

TO WHAT EXTENT ARE DIFFERENT TYPES OF CARE ENVIRONMENT CRIMINOGENIC?

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Abstract

The overall aim of this thesis is to investigate young people's experiences within different care environments (Residential, Secure, Foster and Kinship) and the extent to which they are criminogenic. The investigation is informed by three key criminological theories: the Risk and Protective Factors Paradigm, Control Theory, Anomie and Strain Theory. Previous relevant research on different care environments, offending behaviour and associated theoretical explanations are reviewed and informed the development of the specific focus of the primary research. Reviewing the existing literature illustrated the need for the current study. Much of the existing literature shows a high prevalence of offending amongst young people in care and those who have left care, without differentiating between types of placement or offering any theoretical explanation of the over-representation of those who have been in care and offending behaviour.

The primary research consists of 12 structured interviews, with three participants from each of the four main types of care environment. The interviews focus on experiences within the care environments, using risk ratings of 12 aspects of life that can be linked to offending (developed from the ASSET assessment form used with young offenders²). Interviews explore issues that can be related to Control Theory, Anomie and Strain Theory and The Risk and Protective Factors Paradigm. Exploring criminological theory as it relates to the development of criminal behaviour is used to assess the extent to which different types of care environment are criminogenic. The findings from the primary research are compared to the findings within the existing literature.

The research shows that there are strong criminogenic influences within all types of care environment. Interviews with those from residential care show the most criminogenic environments. Interviews with young people from kinship care illustrated stronger criminogenic influences than secure and foster placements. Interviews with those from secure care showed fewer criminogenic influences than those from residential and kinship care. Finally foster placements were the least criminogenic. Although the research supports theoretical explanations of the care environments as 'criminogenic'; other explanations of offending behaviour are revealed. 'Prior experiences' and 'individual agency' were apparent in many of the interviews, illustrating that offending behaviour is not exclusively caused by the care environment.

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² ASSET = assessment form used within the Youth Justice system. See www.yjb.gov.uk

Nevertheless it is concluded that local authorities are failing their duties as corporate parents to provide young people with the care and support they require to resist offending.

This thesis advocates a stronger focus on reducing offending by children in care as a more prominent part of the life chances agenda in the future.

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Chapter One

Introduction

Summary

This chapter lays the foundations of the thesis. It will explain the rationale behind the research and outline the broader issues around young people from different types of care environment (CE) and their involvement in any criminal activity. It will argue the importance of looking at different types of placements within the CE and the possible influences to the onset of their offending behaviour. This chapter introduces the key themes of life in care and after; looking at issues such as stability, attachment, education and employment and the possible influence on offending behaviour. The relationship between the themes and offending behaviour are then introduced with the possible explanations offered through criminological theory. Finally the chapter will outline the rationale behind the focus for the primary research upon which the thesis is based. The overall aims, objectives and organisation of the thesis are outlined.

Focus of the Thesis

The thesis will investigate young people's experiences within different care environments (CEs): Residential, Secure, Foster and Kinship and the extent to which they may be judged as criminogenic ('producing crime or criminality'); this being reinforced through the Risk and Protective Factors Paradigm and the associated concepts of vulnerability and resilience, Control Theory and Anomie and Strain Theory. Through reviewing relevant academic literature relating to the different CEs, offending behaviour, theoretical explanations and gathering perceptions through structured interviews from each of the four placements; discussion of possible criminogenic influences will be used to show the potential of the care system in reducing offending by looked after children.

Care Environments and Offending Behaviour

Government monitoring shows that children who were looked after for more than a year, are two and a half times more likely to be convicted of a crime or subject to a final warning compared to their peers (DfES, 2008a) a figure represented year after year within prison statistics (Department for Education and Skills [DfES], 2008a). Perceptions continually link those in care with offending; with an entrenched stigma associated with the care system. Lower aspirations and expectations are frequently represented in research in both achievement and behaviour (Jackson & Simon, 2006). The majority of research on looked after children shows the predominance of offending without explanation; it is assumed to exist regardless of what we know about the topic (Taylor, 2006).

This thesis provides evidence about the extent to which the types of CE may be criminogenic, from the perspectives of care leavers themselves. Criminological theory used within this research allows an explorative study giving a detailed and well balanced observation of the different CEs and offending; showing possible implications of developments within social care policy (DfES, 2006).

Background Literature and Theoretical Considerations

With extensive literature on why people offend showing one of the key influences to be the family, it follows that those in care often have poorer relationships and are more likely to offend (Solanki, 2003). Furthermore, lack of stability and continuity in the care system is likely to cause low attachments, expectations and support that affect educational successes, hinder life chances and reduces protection from offending (Mendes & Moslehuddin, 2006). With the importance of education in deterring crime and the under attainment in care leavers, it poses evidence of the potential problems within the care system. Care leavers possess legacies of their prior negative experiences reflecting high levels of social exclusion through isolation, lack of emotional and material support, high levels of unemployment, homelessness, substance use and involvement in crime, to name just a few (Stein, 2008).

Few attempts have been made to explicitly explain the criminogenic themes within the care system, explaining certain aspects of the environment rather than universal experiences. Attachment Theory has shown the link of offending to be determined by limited attachments to family and Labelling Theory showed low expectations leading to self fulfilling prophecies whereby people in care feel there is little point in trying to behave (Taylor, 2006).

Three theories provide explanations of the key themes apparent in care and their relationship to offending. Hirschi's (1969) Control Theory allows investigation into the extent to which those in care can develop the four social bonds; 'Attachment' reflecting sensitivity to others; 'commitment' flowed from investment in time and energy; 'involvement' stemmed from engrossment in conventional activity; and 'belief' in legal rules, which have the potential to deter them from crime (Barth, Crea, John, Thoburns & Quinton, 2005; Rock, 2007).

Anomie and Strain Theory developed by Durkheim (1893 in 1964), Merton (1938) and Cohen (1957) shows we all share the same goals but some people are limited in their applicability in terms of time, place, persons and social circumstances. The accepted means of gaining goals are through education and employment, without these it increases the likelihood of taking criminal means (Pond, 1999). This theory will allow an analysis of the extent to which conventional means are available in order to adopt a non-offending lifestyle.

The Risk and Protective Factors Paradigm offers a strong relevance whilst looking at CEs and offending. Risk is distributed differently within different circumstances (Farrington, 1996). It is important to identify the ways in which CEs may heighten these risks causing vulnerabilities to offending (e.g. poor attachments, low achievement) and the extent they offer protective factors providing possible resilience (e.g. good attachments, stability and encouragement) (Gilligan, 2001a; Youth Justice Board [YJB], 2001).

With this in mind, this thesis will provide a further and better understanding of criminogenic influences within different CEs and furthermore produce theoretical evidence of the assumptions already made. This will highlight the potential of the care system in reducing offending amongst those who have been in care.

Rationale for Primary Research

The research aims to examine the extent to which different types of CE are criminogenic, drawing upon the existing literature and carrying out further primary research linking what is established through Control Theory, Anomie and Strain Theory and The Risk and Protective Factors Paradigm. As a result the purpose of the research is to explore the barriers of the care system addressing what needs to change to improve outcomes for those leaving care (Geenen & Powers, 2007).

The Thesis Aims, Objectives and its Organisation

The overall aim of this thesis is to evaluate the evidence about the extent to which different types of CE may be criminogenic.

To achieve the aim, the thesis has the following objectives:

- To investigate and analyse official sources to provide the background context of care leavers and their offending behaviour, addressing its extent and seriousness.
- To review the research evidence about care leavers' experiences within different types of placements and their possible relationships to becoming involved in crime.
- To explore secondary data by using existing literature and national statistics on care leavers and criminal behaviour, highlighting the specific situation of care leavers.
- To collect and analyse primary data through interviews with care leavers to explore experiences within different types of placements and explanations for criminal behaviour.
- To summarise and evaluate criminological explanations for the onset of care leavers heightened criminal behaviours within different types of placements and the evidence base of contributing factors.
- To evaluate the evidence in the thesis in relation to how it might inform model(s) of intervention which addresses current social care policy for individuals in care, helping to reduce crime levels within the care leaving population.

The thesis will be organised into the following chapters:

Chapter 2 Review of the relevant literature on young people who have been in care, types of CEs and offending behaviour, including reviews of theoretical considerations needed to explore the extent to which different CEs are criminogenic

Chapter 3 Methodology for the research

Chapter 4 Analysis of research findings

Chapter 5 Discussion, Conclusions and Implications.

Chapter Two

Literature Review

Summary

This chapter reviews the existing literature on young people who have been in care and their offending behaviour; drawing on the historical background of the care system and current situations. The review focuses on research exploring different types of CEs, experiences involved and national statistics on the young people's involvement in crime. The chapter also discusses the aspects of everyday life in the care experience and life chances they experience after care. Finally the chapter considers the possible theoretical explanations for the onset of criminal behaviour within the different CEs as a rationale for the focus of the thesis.

Introduction

Care leavers are one of the most disadvantaged groups in society, facing particular difficulties in accessing educational, employment, housing and other developmental and transitional opportunities; often resulting in offending (Montgomery, Donkoh & Underhill, 2006). There has been a long history of the perception that being 'in care' is associated with being 'in trouble' (Hayden, 2007). It has been argued that the relationship between care and offending is not only neglected, but assumed to exist regardless of what we actually know (Taylor, 2006). A search strategy was developed in order to systematically review the evidence (Appendix A).

Historical Background of the Care System

Being in trouble with the law in the nineteenth century was synonymous with being poor; both were connected to families who were described as 'feckless', 'neglectful' or 'destitute' (Hayden, 2007:3). The connection of being poor, offending and parents failing their responsibilities was established through the need to have residential options for children in 'trouble' or 'in need' as early as the nineteenth century. Since then there has been developments within legislations on how children 'in need' are to be protected and provided for, highlighting the provisions needed to protect those in care (Appendix B).

The Care System Today

'*Quality Protects*' was launched in September 1998 to improve the care and life chances of children in care (Jackson, 2006). *The Children (Leaving Care) Act (CLCA) 2000* ensured local authorities were to provide adequate support and services, access to education /training/ employment, and improved opportunities for social relationships; aiding their transition from care up until the age of 21 or 24 if in full time education (Broad, 2005). *Choice Protects* (2002) aimed to improve placement stability and give greater choice over placements (Chase, Simon & Jackson, 2006). Finally *The Children Act* (2004) placed duties on local authorities to promote educational achievement (Jackson & Simon, 2006). It is crucial to examine the extent these provisions equate to reality within care.

Identifying the Statistics on Care Leavers Involvement in Crime

The disproportionate number of young offenders who have been in care is reproduced every year in the prison statistics, 41 percent of children and 23 percent of adults in custody are shown to have lived in care at some point (National Association for the Care and Resettlement of Offenders [Nacro], 2006; Taylor, 2006). This is also highlighted in offending rate figures, showing that children who are looked after for over a year are two and a half times more likely to be convicted of a crime or subject to a final warning compared to their peers (DfES, 2008a). Reducing the prevalence of care leavers offending behaviour was included in the list of projects of '*Quality Protects*', highlighting Governments concerns of the link between care and offending (Department of Health [DH], 1998).

Views of Care Leavers

Popular perceptions link children in care with trouble, with an entrenched stigma associated with the care system (Taylor, 2006). Research shows those involved in corporate parenting have lower aspirations and expectations for young people in care, in terms of achievement and behaviour (Jackson & Simon, 2006). There is an acceptance that disproportionate numbers of care leavers will end up in prison; reflecting the general low status attached to being in care. Taylor (2006) sought to challenge this topic; she interviewed 39 people; 20 in custody and 19 who were not, those who received foster placements were more likely to form attachments and resist offending. Her clear conclusions show attachments and types of placements to be crucial for positive experiences.

Types of Placements

The CEs of looked after children are diverse. It is important to identify experiences within each CE (Taylor 2006).

Residential

Although only 11 percent of those in care are in residential settings (DfES, 2007) it is the most widely researched type of CE; traditionally being a recurrent theme in offending behaviour (Taylor, 2006). Evidence suggests it exposes residents to risks associated with offending such as; living with criminals, feelings of alienation, disruption and lack of attachment (Home Office, 2004; Crown Prosecution Service [CPS], 2006). Feelings of difference are highlighted through restrictions on what the young people can be involved in, hindering experiences that contribute to personal development; which aids protection from crime (Milligan & Stevens, 2006).

Higher levels of movements are apparent compared to other CEs (Oosterman *et al*, 2007). Those in stable placements are likely to experience many care givers due to high staff turnover (Holland, Faulkner & Perez-del-Aguila, 2005). Attendance at school is lower than those in alternative placements with higher prevalence's of turning to crime to 'fit in' (Taylor, 2006). The absence of emotional, social and educational protective factors hinders the development of personal resilience needed to avoid offending. Sinclair and Gibbs (1998) showed that 40 percent of people with no convictions prior to entering care had a conviction six months after living in a residential placement; reflecting their offending to be a direct consequence of being in care.

Secure

Secure placements accommodate 'at risk' children for welfare reasons and child 'offenders' (O'Neill, 2001). Only 1 percent of the looked after population are placed in secure, yet there are many causes for concern (Taylor, 2006; DfES, 2008b). It is reflected that secure placements not only fail to provide the required solutions but instead becomes part of the problem; with a low priority being given to preventive work related to personal relationships, drug and alcohol abuse (O'Neill, 2001).

Secure placements are shown to be counterproductive in terms of preventing future offending (Howard League, 1997). Criminal identity is confirmed by being placed in secure units, consequently showing high rates of reoffending and social isolation (O'Neill, 2001). Young people leave angry, alienated, more expert in the ways of crime and more likely to commit offences (Goldson, 2002). Re-offending rates are high; 78.2 per cent of young people sentenced to custody re-offend within one year (Home Office, 2006).

Negative representations are not universal, with educational facilities reflected to be of high standards (Hayden, 2008). Situations of 204 graduates from secure showed better attitudes to school work, stronger relationships, with no evidence of life chances being reduced (Bullock, Litte & Millham, 1998). The extent to which improvements are due to being heavily supervised is a key issue within the successes of secure placements (Harrington *et al*, 2005). Placements are shown not to be effective in achieving change of behaviours after release (O'Neill, 2001).

Foster and Kinship

71 percent of those in care are placed in foster placements, with 8 percent of those being placed within kinship care (DfES, 2007). Research into foster placements has gained momentum in recent years, with particular concerns including the value of kinship care (Taylor, 2006). Research shows kinship placements to be preferable, allowing the child in need of protection to be placed within the family (Broad, Hayes & Rushforth 2001). Schofield (2003) also highlights the importance of foster care to provide an alternative to family life; drawing on the importance of attachment and stability.

Research on long term foster and kinship placements offers good insight into how improvements can be made (Monck, Reynolds & Wigfall 2003). It cannot be said that children will be better looked after by their extended families, but evidence suggests it is likely to promote better welfare for the child's progression into adulthood (Ritchie, 2005). Placements with relatives are less disruptive and tend to last longer than non – relative placements (Chamberlain *et al*, 2006).

Flynn (2000) shows kinship to be most preferable although facing barriers of being poorer with older carers. The carers receive less assessment, training and financial support than non kinship carers (Richards & Tapsfield, 2003).

Movements within Placements

Movements within care can be disruptive, reflecting great instability (Taylor, 2006). Research shows that about three quarters of care leavers have experienced frequent changes in placements during their time in care (Ward & Skuse, 2001; Holland *et al*, 2005). Well established recommendations suggest placement changes should be minimal in order to provide stability and continuity for those in care (Taylor, 2006). These movements show inadequacies of the care

system, highlighting the detrimental effects of placement shifts on developing attachments (Mendes & Moslehuddin, 2006).

Cashmore and Paxman (2006) found significant relationships between the number of placements experienced and emotional security. Leathers (2006) examined the relationship between placement disruption and behaviour, concluding that integration in foster placements was highly predictive of placement stability and lowered the chances of offending (James, Landsverk & Slymen, 2004).

Aspects of Everyday Life in the Care Experience

Attachments

There is extensive literature on why people start to offend, with one of the key influences to be the family (Farrington, 1994). 'Broken Homes' have regularly featured as a contributor to offending (Solanki, 2003). Attachment to the family can provide protection against deviant behaviour; there is a strong link between offending and having poor relationships with parents (Graham & Bowling, 1995). Taylor (2006) showed the positive effects of developing meaningful attachments within CEs, resulting in lower crime rates. The type of CE experienced influences the chances of attachments occurring, with kinship and other long term fostering provided the most positive outcomes.

Stability

Children who experience stable family life are less likely to offend (Home Office, 1998). Evidentially those in care have less stable families than their peers (Jackson, 2002). Governments targets for 2008 aimed to have 80 percent of children looked after for two and a half years to have been in the same placement for two years, allowing those in care to be less effected by absent family environments (DfES, 2005).

Children experiencing supportive and stable placements in care are more likely to overcome adversities when they leave (Mendes & Moslehuddin, 2004). Lack of stability and continuity in placements is linked with low attachments, expectations and support; affecting education and hindering successful transitions towards independence (Mendes & Moslehuddin, 2006). It is vital that attachments developed through stability offer supervision, involvement and discipline in regards to all aspect of the young person's life; protecting them from offending (Kurtz, Thornes & Bailey, 1998).

Education

There is an increased amount of truancy within the care population (Taylor, 2006) and heighten school exclusion (DH, 2003) which are shown to link to offending (McCarthy, Laing & Walker, 2004). The Market and Opinion Research International (MORI) 2004 survey shows that 75 percent of children who truant in year eleven committed offences with 60 percent of those offenders being previously excluded from school. Care leavers reflect lower educational attainment compared to their peers, in 2006/07 only 13 percent of those who had been in care gained five or more GCSE's, compared to 62 percent of all young people. After leaving school, 66 percent of care leavers were involved in education or training; compared to 80 percent of all school leavers (DfES, 2008a). Finally an estimated 1 percent of care leavers enter university compared to 40 percent of all school leavers (Jackson, Ajayi & Quigley, 2003).

Jackson and Martin (1998) researched protective factors associated with educational success within care leavers, showing that care leavers can be high achievers if they receive encouragement, attachment and stability from their carer's. Although this is concentrating on education, it highlights successes in care leavers contrary to popular perceptions. Educational attainment and involvement in school promotes young people's self esteem and protects them against involvement in crime (Hayden, 2008). With the importance in education in deterring offending and the under attainment in care leavers, it reflects aspects of the care system being criminogenic.

Substance Use

Research suggests that care leavers are more likely to use drugs and alcohol. The latest statistics show 5 percent of children looked after were identified as having a substance misuse problem during 2007 (DfES, 2008a). A study into heroin users in Glasgow showed nearly a third had been in care (Neale, 2002).

Life after Care

Social exclusion is prominent for care leavers; highlighting risk factors and poor life chances. Recent evidence shows high frequencies of loneliness, feelings of rejection, isolation, lack of emotional and material support, high levels of unemployment, homelessness, substance use, dependence on benefits and involvement in crime (Stein, 2006).

Accommodation

30 percent of young homeless people have been in care (Simon & Owen, 2006). Stability in accommodation after young people leave care is shown to enhance positive outcomes for these individuals; increasing chances of employment that protects individuals from crime and aids successful transition into adulthood (Wade & Dixon, 2006).

Employment

The legacy of poor educational attainment is apparent in the high rates of unemployment among care leavers (Dixon & Stein, 2005). In 2007, 17 percent of children who had been in care were unemployed compared to 5 percent of all school leavers (DfES, 2008a). It has been suggested that care leavers are more likely to get low paid semi-skilled or unskilled jobs than their peers (Simon & Owen, 2006:40).

Local Authorities as Corporate Parents

If care leavers are not provided with adequate and appropriate support, they are more likely to offend (Mendes & Moslehuddin, 2006). Young people leaving care do not receive the support that a good parent would be expected to provide (Blome, 1997). The transition into adulthood is apparent much younger with those leaving care than their peers (Osterling & Hines, 2006). The continued availability of most family homes as a 'safety net' to which young people can return is not available for care leavers (Aldgate, 1994).

Research highlights those who experience transitional support are less likely to offend (Stein, 2008). Successful corporate parenting could transform offending within care leavers, removing a third of our prisoners and shift nearly half of all prisoners under 25 (Sergeant, 2006). Practical

and emotional support is needed for those in care and after, Taylor's (2006) study showed practical support with the majority absent of emotional support. In conclusion care leavers need stable relationships, jobs and social networks; to ensure successful transition into adulthood (Nacro, 2005; Cashmore & Paxman, 2006).

Theoretical Themes

Control Theory

Hirschi (1969) control theory sees individuals who commit crime to be free of attachments, aspirations and moral beliefs that bind most people to a life within the law. It highlights 'Why do people not commit crime' rather than 'Why do people commit crime' (Taylor, 2006). Four bonds induce people to comply with rules: attachment, commitment, involvement and belief (Rock, 2007). Attachment reflects sensitivity to others opinions; commitment flowed from an investment in time and energy; involvement stemmed from engrossment in conventional activity; and belief in obeying legal rules. A sense of stability and the need to have a place in society are crucial deterrents from offending (Biehal, Clayden, Stein & Wade, 1995).

It is evident within the literature that those in care are unable to successfully obtain these social bonds. Attachments are shown to be low; with reference to instability and movements within placements. Commitment is reflected to be hindered within the CEs, with barriers in educational and employment opportunities made through instability, low expectations and low attachments. Involvement within the CEs is reflected to be highly affected by the system itself; drawing on the prevalence of truancy, exclusion and low achievement in relation to educational involvement.

Belief is not covered in the literature reviewed, although the experiences in care and the rates of offending/re offending draws on possible implications CEs may present to the view of believing in rules that evidentially punish these individuals who offend.

Payne *et al* (2003) researched control theory in relation to attachments and education; those with attachments, investment and involvement in school activities and belief in the rules were less likely to be deviant. This theory draws on the most documented protective factors of offending behaviour; attachments and education, thus providing a case for investigation into the extent to which those in care can develop these bonds which have the potential to deter them from crime (Gottfredson & Hirschi, 1990; Barth *et al*, 2005).

Anomie and Strain Theory

Research highlights care leavers disadvantages from their initial low educational achievements to their prevalence in homeless statistics. This provides evidence of Anomie and Strain developed by Durkheim (1893 in 1964) later Merton (1938) and Cohen (1957), showing we all share the same goals but some people are limited in their applicability in terms of time, place, persons and social circumstances (Sykes & Matza, 1957). The accepted means of achieving these goals are through education and hard work (Pond, 1999). 'Education is the basis of employability, employability is the route away from poverty, and this in turn reduces crime' (Hayden, 2007:35). Often care leavers are not subjected to the accepted means of education and employment and have less successful transitions into adulthood; affecting their life chances and increasing the likelihood of taking criminal means to achieve goals. This theory will allow an analysis of the life chances and goals they possess in relation to the onset of their offending.

The Risk and Protective Factors Paradigm

The Risk and Protective Factors Paradigm is strongly related to the CE and offending behaviour. Risk is distributed differently within different circumstances (Farrington, 1996). It is important to identify the ways in which the CE may heighten these risks causing vulnerabilities (e.g. poor attachments, low achievement) and the extent they offer protective factors providing possible resilience (e.g. good attachments, stability and encouragement) (Gilligan, 2001a; YJB, 2001; McCarthy, 2004), allowing them to 'work well', 'love well' and 'expect well' absent of criminality (Gilgun, 1999).

The literature reviewed shows CEs to impose vulnerabilities of low attachments, expectations, achievements and aspirations; instability due to high amounts of movements; living conditions involving isolation and living with criminals; through to the higher amounts of substance use and experiences of leaving care; poorer transition to adulthood, high levels of unemployment and poor accommodation.

Although vulnerabilities are reflected it is essential to examine whether CEs offer resilience to crime. Rutter, Giller and Hagell (1998) showed protective factors aiding young people in care to be resilient to crime; the promotion of self esteem through secure and supportive relationships and availability of positive opportunities through education and careers (Bynner, 2001; Osterling & Hines, 2006). If these are available young people make rational choices about offending (Gilligan, 2001b; Sutherland, Merrington, Jones, Baker & Roberts, 2005); although some argue it depends risk exposures (Luthar, Cicchetti & Becker, 2000).

Stein (2006) researched care leavers in a resilience framework showing them to fall into three groups 'moving on' possessing stability, attachments, educational and transitional successes; reflecting their resilience to be enhanced by being in care. 'Survivors' reflect instability, movements and disruptions leading to few qualifications and early transitions affecting their life chances. With 'victims' experiencing high levels of instability, no qualifications and profoundly affected transitions into adulthood; resulting in poor life chances. Not being able to overcome the difficulties faced in care leads to an increased likelihood of offending (Wade & Dixon, 2006). There are different pathways for care leavers; directly related to the quality of care they experience (Stein, 2008). It is important to examine the extent young people who offend fall into the 'victims' of the care system; possessing adverse life chances offering no resilience to crime.

Conclusion

It is difficult to show a cause or effect of the care system on offending since we cannot know the outcomes if individuals had not been in care. What can be concluded is the care system is highlighted to show criminogenic influences, differing within types of CEs.

Assumptions between care and offending need to be carefully investigated as although popular perceptions connect care with crime; there is very little research which confirms this association. Biehal *et al* (1995) showed 85 percent of care leavers never having involvement with the police and Government statistics showing only just over 9 percent offend (DfES, 2008a).

It is important to explore the barriers of the care system addressing what needs to change to improve outcomes for those leaving care, the research will include interviews with care leavers from each type of CE (residential, secure, foster and kinship) who have committed crime; allowing their experiences to be viewed as realities rather than generalisations (Oliver, 2006). This alongside consideration of the existing literature and theoretical considerations of Control Theory, Anomie and Strain Theory and The Risk and Protective Factors Paradigm will allow an examination into the extent to which different CEs are criminogenic.

Chapter Three

Methodology

Summary

This chapter presents the methodology, design and justification for the primary research. It will discuss the reason for choosing the structured interview and the advantages/disadvantages of this method in gathering valid and reliable data. It explains how access to carry out the primary research was gained, and the nature of the sample. Key ethical considerations are highlighted, specifically issues regarding the sensitivity and confidentiality needed for the area of the interviewees' experiences in care and criminal involvement.

Research Design

The interview schedule (Appendix F) consisted of three parts. Section 1: A brief questionnaire styled set of questions gaining basic information on the participant, type(s)/amount(s) of placements and details of offending. Section 2: Adapted ASSEST Risk Assessment (YJB, 2008) focusing on aspects of life in care. The participants were asked to judge 12 aspects of life in care and how important they were in relation to their offending. Finally Section 3: Consisted of open ended questions, following up information given in the previous two sections. It allowed key risks from previous sections to be discussed with further questions asked in relation to the Risk and Protective Factors Paradigm, Control Theory and Anomie and Strain Theory.

The final part was recorded and permission was given prior to interview through reading the information sheet (Appendix D) and signing a consent form (Appendix E). In addition 'Explanations of Risk Factors' (Appendix G) were used to allow Section 2 to be easily understood and to guide the participants in the follow up questions. This was not to lead the participants in any way but gave them areas to prompt their memories in relation to the given questions (Hagan, 2000). The schedule was intended to explore the possible risks the types of CE may exhibit and draw out possible evidence of the theories and key themes highlighted through the participant's responses.

Mixed methods were used to reduce inappropriate certainty and aid a sound conclusion of the extent to which different type of CE are criminogenic (Robson, 1993). Firstly an analysis of secondary data was conducted, including a review of existing research evidence and national statistics informing the research of the existing position of care leaver's criminal involvement. In addition primary research was carried out in the form of structured interviews with care leavers who had offended; care was taken prior to interviews to ensure all participants had offended.

Structured interviews were used to examine the usefulness of theory (Jupp, 1989). The interview was developed through a piloted interview informed by existing literature and theory (Appendix I). Descriptive statements, opinions and feelings of the CE and its possible criminogenic factors were given (Silverman, 2005) forming analysis relating to the secondary data.

Although it is noted structured interviews inevitably limit responses compared to unstructured interviews (Robson, 1993), they were chosen as they emphasise reliability and allow clear analysis in relation to the theories examined (Hayden & Shawyer, 2004). With a detailed and developed schedule with clear intentions of examining theories, this type of interview was deemed most appropriate in aiding analysis and forming conclusions of the thesis, which unstructured interviews would struggle to achieve (Hagan, 2000).

Closed questions were used for risk rating within section 2, it was appropriate to restrict this area with fixed alternatives to allow ratings to be apparent. The remainder of the interview schedule adopted open ended questions; although the schedule was highly structured it allowed production of unexpected and unanticipated responses, giving a degree of flexibility to what the participants were comfortable with disclosing (Robson, 1993). Limitations to open questions are referred to 'losing control' and being 'difficult to analyse', this was not apparent within the research as all questions were structured to examine theoretical evidence, thus the analysis was not affected.

Gaining Access

A non probability sample was used, selected to cover the four types of CEs; residential, secure, foster and kinship placements. A letter was sent to Waves Community Centre which to gain participants (Appendix C). Twelve interviews were conducted, with three interviewees for each type of placement. This allowed the research to distinguish between different placements, showing differences and similarities of individual's experiences in relation to crime (Robson, 1993).

Analysis

The interviews were taped with the interviewee's permission to allow full transcription for a thorough analysis (Silverman, 2001). Although Interviewer biases were eliminated through full transcriptions, limitations were apparent through its time consuming nature (Hagan, 2000).

As the schedule was developed to test the theories examined, the analysis investigated participant's responses in light of the theories and concluded the extent to which the theories explained participants offending. Open coding was used to establish themes, then axial coding provided links and finally selective coding highlighted the key themes to be used for the final analysis. This interpretative and flexible coding practice reflected the key patterns in the participant's response, informing full discussion of the extent to which different CEs maybe criminogenic (Robson, 1993).

Ethical Considerations

Ethical considerations were considered prior to researching care experiences and offending, as they are extremely sensitive areas. Care was made to ensure the interviewer held an up to date Criminal Record Check. All interviewees were over eighteen, volunteered and gave informed consent. They were aware of the need to talk about their care experiences and their offending.

As their experiences in care and criminal involvement could be distressing, caution was taken to avoid the creation of physical, psychological or emotional stress (Hayden & Shawyer, 2004). The interviewees were only invited to describe their experiences and probing questions were not used; allowing interviewees to only add information they felt comfortable with.

Access to counselling was available through the trained staff at Waves Community Centre in which all participants were familiar with.

Looking into care experiences and crime involves personal and confidential information, all participants held the right to anonymity and confidentiality and at no point was identifiable information used (British Society of Criminology [BSC], 2008). No role conflict was apparent, due to independence from the centre and participation being freely consented. Data protection was not an ethical consideration as all secondary sources used were freely accessible in the public domain. Finally risk was assessed to be illuminated interviews were carried out at the centre. All participants were briefed of the research intentions, nature of questions and the right to withdraw at any stage of the research.

Evaluation of Methodology

Due to the completion of the twelve interviews with all the desired participants and the schedules clear testing of the theories examined, clear analysis of the participants responses in light of the theories were made. Thus the methodology adopted for the primary research was successful. However due to the small sample, generalisations of the CEs criminogenic natures cannot be made. The young people in this study represent the extreme cases of offending and are not representative of all young people in care. Nevertheless the results still provide interesting insights into experiences within different CEs and their criminogenic influences.

Chapter Four

Analysis

Summary

This chapter discusses and analyses the findings from the interviews conducted, in the following three themes. Firstly, the characteristics and circumstances of the interviewees; the placements experienced, amount of time in care, stability and movements; the types and severity of the offences committed. Secondly, through an analysis of risk factors experienced whilst in different types of placement. Finally through an analysis of the data in relation to the three main theoretical perspectives: The Risk and Protective Factor Paradigm, Control Theory and Anomie and Strain Theory. The Conclusion of this chapter highlights the participant's views of the care experience and its effect on their offending.

Introduction

The interviewees consisted of twelve participants; three for each type of CE; Residential, Secure, Foster and Kinship. This allowed an investigation into each CE and their possible criminogenic influences; acknowledging the possible differences. Each participant had been in care Pre CLCA 2000 and committed an offence which had resulted in cautions or convictions. Care was made prior to the interview to ensure participants had offended and comfortable talking about the surrounding issues. For the comfort of the participant and the interviewer; non recorded crimes were not part of the analysis.

Analysis was made by using the themes of the interview schedule (Chapter Three). The schedule was intended to explore the possible risks the CEs may exhibit in relation to offending behaviour and draw out possible evidence of the theories and key themes highlighted through the participant's responses.

Tables are used to present overall analysis of the key points, with qualitative quotes from the participant's responses.

The following table illustrates how the participants will be referenced.

Table 1: References to Participants and Location of Full Responses

Participants	Referenced as	Appendices for Full Transcripts and Responses
Residential 1	R1	J
Residential 2	R2	K
Residential 3	R3	L
Secure 1	S1	M
Secure 2	S2	N
Secure 3	S3	O
Foster 1	F1	P
Foster 2	F2	Q
Foster 3	F3	R
Kinship 1	K1	S
Kinship 2	K2	T
Kinship 3	K3	U

Relevant section/question numbers from the interview schedule (Appendix F) will be highlighted to inform the analysis and tables, allowing the analysis to be easily followed in relation to each participant's responses (Appendices J – U).

Key Characteristics and Circumstances of Participants (Section1)

Table 2: Participants: Age and Sex, Care Experience, Current Situation and Amount of Offences Committed

Participant	Age and sex	Age and (Duration) of time in care	Types and (amount) of Placements	What they are doing now	Offences (Amount)
R1	20female	11 – 18(7yrs)	Foster(2) Residential(4)	Unemployed	Cautions(3) Convictions(2)
R2	20male	13 – 18 (5yrs)	Residential(3)	Unemployed	Cautions(4) Convictions(2)
R3	19female	8 – 16(8yrs)	Residential(6)	Unemployed	Cautions(2) Convictions(1)
S1	20male	15 – 17(2yrs)	Secure(1)	Unemployed	Cautions(3) Convictions(2)
S2	20female	13 – 16(3yrs)	Residential(1) Secure(1)	Unemployed	Cautions(3) Convictions(2)
S3	19male	9 – 17 ½(8 ½ yrs)	Foster(2) Residential(1) Secure(1)	Unemployed	Cautions(5) Convictions(4)
F1	19female	11 – 18(7yrs)	Foster(1)	Employed	Cautions(3)
F2	22male	8 – 18(10yrs)	Foster(3)	Unemployed	Cautions(3) Convictions(2)
F3	21female	11 – 16 (5 yrs)	Residential(1) Foster(5)	Unemployed	Cautions(2)
K1	19male	12 – 18(6yrs)	Kinship (1)	Training	Cautions(2)
K2	21male	7 – 18(11yrs)	Foster(1) Kinship(1)	Unemployed	Cautions(3) Convictions(1)
K3	20female	5 -18(13yrs)	Foster(2) Kinship(1)	Unemployed	Cautions(2) Convictions(1)

The sample was evenly divided between males and females; ranging in age from nineteen to twenty two years, at the time of interview. The length of placement varied between two (S1) and thirteen years (K3). The amount of placements experienced ranged from one (F1, K3) to six (R1, R3, F3).

Ten of the twelve participants were unemployed, with F1 being employed and K1 training. Variations of cautions and convictions were prominent with the lowest criminal behaviour being evident in F1, F3 and K1. The highest criminal behaviour was present in S3, although through the nature of secure placements this was not alarming.

Table 3: Care Experience and Offending (Section 1 and Q3)

Participant, (Age and Sex)	Age and (Duration) of time in care	Types and (amount) of Placements	Cautions (Amount)	Convictions (Amount)	Why they committed the crime (Q3)
R1(20female)	11-18(7yrs)	Foster(2) Residential(4)	Drunk and Disorderly(1) Fighting(1) Stealing (1)	Assault(1) Possession of Cannabis(1)	Attention, Substance use.
R2(20male)	13-18(5yrs)	Residential(3)	Drunk and Disorderly(1) Vandalism(1) Stealing(1) Fighting(1)	Assault(1) Attempted Arson(1)	Boredom, Attention, Substance use, Anger, no boundaries.
R3(19female)	8-16(8yrs)	Residential(6)	Stealing(1) Vandalism(1)	Assault(1)	Boredom, Jealously, Anger.
S1(20male)	15-17(2yrs)	Secure(1)	Drunk and Disorderly(1) Fighting(1) Breach of Peace(1)	ABH(1) Robbery(1)	Substance use, Anger.
S2(20female)	13-16(3yrs)	Residential(1) Secure(1)	Breach of peace(1) Drunk and Disorderly(1) Fighting(1)	ABH(1) Assault(1)	Anger, Isolated, Substance use.
S3(19male)	9 -17 ½ (8 ½ yrs)	Foster(2) Residential(1) Secure(1)	Breach of Peace (1) Public Order (2) Shoplifting (1) Assault(1)	Shoplifting(1) Armed Robbery(3)	Boredom, Anger, Substance use, No role models.
F1(19female)	11-18(7yrs)	Foster(1)	Shoplifting (1) Assault(1) Drunk and Disorderly(1)		Boredom, Anger, Substance use.
F2(22male)	8-18(10yrs)	Foster(3)	Fighting(1) Shoplifting(2)	Assaulting a Police Officer(1) ABH(1)	Anger.
F3(21female)	11-16(5yrs)	Residential(1) Foster(5)	Shoplifting(2)		No money.
K1(19male)	12-18(6yrs)	Kinship (1)	Fighting(1) Shoplifting(1)		Isolated, Anger, Substance use.
K2(21male)	7-18(11yrs)	Foster(1) Kinship(1)	Vandalism(1) Drunk and Disorderly(1) Shoplifting(1)	Assault(1)	Destructive, Substance use, No money, Anger.
K3(21female)	5 -18(13yrs)	Foster(2) Kinship(1)	Shoplifting(1) Assault(1)	Shoplifting(1)	Jealously, No money, Anger.

Eleven of the twelve participants committed offences relating to violence, with ten reflecting **anger** to be a reason for their offences. **Substance use** was prominent, with eight participants committing an offence caused or involving alcohol and substances. **Boredom, isolation, jealousy** and **need for attention** also influenced their offending.

Nine of the twelve participants received convictions, with F1, F3 and K1 only receiving cautions. It is interesting to note that F1 and K1 only had one placement; showing **stability** providing protection to more serious offending. Those with the most placements were in residential; with their offending being the highest. The link between stability and crime is shown here, reflecting residential placements to be at the highest disadvantage in relation to stability. The remainder of this chapter will analyse all aspects of life within the different CEs, paying attention to the extent theory explains offending.

Risk Factors in the Care Experience (Section 2)

Table 4: Participants Risk Rating of 12 Aspects of Everyday Life in Their Care Experience – How important were they in relation to their offending behaviour?

1=Not important (being in care was a positive experience in this respect) 4=Very important (being in care was a negative experience in this respect)

*Figures rounded to one decimal place

Participant	Risk 1 Living Arrangements	Risk 2 Family and Personal Relationships	Risk 3 Education, Training and Employment	Risk 4 Neighbour-hood	Risk 5 Lifestyle	Risk 6 Substance Use	Risk 7 Physical Health	Risk 8 Emotional and Mental Health	Risk 9 Perception of self and others	Risk 10 Thinking and Behaviour	Risk 11 Attitudes to Offending	Risk 12 Motivation to Change	Overall Risk out of a possible 48 and level of Risk**
R1	4	4	3	2	3	3	3	3	3	4	3	3	38 H
R2	4	4	4	3	3	3	2	2	3	3	3	3	37 H
R3	4	4	3	3	3	3	2	3	3	3	3	3	37 H
S1	2	2	1	3	3	1	1	3	3	2	3	2	26 M/H
S2	4	2	2	4	4	1	1	2	4	2	3	2	31 M/H
S3	4	4	1	3	2	3	2	4	2	4	3	3	35 H
F1	2	2	2	2	3	3	2	3	3	2	2	2	28 M/H
F2	2	3	2	2	3	2	2	3	3	3	3	3	31 M/H
F3	3	4	3	3	3	3	2	3	3	3	3	3	36 H
K1	1	2	2	2	3	3	1	2	3	3	3	3	28 M/H
K2	2.5	2	3	3	3	3	2	3	3	3	3	3	33.5 H
K3	2	2	3	2	3	2	1	2	2	3	3	3	28 M/H
Mean rating of Risk*	2.9	2.9	2.4	2.7	3	2.5	1.8	2.8	2.9	2.9	2.9	2.8	32.4M/H

**Calculations based on YJB ASSEST Risk Assessment (Appendix H)

Overall Risk Scores

All placements offer *medium to high* risk of offending/reoffending; with a mean of 32.4. The mean allows an analysis of the CE as a whole; it is therefore beneficial to look at the mean risk scores for different placements.

Table 5: Mean Risk Scores for Each Type of Placement

Type of Placement	Mean Risk*	Ranking of Risk
Residential	37.3	1 st
Foster	31.7	2 nd
Secure	30.7	3 rd
Kinship	29.8	4 th

*Figures rounded to one decimal place

All placements held risks with residential being the only placement holding *high* risk. It is therefore logical to analyse the individual aspects of life (to be referred to as risk factors from this point forward) experienced in each type of placement.

Living Arrangements: Mean 2.9 (Q4)

Living Arrangements (Risk 1) held a high mean, with residential participants rating it as a four. The first theme apparent was **stability**.

R1: Six placements in seven years.

“It was awful. Words cannot describe what it was like.. What it is like to be left by your mum then to get settled and moved around again..... It all started going downhill in there. No one loved me...”

This is also reflected in R2 and R3; all of whom had numerous placements and all referred to their placements leaving them ‘moved around’, ‘having no love or stability’. This shows the highest detrimental effect in regards to living arrangements to be the **instability** caused by movements and uncertainty of their length of stay in placements.

Those who had stability rated this risk as a positive experience:

K1: One placement in six years (Rated 1)

“I had a lot of love and stability... I was safe and never went without the basics. I wouldn’t say I had anything really disruptive about living with my Nan....”

F1: One placement in seven years (Rated 2)

“..I had a lot of love and support from my carers and mum ... I knew that my carers were going to look after me until I was eighteen... they promised me that... so in this sense I knew I was not going to be moved again... I grew to love them like my own parents.”

These participants referred to their experiences as holding 'love' 'stability' and 'safety', responses which are directly opposite to residential participants. Stability allowed participants to relate their experiences more positively than those with numerous placements.

The alternative theme was **living with criminals**; two of the secure participants rated their living arrangements as a four.

S2: Two placements in three years

"...it made them worse. I was with loads over criminals...we spent a lot of time... plotting stuff. You know thinking and talking about our next jobs as such."

The nature of the secure placement held high risk levels in relation to living arrangements.

Family and Personal Relationships: Mean 2.9 (Q5)

Family and Personal Relationships (Risk 2) held an equally high mean risk. The theme presented was **contact with family**.

Residential participants had no contact with their families affecting their relationships with others.

R3:

"I had no contact with parents... this led me to lose respect and trust for people so my other relationships were affected. If the people who are supposed to love you forever left me and abused me... then everyone else would."

In contrast the kinship participants rated their relationships as two, showing strong relationships with their care givers. F1 from a long term placement highlighted positive experiences as they still saw their mother.

The relationships negatively affected residential participants, those with placements similar to or actual family environments did not exhibit the same risk in relation to their offending.

Education, Training and Employment: Mean 2.4 (Q6)

Education, Training and Employment (Risk 3) presented a lower mean risk, with only one participant rating this as four. The main themes presented in explanation of this high risk were shown through **instability** and **lack of encouragement**.

R2:

"I had to move schools every time I moved placement and got expelled from two...I got three GCSE's not exactly achieving I don't think... no one cared or encouraged me...It was full of disruptions with no positive influences at all."

This was also presented in R1 and R3, showing 'being moved' and 'no one caring' to be hindrances in their educational experiences.

Two secure participants presented very positive scores for their experiences, reflecting **no disruptions** and **good education**:

S1:

“I had to go to the classes. ... No disruptions like...”

S3:

“The education was very good in secure....”

An emphasis is made on having to do it; whatever the reasons education was a positive experience.

Themes for employment were directly related to the experiences had within education. As shown in Table 2, ten of the twelve participants are unemployed, each participant reflecting their experiences in education be a causal effect to their unemployment and offending.

Neighbourhood: Mean 2.7 (Q7)

Neighbourhood (Risk 4) held a high mean risk; no participants rated this as a positive experience. Although only one participant rated this aspect as a four; half of the participants rated it as a three.

The theme present for this risk was **isolation**.

R2:

“It was in the middle of the sticks.... That’s why I ran away as I never got to see anyone.”

R3:

“It was a long way away from friends that I had outside the home and ... so this had a bad affect on me as the positive people on my life were disappearing as I couldn’t see them... pushing me into being mates with others like me.”

Isolation showed R2 to ‘run away’, with R3 making reference to losing contact with ‘positive people’. ‘Negative role models’ and ‘bad influences’ were also highlighted in F3 and K2, drawing on negative effects apparent through isolation.

Lifestyle: Mean 3 (Q8)

Lifestyle (Risk 5) held the highest mean of 3. Although only one participant rated it as a four, ten of the twelve rated it as a three. **Boredom**, **substance use**, having **criminal friends**, **lack of money** and **stealing** were shown to be prominent themes in negative experiences of lifestyles.

R1:

“... I started hanging out with kids from the homes...That was the start of all my bad behaviour. We used to get so bored we would start trouble that kind of thing, that was our spare time.”

F3:

“.....I started to go into bad circles. The more my friends consisted of criminals the more I did.... I started to use my spare time to behave badly and drink.”

K2:

“...I had a lot of friends but a lot of them were hard nuts always in trouble. I soon started stealing for something to do and plus I did not have any money at all...”

All placements showed negative experiences in lifestyles resulting in their offending.

Substance Use: Mean 2.5 (Q9)

Substance use (Risk 6) held an average mean level of risk. No participants rated this as a four but eight of the twelve participants rated it as a three.

Those in secure did not use substances, with the remaining participants either using drink and/or drugs. The majority of participants noted the CE itself was not related to their substance use; with the **reasons they were in care** (F1, F2, K2) **lack of respect/discipline** (F2, K1) **escapism** (F3) and the acceptance that **everyone does it** (K3) being the causes.

Residential participants noted the care experience to influence their substance use:

R1:

“Everyone was doing drugs and drinking so I started to fit in...”

R2:

“...Everyone was doing them. Think a lot of people done it for attention to be quite honest... including me.”

R3:

“...Everyone else did it so I thought I would too... to fit in and that. Wanted to be liked.”

The reference to ‘everyone was doing it’, using for ‘attention’ and ‘need to fit in’ and ‘be liked’; highlights the influences residential placements has on substance use.

Physical Health: Mean 1.8 (Q10)

Physical Health (Risk 7) was the most positive experience for all placements and the least related to offending. Only one participant rated it as a three.

R1:

“Not too good at all, abortions... sleeping around and all that... I couldn’t talk to my careers about having sex as they would have had ago.... Self harm and drinking came next. Yes it was affected by the care system, I had been rejected so many times.... No one gave a shit for me after my foster placements so why should I look after myself.”

This participant shows the care experience to cause detrimental effect on their health; drawing on quite serious consequences. As there is only one example it is difficult to form an analysis in regards to the residential placement.

Remaining participants rated this aspect as either one or a two, stating their physical health was either Good (K1, K2, R2, S2) Ok (S3) or good except self inflicted drugs/drink/unprotected sex (F2, F3, K3, R3, S1).

One participant rated their experience in foster care to make their health better:

F1:

“...The care environment made it better as my mum failed to keep up with doctors and jabs...”

All placements highlighted positive experiences of health, suggesting that this risk is not prevalent in the CEs; whilst also suggesting that certain environments may in fact make physical health better.

Emotional and Mental Health: Mean 2.8 (Q11)

Emotional and Mental Health (Risk 8) held a high mean level of risk. Eight of the twelve participants rated it as a three or four.

Themes highlighted were divided into two categories. Those **not in a family environment** ‘Feeling alone’ ‘unloved’ and ‘worthless’ (R1, R3, F2, F3) resulting in ‘self harm’ and ‘attempted suicide’ (R1, R3).

R1:

“I felt so down and alone I started to self harm...I even attempted suicide by taking tablets... think it was a cry for help and that. Even then I only got a lot of attention for a while then they forgot... no one really cared.”

Emphasis is made through looking at those in a family environment:

K1:

“It had no effect, what happened to me before had an affect but not living with my Nan. She helped me that’s all. She couldn’t change what made me sad though.”

The carer helped with the emotional and mental health of the participant; showing that ‘someone cared’, directly opposite to the experiences of residential participants. It could be noted that placements which displayed belonging were at a minimal risk; with those from residential ‘feeling alone’ and ‘uncared for’, providing evidence that the residential placement offers the highest risk in this area.

Other placements displayed negative experiences due to circumstances not caused by the CE, showing **prior experiences** that the CE ‘could not address’ (S3, F1, F2, K2) highlighting the ‘worry of their parents wellbeing’ (F1), ‘feeling neglected’ (F2) and ‘grief’ (K2).

Accounts of the care experience having ‘minimal effect’ on participant’s emotional and mental health were made (R2, S2) with the remaining participants showing ‘no effect’ (K1, K3).

Perception of Self and Others: Mean 2.9 (Q12)

Perception of Self and Others (Risk 9) showed a high mean level of risk. Ten of the twelve participants rated it as a three or four.

The first theme presented for this risk was based on **feelings** ‘no trust’ (R1, R3), ‘no respect’ (R1, R2), ‘no self esteem’ (R1, F1, F2), ‘jealously’ (F3, K2) and ‘feelings of worthlessness’ (R2, F3) were all shown to be heightened by being in care.

The secure participants highlight the **nature of punishment** resulting in further ‘criminal identity’. All placements reflect some sense of negativity.

Thinking and Behaviour: Mean 2.9 (Q13)

Thinking and Behaviour (Risk 10) held a high mean risk, with nine of the twelve participants showing a rating of three or four.

Residential placements showed **direct causes of offending**, highlighting ‘no belonging’ (R1), ‘other criminal residents’ (R1) ‘need to rebel’ (R2) and ‘need for attention’ (R3).

Kinship placements showed influences due to **lack of discipline**, not the actual environment. Remaining participants showed **low expectations** through being ‘labelled as bad’ (F3) **individual choice** of the participant ‘to be bad’ (F2) and the **nature of secure** ‘making them behave’ (S3) as the reasons they rated their experience negatively.

Those in secure commented on how it helped, with ‘influential boundaries’ (S1) ‘reasons to behave’ (S2, S3). It is evident that secure offers less negative influences on behaviour compared to the other placements; although the extent to which it was ‘just to get out’ (S3) and ‘temporarily beneficial’ (S2) shows this placement may not hold be entirely positive.

Attitude to Offending: Mean 2.9 (Q14)

Attitudes to Offending (Risk 11) showed a high mean risk level. Eleven of the twelve participants rated this risk as a three.

The first theme was the environments **direct influence** with residential participants stating 'everyone else' in the home was offending, and secure placements showing 'inevitability' to offend (S2) due to 'criminal identities' (S2,S3).

Lack of discipline was apparent within kinship participants; not relating negative experiences to the CE.

Finally **individual choice** was presented within the foster placements.

F1:

"I knew it was wrong. My carers reinforced this and tried to help me by offering counselling and stuff like that to address my need for drinking and anger. I chose to offend and I knew what I was doing..."

Foster participants drew on the aspect of their own choice, with this participant even showing how their placement attempted to help.

Motivation to Change: Mean 2.8 (Q15)

Motivation to Change (Risk 12) held a high mean risk level. Nine of the twelve participants rated this risk as a three.

Eight of the participants showed no motivations to change their offending behaviour, due to **no incentives** (R1), already being **labelled as criminal** (R3) **temporarily changing** to get out (S3) **crime being the only way** (K3) and **easy to get away with** (F2,F3,K1,K2).

Although the remaining participants stated they were motivated to change, it was 'to be released' (S1) and 'to gain freedom' (F1). The only 'real' motivation to change was shown by a secure participant.

S2:

"Yes, I did. Showed me what happened when you get done for your crime and do your time... Guess I had the intentions to do so, it deffo helps you there."

This was the only participant providing a positive experience of care.

The Risk and Protective Factors Paradigm (Q20 – Q34)

In this part of the interview questions were asked expanding on the previous sections whilst paying attention to theoretical considerations. This section explores the extent to which different types of placements offered vulnerabilities to offending behaviour in regards to their risks or possible resilience to offending in relation to protective factors present.

Risk Factors (Q20 – Q27)

Table 6: Risk Factors Experienced by Each Participant

Participant	R1(Q20) Isolation	R2(Q21) Little Supervision and Discipline	R3(Q22) Low Attachments with Family	R4(Q23) Low Attachments with Others	R5(Q24) Criminal History in Family	R6(Q25) Low Achievement at School	R7(Q26) Truancy	R8(Q27) Poor relationship with Education	Total Risk Factors (out of 8)
R1	x	x	x	x	x	x	x	x	8
R2	x	x	x	x	x	x	x	x	8
R3	x	x	x	x		x	x	x	7
S1					x	x	x		4
S2	x		x	x	x	x		x	6
S3	x		x	x	x			x	5
F1							x		1
F2	x		x		x	x	x	x	6
F3	x	x	x		x	x	x	x	7
K1		x				x	x	x	4
K2	x	x		x		x	x	x	6
K3		x		x	x	x	x	x	6
Total who experienced each risk factor	8	7	7	7	8	10	10	10	

Residential participants held the most risks with other placements show a variety of risk levels. Through looking at the mean risk levels for each placement it gives a clear analysis of what is portrayed as the most and least vulnerable.

Table 7: Mean Risk Factors for Each Type of Placement

Type of placement	Mean Risk Factor* out of a possible 8	Ranking of Risk (Vulnerabilities)
Residential	7.7	1 st
Kinship	5.3	2 nd
Secure	5	3 rd
Foster	4.7	4 th

***Figures rounded to one decimal place**

Looking at the means offers an initial comparison to the information gathered in Table 5. Once again the residential placement offers the highest level of risk and therefore underneath the Risk and Protective Factors Paradigm shows the most vulnerable placement in relation to risk of offending. Kinship shows heightened vulnerability than shown in previous analysis. It therefore is crucial to analyse the risk factors drawing on the reasons why they are present in different types of placements.

Isolation (Q20)

Eight of the twelve participants stated isolation to be a risk, due to **physical isolation**, shown through 'strict rules' (R1), 'being locked up' (S2, S3) and 'distance' (R2, R3) and **emotional isolation**, showing 'feelings of difference' (F3, K2) and 'lack of attachments' (F2).

Little Supervision and Discipline (Q21)

Seven of the twelve participants stated they received little supervision and discipline due to **lack of attention** highlighting 'no one caring' (R3) 'staff ratio too low' (R2) and 'low expectations' of their behaviour (R1, R2). **Softness of discipline** was presented by the remaining participants who rated this as a risk factor (F3, K1, K2, K3).

Low Attachments with Family and Others (Q22 – Q23)

Nine of the twelve participants showed an element of risk in relation to attachments; with five of the participants rating risks in both areas (R1, R2, R3, S2, S3). The consequences of the low attachments were **being alone** (R1, R3, S2, S3, F2, K2, K3) and **low perceptions of self and others**, highlighting feelings of 'low self worth' (S3, F3) and 'no respect to others' (R2).

Criminal History in Family (Q24)

Eight of the twelve participants showed criminal history within their families through **theft** (R1, R2, S1, F3) **assault** (S2, K3) **petty crime** (F2), and **sex offences** (S3).

Education; Low Achievement, Truancy and Poor Relationship with Education (Q25 – Q27)

All participants rated some aspect of education to be a risk; the only risk which was universally experienced in all placements.

Ten of the twelve participants showed risk in Low Achievement through **instability** reflected in the residential participants, **low standards of education** in the secure participants, **no encouragement** being referenced to in F3 and **feelings of difference** for kinship participants.

Two participants noted low achievement due to their **reckless behaviour** (F2, K1). This is interesting as the interpretation of these risks highlight the possible causes of crime; with their accounts showing a contrasting idea that crime caused the low achievement.

Ten of the twelve participants showed truancy to be a risk factor; due to **reckless behaviour** (F2, K3) **poor relationship with education** (R2, F3, K3) and **feelings of difference** (R1, R3, K2, K3).

Poor Relationship with Education was a prominent risk with ten of the twelve participants holding this risk factor, the themes emerged through low achievement and truancy was also present for this risk factor.

Protective Factors (Q28 – Q34)**Table 8:** Protective Factors Experienced by Each Participant

Participant	P1(Q28) Positive Attitude to Schooling	P2(Q29) Achievement at School	P3(Q30) Positive Attachments	P4(Q31) Encouragement and Guidance	P5(Q32) Supervision and Discipline	P6(Q33) Recognition and Praise	P7(Q34) Expectations from Others	Total Protective Factors (out of 7)
R1					x			1
R2								0
R3					x			1
S1			x	x	x	x	x	5
S2				x	x	x		3
S3			x	x	x	x	x	5
F1		x	x	x	x	x	x	6
F2		x	x	x	x	x	x	6
F3			x		x	x		3
K1			x	x		x	x	4
K2			x			x		2
K3			x			x	x	3
Total who experienced each protective factor	0	2	8	6	8	9	6	

Protective factors were present in all participants except R2. Residential showed the most risks within this theory (Table's 6 and 7) also showed the lowest protection; with R1, R3 only recording one protective factor. The remaining placements show variations of protection. Through looking at the mean protection levels for each placement, clear analysis shows the most and least resilient.

Table 9: Mean Protective Factors for Each Type of Placement

Type of placement	Mean Protective Factor out of a possible 7	Ranking of Protection (Resilience)
Foster	5	1 st
Secure	4.3	2 nd
Kinship	3	3 rd
Residential	0.7	4 th

***Figures rounded to one decimal place**

Foster placements show the highest level of protection; with a mean of five. This is interesting as this theory suggests these participants experiences offered resilience to offending. Whilst it is evident that all participants committed crime; it is useful to look at the individual aspects of these protective factors and how they affected experiences in care. This will allow an exploration on issues that would suggest that the different type of CEs may not be criminogenic or alternatively add evidence to the risk factors if protective factors are not offered.

Education; Positive Attitudes and Achievement (Q28 – Q29)

No participant showed a positive attitude to schooling, unfortunately due to the interview schedule (Appendix F); reasons were not asked. This will be drawn upon in the evaluation of the methodology (Chapter Five). Two of the twelve participants held educational achievement with nine GCSE's (F1) and five GCSE's (F2); with the other placements not experiencing this protection.

Positive Attachments (Q30)

Eight of the twelve participants experienced positive attachments. This is alarming as both risk factors relating to attachments were shown to be a risk for nine of the twelve participants. Positive attachments were administered through **family** (S1,F1,F3,K1,K2,K3), **carers/social workers** (S3,F1,F2) and **friends** (F3). Residential participants held both risks on attachment and no protection of positive attachments.

Positive Influences from Others; Encouragement and Guidance, Supervision and Discipline, Recognition and Praise and Expectations (Q31– Q34)

Eleven of the twelve participants reported positive influences from others. Half of the participants stated Encouragement and Guidance as a protective factor; **carers** (F1, F2, K1) and **social/ key workers** (S1, S2, S2) offered this support. All residential participants stated they did not have this protection due to **low expectations**.

Supervision and Discipline was a protective factor for eight of the twelve participants. **Both supervision and discipline** was shown in secure and foster participants and **only supervision** for residential participants. The only protective factor reflected in any of the residential participants was limited; both stating inadequate discipline. Through this protective factor being an overall judgement it is difficult to conclude an overall analysis, this is considered in conclusions of this thesis (Chapter Five).

Recognition and Praise was the highest positive influence; nine of the twelve participants held this protective factor with the exception of residential participants. **Carers** provided this protection; with those in residential stating **lack of attention** and **negative attention** explaining their absence of protection. Expectations were present within half of the participants; with good **levels of expectations** (S1, S3, F1, F2) and **low standards** (K1, K3). Where expectations were absent, reasons highlighted **no educational expectations**; only emphasis on 'being good' (R1, S2, F3, K2).

Vulnerabilities and Resilience (Q20 – Q34)

The Risk and Protective Factors Paradigm illustrated the extent to which different placements offer risk and protective factors. Risk factors are highlighted to cause vulnerabilities to offending; with the protective factors being associated to offer some resilience. Although it is evident that all participants committed crime; it is interesting to see the extent to which the paradigm reflects the placements possible vulnerabilities and resilience; thus showing the differences in the criminogenic nature of each placement. Looking at the risk and protective factors together establishes the extent to which each type of placement either holds more risk factors (vulnerabilities) or more protective factors (resilience) to offending.

Table 10: Risk V's Protective Factors: Does the placement present vulnerabilities or resilience to crime?

Participant	Amount of Risks Factors out of a possible 8 (Vulnerabilities)	Amount of Protective Factors out of a possible 7 (Resilience)	Vulnerabilities or Resilience
R1	8	1	Vulnerabilities
R2	8	0	Vulnerabilities
R3	7	1	Vulnerabilities
S1	4	5	Resilience
S2	6	3	Vulnerabilities
S3	5	5	Neutral
F1	1	6	Resilience
F2	6	6	Neutral
F3	7	3	Vulnerabilities
K1	4	4	Neutral
K2	6	2	Vulnerabilities
K3	6	3	Vulnerabilities

Residential participants showed more risk factors than protective factors; offering no resilience. Resilience is portrayed in S1 and F1 highlighting their possible protection from crime, showing less criminogenic experiences than residential placements. The most resilient was F1, possessing one risk and six protective factors and were least exposed to criminogenic influences.

Those who are 'vulnerable' show that they are in an environment which is deemed to be criminogenic within this paradigm; with the residential placement being the most criminogenic. Those who are 'neutral' (possessing a balance of risk and protective factors) or 'resilient' are not seen to be criminogenic; the foster placement being the least criminogenic.

Control Theory (Q35 – Q44)

It is important to see the extent to which different CEs offer the four social bonds; attachment, commitment, involvement and belief that deter individuals from crime. Residential placements offered no social bonds with the other placements offering at least two elements of the social bonds. The strength of these bonds varied, therefore further analysis is needed.

Attachment (Q35 – Q38)

Eight of the twelve participants held attachment as a bond. The **amount of placements** had a direct influence on the Attachments formed and Stability; those with 'little/no movements' (S1, S2, F1, F2, K1, K2, K3) holding this bond and those with the 'most amount of placements' failing to hold this bond. Only one participant stated having Sensitivity to Others; those who did not hold this element of attachment showed **lack of strong attachments** leading to having 'no one to let down' (R1, R2, R3, S2, S3, F3). **Good attachments** and **stability** allowed participants to hold respect for carers (S1, F1, K1, K2, K3).

Commitment (Q39 – Q40)

Four of the twelve participants held Commitments, all stating they were committed to **education** (S1, S3, F1, F2) although the secure participants stated the **environment** led them to 'having to commit'. Those who did not hold commitment presented themes of **low expectations** (R3, F3, K2), **criminal involvement** (R3, K1, K2), **instability** (R1, R2) and **no interest** (R2, S3).

Involvement (Q41 – Q42)

With nine of the twelve participants holding an element of involvement, it is the most common social bond experienced by all the participants; except residential who were absent of any bonds. Involvement in day to day activities were apparent due to **having no choice** (S1, S2, S3, F1, F2); therefore not a conscious decision. Lack of involvement was due to **health and safety** (R1, R2, R3) and **no boundaries** (K1, K2)

Table 11: A Summary of Participants Experiences of the Four Social Bonds (A= Attachment C= Commitment I= Involvement B = Belief)

Participant	A1(Q35) Attachments to Family and Friends	A2(Q36) Stability	A3(Q37) Sensitivity to Opinion of others	A4(Q38) Respect for Carers	C1(Q39) Commitments in General	C2(Q40) Commitments to norms	I1(Q41) Involvement in day to day activities	I2(Q42) Involved in conventional activities	B1(Q43) Belief in rules	B2(Q44) Respect rules	Bonds experienced*
R1											None
R2											None
R3											None
S1	x	x		x	x		x	x	x	x	All Bonds
S2		x					x	x			Attachment Involvement
S3				x	x		x	x	x	x	All Bonds
F1	x	x	x	x	x	x	x	x		x	All Bonds
F2	x	x			x	x	x	x		x	All Bonds
F3								x		x	Involvement Belief
K1	x	x		x				x			Attachment. Involvement
K2	x	x		x				x			Attachment Involvement
K3	x	x		x				x		x	Attachment Involvement Belief
Total who experienced each Social Bond	6	7	1	6	4	2	5	9	2	6	

*If any aspect of the A, C, I or B's were present there is evidence of the Social Bond.

Education was the main involvement in conventional activities; with all except F3 noting education being an aspect of their lives. Although this administers a social bond; only F1 and F2 rated their education to be at a high level. Boundaries to involvement in employment were due to **criminal records** (R1, R3).

Belief (Q43 – Q44)

Half of the participants held belief as a social bond due to a need for **boundaries** making references to serious crimes. Those who did not believe rules stated how they **ignored them** (R1, R2, F1, F2, K1), **didn't protect them** (R3, K2) and need to **rebel for attention** (R2,R3)

Table 12: A Summary of Participants Life Chances: Identifying Available Means (M) and Goals (G)

Participant	M1(Q45) Education	M2(Q46) Employment	M3(Q47) Financial Security/Aided into Adulthood	M4(Q48) Illegal Means	G1(Q49) Ability to fulfil Aspirations	G2(Q50) Ability to live life legally	Summary
R1				x			Means: criminal activity
R2				x			Means: criminal activity
R3				x			Means: criminal activity
S1				x			Means: criminal activity
S2				x			Means: criminal activity
S3				x	x		Means: criminal activity, demonstrating goals in education
F1	x	x	x	x	x	x	Had all means available, chose to use illegal means, held both goals
F2	x	x	x		x	x	Held all means, held both goals.
F3				x		x	Means: criminal activity, held one goal.
K1	x	x	x		x	x	Held all means and goals
K2				x			Means: criminal activity
K3				x			Means: criminal activity
Total amount of participants who experienced each means/goals	3	3	3	10	4	4	

Anomie and Strain Theory (Q45 – Q50)

The extent to which the CE allows individuals to have or develop the means to achieve their goals is crucial as it is evident that those who have limited means may be pushed into offending. Through identifying the CEs affects on life chances, it offers possible conclusion into the extent to which different types of placements may hinder life chances; pushing them into crime.

Illegal means were prominent; with only three of the twelve participants feeling the CE offered them the ability to have life chances through education (M1) employment (M2) and financial security (M3). Four participants stated they had the ability to fulfil their aspirations, with similar accounts for the ability to live life legally. Only foster and kinship placements offered life chances to be available through legal means. Although this summary offers initial accounts of criminogenic factors, it is beneficial to look at the means and goals independently referring to the justifications of participant's judgements.

Means (Q45 – Q48)

There was a clear importance of Education; with those who did not hold this mean only having illegal means. Only three of the twelve participants held this mean and all emphasised it being their **own choice** (F1, F2, K3) to not fulfil their capabilities. Placement types had key themes reflecting this restricted mean; **no discipline** (K2, K3), **instability** (R1, R2, R3) and **low educational levels** (S1, S2, S3).

Employment was restricted due to **lack of education** (F3, K2, K3) **feelings of difference** (R2) and **criminal identities** (R1, R3, S1, S2, S3). Financial security was shown through **practical assistance** (F1, F2, K1) with the remaining stating how the CEs provided **insufficient funds**. Criminal involvement was evident due to **insufficient funds** (S3, F3, K2, K3), **substance use** (R1, R3, F1, K1), **excitement** (R2) and **criminal peers** (S1, S2).

Goals (Q49 – Q50)

Four of the twelve participants held a goal related to **education** (S3) and **employment** (F1, F2, K1). Those who did not have the ability to fulfil their aspirations were due to **criminal records**. Those with the ability to live legally referenced the 'difficulty' of doing so; those who didn't possess this aspect reflecting **poor education** and **criminal records** to be the hindrances.

Overall Opinions about the Care Experience (Q51 – Q55)**Table 13:** Participants General Opinions on the Care Experience

Participant	Most Negative experience in relation to Offending Behaviour(Q51)	Positive Aspects of Care Experience(Q52)	Effect of Care Experience on Offending Behaviour(Q53)	What would help the CE in relation to offending behaviour(Q54)	Other Comments(Q55)
R1	Living with criminals, No one caring, instability	Safety, physically looked after well	Worse	Higher Staff: Resident ratios	
R2	Not being with family	Safety, material needs met	Worse	Change residential placement	Higher expectations
R3	No one caring	Safety	Worse	More love/emotional attention	
S1	Living with criminals	Lowered risks	No effect(Own Choice)	Follow up after secure	
S2	Criminal influences	Punishment	Worse	Look at why you offend	Follow up to stop reoffending
S3	Lack of emotional support	Safety, stability, routine	Better	Emotional support	Follow up to stop reoffending
F1	Own choice	Safety, love	No effect(Own Choice)	Counselling	Not due to all placements
F2	Not being with family, Own choice	Safety	No effect(Own Choice)	Seeing family	Own choice
F3	Isolated, alone, lost	Safety, comfort	Worse	Care, support	Need to look at futures
K1	No discipline, lifestyle	Love, support	No effect(Own Choice)	Help for carers	
K2	No money/discipline	Love, security	Worse	Help for carers, more kinship care	More financial help
K3	No punishment	Love, safety	No effect(Own Choice)	Financial help for carers	

Negative aspects are reflected through **criminal influences** (R1,S1,S2) **lack of attachments, care and support** (R1,R2,R3,S3,F2,F3) and **limited discipline** (K1,K2,K3). This was also reflected in the participant's perceived areas of improvement for the CEs in relation to offending behaviour with additional areas of more **practical help for carers** and **follow up care** after leaving care. Positive aspects of the care experience are shown through **safety** and **practical comforts** in all placements, with **love** only being shown in kinship and foster placements.

Half of the participants stated their care experience made their offending 'worse', with only one stating it made it 'better'. The remaining participants stated that their experiences had 'no effect' and made reference to it being their **own choice**; a concept that will be discussed in the final chapter.

It is evident that different analysis offers different representations on the types of CEs and their possible criminogenic influences. Discussion of these results will be presented in the next chapter; showing an overview of the research findings in relation to the theories examined whilst drawing together the findings of this research with secondary data.

Chapter Five

Discussion, Conclusions and Implications

Summary

This chapter begins by assessing the evidence derived from both the literature review on young people from different types of CEs and their criminal involvement, and the primary research into the extent to which different CEs are criminogenic. The evidence is assessed in relation to the theories investigated and the extent to which they are present in the research participants' experiences. The chapter moves on to outline the overall conclusions of this thesis along with a brief evaluation of the methodology. The thesis ends by considering the implications for future research.

Introduction

Analysis of the existing research on statistics of criminal involvement, care experiences; theoretical perspectives and primary research shows a strong evidence base for the contributing criminogenic factors of different CEs. Key issues identified were: instability, attachment, access to and achievement in education, transitions into adulthood and criminal influences within the care environment. These issues provide an indication about the areas of focus for interventions to reduce crime levels within the care leaving population.

Discussion

A review of relevant literature

Government monitoring shows that children who were looked after for more than a year, are two and a half times more likely to be convicted of a crime or subject to a final warning compared to their peers (DfES, 2008a). Research highlights the protective factors against offending and the criminogenic experiences of these elements within care.

Stability protects individuals from offending (Mendes & Moslehuddin, 2004); yet three quarters of care leavers have frequent changes in care and hold great 'instability' (Ward & Skuse, 2001).

Attachments to significant others enables resistance to offending (Taylor, 2006) 'Lack of attachments' is connected to instability and changes of placement and is frequently referenced to in research for all placements except kinship care (Home Office, 2004).

The importance of education in deterring offending is evident (Hayden, 2007) 'Low aspirations and expectations' (Jackson & Simon, 2006) 'high levels of truancy' and 'exclusion' (DH, 2003) and 'lower educational achievement' (DfES, 2008) were highlighted in research of those in care. The legacy of poor educational achievement is apparent in 'high rates of unemployment' for care leavers (Dixon & Stein, 2005). With research reflecting the importance of employability reducing crime (Hayden, 2007); the initial problems in education and its effect on employment offers concerns for those leaving care and their potential participation in offending.

Transitional support into adulthood is highlighted to protect individuals from crime (Stein, 2008). It is evident that those leaving care are 'not offered the support' they need (Stein, 2006) 'transitioning earlier' (Osterling & Hines, 2006) and are 'absent of emotional support' (Taylor, 2006).

The care experience was highlighted to be diverse with different outcomes for each placement, some being more subjected to the criminogenic influences of the CE. Residential care was highlighted to be a reoccurring theme in offending behaviour (Taylor, 2006). The literature highlighted many problems within this placement; 'low educational attainment', 'lower attendance', 'living with criminals', 'alienation', 'disruption', 'lack of attachment', 'high placement movements' and 'high staff turnover' (Home Office, 2004; Taylor, 2006). Evidence suggested that the placement itself was a direct cause to offending, thus highly criminogenic (Sinclair & Gibbs, 1998).

Secure placements present particular criminogenic influences. Research showed 'living with criminals' resulted in more expertise in offending (Goldson, 2002) and 'higher rates of recidivism' (Home Office, 2006). With other research concluding evidence of better attitudes to schooling, stronger relationships and no life chances being reduced (Bullock *et al*, 1998). Although change is apparent in some research accounts, it is shown only to be effective when heavily supervised within the unit (Harrington *et al*, 2005). There are areas of criminogenic influences, although compared to residential placements it holds more positive experiences.

Kinship placements are generally viewed as the most preferred type of placement (Broad *et al*, 2001) with long term foster care that provides an alternative to family life also protecting individuals from crime (Taylor, 2006). Kinship and foster care are seen as offering good insights on how improvements can be made within the care system (Holland *et al*, 2005). There were aspects of kinship related to risk, being more likely to be 'poorer' (Flynn, 2000) due to less financial support (Richard & Tapsfield, 2003). The criminogenic nature of these placements was not highlighted to be of concern.

Analysis of the primary research

Evaluation of Risk Ratings

It is evident through Table 4 that all placements held medium to high levels of risk, with residential offering the highest level and kinship offering the least. Eleven of the twelve assessed mean risks were above 2.4 (of 4) reflecting the riskiest areas to be the participants 'lifestyles', 'living arrangements', 'family and personal relationships' and issues to do with 'thinking', 'perceptions' and 'behaviour'. In contrast the lowest mean area of risk was physical health (1.8).

The risks were paramount; Table 14 identifies the extent to which these risks were present due to criminogenic influences in the different CEs or alternative influences.

Table 14: Main Themes* Highlighted in Each Type of Placement

Type of Placement	Risk 1 Living Arrangements	Risk 2 Family and Personal Relationships	Risk 3 Education, Training and Employment	Risk 4 Neighbourhood	Risk 5 Lifestyle	Risk 6 Substance Use	Risk 7 Physical Health	Risk 8 Emotional and Mental Health	Risk 9 Perception of self and others	Risk 10 Thinking and Behaviour	Risk 11 Attitudes to Offending	Risk 12 Motivation to Change
Residential	<i>Instability</i>	<i>Low Attachments</i>	<i>Instability Lack of Encouragement</i>	<i>Isolation</i>	<i>Criminal Friends</i>	<i>Influences in placement</i>	Good Health	<i>Feeling Alone and Unloved</i>	<i>Low Self Esteem</i>	<i>No Belonging, Need for Attention and Criminal Influences</i>	<i>Criminal Influences</i>	<i>Criminal Identity</i>
Secure	<i>Living with Criminals</i>		No Disruptions Good Education	<i>Isolation</i>	<i>Criminal Friends</i>	Did not use Substances	Good Health	<i>Criminalised</i>	<i>Criminal Identity</i>	Had to Behave	<i>Criminal Identity</i>	
Foster	Stability	Strong Attachments		<i>Isolation</i>	<i>Criminal Friends</i>	Prior Experiences	Good Health	Prior Experiences	<i>Low Self Esteem</i>		Individual Choice	<i>Lack of Discipline</i>
Kinship	Stability	Strong Attachments		<i>Isolation</i>	<i>Criminal Friends Insufficient funds</i>	<i>Lack of Discipline</i>	Good Health	Prior Experiences	<i>Jealousy</i>	<i>Lack of Discipline</i>	<i>Lack of Discipline</i>	<i>Lack of Discipline</i>

**Criminogenic Themes* of the placement are presented as italic bold, with the remaining not reflecting the CE to influence their behaviour and therefore 'not criminogenic'. Some responses did not indicate clear themes so have been omitted from this final table.

Residential placements possess the most criminogenic influences; with eleven of the twelve assessed risks relating to the CE. Interestingly although foster placements did not hold the lowest mean level of risk, it is evident that in relation to the CEs influences; only four of the twelve reflect criminogenic influences of the placement.

The remaining placements showed a more varied interpretation of the CE; some aspects reflecting criminogenic influences of their experiences in care with other areas not related to the CE. It is therefore beneficial to discuss the evidence in relation to the theories investigated in order to conclude the extent to which the CEs are criminogenic or if in fact there are alternative explanations adding emphasis on the CEs not being criminogenic.

Theoretical Conclusions

Eleven of the participants showed reflections of at least one theory, with seven providing evidence of all three. The Risk and Protective Factors Paradigm offered the most accurate explanation for the criminogenic influences of the CEs, drawing on the vulnerabilities to offending the participants possessed due to high risk factors and limited protection in ten of the twelve participants.

Through exploring the theoretical explanations, a further explanation emerged. 'Individual agency' was present in five of the participants, with F1 not experiencing evidence of any criminogenic influences established through the theoretical explanations. Agency highlights the freewill, competence and self efficacy possessed by individuals to make choices (Hitlin & Elder, 2007). 'Choice is part of the human condition, its content contained in the subjective experiences of the person emerging in and through social process' (Barnes, 2000; Stryker & Vryan, 2003:4). This addresses the 'Agency Vs Structure' debate, suggesting offending is not necessarily due to CE and provides evidence that individuals chose to commit crime, rather than the CE being criminogenic.

The final table highlights the theoretical explanations for offending and reflects the extent to which they provide evidence of the criminogenic influences of the CEs.

Table 15: An Overview of the Theoretical Explanations for the Participants Offending Behaviour

	Risk and Protective Factors Paradigm (Q20– Q34) Vulnerabilities or Resilience	Does the Risk and Protective Factors Paradigm offer explanations for a criminogenic CE?	Control Theory (Q35 –Q44) Social Bonds Held	Does Control Theory offer explanations for a criminogenic CE?	Anomie and Strain Theory (Q40 - Q50) Means Available	Does Anomie and Strain Theory offer explanations for a criminogenic CE?	Explanations present for discussion	Alternative Explanations
R1	Vulnerabilities	Yes	None	Yes	Means: criminal activity	Yes	All three	No
R2	Vulnerabilities	Yes	None	Yes	Means: criminal activity	Yes	All three	No
R3	Vulnerabilities	Yes	None	Yes	Means: criminal activity	Yes	All three	No
S1	Resilience	No	All Bonds	No	Means: criminal activity	Yes	Anomie and Strain Theory	Individual agency
S2	Vulnerabilities	Yes	Attachment, Involvement	Yes to some extent	Means: criminal activity	Yes	All three	No
S3	Neutral	Yes to some extent	All Bonds	No	Means: criminal activity, demonstrating goals in education.	Yes	Risk and Protective	No
F1	Resilience	No	All Bonds	No	Had all means available, chose to use illegal means, held both goals.	No	None	Individual agency
F2	Neutral	Yes to some extent	All Bonds	No	Held all means available, held both goals.	No	Risk and Protective	Individual agency
F3	Vulnerabilities	Yes	Involvement, Belief	Yes to some extent	Means: criminal activity, held one goal.	Yes	All three	No
K1	Neutral	Yes to some extent	Attachment, Involvement	Yes to some extent	Held all means and goals	No	Risk and Protective, Control Theory	Individual agency
K2	Vulnerabilities	Yes	Attachment, Involvement	Yes to some extent	Means: criminal activity	Yes	All three	No
K3	Vulnerabilities	Yes	Attachment, Involvement, Belief	Yes to some extent	Means: criminal activity	Yes	All three	Individual agency

The Risk and Protective Factors Paradigm

Ten of the twelve participants did not show resilience to offending, seven of whom presented vulnerabilities with the remaining showing what can be seen as a 'neutral' situation due to the balance of risk and protective factors. This type of analysis was found to be relevant in most cases.

Table 10 highlighted the different placements levels of vulnerabilities and resilience to crime: residential and kinship care was shown to be the most criminogenic CEs. Resilience was relatively rare.

One of the risks evident in CEs was high levels of 'isolation' with those in residential and secure showing 'physical isolation' and foster and kinship emphasising 'emotional isolation', evidently the CE is reflected to heightened risks by not providing the participants with the integration they require physically and the emotional needs they require to resist offending.

'Low attachments' were evident within all CEs, reflecting consequences of 'feeling alone' and 'holding no respect'. All placements with the exception of kinship reflected lack of attachments with families which are vital to resist offending, it is not clear if attachments could be available, but it is evident that the CEs produce a criminogenic influence that is crucial to deter them from crime. Finally 'education' was affected due to 'instability' 'low expectations' and 'no encouragement', this also reflects the CE to not provide the initial stability that encourages carers to form interest in the children looked after.

It is important to note the limitations of this theory holding individualistic explanations of offending, often not able to provide a complete and accurate explanation of offending generally (Farrington, 1996; Sutherland *et al*, 2005). Thus it must be acknowledged that the extent to which the CEs are deemed criminogenic is focused on individual's experiences, not on the environment universally.

Anomie and Strain Theory

Interviews with nine of the twelve participants reflected Anomie and Strain Theory; highlighting life chances to be hindered by the CE.

Table 12 highlighted residential and secure placements to be the most criminogenic; with all participants not having the conventional means to adopt non-offending lifestyles. Kinship and foster placements reflected conflicting interpretations, with some participants holding all of the conventional means, referencing 'individual agency' to be an alternative explanation, thus showing the CE not to hold criminogenic influences.

Restrictions of the conventional means of 'education' were linked to the type of CE; residential referenced 'instability', secure 'low educational levels' and kinship 'no discipline'. With education being a vital means to enhance life chances and resist offending, all placements with the exception of foster presented criminogenic influences. The foster participant not holding this mean, stated it was their 'own choice' and not a consequence of the CE. 'Unemployment' was directly related to the legacies of 'low education achievement' providing conclusive effects of the criminogenic restrictions to life chances evident in the CEs, leaving nine of the participants only possessing illegal means.

A crucial limitation found within this analysis was the extent to which the restriction of conventional means resulted in offending or the criminal records the participants possessed affecting their ability to hold these means. It is important to acknowledge that this theory is based on consensus beliefs that we all share the same goals (Durkheim, 1964). Emphasis is made within this theory to explain the goals of material goods and offers explanations of offending such as stealing. It does not offer explanations of all offending, which the other theories offer.

Control Theory

Interviews with eight of the twelve participants reflected control theory; reflecting the CE not providing the four social bonds that protect individuals from offending.

Table 11 highlighted variations in the criminogenic nature of the placements; with all residential participants not holding any of the social bonds, thus informing it to be the most criminogenic. The remaining placements offered at least two bonds, with four participants from secure and foster highlighting possession of all bonds and offering alternative explanations of their offending to be reflected due to 'individual agency'.

'Stability' was evidently the most prominent indicator of the ability to form social bonds. Those with 'instability' failed to form 'attachments' with the legacies of instability causing 'low educational achievement', 'low expectations' (restricting commitment and involvement within education) and 'criminal involvement' (restricting belief in rules). It is evident that movements need to be kept to a minimum in order to give individuals the potential to hold these bonds. Although kinship held stability 'lack of discipline and boundaries' restricted their social bonds with the exception of attachment, reflecting the carers inability to provide discipline needed to encourage commitment and involvement within education and belief in resisting offending.

Control theory offers a sound explanation of offending behaviour for residential and kinship placements, but it must be noted that it is an individualistic concept that assumes human impulses need to be controlled (Hirschi, 1969).

Criminogenic Placements

Residential placements present the most criminogenic influences, with all participants providing evidence of all the theories and no evidence of 'individual agency'. Kinship is shown to be the second most criminogenic placement, with theoretical evidence of criminogenic influences being displayed within the high vulnerabilities to crime and the lack of all social bonds to deter them from offending. Although conflicting evidence displayed through Anomie and Strain Theory; it is evident that life chances were affected in two of the three participants. Although there are clear illustrations of criminogenic influences, two of the participants noted 'individual agency' as an alternative explanation, showing evidence of their offending also being reflected through their choices.

Secure offers contrasting evidence of the criminogenic influences; with one participant displaying resilience to offending and two cases highlighting all social bonds. Life chances of all the participants were shown to be affected by the CE, providing evidence of criminogenic influences. The remaining theoretical considerations were not reflected at a high level, reflecting this placement to not hold the criminogenic influences that residential and kinship offer.

Foster placements reflect the least criminogenic placement with one participant displaying resilience to offending and two highlighting all social bonds. What allows foster to be seen as the least criminogenic is through the effects on life chances; two of the three participants that experienced all of the conventional life chances to deter them from offending were from foster placements. Evidently two of the three participants stated 'individual agency' to be an explanation of the offending, one of which offered no criminogenic influences established through the theories examined. This key finding suggests that this placement offered an illustration of no criminogenic influences; directly opposite to the residential placement who offered evidence in every case of a highly criminogenic environment.

Conclusions

The literature highlights concerning levels of 'instability' displaying the interconnections between 'low attachments', 'low educational achievement' and 'high rates of unemployment'; 'living with criminals', 'lack of emotional support' and 'early transitions' all reflecting criminogenic influences. Residential care was shown to be the most criminogenic CE, through the high levels of these influences reflecting direct causes of offending. Secure offered different evidence of 'criminal influences', with those in kinship and foster care showing the least criminogenic influences. The latter CEs are often referred to as how CEs should be (Holland *et al*, 2005).

Analysis of the evidence using key theories showed residential care to be the most criminogenic reflecting 'isolation', 'criminal influences' and 'instability' causing 'low attachments' 'lack of encouragement' and 'low education achievement and legacies into unemployment'. Kinship care in this study showed heightened criminogenic influences compared with secure and foster placements; a finding contrasting to those examined in the literature reviewed. These participants reflected high concerns about 'lack of discipline' and 'insufficient funds'. These criminogenic influences can offer further explanation of the potential problems of kinship care, due to being poorer and having older carers (Richard & Tapsfield, 2003).

Secure care presented experiences of 'living with criminals', 'low levels of education', 'isolation' and 'instability' but presented fewer criminogenic influences compared with residential and kinship care. Foster placements were the least criminogenic holding lower levels of the themes presented and the highest level of choice explained through 'individual agency'.

Literature focuses on the CEs criminogenic aspects, neglecting alternative influences on behaviour. It is evident through the analysis in this thesis that alternative explanations can be made, drawing on 'prior experiences' and a theoretical concept of 'individual agency'. Although it is evident that residential placements are highly criminogenic with no alternative explanations, the remaining interviewees in the study saw their offending as not exclusively caused by the CE.

The risk of offending within this thesis shows areas of concern within all CEs, with residential care being the most in need of intervention. Corporate parents are shown to be failing their duties through the evidence of the interconnection between 'instability' in placements and the strong connection with 'low attachments' and 'low educational achievement'.

Availability of long term placements is evidentially a problem within the care system, presenting hindrances to placement planning to ensure 'stability'. Foster parents have been replaced with 'foster carers', today's care system is increasingly becoming professionalised, and 'attachment' to the children is not encouraged within any placement with the exception of kinship.

The very nature of secure care presents the key problem of 'living with criminals', hence the development of alternatives such as remand foster care. Kinship care evidently offers protection through high levels of continuity, love, stability and attachments (Schofield, 2003), but faces criminogenic influences of 'insufficient funds' and 'lack of discipline'. Interventions need to ensure that kinship carers are provided with the same provisions as non kinship foster carers.

Legislation is aiming to prevent the criminogenic influences presented. *Choice Protects* (2002) acknowledges that movements within placements should be kept to a minimum avoiding 'instability', *CLCA 2000* and *The Children Act 2004*, aims to ensure that provisions prevent 'low educational achievement', 'high rates of unemployment', 'early transitions' and 'lack of support'. It may be some time before these aims are made a reality. It should be noted that the participants in the current research were in care prior to the full implementation of the above legislation. It is possible that more positive experiences may be found in future research.

Evaluation of Research Methodology

Gaining access to the required number of research participants and building the rapport necessary to undertake these interviews was a particularly successful aspect of this study. Nevertheless, although the interview schedule was piloted, limitations were apparent. The questions exploring the protective factors of education (Q28, Q29) failed to ask reasons for which the protection was available, resulting in incomplete analysis. Another problem was found within the protective factors, Q32 showed 'supervision and discipline'. Numerous participants reflected only one of these protective factors (i.e. supervision *or* discipline).

A key issue apparent is the repetitive nature of the interview schedule. It was evident that many themes of offending were explored within the risk ratings and the theoretical considerations. However, this did mean that answers were verified during the process of the interview, enhancing the reliability of the findings.

Implications for Future Research

This thesis presents evidence for the criminogenic influences of CEs; further research is needed to identify the extent to which the CEs actually *heighten* criminogenic influences.

Conducting the same study with a cohort consisting of those who have been in care and those who have not, would allow an analysis of the extent to which those in care have *heightened* risks compared to their peers. This would offer a comparison of the extent to which these risks are apparent for those who have not experienced being in care.

Not all experiences in care equate to offending; only nine percent of those in care have a record of offending in a year (DfES, 2008a). This thesis looked at the extreme cases of offending within the care system. To adopt a comparative study on those who have been in care and have not offended, would allow a more conclusive examination of the different CEs criminogenic influences.

Finally, adopting the same study with a cohort of looked after children post *CLCA 2000* would allow an examination into the realities of the provisions provided and allow a full analysis of the extent to which the interventions equate to protection from offending.

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*All Three Sections of the Interview Schedule and participants ratings and responses are included. All names were changed to protect confidentiality and are not referred to within the thesis.

NOTE: this dissertation includes very long appendices; including the full transcript of interviews.

These transcripts are useful in illustrating the connection between data collected and thesis written.

It is acknowledged that most theses at this level would not include this level of detail

APPENDIX A

Literature Review - Search Strategy

Broad topic area

- Care System, Care environments(Residential, Secure, Foster and Kinship) Local Authorities as ‘corporate parents’ and Criminal/ Offending behaviour, Theoretical considerations

More specific focus/ question(s)

- Establishing the extent to which different types of CE may be criminogenic.
- Review social care and criminology literature on offending behaviour and children who have been in care
- Establishing the relationship between the care system and how it could explain criminal behaviour in care leavers.
- To explore theoretical explanations of offending that could explain criminogenic influences of the care environments.
- To investigate and analyse official sources to provide the background context of care leavers and their offending behaviour, addressing its extent and seriousness.
- To review the research evidence about care leavers’ experiences within different types of placements and their possible relationships to becoming involved in crime.
- To explore existing literature and national statistics on care leavers and criminal behaviour, highlighting the specific situation of care leavers.

Seminal texts and key authors

Broad, B. (2005). *Improving the Health and Wellbeing of Young People Leaving Care*. Lyme Regis: Russell House

Broad, B., Hayes, R. and Rushforth, C. (2001). *Kith and kin: Kinship care for vulnerable young people*. York: Joseph Rowntree Foundation/National Children’s Bureau.

Durkheim, E. (1964). *The Division of Labour in Society*. New York: Free Press.

Farrington, D. (1996). *Understanding and Preventing Youth Crime*. York: York Publishing Services Ltd/ Joseph Rowntree Foundation.

Gilligan, R. (2001). *Promoting Resilience*. London: British Agencies for Adoption and Fostering.

Hayden, C. (2007). *Children in trouble: the role of families, schools and communities*. Basingstoke: Palgrave Macmillan.

Hirschi, T. (1969). *Causes of Delinquency*. Berkeley: University of California Press.

Jackson, S. (2006). Looking after children away from home: Past and present. In E.Chase, A. Simon and S. Jackson (Eds) *In Care and After: A positive perspective* (pp. 9 – 25). London: Routledge.

Rutter, M., Giller, H., Hagell, A. (1998) *Antisocial Behaviour by Young People*, ambridge: Cambridge University Press.

Stein, M. (2006). Research Review: Young people leaving care. *Child and Family Social Work*, 11, 273 – 279.

Stein, M. (2008). *Young People Leaving Care* Highlight no 240. London: National Children's Bureau.

Taylor, C. (2006). *Young People in Care and Criminal Behaviour*. London: Jessica Kingsley Publishers.

Key words/search terms used

- Crim* Care system
- Crim* Care Leaver
- Crime and Looked After Children or Care Leavers
- Criminal behaviour and Looked After Children or Care Leavers

Timescale

Theory non specific time line, research from 2000 onwards

Bibliographic databases

Databases used:

- CSA (Cambridge Scientific Abstract)

Journals

- American Sociological Review
- British Journal of Social Work
- Child Abuse and Neglect Child Abuse Review
- Child and Adolescent Social Work Journal
- Child and Family Social Work
- Child Care in Practice
- Child Development
- Children and Society
- Children and Youth Services Review
- Criminology
- Criminal Behaviour and Mental Health
- European Journal of Social Work
- International Journal of Social Welfare
- Journal of Adolescence
- Journal of Child Psychology and Psychiatry
- Journal of Social Work
- Pastoral Care in Education
- Social Work Education
- Sociological Review
- Youth Justice

Websites

- www.britsoc.com
- www.homeoffice.com
- www.jrf.org.uk
- www.nacro.org.uk
- www.youthjusticeboard.gov.uk

- www.esrcsocietytoday.ac.uk
- www.crimereduction.gov.uk
- www.nationalstatistics.gov.uk
- www.uncjin.org
- www.statistics.gov.uk
- www.soc.surrey.ac.uk
- www.centrepoint.org.uk

Other

- Commission for Social Care Inspection
- Crown Prosecution Service (CPS)
- Department of Education and Skills (DfES) outcomes indicators , publications and website
- Department of Health (DH) publications and website
- Joseph Rowntree Foundation
- National Association for the Care and Resettlement of Offenders (Nacro)
- National Children's Bureau Highlights
- Who Cares? Trust
- Youth Justice Board (YJB) ASSET

APPENDIX B

Acts of Parliament and Other National Policies (Chase, Simon and Jackson, 2006: Appendix)

The Poor Law (1834) was introduced as a measure to tackle poverty and remove homeless people from the streets. Poor people were accommodated in workhouses, clothed and fed, and children received some basic education. In return they would have to work for several hours each day.

Infant Life Protection Act (1872) made it law that any person who took in and looked after two or more children under one year of age for more than twenty four hours for payment had to be registered by the local authority.

Adoption of Children Act (1926) introduced a legal framework for adoption and formalised adoption arrangements for the first time.

Children and Young Persons Act (1933) defined neglect and abuse with regard to children and young people, regulated children's employment and introduced the prosecution of children in England and Wales for homicide and other grave offences.

Education Act (1944) raised the school – leaving age to 15 and provided universal free schooling in three types of schools: grammar, secondary modern and technical. Entry to these schools was based on the 11+ examination.

Children's Act (1948) established a children's committee and a children's officer in each local authority. It followed the creation of the Parliamentary Care of Children Committee in 1945 following the death of 13 year old Dennis O'Neill at the hands of his foster parents.

National Assistance Act (1948) abolished the old Poor Law and provided assistance to persons whose resources were insufficient to meet their needs. Distinctions between different groups of persons in need were replaced by a single system of national assistance administered by the National Assistance Board.

Children and Young Person's Act (1963) enabled local authorities in England and Wales for the first time to spend money on preventive measures to keep children with their families.

Children and Young Person's Act (1969) integrated services for children in need under local authority control in England and Wales. Its provisions were replaced by the Children Act 1989 which came into force in October 1991.

Local Authority Social Services Act (1970) established local authority social services departments in England and Wales. These combined the former children's, health and welfare departments.

Children Act (1975) was designed to make it easier for children to be freed for adoption without their parents consent. It also introduced a new category of 'custodianship' intended to give greater security to foster parents. However, its provisions were contingent on the availability of resources with the result that it was never fully implemented.

Children Act (1989) reformed the law relating to children and their families and adopted the rights of the child as a fundamental principle. It emphasised the child's welfare as paramount and enjoined courts not to impose a care order unless it was in the interests of the child to do so.

Children (Scotland) Act (1995) brought together different areas of law affecting children such as family, child care and adoption law. Its emphasis was on child centred principles based on the United Nations Convention on the Rights of the Child.

Children (Northern Ireland) Order (1995) based on the 1989 Children Act (England) placed new responsibilities on local authorities to protect and promote children's welfare and to prepare children's service plans.

Quality Protects (1998) was part of a wider strategy to address social exclusion, and in particular aimed to improve serviced for children in local authority care and those leaving care through local authority management action plans.

Children (Leaving Care) Act (2000) ensured that children and young people accommodated by local authorities under the Children Act (1989) were provided with due care and support during their transition from care up until the age of 21 years or 24 if in full time education.

Care Standards Act (2000) was introduced to ensure that the care of vulnerable people (including young people) in different types of supported housing was properly regulated, improve care standards and introduce consistency in the regulation of social care and independent health services.

Adoption and Children Act (2002) modernised the legal framework for domestic and inter country adoption and introduced a new legal order, special guardianship, offering legal permanence for children for whom adoption is not suitable.

Choice Protects (2002) was launched to improve outcomes for looked after children by providing a degree of placement stability and giving children and young people and their families' greater choice over their placements.

Children Act (2004) provides the legislative framework for improving children's lives and cover both universal services, accessed by all children, and targeted services for those with additional needs. It aims to encourage the integrated planning, commissioning and delivery of health, social care and educational services.

APPENDIX C

Letter to Waves Community Centre

Kimberley Marsh

XXXXXXXXXX

RE: Gaining participants for research on the 'To what extent are different types of care environment criminogenic'

Dear XXXX,

I am writing to follow up our telephone conversation on 03/02/08. As you aware I am a student at the University of Portsmouth undertaking an MSc Degree in Criminology and Criminal Psychology. From my voluntary work at the centre, I was fortunate to meet some individuals who inspired my research study to look into the extent different types of care environments may be criminogenic.

I am now looking for twelve participants who have experienced being in care, preferably three from each of these care environments: Residential, Secure, Foster and Kinship. I would be extremely grateful if you could circulate the information sheet at your centre,

It includes the aims of the research, why the research is worth doing, what the interview involves and confirmation of the confidentiality of the research.

I have included my contact information that you can distribute to interested persons. I am extremely grateful for your initial interest and hope that participants can be gathered from the centre to enable me to carry out the research.

I would also like to take this opportunity to confirm the arrangements made on the phone regarding access to the centre, if all goes to plan and twelve participants are gathered I would need a room in the centre for around an hour for each interview; equalling twelve hours. As we discussed using the centre could prove to be more appealing than an outside location.

If you require confirmation that I am doing the research as a student from the University of Portsmouth you can contact my supervisor **Dr Carol Hayden** on 023 9284 5554 or carol.hayden@port.ac.uk .

Once I have received confirmation from yourself and interest in the research from potential participants I will be in touch to finalise dates/times in which to carry out the research.

Thank you in advance

Yours Sincerely

Kimberley Marsh

0778XXXXXXXXXX

XXXXXX@hotmail.com

APPENDIX D

Information Sheet

Research Title: 'To what extent are different types of care environment criminogenic?'

What is the research for? The above research dissertation is for part fulfilment of an MSc in Criminology and Criminal Psychology Degree at The University of Portsmouth.

What is the aim of the research? The aim is to evaluate the evidence about the extent to which different types of care environments may be criminogenic. The extent and seriousness of care leavers offending behaviour will be analysed through existing research and official statistics; highlighting the specific situation of care leavers versus the general population. Interviews will be carried out to explore experiences of care leavers within different types of placements and explanations for criminal behaviour. With the existing research and the information gathered through the interviews for this piece of research; attempts will be made to examine the extent to which criminological, sociological and psychological theory may provide evidence to suggest that certain care environments may be criminogenic.

Why is the research worth doing? Young people leaving care are one of the most disadvantaged groups in society and unfortunately this is reflected in their participation in crime. Prison Statistics show that 41 percent of people in custody had at some point in their lives been in care. This is reflected year after year and has generally been taken as a given. To explore the way in which different care environments maybe criminogenic will highlight reasons why there is heightened criminal behaviour instead of purely highlighting the predominance of it. It is vital that your voices are heard to enable insights of your experiences; if certain types of placements hold the possibility of heightening criminal behaviour then these needs to be addressed to show possible implications of developments within social care policy. Young people should have a far more positive and supportive experience of care and afterwards.

What does the Interview involve? The interview consists of three sections:

- The first is formed in a brief questionnaire style; you can fill it in or ask the researcher to do it. It consists of **basic information about yourself**, type(s) of placements you have experienced and details of any criminal behaviour.
- The second part focuses on **aspects of life in care**. You will be asked to judge 12 aspects of life in care and how important they may have been in relation to criminal behaviour.
- The final part will consist of asking **open questions**, following up information given in the previous two sections. It will allow key risks addressed in section two to be discussed, whilst asking further questions on them and surrounding issues. With your permission I would like to record this part of the interview.

Confidentiality The information you give in this interview is confidential. That means you will not be named or made identifiable in the way the research is written up. All names will be changed and you have the right to withdraw at any time or request that any information you give during interview is not used in the final report.

If you are happy to take part in this study we would like you to complete the research consent form.

If you have any questions about the research or require a copy of the final report, please contact myself **Kimberley Marsh on 07884310832 or kimberley.a.marsh@hotmail.com**.

If you want to check that I am doing this research as a student of the University of Portsmouth you can contact my supervisor **Dr Carol Hayden on 023 9284 5554 or carol.hayden@port.ac.uk** .

Thank you for taking the time to read this.

APPENDIX E

Consent Form (Confidential)

Research Title: 'To what extent are different types of care environment criminogenic?'

1. Have you read the information sheet highlighting the aims of the research and your requirements as a participant? Yes No
2. Have you had the opportunity to ask any questions about what the research will involve? Yes No
3. Have you received enough information about this study? Yes No
4. Do you understand that you are free to withdraw from this study:
 - At any time? Yes No
 - Without having to give a reason for withdrawing? Yes No
5. If needed, are you aware that Waves Community Centre will offer assistance in any emotional, mental or practical problems brought to light through this research? Yes No
6. Do you agree to take part in this study? Yes No

Types of Placement experienced:

Name:

Participant Signature:

Date:

Researcher Signature (Kimberley Marsh, University of Portsmouth):

Date:

APPENDIX F

Interview Schedule

Name:

Type of Placement:

Section 1 – About you/ Background

General

Age:

Sex:

Ethnicity:

What are you doing now? (Education, training, employment)

Time in care

Age at first placement:

Time spent in care (years/months):

Number of placement(s):

Type(s) of placement:

Offending Behaviour

Number of Offences:

Of which were cautions?

Of which were convictions?

Type of offence(s) committed:

Name:

Type of Placement:

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Name:

Type of Placement:

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1 Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Q2a) Could you tell me what it was like growing up/spending time in care?

b) How do you think this compares with children growing up at home with their parents?

Q3 Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Questions from Section 2

You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1. Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Q5 Risk 2. Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Q6 Risk 3. Could you give a brief description of your educational experiences (e.g. change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards? Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Q7 Risk 4. Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Q8 Risk 5. How do you feel your general lifestyle was whilst in care, e.g. friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Q9 Risk 6. Did you misuse substances before you were in care? Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Q10 Risk 7. Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Q11 Risk 8. What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Q12 Risk 9. Was your perception of yourself and others affected by your care experience?

Q13 Risk 10. What was your behaviour like whilst in care? (towards other young people, staff, and other adults) What were your attitudes to life? How did the placement influence your behaviour?

Q14 Risk 11. Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Q15 Risk 12. Did you feel motivated to change whilst in care? If so, how? If not, why?

Q16 Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Q17 Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Q18 Do you feel your situation may have been different if not in care?

Q19 If so why?

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 **R1** Do you feel that you were isolated whilst being in care? If so why?

Q21 **R2** Do you feel you received little supervision and discipline? If so why?

Q22 **R3** Did you hold low attachments to your parents/family? How did this affect you?

Q23 **R4** Did you hold low attachments with others, e.g. peers? How did this affect you?

Q24 **R5** Did your family have a history of criminal activity? If so what?

Q25 **R6** Did you have low achievement in school? Why do you feel this was?

Q26 **R7** Did you play truant from school? If so why?

Q27 **R8** Did you have a poor relationship with the educational system? If so why?

Q28 **P1** Do you feel you held a positive attitude to schooling?

Q29 **P2** Did you achieve at school?

Q30 **P3** Did you hold positive attachments with people? If so who?

Q31 **P4** Did you have encouragement and guidance for positive achievements, e.g. educational achievement? If so, who from?

Q32 **P5** Did you receive supervision and discipline, if so who from?

Q33 **P6** Did you receive recognition and praise for your positive actions?

Q34 **P7** Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Control Theory and Social Bonds

Q35 **A1** Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Q36 **A2** Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Q37 **A3** Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Q38 **A4** Did you hold respect for your carers/family/close network? Please give details of your answer.

Q39 **C1** Were you committed to anything in particular whilst in care, e.g. education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Q40 **C2** Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. achieving at school, planning for the future? Did your carers help or hinder this at all?

Q41 **I1** Did you involve yourself in day to day activities whilst in care? (E.g. washing up, cooking, cleaning) Please illustrate your answer.

Q42 **I2** Have you whilst in care/after care been involved in conventional activities?

School/Education/Training?

Employment?

Hobbies?

Q43 **B1** Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Q44 **B2** Do you respect the legal rules attributed to people's actions including your own? E.g. believe in punishment for the protection of others. Please give reasons for your answer.

Anomie and Strain

Q45 **M1** Do you feel the care system allowed you to achieve your full potential in relation to educational achievement? Did you have the potential to fulfil your capabilities? Did the care experience restrict life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Q46 **M2** Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs? Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.

Q47 **M3** Are you financially secure now? Were you aided in your transition to adulthood?

Q48 **M4** Do you feel you committed any offences to gain anything otherwise not easily available to you? Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Q49 **G1** What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Q50 **G2** Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Summary

Q51 What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Q52 Positively, what do you feel the care experience offered?

Q53 Did the care experience make things better or worse in relation to your offending behaviour?

Q54 What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Q55 Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.

Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.

APPENDIX G

Explanations of Risk Factors (Youth Justice Board, 2008)

Risk 1 - Living Arrangements

- Who you have been living with; Mother ,Father, Step-parent, Foster carer/s, Sibling/s, Grandparent/s, Other family, By self, Partner, Own child(ren),Friend/s, Residents of home or institution ,Other/s
- Suitability of living conditions; does not meet his/her needs (e.g. overcrowded, lacks basic amenities).Deprived household (e.g. dependent on benefits, entitlement to free school meals)
- Living with known offender/s
- Absconding or staying away (e.g. ever reported as missing person)
- Disorganised/chaotic (e.g. different people coming and going)
- Other problems (e.g. uncertainty over length of stay).

Risk 2 - Family and Personal Relationships

- Contact with: Birth mother, Birth father ,Adoptive parent/s, Step-parent ,Foster carer/s, Grandparent/s, Sibling/s, Partner, Own child(ren), Other family ,Other significant adults (e.g. neighbour, family friend),Other/s
- Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in criminal activity
- Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in heavy alcohol misuse
- Evidence of family members or carers with whom the young person has been in contact over the last six months being involved in drug or solvent misuse
- Significant adults fail to communicate with or show care/interest in the young person
- Inconsistent supervision and boundary setting
- Experience of abuse (i.e. physical, sexual, emotional, neglect)
- Witnessing other violence in family context
- Significant bereavement or loss
- Difficulties with care of his/her own children
- Other problems (e.g. parent with physical/mental health problem, loss of contact, acrimonious divorce of parents, other stress/tension).

Risk 3 - Education, training and employment

- Engagement in education, training or employment (ETE):Mainstream school, Special school, Pupil referral unit, Other specialist unit, Community home with education, Home tuition, Work experience, Full time work, Part time work, Casual/temporary work Unemployed, New Deal, Pre-employment/life skills training, College /further education, Other training courses
- Educational attainment: any educational qualifications? Vocational/practical qualifications? Difficulties with literacy? Difficulties with numeracy? Difficulties caused by a severe lack of English language skills?

- Other factors relating to engagement in ETE: Negative attitudes towards ETE, Lack of attachment to current ETE provision (e.g. wants to leave, cannot see benefits of learning) Bullied, Bullies others, Poor relationships with most teachers/tutors/employers/colleagues, Negative parental/carer attitudes towards education/training or employment, Other problems (e.g. frequent changes of school/educational placement, school is unchallenging/boring, disability, lack of stable address meaning difficulties securing work, no money to buy books/tools/equipment).

Risk 4 - Neighbourhood

- Obvious signs of drug dealing and/or usage
- Isolated location/lack of accessible transport
- Lack of age-appropriate facilities (e.g. youth clubs, sports facilities)
- Racial or ethnic tensions
- Other problems (e.g. lack of amenities such as shops or post office, opportunities to sell stolen goods, red-light district, tension between police and local community).

Risk 5 - Lifestyle

- Lack of age-appropriate friendships
- Associating with predominantly pro-criminal peers
- Lack of non-criminal friends
- Has nothing much to do in spare time
- Participation in reckless activity
- Inadequate legitimate personal income
- Other problems (e.g. gambling, staying out late at night, loneliness).

Risk 6 – Substance use

- Use of: Tobacco, Alcohol Solvents (glue, gas and volatile substances e.g. petrol, lighter fuel), Cannabis, Ecstasy, Amphetamines, LSD, Poppers, Cocaine, Crack, Heroin, Methadone (obtained legally or illegally), Tranquilisers or Steroids
- Sees substance use as positive and/or essential to life
- Noticeably detrimental effect on education, relationships, daily functioning
- Offending to obtain money for substances
- Other links to offending (e.g. offending while under influence, possessing/supplying illegal drugs, obtaining substances by deception).

Risk 7 - Physical health

- Health condition which significantly affects everyday life functioning
- Physical immaturity/delayed development
- Problems caused by not being registered with GP
- Lack of access to other appropriate health care services (e.g. dentist)
- Health put at risk through his/her own behaviour (e.g. hard drug use, unsafe sex, prostitution)

- Other problems (prescribed medication, binge drinking, obesity, poor diet, smoking, hyperactivity, early or late physical maturation).

Risk 8 - Emotional and Mental health

- Coming to terms with significant past event/s (e.g. feelings of anger, sadness, grief, bitterness)
- Current circumstances (e.g. feelings of frustration, stress, sadness, worry/anxiety)
- Concerns about the future (e.g. feelings of worry/anxiety, fear, uncertainty)
- Diagnosis of mental illness
- Affected by other emotional or psychological difficulties (e.g. phobias, eating or sleep disorders, suicidal feelings not yet acted out, obsessive compulsive disorder, hypochondria).
- Deliberate self harming
- Attempted suicide.

Risk 9 - Perception of self and others

- Difficulties with self-identity.
- Inappropriate self-esteem (e.g. too high or too low).
- Mistrust of others.
- See yourself as a victim of discrimination or unfair treatment (e.g. in the home, school, community, prison).
- Display discriminatory attitudes towards others (e.g. race, ethnicity, religion, gender, age, class, disability, sexuality).
- Perceive yourself as having a criminal identity.

Risk 10 - Thinking and behaviour

- Hold a lack of understanding of consequences (e.g. immediate and longer term outcomes, direct and indirect consequences, proximal and distal consequences)
- Impulsiveness
- Need for excitement (easily bored)
- Giving in easily to pressure from others (lack of assertiveness)
- Poor control of temper
- Inappropriate social and communication skills
- Destruction of property
- Aggression towards others (e.g. verbal, physical)
- Sexually inappropriate behaviour
- Attempts to manipulate/control others.

Risk 11 - Attitudes to offending

- Denial of the seriousness of his/her behaviour
- Reluctance to accept any responsibility for involvement in most recent offence/s
- Lack of understanding of the effect of his/her behaviour on victims (if victimless, on society)
- Lack of remorse
- Lack of understanding about the effects of his/her behaviour on family/carers
- A belief that certain types of offences are acceptable
- A belief that certain people/groups are acceptable 'targets' of offending behaviour
- Belief that further offending is inevitable.

Risk 12 - Motivation to change

- Hold an appropriate understanding of the problematic aspects of his/her own behaviour
- Shows real evidence of wanting to deal with problems in his/her life
- Understands the consequences for him/herself of further offending
- Has identified clear reasons or incentives for him/her to avoid further offending
- Shows real evidence of wanting to stop offending
- Will receive positive support from family, friends or others during any intervention
- Is willing to co-operate with others (family, YOT, other agencies) to achieve change.

APPENDIX H

Youth Justice Board ASSEST Risk Assessment

(Baker, Jones, Merrington & Roberts; 2005:19)

Score out of 48	0 - 8	9 - 14	15 - 23	24 - 32	33 +
Risk of Offending and/or re offending	Low	Low - Medium	Medium	Medium - High	High

APPENDIX I

Pilot Interview

Name: Dale*

Type of Placement: Foster

Section 1 – About you/ Background

General

Age: 19

Sex: Male

Ethnicity: British

What are you doing now? (Education, training, employment) Employed

Time in care

Age at first placement: 14

Time spent in care (years/months): 2

Number of placement(s): 2

Type(s) of placement: 2 x Foster

Offending Behaviour

Number of Offences: 2

Of which were cautions? 1

Of which were convictions? 1

Type of offence(s) committed: 1x Shoplifting 1x Assault

Section 2 – The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the 'Explanations of Risk Factors' for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1. Living arrangements	1	2	3	4
2. Family and Personal relationships	1	2	3	4
3. Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Living Arrangements and Personal Relationships.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Physical Health

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

If I lived with dad (NB Mum had passed away, resulting in being out in care).

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Dale: I was put into care when my mum passed away, spent six months in one carers place then I was put into another one... as I went on the rampage.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Dale: Crap.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Dale: Can't be compared... it is nothing like it.... nothing like it at all.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Dale: I was angry and lost. I had started going off the rails when mum became ill.... she was ill for two years... so ummm that would have made me be about twelve when I started to misbehave. I just couldn't deal with seeing her like it. I didn't really break the law that much back then as I respected her and didn't want to let her down... but now she is gone I got nothing to lose or gain really.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Dale: Two stuffy twats.... never had kids of their own and were weird. Lived in a nice house though so I suppose it could have been worse.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Dale: Yeah... I never realised my dad didn't care about me. When mum died he never went to get custody of me... he said I would be better in care... sorry better off in care. I still saw my friends and that though.

Q6 Risk 3.

Interviewer: **Could you give a brief description of your educational experiences** (e.g. change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) **whilst in care and any further training and employment afterwards? Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?**

Dale: I went to Wey Valley School, and then got suspended at thirteen when mum got really ill. I hated the teachers as they treated me differently to everyone else. I did sit my exams though so I could get a job, work in labouring.

Q7 Risk 4.

Interviewer: **Please give a brief description of the location** (i.e. where it was; town, city, rural or urban area, near home/long way away) **of your main placement and how this affected your life if at all?**

Dale: It was just down the road to where me and mum lived. In the town so I like had loads of my mates living in just a few streets down from me... that was what kept me going.

Q8 Risk 5.

Interviewer: **How do you feel your general lifestyle was whilst in care, e.g. friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?**

Dale: It was ok... I was just a normal lad... doing things all my friends did.

Q9 Risk 6.

Interviewer: **Did you misuse substances before you were in care?**

Dale: Not really just a bit of weed but that's not really hardcore... I mean my mates Nan smokes it for god's sake!

Interviewer: **Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.**

Dale: Did a few e's and a bit of Charlie. I guess I felt different and that so I did it to feel good...everyone does that for that reason.

Q10 Risk 7.

Interviewer: **Could you briefly describe your physical health whilst in care? Was this affected by the care environment?**

Dale: It was ok. Was ill when I was ill, nothing to do with the foster parents.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Dale: It wasn't the experience that made me sad, but my mum dieing... even if I had fitted in it would have been the same.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Dale: Not really.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Dale: Not that good I didn't respect anyone or anything really.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Dale: Had a bit of a bad attitude... just thought about having fun and being stupid. My placement, well they were so stuffy that I wanted to just wind them up as they were pricks.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Dale: I knew it was wrong and they certainly reinforced that but made me feel as if i needed to rebel.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Dale: No as I didn't care what they thought.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Dale: Not being with my family as I would have respected them.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Dale: My health as I was looked after in that sense.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Dale: Yes.

Q19

Interviewer: If so why?

Dale: As I said before I would have respected my mum if she was here or any other my family.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: Do you feel that you were isolated whilst being in care? If so why?

Dale: No not really.

Q21 R2

Interviewer: Do you feel you received little supervision and discipline? If so why?

Dale: I received too much!

Q22 R3

Interviewer: Did you hold low attachments to your parents/family? How did this affect you?

Dale: The one person who I loved to bits was my mum and now she gone I'm not really attached to anyone, makes me feel a bit shitty to be quite honest.

Q23 R4

Interviewer: Did you hold low attachments with others, e.g. peers? How did this affect you?

Dale: I had good friends so no that's not what it was like.

Q24 R5

Interviewer: Did your family have a history of criminal activity? If so what?

Dale: No.

Q25 R6

Interviewer: Did you have low achievement in school? Why do you feel this was?

Dale: Well got myself a few exams, as I didn't like my teachers they treated me differently.

Q26 R7

Interviewer: Did you play truant from school? If so why?

Dale: Yeah as I hated it.

Q27 R8

Interviewer: Did you have a poor relationship with the educational system? If so why?

Dale: Yes as I hated it... the teachers were pricks.

Q28 P1

Interviewer: Do you feel you held a positive attitude to schooling?

Dale: No.

Q29 P2

Interviewer: Did you achieve at school?

Dale: Not really.

Q30 P3

Interviewer: Did you hold positive attachments with people? If so who?

Dale: Yes my mates.

Q31 P4

Interviewer: Did you have encouragement and guidance for positive achievements, e.g. educational achievement? If so, who from?

Dale: No, they were too busy telling me off... not that I achieved much anyway but that not the point.

Q32 P5

Interviewer: Did you receive supervision and discipline, if so who from?

Dale: Loads from my carers but it was too much made me worse as I couldn't breathe.

Q33 P6

Interviewer: Did you receive recognition and praise for your positive actions?

Dale: Not really.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Dale: No as I was only noticed for bad reasons.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Dale: There was no one in my family was in contact really. But my friends were close to me, had the same group of mates all through my life.

Q36 A2

Interviewer: **Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.**

Dale: Not really sure as I did get moved... can't really answer that. Sorry is that ok?

Interviewer: That's fine, could you tell me who you were attached too?

Dale: My mates.

Q37 A3

Interviewer: **Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.**

Dale: No as I didn't respect them.

Q38 A4

Interviewer: **Did you hold respect for your carers/family/close network? Please give details of your answer.**

Dale: No as they were pricks... my carers I mean.

Q39 C1

Interviewer: **Were you committed to anything in particular whilst in care, e.g. education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.**

Dale: No as I wasn't interested I just wanted to be with my mates and be stupid and that.

Q40 C2

Interviewer: **Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. achieving at school, planning for the future? Did your carers help or hinder this at all?**

Dale: No. I think they were too strict and paid no attention to me even when I was going to school. So maybe they did like hinder it for me.

Q41 I1

Interviewer: **Did you involve yourself in day to day activities whilst in care? (E.g. washing up, cooking, cleaning) Please illustrate your answer.**

Dale: I took the dog for a walk and groomed it, I liked doing it and I got paid so that was cushty.

Q42 I2

Interviewer: **Have you whilst in care/after care been involved in conventional activities?**

School/Education/Training?

Dale: Got a few GCSE's.

Interviewer: **Employment?**

Dale: I am a labourer.

Interviewer: **Hobbies?**

Dale: No.

Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Dale: No as they were forcing me to behave like an angel with no room for mistakes, they were so controlling.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. believe in punishment for the protection of others. Please give reasons for your answer.**

Dale: Well if I was a dirty pervert or something then yeah but I hardly abused or killed anyone.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Dale: No.

Interviewer: **Did you have the potential to fulfil your capabilities?**

Dale: No.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Dale: Yes as no one cared if I was doing well, just had ago at me. I gave up trying for them as I hated them.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Dale: Well I have a job so that's not really a major problem, but I could have had a choice in what I did.

Interviewer: Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.

Dale: Well now I have a record I can't really get another job, whether that was due to care I don't know, but I am guessing it is.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Dale: Well I make a bit of money yeah. I wasn't helped at all really I just got a place from the care team then after I came out I got a job and that.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Dale: Yes I stole and my assault was when my friends were stealing. So yes I guess I did.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Dale: Yes. I can't really pin point it, but I know that the way they were with me made me worse.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Dale: Don't really have any, just to be comfortable that's about it.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Dale: Yes I think I do now, I have learnt my lesson the hard way.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Dale: Not being with my family or anyone that cared.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Dale: Safety and comfort I suppose.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Dale: Worse.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Dale: I really am not sure.

Q55

Interviewer: Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.

Dale: No that's all I got to say.

Interviewer: Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.

APPENDIX J

Full Transcript of R1 (Residential 1)

Name: Ayesha*

Type of Placement: Residential

Section 1 – About you/ Background

General

Age: 20

Sex: Female

Ethnicity: Afro Caribbean

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 11

Time spent in care (years/months): 7 years

Number of placement(s): 6

Type(s) of placement: 2 x foster (11 – 12 and 12 – 14) 4 x residential

Offending Behaviour

Number of Offences: 5

Of which were cautions? 3 – Drunk and disorderly, fighting and stealing.

Of which were convictions? 2 – Assault and Possession of cannabis

Type of offence(s) committed: As above

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: Known offenders in residential home, didn't misbehave when with two previous foster placements. Great instability.

Risk 2: Didn't see family, dada was absent and mum got put in prison then never bothered on her release.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 4: Areas lived in were always nice.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Nothing helped.

Would have: Stability and less people around that misbehaved.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience.

Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Ayesha: Yeah certainly, I was in care for seven years. Went into care at the age of eleven as my mum was put into prison and had no other family member who wanted to help. I was initially put into a foster placement where I stayed a year, then at twelve I went into another one until I was fourteen. That placement went really well indeed, but then the family moved away and didn't take me away with them. I was gutted, felt like being abandoned all over again. So I was dumped into a residential place. I ended up going to four of them as I started to misbehave after being in that kind of environment. I ran away misbehaved and all. It was in summary an absolute living nightmare.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Ayesha: Really bad. Every time I got settled in myself I got moved.. It mucked me right up. Didn't know if I was coming or going. It hit me really hard after I got moved from my successful foster placement, all the disruptions just happened again.. Just didn't know what was happening.

b) Interviewer: How do you think this compares with children growing up at home with their parents?

Ayesha: Totally different, I mean what normal person's mum goes to prison. It doesn't happen every day. It was just a total nightmare.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Ayesha: Well I offended a hell of a lot. Like I got away with an awful lot. But if we are talking about cautions and convictions.. Are we?

Interviewer: Yes please, if you feel comfortable with that.

Ayesha: Well cautions were for drunk and disorderly or whatever you call it when I was fourteen, fighting at fifteen and stealing. It was for attention I think and I had no one to let down.

I think it might have been for attention maybe. Things got worse and after I left the last home I was convicted of possession of drugs and assault. I think this was because I was rock bottom and that. Drugs got my name out there and earn me money.. Good job I didn't get done for dealing (Laughs).

Questions from Section 2

***Interviewer:* You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.**

Q4 Risk 1.

***Interviewer:* Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?**

Ayesha: It was awful. Words cannot describe what it was like.. What it is like to be left by your mum then to get settled and moved around again. I behaved well before I went into the dumping ground.. It all started going downhill in there. No one loved me, I was just another misfit bunged in there. There was so much chaos and that going on in the residential placements. I do not think a day went by without the police coming out.

Q5 Risk 2.

***Interviewer:* Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?**

Ayesha: Well my mum went into prison so that was screwed up.. I did visit her a few times but it made me sad. So social workers and carers stopped them. Never had a dad and as for friends every time I got close to them I moved somewhere else.

Q6 Risk 3.

***Interviewer:* Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?**

Ayesha: My education was good until I was fourteen, then moved so many times at the time I should have been settled. Got myself expelled so had home tuition. No one gave a crap what I was doing, was really really bad, no one cared. Employment ...umm none at all.

***Interviewer:* Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?**

Ayesha: The constant instability and being bunged in other homes when got a bit hard to handle. I couldn't concentrate knowing I would probably be moved again even if I did work hard like I had in my foster placement. Things just happen I guess but it mucked up my education. Worried too much that's all.

Q7 Risk 4.

***Interviewer:* Please give a brief description of the location (i.e. for example where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?**

Ayesha: well I had loads but all of them were in nice areas.. but were really far away from my friends I did still have.

Q8 Risk 5.

***Interviewer:* How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?**

Ayesha: It was crappy. I started hanging out with kids from the homes as I couldn't see my old friends. I copied them, starting bunking and that. No one even noticed. That was the start of all my bad behaviour. We used to get so bored we would start trouble that kind of thing,, that was our spare time.

Q9 Risk 6.

***Interviewer:* Did you misuse substances before you were in care?**

Ayesha: Not before residential homes I didn't

***Interviewer:* Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.**

Ayesha: Everyone was doing drugs and drinking so I started to fit in. After a while I started dealing.. it was all kinda umm easy to do. People respected me as they relied on me for drugs.

Q10 Risk 7.

***Interviewer:* Could you briefly describe your physical health whilst in care? Was this affected by the care environment?**

Ayesha: Not too good at all, abortions... I had two. I Was sleeping around and all that and being careless. I couldn't talk to my careers about having sex as they would have had ago.. they never understood me in any situation. Self harm and drinking came next. Yes it was affected by the care system, I had been rejected so many times it wasn't even funny. No one gave a shit for me after my foster placements so why should I look after myself.

Q11 Risk 8.

***Interviewer:* What affect if any, did your care experience have on your emotional and mental health? Please give examples.**

Ayesha: I felt so down and alone I started to self harm but not silently as you would imagine but for attention. I even attempted suicide by taking tablets... think it was a cry for help and that. Even then I only got a lot of attention for a while then they forgot.. no one really cared.

Q12 Risk 9.

***Interviewer:* Was your perception of yourself and others affected by your care experience?**

Ayesha: I used to respect peeps but since first home I lost all my respect for others and myself. I had no self esteem or trust. Just existed with no meanings really.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults) What were your attitudes to life? How did the placement influence your behaviour?

Ayesha: I behaved really bad and had a bad attitude.. didn't really care about anyone or anything. It made me feel so uneasy being in those homes.. I had no sense of belonging and they didn't help.. so it made me misbehave for something to do. Also others influenced me to misbehave... think everyone in those homes just cause carnage.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Ayesha: I thought it was ok to offend. I mean my mum did it and so did all the people I had contact with. I was like left with no role models that showed me positive things. The homes were filled with bad people.... if they did it why shouldn't I? That's what I felt.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Ayesha: Nope, there was no incentives. Even if I behaved I would still be stuck in there so I thought I may as well not even bother to behave as it would get me nowhere.

Q16 Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Ayesha: The first one, think it was living situation. I lived with all people who were mucked up and that and were naughty. Until I was subjected to that I behaved as I respected my foster parents.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Ayesha: Risk four, always lived in good areas.. although being so far out forced me to make friends with those in my homes.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Ayesha: Yes

Q19

Interviewer: If so why?

Ayesha: Someone would have loved me like my foster parents did. All I had was shift workers reinforcing it was no family in there. They would say stuff like ' can't wait to go home' and stuff like that. Got me so so upset it was unreal. I wouldn't have gone through that if I had a family.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Ayesha: Yes as there were heavy rules.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Ayesha: Yes well had supervision but discipline was quite low. There were no aims for us to get, as if they already had decided we would be troublesome.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Ayesha: Yes... no one loved me. I knew I was just out for myself.. like I had no one to let down.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Ayesha: Not at first but when went into residential placements I like lost all contact with what I look back on as my good mates. I kept moving so every time I tried to make friends I just lost touch or something happened. I felt alone so started hanging around with other peeps in the home.. this started making me naughtier and that.. you could say criminal.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Ayesha: Yeah my mum committed theft by deception or fraud or something. That's why I got taken away from here.. well not taken away but put into care as she had to go to prison.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Ayesha: Yes as moved school and then expelled at fifteen . I then had this stupid home tuition for my GCSE's. It was all because of me being somewhere one day and then not the next. I only got three GCSE's as everything went wrong at this crucial time. I hate everyone for doing this to me... it made me even worse. I had nothing to keep me focused.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Ayesha: Yes as I was bullied and hated it.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Ayesha: I fell behind and looked really stupid. Everyone put me in the stupid classes I hated that. No one took the time to think I may have been upset.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Ayesha: I hated it.

Q29 P2

Interviewer: **Did you achieve at school?**

Ayesha: No, did that HT thing just got three GCSE's in the main ones. Science I got an E, maths and English I got F's. Hardly worth bothering.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Ayesha: No.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. *for example* educational achievement? If so, who from?**

Ayesha: No they expected minimum from me. No one talked to me about the future and that.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Ayesha: Yes but not good enough discipline. Almost as if they watched but didn't see what was going on. They couldn't have cared enough.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Ayesha: No.. nothing was really noticed. Always something else going on and that. Like there was always trouble they had to deal with so being good wasn't something they had time to address.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Ayesha: No not really. To go to school was their expectations not to do well or anything. I think they expected less than normal parents would, as they would hold an interest. They never cared just wanted to do their shift and to their real families.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Ayesha: No I was distant from everyone.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Ayesha: I was attached to my foster parents to a certain extent I felt like I belonged. It was like a real family, I forgot they got paid as they really cared for me and respected me like I did them. When I went into residential I had no attachment or stability as I kept on getting moved on and that.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Ayesha: No, no one noticed me at all. I couldn't have cared less what anyone thought of me or what I did.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Ayesha: No I hated everyone they all had it in for me.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. for example education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Ayesha: No was so so unsettled. There was no point in getting involved when the whole time I knew I would up and go.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. *for example* achieving at school, planning for the future? Did you carers help or hinder this at all?

Ayesha: I was before I was in the homes. When I moved schools and that then got expelled I couldn't be bothered. I then had HT and they did try and help with it but it was too late as I could only do minimum. If they had done their jobs probably I would have been able to stay at school, they mucked it right up. I couldn't commit to school when I was so worried about where I was moving too next. All of this led me to have zero attention for the future as the present was so bad.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. *for example* washing up, cooking, cleaning) Please illustrate your answer.

Ayesha: Wasn't allowed. Stupid health and safety rules or something. I mean sometimes I would try and be good but I got so bored as I could do nothing in the house. I mean day to day normal life wasn't in there.. I didn't even have a key for god's sake. Was so so weird.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities? Like

School/Education/Training?

Ayesha: three GSCE's

Interviewer: Employment?

Ayesha: Nah I have a record.

Interviewer: Hobbies?

Ayesha: No.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Ayesha: No.. felt as if it was just to make their lives easier. It defiantly wasn't for my umm well being. It was all for a quiet life.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. *for example* believe in punishment for the protection of others. Please give reasons for your answer.

Ayesha: I do now, but at the time didn't even think about them.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?

Ayesha: No.

Interviewer: Did you have the potential to fulfil your capabilities? Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Ayesha: No I was moved around at crucial times and it ruined all my chances of doing well

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?

Ayesha: No.

Interviewer: Do you have the potential to fulfil your capabilities?

Ayesha: No.

Interviewer: Has the care experience restricted life chances? Please explain why you feel this is the case.

Ayesha: Yes it drove me to commit crime, with all those idiots in there it encouraged me. They took away my happiness and replaced it with a life full of bad people. They never acted like parents to me and broke me.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Ayesha: No. Was put into sheltered accommodation and that is when my behaviour got worse. Big spiral that went bad... I started drug dealing more regularly and committed assault which led me to be convicted.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Ayesha: Yes I stole to feed my habits.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Ayesha: Yes it made me worse by teaching me how to do stuff, kind of made it easier for me to do it and justify it. The care experience made me aware of how no one cared so now I know that I don't care at all.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Ayesha: I want a nice house or flat. Now I got a record I will never be able to get them now. I guess I am screwed like screwed over.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Ayesha: I'll try.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Ayesha: Living with a load of crack heads has got to be a major cause and also having no one cared and being moved around I think has well affected me.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Ayesha: Safety, I won't argue about that. I was safe there. Also you were looked after in terms of necessities and that.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Ayesha: Worse as before I was 14 and lived in foster places I was fine. Then went into residential care I was mucked up. It could be my age but I had got through the early teenage years not giving into negative influences, but somehow living in homes mucked it all up.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Ayesha: Residential homes shouldn't be how they are.. like changes need to be made and quickly. If you are putting seven troublesome people in a home together there is going to be more trouble.

Q55

Interviewer: Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.

Ayesha: No.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX K

Full Transcript of R2 (Residential 2)

Name: Luke*

Type of Placement: Residential

Section 1 – About you/ Background

General

Age: 20

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 13

Time spent in care (years/months): 5

Number of placement(s): 3

Type(s) of placement: Residential

Offending Behaviour

Number of Offences: 6

Of which were cautions? 4

Of which were convictions? 2

Type of offence(s) committed:

Cautions – drunk and disorderly, vandalism, stealing and fighting.

Convictions – Assault and attempted arson.

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the 'Explanations of Risk Factors' for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: with other offenders, uncertainty of length of stay (stability). Chaotic and no family.

Risk 2: History of crime in family, no interest from family or love.

Risk 3: Bullied no encouragement and moved schools a lot.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 7: Good health and access to healthcare.

Risk 8: No detrimental effects.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: None.

Would have helped: If people had not have given up on him, needed encouragement and belief.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent types of placement, changes in placement and reasons for any changes?

Luke: I was put into care as I was naughty and my mum had enough of it all... Well that was her excuse. I went into care at the age of thirteen into a home... like a residential home with other people who had been bung in there for all sorts of reasons. I moved three times as my behaviour got worse in there and being naughty turned into getting into trouble with the law.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Luke: Awful, felt like a blinking alien. I was so done in about the whole thing. One minute I was with my mum the next I was with all these weirdoes' crying at night and that.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Luke: Totally different... I mean who has no parents. I mean there is no one with an interest in me at all... parents are supposed to look after you through thick and thin.. Well that's what I thought.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Luke: When I was fourteen I was cautioned for drunk and disorderly cause I was bored. I also vandalised the home I was in for attention and they dobed me in so I got cautioned... that was well out of order of them... if they had given me attention I would not of had to do that. At fifteen I stole and that so I could buy drink as I was bored... leading me to fight as I was drunk and that. So I was so bored and wanted attention I thought fuck it and broke the law and got loads of cautions. Then I was real high time bad boy... I mean I committed assault and attempted arson when I was eighteen and got sent down for a bit. Why did I do that? I do not know think I was angry and destructive... didn't act like a normal person... there was nothing to constrain me or no one to make me think about my actions.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Luke: Very disruptive like I had no stability, with lots of different carers and that. Then there was everyone I lived with... all bad damaged people. All extremely concerning as I was moved loads and that well annoying and frustrating and that. I ran away a lot and I just couldn't handle it. All I can say is I felt I did not belong... it wasn't home.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Luke: Yes I had no contact with my mum or anyone. She put me into care and it was so bad. I just couldn't cope. My dad was in prison so didn't see him. My Nan came and visited me a bit but when I moved to the other side of the county that was it she either was too old to travel or just didn't care enough.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Luke: I had to move schools every time I moved placement and got expelled from two. That like left me in a pupil referral thingy. I got three GCSE's not exactly achieving I don't think. I then went down for bit for attempted arson and assaulting so I couldn't exactly go into training and now no one will want to employ me.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Luke: No one gave a shit about me; no one cared or encouraged me. I mean that was it it was full of disruptions with no positive influences at all.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Luke: It was in the middle of the sticks... actually all of them were. That's why I ran away as I never got to see anyone.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Luke: I had friends but in the end being so far away I got involved with other residents... that was my main fault I think. Well it all got bad through that, I mean my lifestyle got bad. I soon lost my old friends that were from nice families and was surrounded by like others who were as damaged as me and that. Oh yeah so in my spare time I would be so bored I would be stupid... you know like breaking things and that... causing chaos as we called it. Would get drunk and that so our pocket money wouldn't stretch that far... we would all go on the rob to make sure we had our twenty ciggys and bottle of vodka.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Luke: No.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Luke: Yeah when I was fourteen. They were easy to get hold of and everyone was doing them. Think a lot of people done it for attention to be quite honest... including me.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Luke: It was good.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Luke: Not a lot... it was ok like. I suppose looking back I was scared of being moved again as that was what I was used too. Maybe that's why I drank and smoked to forget that.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Luke: Yeah for sure... I felt like umm worthless I think... couldn't give a shit about me or anyone. I never used to be like that but then I lost respect for anyone.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Luke: Bad... except my kinda mates in there. We were on the same side.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Luke: I just wanted excitement and that. Think the homes made me rebel to see if anyone cared... which they didn't... I was so right.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Luke: Knew it was wrong and that. Everyone in the home encouraged me so although I knew it was wrong I still did it. If that makes sense?

Interviewer: Yes that makes perfect sense.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Luke: No... as I did not understand it would wreck my life.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Luke: Risk 1 as it was like the living stuff that made me really fucked up and that. Like the people I lived with made me act worse. When this happened no one gave a shit... by the second and third placement they obviously already decided I was beyond repair or something. There was no real help within who I lived with to stop and that. Think that's it really... overall it was just awful.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Luke: The physical one... can't remember what number it was. It was cause my health was ok and that the whole way through. They always met our health needs and that. Wasn't like neglected in a physical way just emotionally I guess.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Luke: Yep.

Q19

Interviewer: If so why?

Luke: Wouldn't have been bad at school, away from normal life... like so I probably wouldn't have been as bad.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Luke: Yes as I was away from everyone I used to know and love... without sounding gay.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Luke: Yes cause there was little staff for the amount of peeps in there and that. As for the discipline they had already made their mind up in regards to me being bad I think... they gave up on me.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Luke: Yes. It made me have no respect for anyone... if the peep I care about don't give a shit about me... then who have I to let down... no one.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Luke: Yes. It made me feel really alone... I mean I had friends but not proper ones... I had people to chill with and do stuff with... but no one to talk to and that.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Luke: Yes my dad in prison for robbery.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Luke: Yes indeed. I bunked cause of being moved so many times... never fitted in. I was then expelled for that and other stuff so I got put in a pupil referral thingy... I could only then do the basic GCSE's.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Luke: Yes... cause I was a misfit bored and generally hated it. As it got to my last school I just wanted to go get drunk and that rather than be at school... it was more entertaining.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Luke: Yes. Didn't fit in as I said above really... all ended up with me being in referral thing.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Luke: No.

Q29 P2

Interviewer: **Did you achieve at school?**

Luke: No only got three GCSE's.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Luke: No.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. *for example* educational achievement? If so, who from?**

Luke: No.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Luke: No.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Luke: Nope I was always being told off.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Luke: No only to go to school this is hardly an expectation.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Luke: I had no relationships I wasn't close to anyone at all. I had kinda friends but that was it... my carers changed all the time so never got close to them and my family... well what family... although they are alive I don't really have one.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Luke: No. I was moved three times and that to different areas. All stability I had gained was lost every time I moved again.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Luke: Nope had no sensitivity at all. I had no one close to me hence I respected no one so couldn't care less.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Luke: No as I said before.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. *for example* education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Luke: No I was so unsettled. I just thought live for today... I had no focus on the future or consequences and that.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. *for example* achieving at school, planning for the future? Did you carers help or hinder this at all?

Luke: No not all committed. They deffo hindered it as there was no focus on it... it was obviously just a job for them... they weren't interested at all.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. *for example* washing up, cooking, cleaning) Please illustrate your answer.

Luke: No as everything was about health and safety... so stupid so couldn't really get involved even if I wanted to.

Q42 I2

Interviewer: **Have you whilst in care/after care been involved in conventional activities?**

School/Education/Training?

Luke: three GCSE's in a referral place.

Interviewer: **Employment?**

Luke: Nope I am unemployed.

Interviewer: **Hobbies?**

Luke: No.

Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Luke: No I rebelled to all of them.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.**

Luke: No I did as I pleased... it was fun at the time.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Luke: No as they made me unsettled.

Interviewer: **Did you have the potential to fulfil your capabilities?**

Luke: Nope as I was moved around a lot.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Luke: Yes for sure. They moved me around and paid little attention to me and my capabilities or needs... so I bunked now look where I am... a criminal.

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?

Luke: No.

Interviewer: Do you have the potential to fulfil your capabilities?

Luke: No.

Interviewer: Has the care experience restricted life chances? Please explain why you feel this is the case.

Luke: Yes as they ruined me growing up like a normal kid... I felt different and distant and was never settled cause of them like. If they helped then maybe I would be able to get a job as I wouldn't have had a record.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Luke: Not at moment I am not. I was given a grant when I left but that's it.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Luke: Yes.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Luke: Yes as like I had no freedom so wanted excitement so stole stuff and that.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Luke: Don't have any.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Luke: No but I guess I am going to have to.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Luke: Being in residential homes full stop. Everything about them were bad... I mean everything. The most was it being the total absolute difference to a normal family setting everything made me feel like shit.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Luke: Safety and all basic material needs met.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Luke: Worse.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Luke: Residential homes are bad. If I was in another type then I wouldn't be as bad. Why stick troublesome kids all together... it not going to have good results.

Q55

Interviewer: Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.

Luke: There needs to be more positive expectations for people like me. Just cause people slip up it doesn't mean they can't change.

Interviewer: Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.

APPENDIX L

Full Transcript of R3 (Residential 3)

Name: Lisa*

Type of Placement: Residential

Section 1 – About you/ Background

General

Age: 19

Sex: Female

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 8

Time spent in care (years/months): 9

Number of placement(s): 6

Type(s) of placement: Residential

Offending Behaviour

Number of Offences: 3

Of which were cautions? 2

Of which were convictions? 1

Type of offence(s) committed: Cautions – Stealing and Vandalism. Convictions – Assault

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: Ran away as it was filled with problem children. Every misbehaved and there weren’t enough staff.

Risk 2: Family and Personal Relationships were gone as mum hit her and dad sexual abused her.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 7: Physical health was always good.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

If there was interest in the individual.

Security and stability (Uncertainty over stay so better living arrangements).

Having a sense of belonging with a family.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Lisa: Yes of course that's fine. I used to get abused by my dad and hit by my mum. I went into care at eight as I was in too much danger with them. I changed homes nearly every year.. I kept running away and all that. So moved home.. moved schools.. moved home.. moved schools. All was a vicious circle.. the more I was moved the worst I got at school and running away.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Lisa: It was awful. I felt so alone. My parents had abused me and it thought being in care would allow safety and love.. turns out I only got safety and no alternative to parents.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Lisa: Totally different; no one cared about me at all. I was just a job for people and carers. No one actually cared. It just wasn't normal.. not at all.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Lisa: Stealing when I was fourteen I had no life and felt bored. So I would bunk of school most days of the week to steal. I would then get drunk with the stuff I had stole or sold to get drink and vandalised stuff a lot.. quite stupid but at the time it made sense. Then what I got done for was assault. I put a girl into hospital when I was in a club. I think I did this cause I was jealous and had blocked up anger but I am not sure really. Was just wild.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Lisa: Loads was negative I mean, I had no stable home I kept being moved around.. so when I did get used to a place I never knew when I was going to be moved again. Then there was not being close to anyone as in we had shift workers and that and they didn't really care... couldn't get used to anyone at all. I would run away and that as the whole set up was so weird and I couldn't do what other kids could do..... finally there was these other kids who were well damaged and that made me worse.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Lisa: I had no contact with parents as they were bad people... this led me to lose respect and trust for people so my other relationships were affected. If the people who are supposed to love you forever left me and abused me... then everyone else would.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Lisa: Was horrendous as I changed schools each time I moved homes except between me being about fifteen to sixteen and I was expelled. I have no further training or any employment at all. I am unemployable.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Lisa: There was no encouragement as they knew I was a bad egg. Low expectations and that were made of me. I was never pushed at school except to go.. this is hardly what other people's parents would do.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Lisa: It was a long way away from friends that I had outside the home and from before.. so this had a bad affect on me as the positive people on my life were disappearing as I couldn't see them... pushing me into being mates with others like me.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Lisa: I was really bored and ran away a lot. I suppose my lifestyle was quite crap I mean I had mates but not real ones. Everyone was bored so we all got together and made our fun for past times. It all was a laugh and a joke at the time. We had a bit of money but only basic so we all stole for extra stuff and that.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Lisa: No.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Lisa: In the fourth home I started to take drugs I was fourteen then. Everyone else did it so I thought I would too... to fit in and that. Wanted to be liked.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Lisa: Was good except I binge drunk a bit... don't know if this was cause of the placement or not though.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Lisa: It made it worse as everyone was victims... so your hang ups and depressive moments were mirrored in everyone else too. I felt so alone and started to cut myself at one point. I did it for attention so I did it in visible places.. it was stupid but I wanted someone to come and put their arms around me and that.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Lisa: Yes I felt to sad bad and alone that I couldn't trust anyone.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Lisa: Bad.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Lisa: I had a very destructive attitude to life. I was so well behaved before. Then the placement made me see that everyone had suffered and that so I wanted to be noticed.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Lisa: Thought it was wrong... but then everyone was doing it. As if I felt like I had to jump on the wagon and join in. Does that make sense?

Interviewer: Yes that's clear thank you.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Lisa: No. No one had any higher attitudes towards you than victim and criminal. I was expected to be bad and do criminal stuff... that's just how it was in there.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Lisa: The first one... think it was the one about living. It was the instability I think not knowing whether I was coming or going. Even if I had of settled it was full of other kids with behaviour problems and this didn't exactly help. As I was cut off from other friends so the only ones I had were those I lived with... who were trouble. Oh yeah and also the carers and workers whatever you want to call them... were rubbish they held no interest in anything in my eyes.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Lisa: Physical health and well being.. think that was risk seven. As it had nothing to do with it at all.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Lisa: Yes.

Q19

Interviewer: If so why?

Lisa: I never had anyone to love me or anything. I remember doing plays and stuff at school and social workers would come or someone from the home. A different one each time it would be. There was no one to have an interest in my progression.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Lisa: Yes. I was far away from everything. I never fitted in at school... I was the kid from that children's home. The fucked up one I was called for ages in different schools, it was obvious I was different.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Lisa: Yes. It was as if everyone was looking at me but not seeing or caring. I rebelled to all of the rules they made as they were so stupid and that.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Lisa: Yes. I had no attachments with anyone. It left me feeling alone and in capable of being loved... it made me lose myself respect and made me see myself as worthless as even when I did behave I didn't have love... so why should I try hard not to be in the bad books... when the bad books were people who didn't care about me at all.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Lisa: Yes. No one wanted to know me. I didn't spend long enough at a school to make proper mates that I could get close too. This made me frustrated as I had no choice to be friends with others from my homes... there was nothing acting as a positive role model at all.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Lisa: No... dad never got convicted for all he did to me.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Lisa: Yes. I moved schools a lot as I have said and got bullied for being different. This and my bunking mucked up my whole school experience.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Lisa: Yes. As I was bullied and to get drunk and have fun. My friends from the home never judged me.. we all just went on the rob and got pissed.

Q27 R8

Interviewer: Did you have a poor relationship with the educational system? If so why?

Lisa: Yes. I hated it as it reinforced how I wasn't good at anything.

Q28 P1

Interviewer: Do you feel you held a positive attitude to schooling?

Lisa: No.

Q29 P2

Interviewer: Did you achieve at school?

Lisa: No. Only got two GSCE's.

Q30 P3

Interviewer: Did you hold positive attachments with people? If so who?

Lisa: No. My mates were there to be naughty with. There wasn't an attachment there at all.

Q31 P4

Interviewer: Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?

Lisa: No. I was just told to go to school. No one cared if I did well. Attending was a positive achievement in these places.

Q32 P5

Interviewer: Did you receive supervision and discipline, if so who from?

Lisa: Yes. Carers, staff and social workers would try and discipline me. It wasn't as it should be... they couldn't give me a smack and take away things that would punish me... it just didn't work... I wasn't bothered and I knew how I could get away with things. They wouldn't have that much of ago... I was the kid who cut herself... they didn't want that happening again.

Q33 P6

Interviewer: Did you receive recognition and praise for your positive actions?

Lisa: No.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Lisa: No. People had low expectations as I said earlier... going to school was worthy of a reward. There was no encouragement to do well... we were known to be naughty so that's how we behaved.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Lisa: No link to anyone. Well deffo not my family. As for the carers there were loads of us and not as many of them so didn't get close to them at all. Lost touch with proper mates leaving me with just the kids from the home.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Lisa: No stability as I was moved every year nearly. Wasn't attached to anyone everyone were distant from me and I acted the same way in return.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Lisa: No. No one cared I had no one to let down at all.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Lisa: No as I wasn't close enough to respect people.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. *for example* education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Lisa: No. I felt lost. I couldn't do anything as there were high levels of rules. We all just did stuff to cause trouble and get us noticed... as sad as that sounds it is the truth.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. *for example* achieving at school, planning for the future? Did you carers help or hinder this at all?

Lisa: No. Carers deffo hindered it as they didn't expect anymore from me.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.

Lisa: I couldn't it wasn't like a normal house. There was so much health and safety it was untrue.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities? School/Education/Training?

Lisa: two GCSE's but was excluded.

Interviewer: Employment?

Lisa: No. I have a criminal record so no job offers for me.

Interviewer: Hobbies?

Lisa: No.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Lisa: No. Rules made me rebel and that. So I would run away and show them I didn't agree.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.

Lisa: I didn't as I felt angry at the world. No one protected me so why should I want others to be protected.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?

Lisa: No.

Interviewer: Did you have the potential to fulfil your capabilities?

Lisa: No. I had no chance. When I did go to school I was sent in a bus.. imagine a bus... I looked a twat. So I didn't go.

Interviewer: Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Lisa: Yes.. they moved me around and fucked everything up basically.

Q46 M2

***Interviewer:* Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Lisa: No. Life chances are minimal now. I mean you get a bit of help when you leave but not support like parents would give forever. It has made me commit crime and now I cannot get a job.

***Interviewer:* Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.**

Lisa: No as I just said really.

Q47 M3

***Interviewer:* Are you financially secure now? Were you aided in your transition to adulthood?**

Lisa: Not really as unemployed and reliant on benefits and that. Was I aided... well I got a grant and that. But real parents don't just give you a one off payment then let you go. They say they are there but they are not.

Q48 M4

***Interviewer:* Do you feel you committed any offences to gain anything otherwise not easily available to you?**

Lisa: Yes I stole.

***Interviewer:* Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.**

Lisa: It made it easier as everyone knew how to get away with it. Like I would not at first steal... then I would when I got involved in drink and drugs. As we of course wouldn't get money for stuff like that.

Q49 G1

***Interviewer:* What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.**

Lisa: I want to have my own place and have a job. I hope I have but in reality I haven't as I am labelled as unemployable because of my record.

Q50 G2

***Interviewer:* Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?**

Lisa: No but will try my best.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Lisa: Who I lived with and where I lived. No one cared or loved me... I just felt like a number not a young lady who needed to be loved.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Lisa: I had safety from abuse. I may have been depressed but no one hit or touched me.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Lisa: Worse. If I was in a different environment like a foster family maybe I wouldn't have had such bad influences and felt so alone.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Lisa: More love and emotional attention rather than just a safe house with money... everyone needs to be loved.

Q55

Interviewer: Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.

Lisa: No I'm done.

Interviewer: Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.

APPENDIX M

Full Transcript of S1 (Secure 1)

Name: Robert *

Type of Placement: Secure

Section 1 – About you/ Background

General

Age: 20

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 15

Time spent in care (years/months): 2 years

Number of placement(s): 1

Type(s) of placement: Secure

Offending Behaviour

Number of Offences: 5

Of which were cautions? 3

Of which were convictions? 2

Type of offence(s) committed: Cautions – Drunk and Disorderly, Fighting and Breach of peace.

Convictions – ABH – 2years in Secure

Robbery – 1 year in Prison

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1 and 3: Living with criminals.

Risk 9: Didn’t address problems with self identity – criminal identity reinforced.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 3: Education was very good; had to do it.

Risk 6: Stopped doing drugs (couldn't).

Risk 7: Looked after himself better.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: As above.

Would have helped: Not living with loads of other criminals so closely.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Robert: Was put into this secure unit for punishment.. when I was like fifteen. Ya see I was like well naughty when I lived with my mum... like did all sorts. Just my luck I get caught and put into one of these units. My mum was pleased.. like. Spent about two years in there for ABH...

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Robert: It was well harsh.. like well disciplined.. Isn't it like supposed to be?

Interviewer: Yes it is aimed to form a secure environment for those who commit offences.

Robert: That's what I thought. So yeah it was like disciplined (Pause)... well strict and tough.. like I had to behave.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Robert: A lot stricter like. Like my mum.. would like... you know be softer on me. Guess I needed it like. Missed my mum of course I did like... but I had no choice and nor did she... she like told me it was for the best.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Robert: What you mean like...exactly what I did?

Interviewer: Whatever you feel comfortable disclosing.

Robert: No worries.. I don't like mind. Just didn't like wanna go on innit. Where do I start like... The beginning I guess would be a good start ey?? (Laughs). Shall I just talk about the ones I got caught for? As like I did loads and loads of shit.

Interviewer: Yes those you were cautioned and convicted would give me an accurate picture, if you don't mind?

Robert: That's sweet. Well all started really when I was like 14 me thinks... Was a naughty dickhead.. oh sorry for swearing darling.

Interviewer: That's ok. Carry on.

Robert: Yeah like I was fourteen... started getting wasted all the time... ended up getting done by the pigs... sorry I mean police. So yeah was like fourteen got arrested for being drunk and outta control like... cannot really remember like cause I was drunk innit (Laughs). Then few months later was like kinda fighting... still it won't my fault like. Just was some jumped up wanna be starting so I showed him. Some breach of peace as well like a few months like.. was still like fourteen. Then things got crazy like.. went and beat someone up like badly.. don't really wanna say if ya don't mind?

Interviewer: No that fine. Only what you are comfortable with.

Robert: yeah so that when I got put in the secure unit.. did like two years you can see how bad it was from me saying that... Then after when I was bot eighteen or nineteen can't really remember I went and thought I would chance like robbing a shop... no chance got banged up for a year like that was bad too. You asked me something else didn't ya?

Interviewer: Yes, just if you knew why you think you committed these offences?

Robert: I was mucked up.. like really angry when I was like fourteen. Got worse and then beat that dude up. Thought I woulda like learnt innit.. but didn't. Learnt a lot in there (referring to secure unit).. so thought I would join the dudes in robbing a shop. Not clever at all. Not at all.

Questions from Section 2

Interviewer: **You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.**

Q4 Risk 1.

Interviewer: **Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?**

Robert: It was like well scary at first, really like strict and like lots of discipline and barriers to how I could like behave. I behaved well like.. Only way to get out was to behave really well. So I guess that could have been helpful like. All like my needs were catered for and that.. Got treated well like. Then like living with loads of criminals made it like quite bad. I picked up like how to steal and get away with it.. like the tricks of the trade (Laughs).

Q5 Risk 2.

Interviewer: **Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?**

Robert: No not all really like. Saw my family at visits like.. not a lot but I wasn't really bothered like. It was how it had to be.. although would have been nice being a close family.. but like they didn't really like me when I was too naughty. All in all they never like gave up like. On me.

Q6 Risk 3.

Interviewer: **Could you give a brief description of your educational experiences (e.g. change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards? Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?**

Robert: I had to go to the classes. Was what I had to do. I didn't do any like training afterwards at all.. got me in abit if trouble again. No disruptions like.. but the work was well easy like. Not GCSE standard like. More basic number stuff.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all? **N/A: Robert didn't rate this risk.**

Q8 Risk 5.

Interviewer: **How do you feel your general lifestyle was whilst in care, e.g. friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?**

Robert: practically like it was ok.. just you showed me that rick thing and showed like if you had other criminal mates around ya like.. there were loads like. Made me look a good boy like.

Q9 Risk 6.

Interviewer: **Did you misuse substances before you were in care?**

Robert: Yeah loads of like cannabis and e's boy. Loads.

Interviewer: **Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.**

Robert: Couldn't when like I was in there would be near to impossible like unless I was a right crack head. Stopped me doing it, the buzz wasn't worth the careers going on and increasing your time in there like.

Q10 Risk 7.

Interviewer: **Could you briefly describe your physical health whilst in care? Was this affected by the care environment?**

Robert: Was good like. Made myself like ill before with all the drugs and drink. Calmed it right down.. like had to dumb it down to get out like. Was affected like but in a good way.

Q11 Risk 8.

Interviewer: **What affect if any, did your care experience have on your emotional and mental health? Please give examples.**

Robert: Made me like see myself for who I was like. Showed me how I was a criminal I was stuck with that. I was like being punished for what I done. So saw I was a criminal.

Q12 Risk 9.

Interviewer: **Was your perception of yourself and others affected by your care experience?**

Robert: Yeah made me have an even more like criminal mind.. how could I put it.. like I saw myself as a criminal rather than just a naughty boy.

Q13 Risk 10.

Interviewer: **What was your behaviour like whilst in care? (towards other young people, staff, and other adults)**

Robert: Well good, a lot better than like being with my mum like. You know mate.. I had to watch out and look sharp. Deffo behaved like.

Interviewer: **What were your attitudes to life?**

Robert: Ok like... not really anything I can remember enough like to comment on.

Interviewer: **How did the placement influence your behaviour?**

Robert: It made it better, set me boundaries like. Had to behave as was being watched.. also like it kinda reinforced like what I had done. It had been recorded I had beaten up someone badly and everyone knew that.

Q14 Risk 11.

Interviewer: **Did you feel it was ok to offend or knew it was wrong?**

Robert: Knew it was wrong.

Interviewer: **Did your experiences in care affect this? If so, how?**

Robert: It kinda made me see like it was wrong.. don't get me wrong like.. they tried like. But thing is like they couldn't change me for good and make me care about crime and that lot.

Q15 Risk 12.

Interviewer: **Did you feel motivated to change whilst in care? If so, how? If not, why?**

Robert: yeah I had every intention to whilst in there as they made you think like that.. in that environment you wanna behave to get out. Shame it just in there like.. outside motivations and support changed.. you have to really want it to happen and that's hard.

Q16

Interviewer: **Which of the twelve risks do you feel was most important in relation to your offending behaviour in *and* your care experience? Why?**

Robert: Living arrangements as I lived with a loada over criminals and that. Like a little criminal family.. like swapping techniques and stories of offending. Like well weird you get like more respect the worse your crime was. Some of them spent like ages in that place as they just carried on rebelling.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in *and* your care experience? Why?

Robert: My health as a whole but also generally safety from all the stuff that like got me into trouble. You know like went to classes like and kept myself busy. Could say they did a good job as I was an angel in there like. Stopped drug taking and that destructive stuff so like that gotta be a link that shows the secure unit to be like good.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Robert: probably worse like.

Q19

Interviewer: If so why?

Robert: Were stricter like. Sorted me out in there. Really did like try and help me.. were tougher than mum would have been.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 - R1

Interviewer: Do you feel that you were isolated whilst being in care? If so why?

Robert: Nah not really isolated nah.

Q21 R2

Interviewer: Do you feel you received little supervision and discipline? If so why?

Robert: No

Q22 R3

Interviewer: Did you hold low attachments to your parents/family? How did this affect you?

Robert: Nah we were cool enough like normal teenage boys are like innit.

Q23 R4

Interviewer: Did you hold low attachments with others, e.g. peers? How did this affect you?

Robert: Nah was cool with peeps

Q24 R5

Interviewer: Did your family have a history of criminal activity? If so what?

Robert: yeah my dad did burglary and that. Like I never knew him but heard that in it.. probs in my genes ey! (Laughs).

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Robert: Yeah but before secure was bunking and that. The secure made me do work and that like. But not the normal work of like kids yeah.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Robert: Yeah hated it like (Pause) Was so like boring... (Yawns and laughs).

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Robert: Like I just said I hated it.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Robert: Nope

Q29 P2

Interviewer: **Did you achieve at school?**

Robert: No

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Robert: Yeah like my family always rang and visited me like.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. educational achievement? If so, who from?**

Robert: Yeah from those in secure unit.. made me find what I was good at like.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Robert: Yes from workers in unit.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Robert: Yeah like I said before the workers at the home and mum praised me up like.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Robert: Yeah I was expected to do something good like umm doing school work. And like also expected to change. The whole system like wanted me to change.. think that's its aim innit (Laughs).

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Robert: Was like well close to my mates in there. Not anyone in particular... oh yeah and my mum. Oh and this lady called Joyce* she was lovely she really took an interest in me like.. like a second mum until I left.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)?

Robert: Yes, but I was locked in there. Hard to say that it was like a stability in general like.

Interviewer: Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Robert: Attached to my mum like. I don't know she like my mum so I had to be attached to her. She gave birth to me like.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Robert: Nope.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Robert: Yes like but it was like not enough innit. I am selfish so maybe not enough to what they all deserve. If I held respect I wouldn't be doing it again would I!

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Robert: Yeah but cause I had to. Chose not to commit to anything if I had the choice.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. achieving at school, planning for the future? Did your carers help or hinder this at all?

Robert: Nope just doing it to get out like.. what I mean is like I went to classes to keep them of my backs. Like I wasn't committed to it. I was forced like.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. washing up, cooking, cleaning) Please illustrate your answer.

Robert: Yeah I had to do chores, like washing up and umm oh like setting the table etc.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities?

Robert: Like?

Interviewer: School/Education/Training?

Robert: Yeah in secure had to go to school thing like.

Interviewer: Employment?

Robert: No like got a record now so I'm screwed like.

Interviewer: Hobbies?

Robert: Nope.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Robert: Yeah as like I needed to be punished.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. believe in punishment for the protection of others. Please give reasons for your answer.

Robert: yes as I said we all need to be punished. Do the crime gotta do the time.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?

Robert: Nope.. didn't give me GCSE's to do like.. just basic education. Think they thought we were all backwards or something.

Interviewer: **Did you have the potential to fulfil your capabilities?**

Robert: Nope as I said before.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Robert: Not really sure, all I know is like it gave me a record so I am royally screwed now. Vicious circle innit. Life's a you know then you like die.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Robert: Nope.

Interviewer: **Do you have the potential to fulfil your capabilities?**

Robert: Nope.

Interviewer: **Has the care experience restricted life chances? Please explain why you feel this is the case.**

Robert: It has restricted them as it has labelled me as one and I see myself as one. I may as well live up to bad reputation of it now innit.

Q47 M3

Interviewer: **Are you financially secure now? Were you aided in your transition to adulthood?**

Robert: Nope I on benefits innit. Aided to adulthood.. umm well when I got out at 17 I was put into a sheltered accommodation as my mum didn't want me disrupting her home. Kinda just dumped there.

Q48 M4

Interviewer: **Do you feel you committed any offences to gain anything otherwise not easily available to you?**

Robert: Yeah stole then committed robbery.

Interviewer: **Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.**

Robert: Yeah for sure.. it like showed me exactly how to do it and not get caught. Well at first then I mucked up.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Robert: Want to have a nice job and house but now I got a record I can't like.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Robert: Nope.. No way. Live too hard.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Robert: Was with criminals.. kinda get more involved innit everyone wants to be the big man like. The environment like is fake.. I was like well good inside but when I came out like I was choosing to do stuff again. I can't say it's the care units fault though.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Robert: It lowered all my risks like.. like the ones we have looked at. Made me life have the potential to stop like doing it like bad stuff.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Robert: It should have made it better like.. but I rebelled. That was my choice.. it showed me a lot but I am too weak to try hard and combat it. I knew like it easier to misbehave than to control myself like.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Robert: Need to like address problems in a real sense like. I went back into wide world and two years later I am banged up with the big men. Needs to be like a long process that addresses everything. The risks were lowered but something in me still makes me do it and I don't understand it.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Robert: Nope I'm coolio.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX N

Full Transcript of S2 (Secure 2)

Name: Abi*

Type of Placement: Secure

Section 1 – About you/ Background

General

Age: 20

Sex: Female

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 13

Time spent in care (years/months): 3 years

Number of placement(s): 2

Type(s) of placement: Residential (13 – 15) and Secure (15 – 16).

Offending Behaviour

Number of Offences: 5

Of which were cautions? 3 – Breach of Peace, Fighting and Drunk and Disorderly.

Of which were convictions? 2 – ABH – (1 year in secure) and Assault – (6 months in Prison).

Type of offence(s) committed: As above and on bail for shop lifting at the moment (20).

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the 'Explanations of Risk Factors' for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: Living with known offenders; made it worse. Learnt more about crime than before.

Risk 4: Isolated in area lived in. Behaved in there but only in that place.

Risk 5: All friends ended up being criminals, before had a mix of friends.

Risk 9: Acted like a criminal as was labelled as one .

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 6: Stopped taking drugs.

Risk 7: Had good health care.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Was locked up so couldn't offend at the time. Would have helped: If had more discipline when lived in care (Residential).

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: **Could I start by asking you to give a brief description of your time in care, highlighting the time spent types of placement, changes in placement and reasons for any changes?**

Abi: I was put into care at thirteen as I was outta control and my mum had, had enough. Was in residential for two years then got so bad I was sent to a secure unit for a year to be punished but as they said it was for my welfare as I was acting really badly.

Q2a)

Interviewer: **Could you tell me what it was like growing up/spending time in care?**

Abi: Was awful in both placements. Deffo made me worse as I just felt more and more angry. I was always safe and that but I drifted from my mum and family so I felt very alone; making it more desirable to get in with the wrong crowd and that.

b)

Interviewer: **How do you think this compares with children growing up at home with their parents?**

Abi: Nothing like it.

Q3

Interviewer: **Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?**

Abi: When I was thirteen I became really bad got well angry and that. My mum had thought I was bad before that; I got worse like. So I got cautioned for breach of peace; I was making a scene at the shopping centre in Bournemouth... not a pretty site... why did I do that... umm let me think.. probs because I was very angry; maybe the anger of my mum giving up got to me. I had no one to let down anymore. When I was fourteen I remember being really bad, within a couple of months I was done for drunk and disorderly and fighting... same reasons really... had no control... just didn't care. Just before I was fifteen I made a big mistake and beat up this girl at

the park, it was pretty bad... a lot of blood and that. Almost as if a cloud went over me and I just flipped... I am not proud of that as she never asked for it. I was a twat and so... so bitter and jealous. So yeah I went into prison next... the ABH sent me in secure; then after when I was eighteen I committed assault again; got charged with it and spent six months in prison; I think I did this cause it's all I knew. Being in the secure place made me worse; more angry through knowing what I was. Just a scanky nobody who no one really cared about. So that's my story... oh yeah I am on bail now for shoplifting; why did I do that? Why...umm to get stuff I couldn't afford. You see I came out of prison, had a scanky bedsit and on the dole... easy to get stuff if you steal. I didn't get caught for ages and got myself some nice gear to sell on to make ends meet.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Abi: It was good as at the time I had to behave. But at the same time it was addressing my actions it made them worse. I was with loadsa over criminals and although we couldn't do anything as we wanted to get out... we spent a lot of time... how can I put it... plotting stuff. You know thinking and talking about our next jobs as such.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Abi: Yep, only had a few visits. I was outta sight outta mind. No one really cared.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards? Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Abi: I changed school twice as I was expelled, can't even remember why... think I bunked and verbally attacked the staff a lot (Laughs) Sorry that's not really funny I know. Just a nervous laugh I think. Was then put in secure so education was compulsory, only problems here is that it wasn't proper education just stupid certificates. Think they thought I have the mental age of like seven the way they treated me. But still it was an advance of being expelled and having no education. Disruptions in residential experience as it was horrific, but I guess if we are talking about secure that didn't affect me badly; except their low opinions on what we could actually do.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. for example where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Abi: Was far away in middle of loads fields. Didn't really affect me where it was as either way it was going to be away from everyone I liked. So the location didn't affect me. Just the blinking home itself.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Abi: Had mates but not real mates, just people to plot with. Spare time. Played computer games if good if not did chores and that. Not that fun really not that fun at all.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care? Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Abi: Before I did, and in residential but when in secure couldn't went on the straight and narrow.. no drugs for abi (Laughs) God it was hard but it soon became easier after a couple of months. Get used to it and that.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Abi: Good.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Abi: Not a lot made me realise a few things but that's all.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Abi: Yeah I saw myself as a bad person and others as a waste of space.. If your own mum gives up on you chances are so will everyone else.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Abi: Had to be an angel.. well had to behave all the time.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Abi: Attitudes were quite negative, had no sense of belonging or any concern of others. Was in another world kinda. The placement made me behave, but it real silly as I was doing it to get out.. doesn't really change your behaviour in long term. I think it is crap and it just masks the problems.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Abi: I just thought it was in me.. kinda inevitable kinda thing. The secure placement obviously showed me it was wrong but I still saw it as inevitable.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Abi: Yes, I did. Showed me what happened when you get done for your crime and do your time (Laughs). Guess I had the intentions to do so, it deffo helps you there.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in *and* your care experience? Why?

Abi: Number one as I was living with other offenders and this made me know more about crime. Everyone in there talks about it, almost as if the more you done the better it is. Not good. I kinda blame this on making me steal.. ok it didn't make me steal but introduced the idea. This wouldn't have been the case in a normal family environment.. being told how to get away with stuff. Not sure how it the care environment fault.. they need to wake up and smell the coffee as it obviously a problem.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in *and* your care experience? Why?

Abi: seven. This is cause I was always in good health and that in there and didn't take drugs. It helped me in that sense.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Abi: Yes as I was dealt with badly.

Q19 If so why? – N/A Answer above.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Abi: Yes, alone in home and secure. I had no one I was just alone on my tod.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Abi: No.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Abi: Yes as was away from them. Although I was protected by a lot of people in secure this not love like parents give you. It's just a job at the end of the day. It made me feel crap when the workers would get excited near to the end of their shift. You know saying how they couldn't wait to get home. Not having a home hurts so badly so I was affected by this.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Abi: Yes as I just said, like same reasons and that.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Abi: Yes, my dad got sent down for GBH all I know is he went away for a long time.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Abi: When at normal school did and all that. At secure it was low as.. like I couldn't be bothered. They treated as if we were like seven and stupid. So didn't have normal achievements.

Q26 R7 Did you play truant from school? If so why? – N/A as in secure but did before when in residential.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Abi: Yep it was crap at normal school and in secure as that was like doing drawings and stuff.. well maybe not that bad but not the level everyone else would be doing.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Abi: No.

Q29 P2

Interviewer: Did you achieve at school?

Abi: No.

Q30 P3

Interviewer: Did you hold positive attachments with people? If so who?

Abi: No one really.

Q31 P4

Interviewer: Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?

Abi: Yes the workers at secure helped me a lot, they were very good thinking about it.

Q32 P5

Interviewer: Did you receive supervision and discipline, if so who from?

Abi: Yes as was locked up and was being watched all the time.

Q33 P6

Interviewer: Did you receive recognition and praise for your positive actions?

Abi: Yep although they didn't expect much from us.. so behaving normally got us praise (Laughs).

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Abi: Not really, they didn't want a lot just to be normal. In regards to education they didn't exactly give us hard stuff to do.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Abi: Didn't really feel close to anyone, was very distant. The only people I saw were other kids of the rails who I hung with but not really close to. And all the nice adults just worked there.. you couldn't get close. As they said you have to be professional and that.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Abi: I knew I wasn't going to be moved so I guess a bit of stability. Wasn't attached to anyone as had no one to get close to.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Abi: No, I had and still have no one to let down.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Abi: Nope, no one cared for me so I couldn't give a pooh about what they felt.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Abi: No.. I had to do the work. Wasn't committed to it by any means.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, planning for the future? Did you carers help or hinder this at all?

Abi: No was in like the same as a prison. The environment helped to go to lessons and that. But it was in a false environment.. it forced you to commit cause of the circumstances. Didn't sort out the main problems for me.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.

Abi: Yes I had to do chores sometimes. Not thorough choice though.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities? School/Education/Training?

Abi: Basic in secure.. I mean basic education.

Interviewer: **Employment?**

Abi: No.

Interviewer: **Hobbies?**

Abi: No.

Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Abi: No I just knew I had to follow them.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.**

Abi: No I just don't really care.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Abi: No

Interviewer: **Did you have the potential to fulfil your capabilities?**

Abi: No they just taught you basics.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Abi: Yes as I said they just taught me basics. Thought I was stupid.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Abi: No

Interviewer: **Do you have the potential to fulfil your capabilities?**

Abi: No as I have been labelled a criminal I have a record and that. No one wants to employ me.

Interviewer: **Has the care experience restricted life chances? Please explain why you feel this is the case.**

Abi: Yes as it made me worse.. so not only did I spend time in secure unit but also went into prison and am probs going back there again. Whether that their fault or mine if do not know.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Abi: No, I was put into sheltered accommodation, can't really call that aiding. Setting me up for a fall I guess.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Abi: Yes, I am on bail for shoplifting at the moment as I have no chance of ever getting stuff I need on benefits.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Abi: Yes it made it worse, one thing I didn't do was steal before I went into secure. Went in there aggressive and came out aggressive and dishonest. Others teach you over things which are wrong.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Abi: Just want to be normal, by that I mean have money and can go out a buy stuff.. not steal. I been in secure then prison now looking at prison again. So in short nope I can't no one will employ me.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Abi: No.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Abi: Taught me more and that. By that I mean about how to commit crime. Made me worse in that respect. If you are told you are bad, marked as bad then you tend to just believe you are bad. Also no one showed any interest in me past their job, so I felt even more unwanted than before when I thought things couldn't get any worse than the residential placement.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Abi: I was punished and it worked when I was in there.

Q53

***Interviewer:* Did the care experience make things better or worse in relation to your offending behaviour?**

Abi: Worse.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Abi: In secure units you get results.. but in my case only when I was in there. It's as if it masks the problem as I stopped to get out then started again. What is needed is a system which looks at roots of problems and make more efforts in making the person feel excepted and wanted.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Abi: Secure units obviously need to punish, but like me I was still growing up so still need love and support. I had none of that. There needs to be emphasis on more than practical help in reducing offending.. like the persons mind needs to be looked at and look at their futures and pasts as well as present situation.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX O

Full Transcript of S3 (Secure 3)

Name: Tim*

Type of Placement: Secure

Section 1 – About you/ Background

General

Age: 19

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 9

Time spent in care (years/months): 8 years 6months

Number of placement(s): 4

Type(s) of placement: 2 x Foster; 1 x Residential ; 1 x Secure

Offending Behaviour

Number of Offences: 9

Of which were cautions? 5

Of which were convictions? 4

Type of offence(s) committed:

Cautions: Breach of peace; Public Order x 2; Shoplifting; Assault

Convictions: Shoplifting, Armed Robbery x 3

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: Stability

Risk 2: Low attachments and Criminal Parents

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 3: Education was good in secure

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Removed from peers who were criminal

Would have helped: Someone to love me.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Tim: I have been in care since I was nine . Was in two foster places for three years can't remember exactly how long in each think one for two years then one for one year... but they just didn't work out. Then I went into a residential unit when I was twelve ... moved into a secure unit when I was fifteen where I spent two and a half years as I had to as I was in trouble and was put in there to be punished and for my own welfare.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Tim: Before I went into secure it was well slack and that... no discipline. No one ever wanted me I was just baggage to everyone involved.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Tim: Different. I always have been so envious of that family thing... no amount of belongings and fun buys that.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Tim: When I was twelve is where it all started when I was in that stupid residential home. I got drunk with all the other people who lived there and we got arrested and cautioned. I think we did it as we were bored... well that's why I did it. Umm then there were the public orders... two of them. I was then fourteen and frustrated with live so smashed everything up and that... everything I saw when I was angry. So anger was the reason for that. Oh yeah I got told off... well cautioned for shoplifting at fourteen as well. I did that as I needed money for drink. The big ones happened soon after that where I stole and committed three armed robberies... well I didn't have a gun... but a big machete. I am so embarrassed but I did do all this. Why umm I was bored and had no good role models... had no money for what excited me so I made my own excitement.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Tim: Not helpful. I existed and that was all throughout all the placements I had no belonging... so that's got to be negative.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Tim: I had no contact with family and no real friends in retrospect.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Tim: The education was very good in secure... crap before but secure made it good.

Umm employment..nah I am not employed but that's as I have a record. Everyone is so picky about that now. Especially as there is so much unemployment... they do not need to pick us for jobs.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Tim: Yeah there was before secure and they were bad... not the extra help I needed and the moving about all the time. In secure it was good but treated me as if I was stupid with the tests I took and work I did.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Tim: I was far away from everything as I was locked up and isolated you could say as my punishment.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Tim: It was good in the secure place as I couldn't be naughty... before it was awful in every way I went off the rails but secure changed my way of life. In there my spare time consisted of hobbies rather than stealing and fighting and that.

Q9 Risk 6.

***Interviewer:* Did you misuse substances before you were in care? Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.**

Tim: Not before but soon did when I was twelve in residential. It was not necessarily care that made me but initial rejection maybe to escape or something. Although if the care system filled in the gap of rejection I might have been ok. Then again can anything fill that hole? I don't think it can.

Q10 Risk 7.

***Interviewer:* Could you briefly describe your physical health whilst in care? Was this affected by the care environment?**

Tim: It was ok.

Q11 Risk 8.

***Interviewer:* What affect if any, did your care experience have on your emotional and mental health? Please give examples.**

Tim: It didn't really help. Friends play tricks on you in there and that fucked me up. Umm Was stressed a lot about the past and future and that kind of thing.

Q12 Risk 9.

***Interviewer:* Was your perception of yourself and others affected by your care experience?**

Tim: A bit I was kind of labelled as a bad person for what I had done. It was obvious I shouldn't be treated like a good guy but I saw myself as a bad person a lot of the time. I respected others a lot more in secure as I saw they were trying to help.

Q13 Risk 10.

***Interviewer:* What was your behaviour like whilst in care? (towards other young people, staff, and other adults) What were your attitudes to life? How did the placement influence your behaviour?**

Tim: Not the best to be truthful as you can probably see with what criminal stuff I have done... and this was just what I got caught for. I have done a lot more than this. Before secure I could act really badly and I did. When I was put into secure I had to behave to get me out but it wasn't nice at all.. it could have made me worse but I wanted to get out and that.

Q14 Risk 11.

***Interviewer:* Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?**

Tim: I knew it was wrong. The environment showed me more people were doing it... everyone else was so even if it is wrong... if people are doing it... it is easier to follow and think it was ok.

Q15 Risk 12.

Interviewer: **Did you feel motivated to change whilst in care? If so, how? If not, why?**

Tim: Not until I got into secure. I did then so I could get out.

Q16

Interviewer: **Which of the twelve risks do you feel was most important in relation to your offending behaviour in *and* your care experience? Why?**

Tim: two.. the family one. I wasn't loved and that mucked me up and made me go mental and flip out... doing stupid things.

Q17

Interviewer: **Which of the twelve risks do you feel was least important in relation to your offending behaviour in *and* your care experience? Why?**

Tim: Education... umm I am not sure but I always had education and that and secure we were made too.

Q18

Interviewer: **Do you feel your situation may have been different if not in care?**

Tim: Yes I wouldn't have been with so many troublesome people.

Q19

If so why?

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Tim: Yes. I was locked up (Laughs).

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Tim: No. I was highly supervised but in residential I remember there was little that worked.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Tim: Yes it made me have low self worth.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Tim: Yes I had loose relationships with people... not real connections. It made me feel alone.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Tim: Yes. My mum was a hooker and my dad was a sex offender. I choose to not talk about it... do I have to?

Interviewer: No that's ample.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Tim: In secure I achieved so no. But before that I did as I was being moved around and no one really cared.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Tim: Obviously not when I was in secure as I couldn't run away from it. But in residential I did all the time as I hated it.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Tim: Yes as I only did it when had to. I hated it.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Tim: No.

Q29 P2

Interviewer: **Did you achieve at school?**

Tim: Not really.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Tim: Yes only my social worker. It was my only relationship with anyone.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?**

Tim: Yes I did in secure from everyone involved but not before then.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Tim: Yes from workers in the secure... before then no I didn't.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Tim: Yes.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Tim: Yes I had encouragement from my social worker in secure.

Control Theory and Social Bonds

Q35 A1

Interviewer: **Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?**

Tim: No.

Q36 A2

Interviewer: **Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.**

Tim: No they were always changing... I was always being moved and that. I wasn't attached to people really. In secure I knew I was going to be there for a long time so this changed a bit and became close to staff and social worker.

Q37 A3

Interviewer: **Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.**

Tim: No as I wasn't really close enough to anyone to care... my trust levels were very low most of the time... with only few exceptions.

Q38 A4

Interviewer: **Did you hold respect for your carers/family/close network? Please give details of your answer.**

Tim: I had to respect people in secure... didn't before that. Then again my social worker I respected a lot and that was my own choice.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. for example education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Tim: Before secure I wasn't as I just wanted to misbehave and that... I couldn't commit as I didn't know how to. Then in secure I was so bored I signed up to classes to make the time go.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, planning for the future? Did you carers help or hinder this at all?

Tim: No. I was reckless and lived for the day.. not caring what was round the corner. They all helped before secure but obviously didn't work they didn't understand and really care. They just wanted to go home as it was just a job for them. Umm so I have never really been normal but am trying now.. well since I was put away.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.

Tim: was given chores to do in secure.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities?

School/Education/Training?

Tim: I was educated in secure and actually did it. I went to the lessons and got certificates and that. Not really recognised though. Not GSCE's or anything. But I think I was put behind due to all the moving about and worry.

Interviewer: Employment?

Tim: No.

Interviewer: Hobbies?

Tim: Liked football.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Tim: I was punished so saw consequences which made me agree. Before that though I didn't.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.

Tim: Before secure I didn't... I rebelled I was just too young I think. Then I had to respect it as I was in a place where was punishing you and this was a good thing I think. Showed you, you had to be punished.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement? Did you have the potential to fulfil your capabilities?

Tim: Nope.. well as I keep saying there was a difference. As in before secure I had a lot of problems that weren't met and I mucked up. Then in there it all seemed to be addressed and efforts were made to make me better. I didn't have the support before to achieve and even when in there they hardly strained me to do really well.. just the basics.

Interviewer: Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Tim: yes I think it has on a whole. As before I was locked up.. made me worse behaved. Then I am kind of marked as a criminal now. The secure has helped as it has made me know to stay on the right side of the law now.

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs? Do you have the potential to fulfil your capabilities?

Tim: No even when secure helped in education it not nearly enough. I think I am screwed like I said before on the last question.

Interviewer: Has the care experience restricted life chances? Please explain why you feel this is the case.

Tim: Yes as the early experiences made me worse. Even with secures positive help.. the trouble caused by over placements pushed me into crime... which made me get a record.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Tim: No. I was supported on release before I was eighteen. Now I am 19 and I live in council place.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Tim: Yes I stole.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Tim: Yes I stole to get stuff as I never had what I needed in my eyes.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Tim: To do GSCE's. Yeah I can and have been advised to do them and get some proper education behind me.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Tim: No but I will have to. Many people don't.. . but I have to try before I am sent into prison and have a life fuelled with crime and that shit.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Tim: I had a lack of emotional support and not enough focus on why you're in secure. Also I feel being locked up could offer a fake sense of success. I was a lucky one... many of my friends actually were back in prison soon after as the real world there are many more temptations.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Tim: Safety and when I was locked up it also made me feel stable with routine and that.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Tim: It made it worse as I didn't do anything before I went into secure that was too bad. But secure made me see the consequences so I became good. It made me better.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Tim: More emotional support and psychological help.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Tim: The system is really quite shit and defiantly needs reviewing. I mean secure does what it needs to. It is a superficial environment... in the real world everything is harder and a lot of people I knew slipped back. I have been told I went against the odds and it's had been hard.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX P

Full Transcript of F1 (Foster 1)

Name: Kay*

Type of Placement: Foster

Section 1 – About you/ Background

General

Age: 19

Sex: Female

Ethnicity: White British

What are you doing now? (Education, training, employment) Employed

Time in care

Age at first placement: 11

Time spent in care (years/months): 7 years

Number of placement(s): 1

Type(s) of placement: Foster (Long term)

Offending Behaviour

Number of Offences: 3

Of which were cautions? 3

Of which were convictions? 0

Type of offence(s) committed: Shoplifting, Assault and Drunk and Disorderly.

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 5: Reckless behaviour (Lifestyle)

Risk 6: Substance use caused offences

Risk 8: Emotional health – mum being ill and past events

Risk 9: Perception of self – had a criminal identity

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 1: Living arrangements – had stability

Risk 2: Family relationships – still saw mum

Risk 3: Educational experiences – got 9 GCSE's

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble? Helped: Respect for mum and foster mum, Would have helped: Not being involved in drugs and alcohol. This was the onset of all criminal behaviour. NB – Reference to how she made choices to go out of control not CE.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Kay: It was awful at first I really missed my mum. When I realised it wasn't her fault I felt better about it though. I moved into a long term foster home which was a stage under adoption. It was a very happy childhood except obvious traumas of my mum being ill but that's understandable I think.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Kay: I was loved dearly by my mum and foster carers. I was so lucky I had a long term placement.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Kay: I had everything I would have had living with family. I still saw my mum lots... she was just too ill to look after me. Everything was normal except that.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Kay: Yeah for sure. I shoplifted to buy drink and nick drink when I was like fourteen. I did this as I was bored and everyone was doing it all the time so why not! The drinking was bad for me I lost control one night when I was about fifteen and assaulted a girl for no reason. I did this because I was drunk and out of control... I would drink and get out so wrecked I didn't know what I was doing and would be vicious. Maybe I was angry about my mum and would use it to escape reality... that kind of thing. Then at sixteen the drinking was even more worse... I would go to clubs then and would be such a mess... I got away with it lots but then one night I got

caught for drunk and disorderly and was arrested. They cautioned me which was lucky. All of it was just to be reckless I guess... although it was fun and the to do thing... drinking that is. Maybe I just couldn't handle my drink.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Kay: They were positive I had a lot of love and support from my carers and mum as much as she could show. Even when she was going for bad stages I knew she loved me to bits. I knew that my carers were going to look after me until I was eighteen... they promised me that... so in this sense I knew I was not going to be moved again... I grew to love them like my own parents.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Kay: No I was placed near where I grew up in my early childhood with my mum.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Kay: I stayed at the same school which was lucky... obviously changing schools as got older but with the people I knew which was good. I went to school most of the time and thought it was ok as far as school was. I got nine GCSE's so I could have gone to college but I chose to train as a hairdresser... which is what I am doing now as an apprentice.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Kay: No hindrances but certainly encouragement as my carers wanted me to do well as they were both achievers they expected me to do the same. They were so proud of my results... I remember them throwing me a surprise party which was lovely of them. They were so sweet.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Kay: It was a good location near where I was with my mum so it had no affect on my life really.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. *for example* friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Kay: It was ok... I had friendships with lots of people... a lot of older friends. I would always have money and that but I did waste it a lot on drink which made my lifestyle not the most perfect. This was my own choice though... no one made me be irresponsible except me. Yes I did have bad influences but also as many if not more good influences... I chose to behave like I did. No one put a gun to my head.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care? Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Kay: No not before but that's because I was only seven (Laughs). I then started smoking cannabis at about fifteen as well as drinking. When I started clubbing at sixteen I started to do ecstasy as well as drink and cannabis as that's the clubbing scene. I don't think this was related to being in care but the reasons in which I was in care. Umm I mean to escape my worries of my mum.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Kay: It was good thanks. The care environment made it better as my mum failed to keep up with doctors and jabs and that where she was ill.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Kay: It tried to help but mental state of mind was bad as I knew I wasn't with my mum and I should be to look after her as I was all she had.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Kay: No I think I had a low self identity which led to criminal behaviour and that.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Kay: I had behaved well to those I cared about. Only when I was drunk I would be a twat and act like an idiot really.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Kay: It didn't really make it worse as I chose to do all the stuff by drinking when I knew what would happen. My attitudes were who cares about the consequences when you can have fun.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Kay: I knew it was wrong. My carers reinforced this and tried to help me by offering counselling and stuff like that to address my need for drinking and anger. I chose to offend and I knew what I was doing... it wasn't some (PAUSE) ummm thing I was forced to do. I had everything I needed yet still chose to risk it all.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Kay: Yes I was punished by foster parents so it made me want to behave as I hates it. They tried so hard but in the end I would behave only to get let back out to be bad again.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Kay: I think it was my substance use so risk six. It was this that caused my reckless and aggressive uncontrollable behaviour.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Kay: Risk two. As I had quite good relationships. I would have rated it as one but it was not a positive experience as I should have been with my mum who shouldn't have been ill.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Kay: Everything was good but I would have been complete if my mum was with me. Then again I still might have chosen to do it anyway... so it's hard to say.

Q19

If so why?

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Kay: No.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Kay: No.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Kay: No.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Kay: No.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Kay: No.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Kay: No.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Kay: Yes because of my drinking and drug taking. I would be sorted by the time I had got home if I did it at school time.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Kay: No.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Kay: Not really as my mind wasn't in it when I got older but still did it.

Q29 P2

Interviewer: **Did you achieve at school?**

Kay: Yes got nine GCSE's.

Q30 P3

Interviewer: Did you hold positive attachments with people? If so who?

Kay: Yes my mum and carers.

Q31 P4

Interviewer: Did you have encouragement and guidance for positive achievements, e.g. *for example* educational achievement? If so, who from?

Kay: Yes from my carers.

Q32 P5

Interviewer: Did you receive supervision and discipline, if so who from?

Kay: Yes from my carers.

Q33 P6

Interviewer: Did you receive recognition and praise for your positive actions?

Kay: Yes.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Kay: Yes I had high ones from my carers. They were professionals so they wanted me to do well... talking about educating today's young people for the challenges of tomorrow or something like that. They were really supportive in everything I did and when I behaved they told me how proud they were of me.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Kay: I held good relationships with mum and carers... they were so close to me especially my mum and foster mum. Also had lots of friends... although I am not sure how good that was in hindsight.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Kay: Yes I held stability as I never moved in seven years so all was good in that area... plus saw my mum so that was even better.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Kay: Kind of. I thought I respected my parent's sorry foster parents but obviously looking back I didn't. I didn't want to let them down but I couldn't help it... I was selfish.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Kay: Yes I respected their feelings although my choices didn't reflect it. Deep down I did and if anyone hurt them I would kill them.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. for example education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Kay: I wouldn't say totally committed but I did do my exams and I have held down this training for a hairdresser job. Oh yeah I loved horse riding... I guess that was my hobby.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, planning for the future? Did your carers help or hinder this at all?

Kay: Yes until I hit early teens. I did want to go to college and uni but things went wrong and didn't have that focus anymore. I guess I am doing ok now as I am in training.. but when I was younger I wanted to really make something of myself and go the whole way. I guess I made bad choices as my carers helped me by showing me alternatives for my future. They were awesome as they never pushed me to do anything I didn't want to do... just offered guidance.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. washing up, cooking, cleaning) Please illustrate your answer.

Kay: Yes with everything it was just like a real family. I would walk the dog and do chores for a bit of money. You know that kind of normal stuff kids do at home.

Q42 I2

**Interviewer: Have you whilst in care/after care been involved in conventional activities?
School/Education/Training?**

Kay: Yes I got nine GSCE's.

Interviewer: Employment?

Kay: I am an apprentice hairdresser.

Interviewer: **Hobbies?**

Kay: Used to love horse riding but not anymore as don't have a horse.

Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Kay: I ignored them.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. believe in punishment for the protection of others. Please give reasons for your answer.**

Kay: Yes. Maybe if I was convicted I wouldn't have carried on for so long.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Kay: Yes.

Interviewer: **Did you have the potential to fulfil your capabilities?**

Kay: Yes.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Kay: No it wasn't the systems fault. I had choices as I was brought up knowing my chances in life. I chose to make wrong choices.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Kay: Yes.

Interviewer: **Do you have the potential to fulfil your capabilities?**

Kay: Well I think so.

Interviewer: **Has the care experience restricted life chances? Please explain why you feel this is the case.**

Kay: No as I said before my chances in life are made by me not from their efforts with me as they were top.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Kay: I am not financial secure now as I am on minimum money as I am training. I am an adult now so I stand on my own two feet. They are parents to others now to help them but they made sure I had the best start before I left them at eighteen.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Kay: Yes but only for drink and drugs. Then again I shouldn't have had money for that anyways.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Kay: No it wasn't their fault I chose to steal for stuff I shouldn't of had.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Kay: I want to be a well known hairdresser so hopefully I can do that if I stick to it.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Kay: Yes ill have to. It will be harder than stealing but I will not steal again as if I get caught I will not have any means of getting a job

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Kay: My lifestyle and drink and drugs. This wasn't my carers fault though as my own choice. They did all they could but my emotional state took over and made me choose to commit crime. We all have choices and I made bad ones.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Kay: They offered me safety and love. I had everything I should have had that a good parent would offer and in some ways more better. I had holidays all over the world and was truly loved I know that. They said it to me as well which made me so happy.

Q53

***Interviewer:* Did the care experience make things better or worse in relation to your offending behaviour?**

Kay: No affect. It was something inside me so it wasn't anything to do with my placement.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Kay: I think more attention should be made to prior events which made the kid go into care. Counselling should be a must and acknowledgements of possible vulnerabilities to get involved in crime.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Kay: I do not believe that all types of care environments equal crime and that. I can see that it is a theme which is always in media and government stuff, but types of placements make differences.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX Q

Full Transcript of F2 (Foster 2)

Name: Paul*

Type of Placement: Foster

Section 1 – About you/ Background

General

Age: 22

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 8

Time spent in care (years/months): 10

Number of placement(s): 3

Type(s) of placement: Foster

Offending Behaviour

Number of Offences: 5

Of which were cautions? 3

Of which were convictions? 2

Type of offence(s) committed: Cautions: Fighting and 2 x Stealing. Convicted: Assaulting police officer and ABH.

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 2: Poor relationship with parents.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 1: Had stable placement at 12 – 18yrs.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Security with last foster placement.

Would have helped: Contact with family as it made him angry not having any.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Paul: I went into care when I was eight. I was always in foster placements but was moved when I got too much this happened twice. Then at twelve settled in a family and stayed there until I was eighteen.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Paul: From eight until I was twelve it was really bad. I couldn't come to terms with not being with my mum. When I was twelve I had stability and stayed there until I was eighteen.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Paul: The first two placements were nothing like being with parents, I never felt as if I belonged. When I went into my last placement I at least had support. I am not saying I didn't hate the fact I wasn't with my mum as that still was harsh but as it could be it got better. It is not the same as being with a family as you cannot replace the bond you have with your parents.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Paul: I was cautioned at the age of fourteen for fighting I think this was due to being really angry. Then at the same age I also got cautioned twice for stealing. Why did I steal? Ummm I think it was to feed my lifestyle and my friends all did it. Then when I was eighteen I assaulted a police officer and got sent down for it... I do not know why I did it. Then to top it off I committed assault at a club and got another six months when I was 20. I really think I was just angry and instead of choosing to contain it I just thought they deserved to be hit.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Paul: I had a nice stable placement when I was twelve so that was good. But before then as I had been moved once I had uncertainty on when I was going to go next and that so that was bad.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Paul: I didn't see my mum as she didn't want to know. My wider family was a bit weird sometimes they would visit me and that. I understand why they didn't as much as they lived at the other side of the county so that was probably it.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Paul: I was fortunate to stay at the same school when I was moved into care and was moved to the relevant school like senior school and that as I would have if I had been at my mums. I then became a sales person well really a sales assistant in a shop. I stayed there until I was put away for assaulting a police officer... they didn't want me back after that.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Paul: There was no real disruptions and my carers did invest an interest in my actions so it wasn't their fault.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Paul: It had no real affect as it was where I was used to be in the town. So everything was close to me and that.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Paul: Wasn't that good at all really. Not the worse but not the best. I had a lot of friends but when I hit teens I started hanging out with the bad crowd and that. I went along with what they did and showed them I was the same and wanted to be bad too. Oh money let me think... ummm well I had money but not enough to feed my interests or should I say habits.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Paul: Not before as I was eight.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Paul: Yes I smoked cannabis and did other stuff but I prefer not to say really. It all started when I was about fourteen I think. I don't think they related to care really. But I lacked respect and that so I didn't care if I got caught. Actually I did not lack respect I just put my own needs first I guess.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Paul: I was healthy and that excepted when I neglected myself and abused myself through all the shit I put in my system. I was actually now thinking about it.. like.. umm put into hospital when I was at my worst, twice in fact. That was because of alcohol and drugs.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Paul: It made me realise that I had been neglected and given up on. Then again it wasn't really the care thing but what had happened before and that.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Paul: I felt really low about myself and lacked interest in other people. It wasn't the care experiences but my own fault. I felt better about myself when I was being tough and that... picked up my self esteem.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Paul: Ok.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Paul: I tried to respect people and myself but my attitudes were so laid back. I enjoyed being the bad boy and kept up that status. My carers tried with me and that but I am not sure if I let them down... actually I did let them down and they did try and make it all better.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Paul: When I used to get away with it I thought it was ok to do I think. Then when I got punished I changed my views. I don't think the care experience affected this as they told me to follow rules and that rubbish, I just chose not to.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Paul: No as I got away with it until eighteen.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Paul: The second one as I was not near family so I didn't really belong or like feel like anyone wanted me there. They did try especially in last place but at the end of the day I wasn't their child and that's all there is to it.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Paul: I had good home in the end... so that is the first risk. I also had good role models so if I was ever not going to commit crime they did their best.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Paul: Yes.

Q19

Interviewer: If so why?

Paul: I would have been with my family. But then again my mum was on benefits so material wise I was well looked after in care.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: Do you feel that you were isolated whilst being in care? If so why?

Paul: Yes I was isolated as didn't see family.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Paul: No I had discipline but still did it.

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Paul: Yes. I felt unwanted as if no one cared. With this I thought to myself that if I did act a dick then no one would care and that. There was no point in trying to behave when I couldn't care less.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Paul: No I had good friends.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Paul: Yes my dad had a history of petty crime

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Paul: Yes as I only got five exams and I could have done better. When started to be reckless my interests changed and school went down the drain.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Paul: Yes to take drugs and that.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Paul: Yes as I said before.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Paul: No. At first I did but when it mattered I didn't... by that I mean at end of school.

Q29 P2

Interviewer: **Did you achieve at school?**

Paul: Yes. Well only five exams but at least it something.

Q30 P3

Interviewer: Did you hold positive attachments with people? If so who?

Paul: Yes from foster parents in my last placements.

Q31 P4

Interviewer: Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?

Paul: Yes from foster carers.

Q32 P5

Interviewer: Did you receive supervision and discipline, if so who from?

Paul: Yes from carers.

Q33 P6

Interviewer: Did you receive recognition and praise for your positive actions?

Paul: Yes.

Q34 P7

Interviewer: Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.

Paul: Yes. My carers wanted me to do well and helped wherever they could... but my social workers expected the minimum.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Paul: Yes I did I felt close to my lovely foster parents and not with my real family. They were a substitute I think. My friends were ok guess I was quite close to them as well.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Paul: In my final home I felt secure and I guess stable I felt as if I was family and stopped getting moved around which was lovely!.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Paul: No I was well selfish. I mean when I was cautioned for the first time I cared but not for them for me as I got grounded not because of worry or shame.

Q38 A4

Interviewer: **Did you hold respect for your carers/family/close network? Please give details of your answer.**

Paul: I thought I did but obviously I didn't. I didn't think of results of my actions or how they would feel about it.

Q39 C1

Interviewer: **Were you committed to anything in particular whilst in care, e.g. for example education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.**

Paul: I was committed to football until I was fourteen when i started being a wanker. Commitments I had changed when I got into the wrong crowd... I cannot blame anyone but myself though.

Q40 C2

Interviewer: **Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, planning for the future? Did you carers help or hinder this at all?**

Paul: Yes sort of. The old foster parents tried to help me have plans and I did... then as I got worse it took over and all the plans were down the drain.

Q41 I1

Interviewer: **Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.**

Paul: Yes I was like one of the family and did all the chores a real child would.

Q42 I2

Interviewer: **Have you whilst in care/after care been involved in conventional activities?**

School/Education/Training?

Paul: five GCSE's.

Interviewer: **Employment?**

Paul: I was employed as a sales advisor until I went down for the first time... then after no one wanted to know.

Interviewer: **Hobbies?**

Paul: I enjoyed football up until I think early teens. I started being stupid and my fitness started deteriorating because of it so I was crap at the game... so I stepped down out of the team before I lost my place.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Paul: Ignored the rules. I saw them as for geeks and goons. They were there to be broken and that's what I did. I enjoyed being the bad buy who fucked all rules.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. believe in punishment for the protection of others. Please give reasons for your answer.

Paul: Yes I do now. What I did was wrong, extremely wrong. There needs to be boundaries. Unfortunately the old cautions didn't even work for me. But punishment forces you to change... well I have been in twice but it does make you see things are wrong. You see other crimes people have committed and really do not agree... like old perverts and that... they need to be put down.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement? Did you have the potential to fulfil your capabilities?

Paul: Yes. I had encouragement from them and that to do well. I chose to take the bad route it wasn't their fault.

Interviewer: Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Paul: No. It helped as much as it could but I didn't want to listen.

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs? Do you have the potential to fulfil your capabilities?

Paul: Yes but my own stupidity led me to muck it all up with aggression problems. I have lost all potential now as I have screwed up.

Interviewer: Has the care experience restricted life chances? Please explain why you feel this is the case.

Paul: No. I chose not to address my problems with anger not them. I felt they didn't need the worry and think they had failed. I mean it was certainly not their fault I mucked up my future. Only you can say what you are going to do.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Paul: No I have a criminal record and have to go and get benefits and that. I was aided when I was eighteen but I soon mucked it all up and spent it on the wrong stuff and that.

Q48 M4

Interviewer: **Do you feel you committed any offences to gain anything otherwise not easily available to you?**

Paul: No. Only for drugs which I needed to steal for as fosters wouldn't obviously agree with that.

Interviewer: **Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.**

Paul: Being put into care made me angry but that's not to say the care experience made it worse or influenced it. It was being put in care that hurt me not the care experience.

Q49 G1

Interviewer: **What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.**

Paul: I want to be successful... am looking at a labourer job at the mo. If I choose to behave then I should gain things honestly as I cannot afford to get caught and be put inside again.

Q50 G2

Interviewer: **Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?**

Paul: I think being seen as a criminal has affected my chances but I can only try to behave and still have good times.

Summary

Q51

Interviewer: **What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?**

Paul: Being away from my parents even if they didn't want me it hurt me. Otherwise it was all my own fault... I was looked after really well and took the piss and threw it all back in their faces.

Q52

Interviewer: **Positively, what do you feel the care experience offered?**

Paul: I was secure and was away from danger... I was safe from everything except from myself.

Q53

Interviewer: **Did the care experience make things better or worse in relation to your offending behaviour?**

Paul: I would have anyway. I mean we all hold our own choices and I feel it was me and only me.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Paul: Having more contact with family and stuff. As it's not like focused on anything to do with the past and that. Being taken away from danger is of course important but you cannot take away the situation out of the child like that.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Paul: I do not feel the care environment can equal crime on its own. It was my choice... no one made me do it. I knew it was wrong.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX R

Full Transcript of F3 (Foster 3)

Name: Gemma*

Type of Placement: Foster

Section 1 – About you/ Background

General

Age: 21

Sex: Female

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 11

Time spent in care (years/months): 5years

Number of placement(s): 6

Type(s) of placement: 1 x Residential 5 x Foster

Offending Behaviour

Number of Offences: 2

Of which were cautions? 2

Of which were convictions? 0

Type of offence(s) committed: 2 x Shop lifting

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 1: Uncertainty on where staying.

Risk 2: Lack of supervision, encouragement and stability. Lack of love and feelings of being wanted.

Risk 5: Being put into sheltered accommodation.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 7: Health was good.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Being near friends who were doing well at school.

Would have helped: If wasn't put into sheltered accommodation.

More attachment and stability (Less placement shifts)

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Gemma: Yes I was in care for five years and then in sheltered accommodation at sixteen. I was in majority foster placements and one residential home at first. I was expelled and was kind of bad so I kept on being moved... apparently that would help me.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Gemma: Very unsettling and I felt really different.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Gemma: I think you would have more attention in a family.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Gemma: I had no money when I was in sheltered accommodation so I stole to get stuff.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Gemma: Ok.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Gemma: The negatives are easy.. I was moved all the time and then shoved into sheltered which had loads of other criminals in it so made me worse... that's why I got caught. The positive are less easy to see... oh yeah I was looked after properly in the physical sense... I got what I needed and was safe.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Gemma: I didn't see family as I was put at the other side of the county after a few placements. At first I had good friendships which helped me a lot to concentrate and that.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Gemma: School was good when I was like twelve but after that it started slowly going downhill. I started bunking and got expelled. Think I went to three schools all together.. sorry three senior schools. I left school... or was kicked out so didn't do any exams or anything. I had no training as I didn't have the exams so got a job at sixteen. It didn't work out for me... stealing was easier so I did that.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Gemma: There was no positive influence and the disruptions are endless. Think the main ones were the moving me around and lack of pushing me in the right direction.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Gemma: In the early years it was near to where I grew up and had friends and that. As I got older I made more.. how can I put it... negative role models. Especially in the sheltered house.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Gemma: It was good enough when I was in care.. then I started to go into bad circles. The more my friends consisted of criminals the more I did. I think I just followed everyone and what they did. I started to use my spare time to behave badly and drink.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Gemma: No.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Gemma: I started to smoke and drink to escape the hellish existence I had. I hated every home I was put in.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Gemma: I had good health except when I got really drunk and mashed up (Laughs). That wasn't the care environments fault directly as they catered for my general health. Although I could argue that the care environment made me drink and it was their fault. But I won't.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Gemma: It made me feel quite rubbish. I was depressed as parents spilt and my mum abandoned me and my two sisters. I only saw them in the holidays at first and then that stopped. I felt really angry as I didn't and still don't know why my mum gave up on me.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Gemma: Yes. I felt worthless and this made me very jealous of other people.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Gemma: At first they were good. Then as hit teenage years got bad.

Interviewer: What were your attitudes to life? How did the placement influence your behaviour?

Gemma: I had no ambition and didn't care about anything. I was on self destruct mode and that's how I liked it. The foster homes didn't really help but maybe made it worse as they had already decided I was bad news.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Gemma: I knew it was bad. Not sure really.

Q15 Risk 12.

Interviewer: **Did you feel motivated to change whilst in care? If so, how? If not, why?**

Gemma: No because I wasn't getting caught.

Q16

Interviewer: **Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?**

Gemma: The second one. I had no one to care for me and this led me to my downfall... starting at fucking up school and then being a twat and breaking the law. Then actually the first one... where I lived also was bad as that also led me to being moved around.. not only home but schools... as it made me bad which made me get expelled. No one giving a shit has bad effects on people... it certainly did for me.

Q17

Interviewer: **Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?**

Gemma: My physical health so risk seven. I was looked after physically very well. It was just emotionally and love that they failed on.

Q18

Interviewer: **Do you feel your situation may have been different if not in care?**

Gemma: Yes as I would have had someone to behave for. I would respect someone who cared for me.

Q19 If so why?

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: **Do you feel that you were isolated whilst being in care? If so why?**

Gemma: Yes as I felt different to everyone else.

Q21 R2

Interviewer: **Do you feel you received little supervision and discipline? If so why?**

Gemma: Yes. I was seen as a problem child, so felt by when I was fourteen I was given up on. It was just their job so they didn't care for me. They didn't treat me like they would their own children

Q22 R3

Interviewer: **Did you hold low attachments to your parents/family? How did this affect you?**

Gemma: Yes. I had no link. This had a bad affect on me... I felt worthless and really alone.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Gemma: No not the whole time.. I did have good friends at school at first which was good.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Gemma: Yes my mum shop lifted.

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Gemma: Yes. I had no GSCE'S. Guess it was my own fault... although they all could have had more faith in me. They all gave up and excepted I was a problem child. No one wanted to fight for me to change.. that would have been too hard for them. They would have had to care then.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Gemma: Yes as I got older. The teachers hated me and I hated them... that's it really.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Gemma: Yes. I fell behind then felt really stupid. I hated being on report as I always was. Such a nightmare I hated it.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Gemma: No.

Q29 P2

Interviewer: **Did you achieve at school?**

Gemma: No.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Gemma: Yes. I had good friends at the beginning and I won't ever forget them.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. *for example* educational achievement? If so, who from?**

Gemma: No. At first I did then after first exclusion they gave up on me.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Gemma: Yes I had some discipline but where I wasn't being looked after by real parents they couldn't be too harsh on me and give good old fashioned punishment because of policies and stuff I guess.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Gemma: Yes.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Gemma: Not really as I was offered silly rewards if I was good at school. You can't call that expectation.

Control Theory and Social Bonds

Q35 A1

Interviewer: **Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?**

Gemma: Had no relations with family or carers really. Did feel close to friends early in senior school but not as drifted into a bad crowd.. that didn't give closeness just people to hang around with.

Q36 A2

Interviewer: **Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.**

Gemma: No. I was moved around on average once a year. So no.

Q37 A3

Interviewer: **Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.**

Gemma: Not really as I didn't feel I was letting anyone down.

Q38 A4

Interviewer: **Did you hold respect for your carers/family/close network? Please give details of your answer.**

Gemma: Not to my family or to my carers. No one cared so why should I respect them... I didn't.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. *for example* education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Gemma: Not school but I liked sport and horses.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. *for example* achieving at school, planning for the future? Did you carers help or hinder this at all?

Gemma: No. I think my carers made it worse... I mean they just wanted me to go to school so instead of achieving it was attendance which I was supposed to do.. not both.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. *for example* washing up, cooking, cleaning) Please illustrate your answer.

Gemma: I tried to fit in and do stuff for the families. The more I started finding joy from being naughty the more I just didn't care about helping.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities?
School/Education/Training?

Gemma: No left school before exams.

Interviewer: **Employment?**

Gemma: One job at stables.

Interviewer: **Hobbies?**

Gemma: Horse riding but couldn't afford to keep it up.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Gemma: No I didn't believe in them. I felt like no one looked out for me so rules didn't pay.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. *for example* believe in punishment for the protection of others. Please give reasons for your answer.

Gemma: Yes for hard crimes. But if you don't hurt anyone just companies and can get away with it... then do it. I got loads of respect for doing what I did.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?

Gemma: No.

Interviewer: Did you have the potential to fulfil your capabilities?

Gemma: No.

Interviewer: Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Gemma: Yes as they didn't put up enough fight.

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?

Gemma: No. My education was screwed up when I was in care so now I can't get a job at all.

Interviewer: Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.

Gemma: No. I am not sure if it is their fault or mine as well. All that can be said is that due to the past my future is looking very rubbish.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Gemma: No I have no money. What do you mean by transition?

Interviewer: I mean going into adulthood from a teenager.

Gemma: Oh yeah.. sorry I am so thick. Oh umm no I wasn't. I was given minimum money but no guidance really. They just set you up with some second hand stuff and forget about your future. They say they are there but there not really. They just want to strike you off and case closed kind of thing.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Gemma: Yes I stole.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Gemma: Yes I guess so. As all the crap that went on led me to have nothing or nothing to fall back on.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Gemma: I would love to horse ride professionally... no chance if doing that.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Gemma: I am trying to get back on track.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Gemma: I felt isolated, alone and lost. I never knew where I was going next and lacked respect. If you have no one to let down... you take the easy route of breaking the law. That's what I did.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Gemma: Safety and comfort.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Gemma: Worse. I had no criminal behaviour and as I got moved around and further in the system it got worse. Having no belonging made me see that I was good at stealing so that's what I chose to do.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Gemma: Care and support not just money. Every poor person who has to be in care I think will see that it's just a job for all the carers.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Gemma: The care system should pay more attention to children's futures. I mean protection is good but the need for higher ideas of these children is important. I mean they shouldn't be seen as a waste of space... but to look at why they are. People that work for them will say they do... but in my experiences and others I know that is a load of rubbish.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX S

Full Transcript of K1 (Kinship 1)

Name: Dean*

Type of Placement: Kinship

Section 1 – About you/ Background

General

Age: 19

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Training

Time in care

Age at first placement: 12

Time spent in care (years/months): 6

Number of placement(s): 1

Type(s) of placement: Kinship

Offending Behaviour

Number of Offences: 2

Of which were cautions? 2

Of which were convictions? 0

Type of offence(s) committed: Fighting and stealing

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience)			Very important (negative experience)
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 5: Had older, criminal friends. Took part in reckless behaviour.

Risk 6: Offences happened because of taking drugs and drinking.

Risk 9: Held a criminal identity.

Risk 10: Aggressive and held little respect.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 1: Lived with Nan and had a lot of love.

Risk 2: Held good relationships with people.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: As above.

Would have helped: Not taking drugs. Stricter parenting skills administered.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent types of placement, changes in placement and reasons for any changes?

Dean: Yeah course you can. Like when I was like twelve my mum went mad starting drinking and that and then abandoned me. So my Nan took me on as my mum ran away and never came back. I thought that she would come back but I was so wrong. I ended up staying with my Nan until I was eighteen. Then again I am moaning but I was well lucky I wasn't ditched in a home. That would have been bad.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Dean: Yeah well it was quite good. My Nan looked after me really well. I felt so safe it was good to be looked after... knowing I wouldn't be left alone and that. It was very different to being with my mum, but I think it was overall quite good.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Dean: Very similar I felt too safe with my Nan as I said... so it was like living with an older mum. The only difference was my Nan wasn't as strict... maybe I had a softer life than if I was with my mum... I never got grounded or anything even when I was naughty. At the time I thought that this was ok, but now maybe it wasn't so good.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Dean: Ok well my first offence was fighting; I attacked a boy at school. I was very angry and couldn't help it... felt different to everyone else. I was different cause I lived with me Nan... I was easily wound up when people said things about my Nan... so I beat up someone one day that's the long and short of it. The second of my offences was stealing; I shoplifted on many occasions at about fifteen; I did this as my lifestyle began to change and started to take drugs and that. Drinking every weekend and as I got older would be weekdays too. I never had any money and I wanted to keep drinking so I stole... sometimes alcohol sometimes bigger things to sell to get drugs and drink. I wasn't a druggie; it wasn't hardcore stuff just dope, but still I did steal to feed my habits. All my friends did it so I thought I would too.

Questions from Section 2

Interviewer: **You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.**

Q4 Risk 1.

Interviewer: **Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?**

Dean: Helpful aspects ummmmmmm what do you mean by helpful?

Interviewer: By that I mean what was positive about living with your Nan?

Dean: I had a lot of love and stability with my Nan. I was safe and never went without the basics. I wouldn't say I had anything really disruptive about living with my Nan... I could have done with more money but that's cause I wanted drink and that and nicer stuff (Pause) but maybe I am just materialistic and greedy as I always had what I needed.

Q5 Risk 2.

Interviewer: **Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?**

Dean: Nope it was cool, obviously my relationship with my mum became nonexistent but that was it.

Q6 Risk 3.

Interviewer: **Could you give a brief description of your educational experiences (e.g. *for example* change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?**

Dean: Went to school as a normal kid does up until mum left. Then I started to bunk a bit but nothing major at first like. Stayed at the same school which was cool, got 5 five GCSE's which wasn't too shammy eh! Considering I hated it and was never there I did ok for myself. Managing to get those exams helped me a lot, now I am training to be a plumber at college so all is good.

Interviewer: **Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?**

Dean: Think with my Nan being soft it may have led to make taking the mick a bit, like I mean bunking cause I wasn't scared of being shouted out as she was so gentle and a bit of a walk over

I am afraid to say. Oh positive... ummm oh yeah of course my Nan had like loadsa time for me and took an interest. Without fail she would be at my parent's evenings and buying me revision books, she was a diamond really.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. for example where it was; town, city, rural or urban area, near home/long way away) **of your main placement and how this affected your life if at all?**

Dean: It was near where I grew up with my mum, like ten minutes away. It was near my friends and school so it was an ok place to live. It was deffo not a bad move, it could of been worse if I was sent to the other side of the world with a stranger but the difference was very small in comparison to what it could have been.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. for example your friendships, influence of others yps in care, how you used your spare time, financial issues etc e.g. pocket money?

Dean: It was ok yeah was kinda ok. I used to hang out with my boys, you know do the stuff boys do... being silly and that. Sometimes we used to get up to mischief and that so that was all fun. They all used to dare me to do stuff and that, really enjoyed being pushed into danger... was fun, better than school like. Loved it! Oh you spoke about influences, guess I was easily influenced like and that wasn't a good thing, as the ones that I copied were bad boys, you know boys who everyone were scared of. It sounds so stupid now but that's that I guess. So yeah I used to be naughty in my spare time with my hard mates, had not a lot of money and that so we should all take it in turns to steal. That answer your question?

Interviewer: Yes, thank you.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Dean: Nope.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if or how these related to being in care.

Dean: yes as it was something to do that I knew I could get away with. My Nan was soft as well and pussy footed around me as she felt sorry for me cause of what my mum did to me.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Dean: It was good, so no affect by living with my Nan. Why you think that it would have been bad?

Interviewer: No, it is just I am asking about the risks which are known to be linked to offending behaviour. It is good that your health wasn't a risk for you.

Dean: Ok cool.

Q11 Risk 8.

***Interviewer:* What affect if any, did your care experience have on your emotional and mental health? Please give examples.**

Dean: It had no effect, what happened to me before had an affect but not living with my Nan. She helped me that's all. She couldn't change what made me sad though.

Q12 Risk 9.

***Interviewer:* Was your perception of yourself and others affected by your care experience?**

Dean: Wouldn't say by the experience entirely but by being put into care I had no trust of other people. So the experience of being put into care did make me see people differently. Same as how I saw myself, it wasn't cause of my Nan but cause of the circumstances that made me see myself as a criminal, I knew I was good at the that. People cared about me when I was a bad one and I could get away with it, many others couldn't but I could.

Q13 Risk 10.

***Interviewer:* What was your behaviour like whilst in care? (towards other young people, staff, and other adults)**

Dean: Bad ass.

***Interviewer:* What were your attitudes to life?**

Dean: I wanted to see how much I could get away with. I was behaving like an animal who just wanted to cause carnage and that.

***Interviewer:* How did the placement influence your behaviour?**

Dean: Nan didn't give me discipline, so it was easy to do shit. Sorry didn't mean to swear. Sorry. So yeah my behaviour got worse as wasn't scared of getting caught.

Q14 Risk 11.

***Interviewer:* Did you feel it was ok to offend or knew it was wrong?**

Dean: Thought it was ok.

***Interviewer:* Did your experiences in care affect this? If so, how?**

Dean: Yeah as I got away with everything. If you aren't punished then you do not see it as bad. Think there some research on that maybe you should read up on it!! Jokes boy. Yeah (Laughs) umm yeah it did affect my attitudes as I thought if I wasn't getting punished then it must be ok.

Q15 Risk 12.

***Interviewer:* Did you feel motivated to change whilst in care? If so, how? If not, why?**

Dean: No as I had no reasons to change as got away with it all... all the time until I got my cautions.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Dean: Lifestyle risk so risk five, as I started drinking and taking drugs and hanging with people I shouldn't have.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Dean: The first one... what was it ummm the living arrangements as had a lot of love and support. And guess that Relationship one umm risk two came second as had contact with family... lived with one which is the best type of care you can get.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Dean: Maybe... but I can't really say as I do not know. All I know is it could have gone either way but with my attitude it probably would have been the same. I chose to commit the crime so I guess whoever I would have lived with I would have chose to do the same stuff... not really sure though. Then again my mum might have been stricter on me. Who knows eh, who knows.

Q19

If so why? – **Not asked as answered above.**

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: Do you feel that you were isolated whilst being in care? If so why?

Dean: No.

Q21 R2

Interviewer: Do you feel you received little supervision and discipline? If so why?

Dean: Yes, like my Nan was so soft. She thought it was just a troublesome youth and everyone was like it. I remember her saying she was scared as she thought I would rebel so chose not to discipline me.

Q22 R3

Interviewer: Did you hold low attachments to your parents/family? How did this affect you?

Dean: Nope.

Q23 R4

Interviewer: **Did you hold low attachments with others, e.g. peers? How did this affect you?**

Dean: Nope again.

Q24 R5

Interviewer: **Did your family have a history of criminal activity? If so what?**

Dean: Nope as far as I know (Laughs).

Q25 R6

Interviewer: **Did you have low achievement in school? Why do you feel this was?**

Dean: Yes only got five GCSE'S. Must have been caused I bunked off all the time to get stoned or smashed. Anything that was exciting was better than school that was my attitude to it all.

Q26 R7

Interviewer: **Did you played truant from school? If so why?**

Dean: To have fun as I said before, school was for losers in my mind then.. wanted to be cool and excepted plus I knew I could.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Dean: As I said it was crap, so boring and they were hard on me and wasn't used to it as Nan was so soft. So I felt what better way but to get away from it and have fun.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Dean: Nope.

Q29 P2

Interviewer: **Did you achieve at school?**

Dean: Got five GCSE'S.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Dean: Yes my Nan and held attachment to my mates but not sure how positive they were.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. educational achievement? If so, who from?**

Dean: Yes from my Nan.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Dean: Nope.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Dean: Yes from Nan the legend was always interested in me.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Dean: Yes I had some from Nan, she wanted me to do well but not huge expectations. Think this was as she didn't want to push me too hard in case I broke cause of what had happened before.

Control Theory and Social Bonds

Q35 A1

Interviewer: **Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?**

Dean: I was close to my Nan really close and to some of my friends. But if I look back the only person I could talk to was my Nan. We were really close, I know that sounds gay but we were really close as could be. She was like my mum for all my teenage years and carried me through.

Q36 A2

Interviewer: **Do you feel you had stability in your placement(s)?**

Dean: Yes I knew my Nan wouldn't let me go, she promised me and she was a woman of her word.

Interviewer: **Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.**

Dean: As I said my Nan was important to me and I guess we were attached. She was like a mum to me so I saw her as the closest person I had.

Q37 A3

Interviewer: **Did you hold sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.**

Dean: No, I was selfish I guess. I just thought I wouldn't get caught and if I did I wouldn't be in that much trouble. I thought of myself and not how it would affect my Nan at all.

Q38 A4

Interviewer: **Did you hold respect for your carers/family/close network? Please give details of your answer.**

Dean: Yes.. well I thought I did but looking at it now with what I spoke about today maybe I didn't as I didn't think about my Nan and that when I was breaking the law, bunking and being an idiot.

Q39 C1

Interviewer: **Were you committed to anything in particular whilst in care, e.g. for example your education, interests, and hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.**

Dean: Nope not really. Think it was because I found it easier to be naughty and that. Going to school or bunking and getting drunk.. I committed to being naughty.. I was good at that.

Q40 C2

Interviewer: **Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, and planning for the future? Did you carers help or hinder this at all?**

Dean: Nope, most people went to school and had ideas of college and that but at the time I didn't. Don't think my Nan hindered it at all, maybe my Nan could have been stricter and that would have helped but other than that I am not really sure.

Q41 I1

Interviewer: **Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.**

Dean: Nope, I just did what I wanted. I could so I did kinda thing.

Q42 I2

Interviewer: **Have you whilst in care/after care been involved in conventional activities?**

School/Education/Training?

Dean: five GSCE'S and am training to be a plumber at the moment

Interviewer: **Employment?**

Dean: None as of yet.

Interviewer: **Hobbies?**

Dean: **Nope.**Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Dean: I just ignored them, not sure if I believed in them or not.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.**

Dean: Not when I was breaking the law, not sure why.. but now I do as I am older and more wise of the effect of bad behaviour.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Dean: Don't think it has a real link in my case. I chose to only do five GCSE's.

Interviewer: **Did you have the potential to fulfil your capabilities?**

Dean: Yes.

Interviewer: **Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Dean: Nope, if anything it helped. I restricted my own chances in life. I chose to bunk and take drugs and everything that led up to me only getting five GCSE's.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Dean: Do not think it has anything to do with it in my case, you make your own destiny.

Interviewer: **Do you have the potential to fulfil your capabilities?**

Dean: Yes.

Interviewer: Has the care experience restricted life chances? Please explain why you feel this is the case.

Dean: Nope I did that myself. That's why I am trying to sort it out now.

Q47 M3

Interviewer: **Are you financially secure now? Were you aided in your transition to adulthood?**

Dean: Not at the mo, that's cause I am still training. Nan helps me still now and I am 19 so that's all good.

Q48 M4

Interviewer: **Do you feel you committed any offences to gain anything otherwise not easily available to you?**

Dean: No only to get money for drugs and drink, that's not cause of my Nan as I shouldn't have had those things anyway.

Interviewer: **Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.**

Dean: Nope.

Q49 G1

***Interviewer:* What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.**

Dean: Want to be a plumber, if I work hard I should be able to like to be able to be a proper plumber and get what I want legally (Laughs).

Q50 G2

***Interviewer:* Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?**

Dean: Yep.

Summary

Q51

***Interviewer:* What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?**

Dean: The lack of discipline and the lifestyle I chose to indulge in, the drinking and drugs that I got away with caused my behaviour to get worse and both cautions were when I was under the influence or to gain drink or drugs.

Q52

***Interviewer:* Positively, what do you feel the care experience offered?**

Dean: A good parent for me, with lots of love and support.

Q53

***Interviewer:* Did the care experience make things better or worse in relation to your offending behaviour?**

Dean: Hard to judge, ummm yeah it had no affect... I chose to do it I think.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Dean: More than just relying on someone like my Nan to bring up someone, of course had a social worker but need more than a nine to five worker. Need schemes to address children like I was, real discipline and intervention. Not making excuses as I made my own choices but damage is done when put into care. Maybe it is not the care system but events before need also to be addressed.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour? e.g. your main concerns.**

Dean: Nope.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX T

Full Transcript of K2 (Kinship 2)

Name: Owen*

Type of Placement: Kinship

Section 1 – About you/ Background

General

Age: 21

Sex: Male

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 7

Time spent in care (years/months): 11

Number of placement(s): 2

Type(s) of placement: 1 x Foster 1 x Kinship

Offending Behaviour

Number of Offences: 4

Of which were cautions? 3

Of which were convictions? 1

Type of offence(s) committed:

Cautioned: Vandalism, Drunk and Disorderly and Shoplifting.

Convicted: Assault

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the 'Explanations of Risk Factors' for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2 2.5	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 4: Neighbourhood – council estate with lots of trouble

Risk 5: Lifestyle – reckless behaviour, not enough money and lack of non criminal friends

Risk 8: Emotional and Mental Health

Risk 10: Behaviour – aggressive and angry

Risk 11: Attitudes to offending: Saw it as inevitable

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 2: Family and Personal Relationships – lived with Nan and Gramps (although had poor boundaries)

Risk 7: Physical health - Was looked after in a basic sense very well

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Nan and Gramps loved him. Held love for mum and her memory. Didn't want to let her down.

Would have helped: Better income – never had any money.

More encouragement – lacked it as carers didn't want to push him because he was delicate.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Owen: Yep. I spent 11 years in care. I was put in foster care for eighteen months when my Nan and Gramps were going for custody of me. My mum died that's why I was put into care. So I then went into their care and stayed there in care until I was eighteen and stayed living there even now.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Owen: It was ok. Tough times for Nan and Gramps but they tried their best.

b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Owen: I think others would have had more money. Both of them were retired and had very little income. Also I think others would have had more discipline... but because I was grieving and so were they...they were soft on me.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Owen: Ok first thing I did was when I was thirteen. I got cautioned for vandalism... why I was destructive I think. One day I was with my mates and thought I would join in so broke all the windows of the local youth club. Then I started drinking the next year... like every weekend. So I soon at fourteen got done for drunk and disorderly. Why..... I had nothing else to do but get drunk in the park. Money was tight so I never really got much pocket money so started stealing from the shop... got caught and then cautioned for that. Then I did stuff in between that was minor. When I was nineteen I assaulted a bouncer and got sent down for six months... I don't know why I did that... maybe because I was angry and lacked self discipline.

Questions from Section 2

Interviewer: **You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.**

Q4 Risk 1.

Interviewer: **Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?**

Owen: They were ok. Positively I lived with my family but then again it was near to poverty... ok that's an exaggeration but we were very poor. Nan and Gramps were on state pensions and of course they got money to look after me... which it did. But in comparison to others.. I didn't have stuff like holidays and game consoles.

Q5 Risk 2.

Interviewer: **Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?**

Owen: Not really. I had good relationships with Nan, Gramps and good friends.

Q6 Risk 3.

Interviewer: **Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?**

Owen: I got three GCSE's but did bunk a lot and get up to shit.

Interviewer: **Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?**

Owen: I wasn't really pushed as they were too concerned about my grief and that. They were still too soft on me. I knew I would bunk off and I wouldn't get grounded.

Q7 Risk 4.

Interviewer: **Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?**

Owen: Was a council estate was good cause near school but bad as it had bad influences on me...the trouble was hard to avoid.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. *for example* friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Owen: It was a bit crap. I mean I had a lot of friends but a lot of them were hard nuts always in trouble. I soon started stealing for something to do and plus I did not have any money at all. I had to steal to get stuff everyone else had. I didn't want to ask Nan and Gramps as it would worry them and they would feel bad.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Owen: No was too young.

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Owen: Started drinking when I was like fourteen I think it was. I think it was to forget about my mum.... not forget her... but forget she was gone and I would never see her again. I am not sure if this was cause I was in care but the reasons why was in care. Then again they were so soft on me I had no fear of getting caught as they wouldn't even ground me.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Owen: It was good.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Owen: It stressed me out as I was worried about money and wanted to have the gear that made me not stand out... like everyone would wear Nike trainers and I would wear nick trainers (Laughs). Also I was grieving for my mum... it made it worse being round family as they were grieving too. I tried to hide it to protect them .

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Owen: I saw myself as a bad guy... I was good at it and fitted in well in the estate. I saw myself as below those kids who had their own houses.. or I mean their parents did. You wouldn't think it... but there is so much stigma with not being rich. I became jealous of others for all of those reasons.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults)

Owen: I was very angry and badly behaved.

***Interviewer:* What were your attitudes to life? How did the placement influence your behaviour?**

Owen: I was destructive and couldn't care less. I don't think it made it worse it just didn't stop it or make it better.

Q14 Risk 11.

***Interviewer:* Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?**

Owen: I knew it was wrong... but I got away with it. I didn't realise it affected them so much. I feel bad now.

Q15 Risk 12.

***Interviewer:* Did you feel motivated to change whilst in care? If so, how? If not, why?**

Owen: No because I got away with it.

Q16

***Interviewer:* Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?**

Owen: My lifestyle as I had no money and too many influences which were quite bad ones.

Q17

***Interviewer:* Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?**

Owen: my relationships with my Nan and Gramps were good.

Q18

***Interviewer:* Do you feel your situation may have been different if not in care?**

Owen: Yes.

Q19

***Interviewer:* If so why?**

Owen: My mum would have disciplined me and would have had more money.

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

***Interviewer:* Do you feel that you were isolated whilst being in care? If so why?**

Owen: Yes I just didn't fit in at school.

Q21 R2

Interviewer: Do you feel you received little supervision and discipline? If so why?

Owen: Yes. Nan and Gramps felt I was delicate so didn't push me.

Q22 R3

Interviewer: Did you hold low attachments to your parents/family? How did this affect you?

Owen: No.

Q23 R4

Interviewer: Did you hold low attachments with others, e.g. peers? How did this affect you?

Owen: Yes... well I didn't really fit in. I mean this made me kind of be pushed into friendships within the estate as they didn't make me feel different.

Q24 R5

Interviewer: Did your family have a history of criminal activity? If so what?

Owen: No.

Q25 R6

Interviewer: Did you have low achievement in school? Why do you feel this was?

Owen: Yes. I think it was cause of me bunking as I didn't fit in. I was seen as below everyone else or that's how it felt.

Q26 R7

Interviewer: Did you play truant from school? If so why?

Owen: Yes... as I just said.

Q27 R8

Interviewer: Did you have a poor relationship with the educational system? If so why?

Owen: Yes as I was picked on cause I was behind.

Q28 P1

Interviewer: Do you feel you held a positive attitude to schooling?

Owen: No.

Q29 P2

Interviewer: Did you achieve at school?

Owen: No I got three GCSE's... you can't really call that achieving when most people get ten.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Owen: Yes me Nan and Gramps.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?**

Owen: Not really. I wasn't pushed by Nan or Gramps or even by my social worker.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Owen: No.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Owen: Yes as I did when I behaved. Seems really silly as I should have always behaved.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Owen: Not really. They were happy enough me staying out of trouble. Their expectations were pretty low I think... probs cause of what had happened to mum.

Control Theory and Social Bonds

Q35 A1

Interviewer: **Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?**

Owen: Close to Nan and Gramps but no one else really.

Q36 A2

Interviewer: **Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.**

Owen: Yes as Nan and Gramps were always there. I knew if they could help it they wouldn't ever leave me. They have always been there and still are... I live with them now (Laughs).

Q37 A3

Interviewer: **Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.**

Owen: No. Looking back I should have but I didn't. I didn't see that what I did must have hurt them.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Owen: Yes but not enough to stop me breaking the law. I respect them bringing me up... they could of just slung me in a home.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. for example education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Owen: No I never fitted in... so I chose something I could do... which was being a bad guy.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. for example achieving at school, planning for the future? Did you carers help or hinder this at all?

Owen: No. I am not sure if they hindered as you put it. I mean they did treat me slackly as in were soft. This could have like umm made them have lower expectations of me... they saw me as delicate as my Nan puts it. Maybe they thought too much about the past and not what I could do in the future.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. for example washing up, cooking, cleaning) Please illustrate your answer.

Owen: No I was so selfish and didn't bother as didn't have too.

Q42 I2

Interviewer: Have you whilst in care/after care been involved in conventional activities?

School/Education/Training?

Owen: Got three GCSE's.

Interviewer: Employment?

Owen: No... I was put into prison and now I cannot get a job. I just have benefits.

Interviewer: Hobbies?

Owen: No.

Q43 B1

Interviewer: Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.

Owen: No as they didn't help me.

Q44 B2

Interviewer: Do you respect the legal rules attributed to people's actions including your own? E.g. *for example* believe in punishment for the protection of others. Please give reasons for your answer.

Owen: No... 'cause I didn't.

Anomie and Strain

Q45 M1

Interviewer: Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?

Owen: No as I wasn't pushed enough or shown enough interest from social workers... they should have as they weren't emotionally involved with me.

Interviewer: Did you have the potential to fulfil your capabilities? Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.

Owen: No I don't think I did. I wouldn't say restricted them but could have helped more.. like I said the social workers should have. Well the stability of my care made it better I guess... if I was not with them then I might have not got any exams. Hindered... well the lack of expectations and discipline couldn't have done me any good.

Q46 M2

Interviewer: Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?

Owen: No.

Interviewer: Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.

Owen: No I don't think I do as I have mucked it all up now. I can't say the experience has restricted it but could have pushed me more to do better at school... then have more ways of getting a job.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Owen: No. I still live with Nan and Gramps so still quite poor... but they have helped as I would have been in a bigger mess if in a bedsit or something.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Owen: Yes I stole as we had nothing.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Owen: As I just said we had little so I would still not to worry me Nan and Gramps.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Owen: I want my own flat and freedom... can I get that... now I have a record I will be lucky to get a good job.. then again I have no real education so that's that I guess.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Owen: No.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Owen: I had no money or discipline... so I stole and acted a prick. The lack of being grounded and that made me see that I actually could get away with everything... so when I hit that bouncer I went too far.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Owen: I had a lot of love and security. I mean me Nan and Gramps loved me so much... without getting too mushy they really did.

Q53

Interviewer: Did the care experience make things better or worse in relation to your offending behaviour?

Owen: I think maybe worse or it could have been losing mum. It is hard to say really.

Q54

Interviewer: What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?

Owen: I think they should look at what happened to make people go in care.... more help for family looking after kids and more support. More family looking after kids would be great... with more practical support it would offer a lot.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Owen: There needs to be more help for my Nan and Gramps... oh sorry I mean for people like them bringing up their grandkids... Financially that is.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

APPENDIX U

Full Transcript of K3 (Kinship 3)

Name: Pam*

Type of Placement: Kinship

Section 1 – About you/ Background

General

Age: 20

Sex: Female

Ethnicity: White British

What are you doing now? (Education, training, employment) Unemployed

Time in care

Age at first placement: 5

Time spent in care (years/months): 13years

Number of placement(s): 3

Type(s) of placement: Foster x 2 and Kinship x 1

Offending Behaviour

Number of Offences: 3

Of which were cautions? 2

Of which were convictions? 1

Type of offence(s) committed:

Cautions: 1 x Shoplifting 1 x Assault.

Convictions: 1 x Shoplifting.

Section 2 –The overall Care Environment/Experience and its impact on criminal behaviour

The following 12 aspects of life are known to relate to offending behaviour. How important were they for you in relation to the start of your offending behaviour? (Please see the ‘Explanations of Risk Factors’ for guidance on the meanings of each of these risks)

1= Not important (being in care was a positive experience in this respect)

4= Very important (being in care was a negative experience in this respect)

Please circle one number for each influence or N/A if not applicable	Not important (positive experience) 1			Very important (negative experience) 4
1.Living arrangements	1	2	3	4
2.Family and Personal relationships	1	2	3	4
3.Education, training and employment	1	2	3	4
4. Neighbourhood/ Area lived in	1	2	3	4
5. Lifestyle	1	2	3	4
6. Substance Use	1	2	3	4
7. Physical Health	1	2	3	4
8. Emotional and Mental Health	1	2	3	4
9. Perception of self and others	1	2	3	4
10. Thinking and behaviour	1	2	3	4
11. Attitudes to offending	1	2	3	4
12. Motivation to change	1	2	3	4

Areas with highest risk (Vulnerabilities): What do you feel made you offend/offend more?

Risk 3: Education – Not involved in school

Risk 5: Lifestyle – Lack of Money.

Areas with lowest risk: Which risk(s) do you feel had little impact on your offending behaviour?

Risk 2: Relationships - Good relationships with family

Risk 7: Physical Health – Good health.

Available protective factors (Resilience): What helped you keep out of trouble/ stop offending/offend less? What would have helped you keep out of trouble?

Helped: Attachments to family and Nan (carer). Would have helped: If had more money.

Section 3 – Open ended Questions linking Section 1 and 2, plus further questions on care environment/experience. Only relevant questions will be asked.

Questions from Section 1

Q1

Interviewer: Could I start by asking you to give a brief description of your time in care, highlighting the time spent, types of placement, changes in placement and reasons for any changes?

Pam: I was in care for thirteen years. There was three placements in total. Two foster places when I was waiting for my Nan to get care of me.

Q2a)

Interviewer: Could you tell me what it was like growing up/spending time in care?

Pam: It was good... I was safe. I mean I was away from my alcoholic mum and dada who was really aggressive.

Q2b)

Interviewer: How do you think this compares with children growing up at home with their parents?

Pam: The same really.. just your mum is your Nan.

Q3

Interviewer: Can you tell me more about the circumstances of your offence(s)? E.g. what happened and when; why you think you offended at that time?

Pam: I assaulted this girl when I was about fifteen... she thought she was better than me so I hit her... well beat her up... I think it was a fight but they cautioned me for it. Oh and there was shoplifting when I was growing up.... I did it to get what everyone else had and firstly I was cautioned for it and then when I was eighteen I got convicted... fucking me over as I lost my job.

Questions from Section 2

Interviewer: You assessed the key influences on offending behaviour in Section 2 of this interview. We will now discuss the relevant influences in relation to your care experience and involvement in criminal behaviour.

Q4 Risk 1.

Interviewer: Can you describe your living arrangements, drawing on any particular aspects you feel may have been helpful and positive or alternatively disruptive or negative?

Pam: It was just normal being with my Nan. Only negative thing was weren't particularly rich.

Q5 Risk 2.

Interviewer: Through being in care, was your personal relationship with your friends, parents/wider family affected, if at all?

Pam: Not really.

Q6 Risk 3.

Interviewer: Could you give a brief description of your educational experiences (e.g. for example change of school, attendance, achievement, any exclusions, attitudes of teachers and other yps) whilst in care and any further training and employment afterwards?

Pam: I went to the same school all my life... well obviously different ones... but only when there was a normal change. Didn't like teachers or school... felt bullied by them as I wasn't very clever. I couldn't wait to get out and get a job... so that's what I did. I went straight to work at Tesco's.

Interviewer: Were there any disruptions or hindrances in gaining your full potential? Was there a positive influence?

Pam: I bunked off so that must not have helped. No real positive influences though as far as I can have seen.

Q7 Risk 4.

Interviewer: Please give a brief description of the location (i.e. where it was; town, city, rural or urban area, near home/long way away) of your main placement and how this affected your life if at all?

Pam: In a town... big estate thing. No didn't really affect me.

Q8 Risk 5.

Interviewer: How do you feel your general lifestyle was whilst in care, e.g. friendships, influence of other yps in care, how you used your spare time, financial issues e.g. pocket money?

Pam: I had friends who were bad news so we would bunk... it started as I hated school and being picked on... whereas they just used to like knocking about the streets causing trouble.

Q9 Risk 6.

Interviewer: Did you misuse substances before you were in care?

Pam: No I was blinking five (Laughs).

Interviewer: Did you have any experiences of substance misuse whilst in care? If so please explain if/how these related to being in care.

Pam: I dabbled with a bit of cannabis. That was not to do with being in care... like wake up.. everyone does that.

Q10 Risk 7.

Interviewer: Could you briefly describe your physical health whilst in care? Was this affected by the care environment?

Pam: Perfect help except an abortion which I learnt from... this wasn't anything to do with who or where I lived.

Q11 Risk 8.

Interviewer: What affect if any, did your care experience have on your emotional and mental health? Please give examples.

Pam: It wasn't the care experience but stuff that happened before. I found it hard to deal with that fact of my parents not changing for the sake of me. My mum even had another child five years on... she kept her yet never... never tried to get me back... now that hurts.

Q12 Risk 9.

Interviewer: Was your perception of yourself and others affected by your care experience?

Pam: No just my perceptions. I saw myself as hard and untouchable. I guess I had to toughen up. I didn't trust anyone who got close to me though.

Q13 Risk 10.

Interviewer: What was your behaviour like whilst in care? (towards other young people, staff, and other adults) What were your attitudes to life? How did the placement influence your behaviour?

Pam: I was just rude... with a bad attitude. Umm... let me think.... it didn't really help as I wasn't punished.

Q14 Risk 11.

Interviewer: Did you feel it was ok to offend or knew it was wrong? Did your experiences in care affect this? If so, how?

Pam: I knew it was wrong but needed to steal. I never thought of my Nan and she never even shouted at me. I remember on my first arrest she kept so calm... maybe she was too old to get angry and have that energy.

Q15 Risk 12.

Interviewer: Did you feel motivated to change whilst in care? If so, how? If not, why?

Pam: No as it was the only way.

Q16

Interviewer: Which of the twelve risks do you feel was most important in relation to your offending behaviour in your care experience? Why?

Pam: Lifestyle... I had no money. This made me steal and made me jealous... leading up to me beating up a girl.

Q17

Interviewer: Which of the twelve risks do you feel was least important in relation to your offending behaviour in your care experience? Why?

Pam: I had loads of love and affection so relationships was least to do with it.

Q18

Interviewer: Do you feel your situation may have been different if not in care?

Pam: No.... well maybe would have been shouted out and that... Actually yes I would have been as my dad was well strict.

Q19 If so why?

Questions expanding on previous sections paying attention to theoretical considerations

Risk and Protective Paradigm

Q20 R1

Interviewer: Do you feel that you were isolated whilst being in care? If so why?

Pam: No.

Q21 R2

Interviewer: Do you feel you received little supervision and discipline? If so why?

Pam: Yes.. as my Nan was too old to shout. She knew I would just run away if she did punish me.

Q22 R3

Interviewer: Did you hold low attachments to your parents/family? How did this affect you?

Pam: No.

Q23 R4

Interviewer: Did you hold low attachments with others, e.g. peers? How did this affect you?

Pam: Yes I never fitted in. So that's why I bunked school and met others like me.

Q24 R5

Interviewer: Did your family have a history of criminal activity? If so what?

Pam: Yes my dad had been arrested for assault.

Q25 R6

Interviewer: Did you have low achievement in school? Why do you feel this was?

Pam: Yes... I didn't like it.

Q26 R7

Interviewer: **Did you play truant from school? If so why?**

Pam: Yes as I said I hated it and felt stupid.

Q27 R8

Interviewer: **Did you have a poor relationship with the educational system? If so why?**

Pam: Yes the teachers hated me and picked on me for being not as clever as everyone else.

Q28 P1

Interviewer: **Do you feel you held a positive attitude to schooling?**

Pam: No.

Q29 P2

Interviewer: **Did you achieve at school?**

Pam: No... I only got two GSCE's and that was two F's for maths and english.

Q30 P3

Interviewer: **Did you hold positive attachments with people? If so who?**

Pam: Yes my family.

Q31 P4

Interviewer: **Did you have encouragement and guidance for positive achievements, e.g. for example educational achievement? If so, who from?**

Pam: No. My Nan knew I hated it so never made me go.

Q32 P5

Interviewer: **Did you receive supervision and discipline, if so who from?**

Pam: No... Nan was well soft.

Q33 P6

Interviewer: **Did you receive recognition and praise for your positive actions?**

Pam: Yes if I went to school I could stay out late.

Q34 P7

Interviewer: **Did you have expectations from others in relation to your achievements and actions? Please illustrate your answer.**

Pam: Yes... I had to go to school in the end so Nan wouldn't have me taken away.

Control Theory and Social Bonds

Q35 A1

Interviewer: Could you tell me a bit more about your relationships with your carers and family and friends? Did you feel close to anyone in particular?

Pam: Good with family especially Nan. Mates well... I had lots but not being a good thing as they influenced me.

Q36 A2

Interviewer: Do you feel you had stability in your placement(s)? Who were you attached to? (Birth parents, carers, friends, staff) Please illustrate your answer with the reasons why.

Pam: I was very stable as I knew it was for good.

Q37 A3

Interviewer: Did you hold a sensitivity to the opinion of others in relation to choosing your actions? Please illustrate your answer.

Pam: No I did what I wanted.

Q38 A4

Interviewer: Did you hold respect for your carers/family/close network? Please give details of your answer.

Pam: Some for my Nan... but not a lot for my parents as they did neglect me.

Q39 C1

Interviewer: Were you committed to anything in particular whilst in care, e.g. *for example* education, interests, hobbies? Please give an example of your commitments or why you feel you were not able to commit to anything in particular.

Pam: I enjoyed drinking with my mates... that's what I was committed to.

Q40 C2

Interviewer: Do you feel that you were committed to the norms of a person of your age group whilst in care, e.g. *for example* achieving at school, planning for the future? Did your carers help or hinder this at all?

Pam: No... I just wanted to get a job and any job at that. Just wanted a laugh. That was nothing to do with my Nan.

Q41 I1

Interviewer: Did you involve yourself in day to day activities whilst in care? (E.g. *for example* washing up, cooking, cleaning) Please illustrate your answer.

Pam: No.

Q42 I2

Interviewer: **Have you whilst in care/after care been involved in conventional activities?**

School/Education/Training?

Pam: I left school at sixteen with two GCSE's which were F's (Laughs).

Interviewer: **Employment?**

Pam: Worked at Tesco's for two years but then I got busted for stealing so Tesco's no more.

Interviewer: **Hobbies?**

Pam: No.

Q43 B1

Interviewer: **Did you agree and believe in the rules you were made to follow to whilst in care? Please illustrate your answer.**

Pam: No I thought they were just there to be boring and suppress you.

Q44 B2

Interviewer: **Do you respect the legal rules attributed to people's actions including your own? E.g. for example believe in punishment for the protection of others. Please give reasons for your answer.**

Pam: I do now. I don't agree with people killing people and that of course I don't.

Anomie and Strain

Q45 M1

Interviewer: **Do you feel the care system allowed you to achieve your full potential in relation to educational achievement?**

Pam: Nothing to do with it as I was stupid anyway.

Interviewer: **Did you have the potential to fulfil your capabilities? Did the care experience restricted life chances? Please explain your answer, illustrating ways in which it may have helped or hindered your achievements.**

Pam: I guess I could of done more if I was pushed... needed like rules and pressure. So maybe being with Nan who was well... like... soft... made me worse. But in general I would say I was just crap at school.

Q46 M2

Interviewer: **Do you feel your early experiences in care have allowed you to gain a job which caters for your financial and material needs?**

Pam: Well my early experiences at school as left me only ever working for a supermarket... then I fucked that up and stole. But that not the care thing that me being an idiot. I know I could of gone to college and trained to be something.

Interviewer: Do you have the potential to fulfil your capabilities? Has the care experience restricted life chances? Please explain why you feel this is the case.

Pam: Nope as I just said through me not at school... not doing well... led to crappy job and me still on the rob. Not my Nan's fault though.

Q47 M3

Interviewer: Are you financially secure now? Were you aided in your transition to adulthood?

Pam: No I am still struggling and Nan had nothing but support to aid me with.

Q48 M4

Interviewer: Do you feel you committed any offences to gain anything otherwise not easily available to you?

Pam: Yes as stole to get clothes and that... for example to go to parties. Got sick and tired of being the scanky girl.

Interviewer: Did the circumstances of the care experience have an influence on your offending behaviour? Please give examples.

Pam: Yes as I said I was materialistic and with no money I got jealous and lashed out and stole.

Q49 G1

Interviewer: What do you feel your main aspirations are? Do you feel you have the means of gaining them? Please give examples.

Pam: Love to have a nice house... never going to happen.

Q50 G2

Interviewer: Do you feel you have the ability to live a life legally whilst still gaining the financial needs you require?

Pam: I am trying to stop stealing as but it hard as I can't survive on benefits.

Summary

Q51

Interviewer: What do you feel was the most negative experience whilst being in care in relation to the onset of your criminal behaviour?

Pam: I lacked being pushed and punished and having nice gear.

Q52

Interviewer: Positively, what do you feel the care experience offered?

Pam: A loving Nan that kept me safe.

Q53

***Interviewer:* Did the care experience make things better or worse in relation to your offending behaviour?**

Pam: No affect really. I would have stole anyway. My Nan tried her best and I just wanted more. Being in care cannot be blamed for me assaulting people or stealing dresses.

Q54

***Interviewer:* What do you believe is needed to aid the problem of the prevalence of criminal careers within the care environment and after?**

Pam: A lot more financial help and stricter rules.

Q55

***Interviewer:* Is there anything else you would like to add in relation to your care experience and criminal behaviour, e.g. your main concerns.**

Pam: No that's all thanks.

***Interviewer:* Thank you for taking part in this interview. All information will be held confidentially and you have the right to withdraw from the research at any point. Please be aware of the services at Waves Community Centre if needed, or alternatively with issues surrounding content of the interview contact myself on the information given prior to the interview.**

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LIST OF ABBREVIATIONS

BSC	British Society of Criminology
CE	Care Environment
CEs	Care Environments
CLCA	Children (Leaving Care) Act
CPS	Crown Prosecution Service
DfES	Department for Education and Skills
DH	Department of Health
MORI	Market and Opinion Research International
NACRO	National Association for the Care and Resettlement of Offenders
YJB	Youth Justice Board

GLOSSARY

Anomie and Strain Theory: Anomie and Strain developed by Durkheim (1893 in 1964) later Merton (1938) and Cohen (1957) shows we all share the same goals but some people are limited in their applicability in terms of time, place, persons and social circumstances. The accepted and conventional means of achieving these goals are through education and hard work, if these means are not available life chances are affected and in turn may result in heightened illegal means to gain the desired goals.

ASSET Risk Ratings: Is a structured assessment tool aimed to identify particular needs or risk factors the young person may have, in order to enable practitioners to structure intervention effectively to reduce offending/reoffending.

Attachment Theory: Describes attachment as a propensity to make strong bonds to particular others and it explains the distress and disturbance felt and demonstrated when there is separation or loss from that person or persons. This theory is used to explain offending behaviour when low attachments are present, it is highlighted that it could cause increased likelihood of offending.

Care Environment(s)/Placements: The environments/placements in which local authorities locate looked after children for their protection. See individual placement types for definitions of each care environment.

Care Leavers: Looked after children who have reached the age of 16 and whose situation falls into one of the following categories.

- **Eligible** – aged 16 or 17 and have been looked after for a period of 13 weeks since the age of 14 and remain looked after (planned periods of respite care do not count)
- **Relevant** – previously 'eligible' but no longer looked after and under 18
- **Former relevant** – any young person aged 18 or over but under 21 who was 'eligible' or 'relevant' prior to becoming 18. The authority responsible for the young person when they were looked after is responsible for providing support and assistance up to the age of 21, or 24 if they were in an education programme at 21.

Care Order: Given by the Court to protect a child if it is satisfied the child is suffering or is likely to suffer significant harm if he or she was not in the care of Social Services.

Cautions/Final Warning: Official warnings given to those who commit less serious crimes. It highlights the likely consequences of committing further crimes, aiming to divert offenders away from court and reduce the likelihood of the individuals offending again.

Children Act (2004): Provides the legislative framework for improving children's lives and cover both universal services, accessed by all children, and targeted services for those with additional needs. It aims to encourage the integrated planning, commissioning and delivery of health, social care and educational services.

Children (Leaving Care) Act (CLCA) (2000): Ensured that children and young people accommodated by local authorities under the Children Act (1989) were provided with due care and support during their transition from care up until the age of 21 years or 24 if in full time education.

Choice Protects (2002): Was launched to improve outcomes for looked after children by providing a degree of placement stability and giving children and young people and their families' greater choice over their placements.

Control Theory: Hirschi (1969) Control Theory sees individuals who commit crime to be free of attachments, aspirations and moral beliefs that bind most people to a life within the law. It highlights 'Why do people not commit crime' rather than 'Why do people commit crime'. Four bonds induce people to comply with rules: attachment, commitment, involvement and belief. Attachment reflects sensitivity to others opinions; commitment flowed from an investment in time and energy; involvement stemmed from engrossment in conventional activity; and belief in obeying legal rules.

Convictions: Verdicts resulting when the Criminal Justice System finds an individual guilty of a crime.

Corporate Parents: Are those in local authorities who have responsibility for children in their care, making their needs a priority and seeking the same outcomes any good parent would want for their own children.

Criminogenic: Producing or tending to produce crime or criminality.

Department for Education and Skills (DfES): Is a Government run body responsible for the education system and children's services in England .Their aims include to make young children and young people happy, keep them safe, give them good standards of education and help them to stay on track. Outcome indicators are released annually to highlight areas of improvement or concern within different groups in society, including looked after children.

Department of Health (DH): A Government run body providing health and social care policy, guidance and publications for NHS and social care professionals.

Foster Placements/Care: Are placements that have certified stand in 'Carer(s)' for the care of children or young people who have been removed from their birth parents or other custodial adults by local authorities. Responsibility for the young person is assumed by the relevant local authority acting as 'corporate parents' and the placement in which the child or young person is placed.

Home Office: Is a government department responsible for internal affairs and leading on criminal policy in England and Wales. It oversees the work of the police, the Youth Justice Board for England and Wales (YJB) and the prison and probation services.

Individual Agency/Choice: Agency highlights the freewill, competence and self efficacy possessed by individuals to make choices. Choice is part of the human condition, its content contained in the subjective experiences of the person emerging in and through social process. Individuals may be seen to hold agency and make choices about criminal involvement.

Interventions: Services and resources provided for looked after children to meet the assessed needs, desired outcomes and plan for the child.

Kinship Placements/Fostering/Care: The same principal as foster placements/care in which full time care, nurturing and protection of children is by relatives, godparents, stepparents, or any adult who has a kinship bond with a child. Responsibility for the young person is assumed by the

relevant local authority acting as 'corporate parents' and the kinship carers of whom the child or young person is placed with.

Labelling Theory: Focuses on the concept of the majority adopting labels for individuals, normally negative labels to those who are seen to be deviant from the norms. Often the act of labelling results in self - fulfilling prophecies in which individuals will behave in the way they are perceived. It explains how when negative associations cause labels on individuals, those in receipt of such perceptions are likely to act in a way which enhances the already determined labels, as there is little point in trying to go against them.

Life Chances: Are the opportunities each individual has to improve their quality of life. It describes how likely it is, given certain factors, that an individual's life will turn out a certain way. Life chances are linked with one's social situation, the opportunities are the extent to which individuals have access to important societal resources such as education and employment.

Local Authority: The (children's services) authority that is responsible for each looked after child, their care and their care plan. They are also called **Corporate Parents**.

Long Term Fostering: A child or young person is placed with foster carer(s) and it is envisaged that the child will remain with them until they are 18 or older. The child is part of the foster carer's family but parental responsibilities are shared also with the local authorities acting as corporate parents.

Looked After Children: This term refers to children who are either in care (subject to a care order) or accommodated by a local authority. This can include: living with family or friends, in foster care, residential placements, secure units, special school or supported lodgings.

Market and Opinion Research International (MORI): Is a leading research company with global reach offering a full range of established and innovative qualitative and quantitative research services and consultancy. It provides clients such as the Government with the understanding and insight they need to help make the decisions that matter.

National Association for the Care and Resettlement of Offenders (NACRO): Is an independent voluntary organisation or crime reduction charity working to prevent crime. 'Changing life's, reducing crime' is the crime reduction charities aims, attempting to make society safer by finding practical solutions to reducing crime. Since 1966 they have worked to give ex-offenders, disadvantaged people and deprived communities the help they need to build a better future.

Offending/Offending Behaviour: Behaviour that breaks the law.

Offending/Reoffending Rates: Measurements of the amount of offending/reoffending present, defining prevalence's within different groups or categories.

Protective Factors: Factors which protect from offending/reoffending.

Quality Protects (1998): Was part of a wider strategy to address social exclusion, and in particular aimed to improve serviced for children in local authority care and those leaving care through local authority management action plans.

Reoffending/ Recidivism: Acts of a person repeating offending behaviour after they have either experienced negative consequences of that behaviour, or have been treated or trained to extinguish that behaviour.

Residential Placements: Placements for children who are not living with their family or foster carers. Children are looked after by staff of the home with local authorities acting as corporate parents to the child/young person.

Resilience: Is a set of qualities that helps a person to withstand many of the negative effects of adversity, allowing them to function reasonably despite continued exposure to risk. This term is used when individuals receive significant protective factors against enabling them to be resilient to offending.

Risk and Protective Factors Paradigm: Highlights the factors which present risk to offending and alternative factors which protect from offending. Heightened risks such as 'poor attachments' and 'low achievement' present vulnerabilities to crime, with protective factors such as 'good attachments' 'stability' and 'encouragement' offering possible resilience to crime.

Risk Factors: Factors which offer risk of offending/reoffending.

Secure Placements/Units: Focus on attending the physical, emotional and behavioural needs of the young people they accommodate. They are run by local authority social services, overseen by the Department of Health (DH) and Department for Education and Skills (DfES). They are generally used to accommodate young offenders of both genders, aged 12 to 14; girls up to the age of 16; and 15 to 16 year old boys who are assessed as vulnerable; but they can also be used to house young people solely on welfare grounds.

Social Exclusion: The process whereby certain groups are pushed to the margins of society and prevented from participating fully by virtue of their poverty, low education or inadequate life skills. This distances them from job, income and education opportunities as well as social and community networks.

Social Services: A department of the local authority (also called the council, children's services authority) which supports and protects people.

Transitions: The act of passing from one stage of life to the next, moving from being looked after by local authorities to leaving the care system; transitioning to adulthood.

Vulnerabilities: A combination of characteristics of the person concerned and the risks which they are exposed to in their particular circumstances. This term is used when individuals receive significant risk factors which make them vulnerable to offending.

Youth Justice Board (YJB): Is a non departmental public body established in September 1998 to co ordinate the youth justice system for England and Wales. Its objective is to prevent offending by children and young people by helping to prevent crime and fear of crime, identify and deal with young offenders and reduce reoffending.

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