surround a home or part of a home, with walls or fencing continuously more than 6 feet in height, this must be drawn to the attention of the Secretary of State so that he may decide whether such restriction of liberty is acceptable.