THE GOVERNANCE OF YOUNG MALES WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD) WITHIN THE YOUTH JUSTICE SYSTEM

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The Governance of Young Males with Attention Deficit Hyperactivity Disorder (ADHD) within the Youth Justice System

Abstract

This research critically examines principal challenges for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) within key youth justice domains. Through policy and practice, the discourse of 'risk' promotes key tensions between the identification of, and responses to, the *needs* of children and young people and *offending prevention*. A growing body of evidence demonstrates the correlation of disproportionate numbers of children and young people with ADHD under the auspices of the youth justice system. This is exacerbated through a lack of early identification, appropriate intervention measures and support, through the various stages of the youth justice system. Drawing on primary research undertaken with youth justice practitioners, associated multi-agency staff and third sector organisations, this research explores the limited understanding and awareness of ADHD. Significantly, it highlights the underlying difficulties and contributory negative influences, which children and young people with this condition face, and especially in the perpetuation of criminal justice contact. Key findings of this qualitative study identify essential training needs for practitioners involved in youth justice and wider services, in order to recognise and respond effectively to this vulnerable group. Additionally, due to multi-faceted, influencing factors constituted in social, educational and criminal justice domains, this group of children and young people are more susceptible to processes of labelling and negative responses within a 'politics of behaviour' (Rodger 2012:12).

Introduction

This research critically explores the prevailing issues and challenges posed for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) (or undiagnosed symptomology) and in contact with the youth justice system. Categorised as a neurodevelopmental condition, ADHD is the most common in the UK (Blackburn 2013:3) and previous research demonstrates a consistently high prevalence rate of neurodevelopmental conditions, and increased mental health needs, of children and young people in youth justice domains

(Chitsabesan and Hughes 2016). Given this, a greater understanding of the needs of this group is pivotal to the provision of appropriate responses and support mechanisms within (and arguably before) criminal justice involvement. Research further demonstrates the need for early identification of the particular needs of children and young people with ADHD to facilitate diversion into more appropriate forms of assessment and engagement with relevant agencies (Talbot 2010; Berelowitz 2011; Haines *et al* 2012).

Furthermore, children and young people with neurodevelopmental conditions and co-existing impairments are overrepresented in custody (Hughes 2015b) whilst children affected by ADHD are vulnerable at key youth justice stages from arrest to custody (Young *et al* 2011a; Hughes and Chitsabesan 2015) thus limiting future life chances and opportunities whilst exacerbating incidences of re-offending (McAra and McVie 2010; Talbot 2010; Bateman 2011). Hence, a specific focus of the research centres on the process of assessment, early identification, effective intervention and collaborative multi-agency responses afforded to children and young people with ADHD in the youth justice system.

Key characteristics associated with ADHD (diagnosed or undiagnosed) include hyperactivity, impulsivity and inattention and early onset symptoms are identified by consistency and persistence of key criteria, which impact negatively in two or more areas of the child's daily life, for example in school, familial or community contexts (Myttas 2001; Mind 2008; Bhatti and Burnham 2010) and can persist into adulthood (Kendall et al 2008; NICE 2008). Additionally, fifty per cent of young people with ADHD will have co-morbidity, experiencing one or more other conditions such as specific learning difficulties, mental health difficulties, conduct disorder and illicit substance use: co-existing conditions have a significant impact on the level of impairment which is often detrimental within educational, social and emotional contexts (Myttas 2001).

The implications for positive future opportunities are further exacerbated, given the increased prospect of being subject to school exclusions, which is up to eleven times more compared to those children without the condition (ADDISS 2005; ADDISS 2007). Similarly, for those with undiagnosed ADHD there is an increased likelihood of 'dropping out' of school and underachieving academically,

significantly earlier than their peers (ADDISS 2007). Moreover, research shows that disrupted schooling, impaired social skills and social exclusion can have inter-related links to 'anti-social' behaviours (Stephenson 2006) and according to ADDISS (2007:2) approximately 20% of young people with ADHD enter the youth justice system.

Pertinently, a dominance of the medical model categorises impairment and thus, individual 'deficits' are mediated through medical means. However, implementing a 'social' model, prioritising social and environmental contexts captures "systemic and institutional processes that impact upon individual experiences of impairment, disability and discrimination" (Chitsabesan and Hughes 2016:121). Hence this research does not suggest causal factors for 'offending', crucially it provides a wider understanding of key issues for children with ADHD and the interconnection with negative experiences in social, educational and criminal justice contexts and concomitant systemic failings.

On criminal justice contact, externalising non-conformist behaviours, associated with ADHD, may be labelled as challenging, thus constituting a criminogenic risk factor, exacerbating perceptions of delinquent, 'anti-social' behaviour, arrest and custody (Talbot 2010; Young et al 2011a). Correspondingly, children and young people with ADHD are more likely to experience marginalisation, stigmatisation and criminalisation and as McAra and McVie (2007:318) assert, contact with the youth justice system 'is inherently criminogenic'. This is constituted within a 'net widening' process (Cohen 1985) as children and young people in the purview of the youth justice system are further implicated in an increased cycle of contact and 'offending'. For children with ADHD, the capacity to understand and engage in formal processes may be impaired; from arrest, within the courts and to successfully undertake youth justice interventions and, as such, are more likely to be drawn deeper into the system (Chitsabesan and Hughes 2016). Hence, the intersections between children and young people with neurodevelopmental impairments, structural policy-making and effective, early responses are influential in their inclusion (or exclusion) and well-being (or harm).

Notwithstanding an emphasis of the Bradley report (2009:149) for early identification of specific disorders and mental health issues, to better inform

"charging, prosecution and sentencing decisions" and access to appropriate service provision; there are clear concerns with the consistent 'repackaging' of youth justice policy and practice, in that models are underpinned by punitive rhetoric and political expediency (Muncie 2009; McAra and McVie 2010). Punitive paradigms, adopted uncritically by policy makers, have failed to adhere to evidence of 'what works'; diversion from the criminal justice system and supportive welfare based provisions (McAra and McVie 2010; Fyson and Yates 2011). However, following the financial crash of 2008, youth justice initiatives have incorporated a diversionary approach through pre-court disposals, thus reducing the numbers of incarcerated children and young people. This recent discontinuity is underpinned by 'pragmatism' within austerity: reducing fiscal costs associated with incarceration and decreasing excessive demands on key public services (Bateman 2015a).

In a recent Youth Justice Board review, Lord McNally (YJB 2016) recognises progressiveness in the reduction of youth justice system contact (from 148,000 at its peak to 38,000 in July 2016) however, the prevalence of multi-faceted challenges inherent in the future of youth justice is central to this report. Notwithstanding these promising statistics, the child population who make up these (reduced) numbers are the most vulnerable, and especially those in custody, while key influences impacting on youth justice contact are punctuated by structural inequalities, mental health needs and neurodevelopmental impairments (Taylor 2016).

The findings of this research illuminate the deleterious impacts for children with neurodevelopmental conditions such as ADHD within social contexts, education settings and criminal justice domains. This is exacerbated through the advancement of neoliberalism and the promotion of individual responsibility, underpinned by a 'politics of behaviour' (Rodger 2008:12) as children and young people continue to be 'intensely governed' (Rose 1989:121) whilst structural factors such as poverty, disadvantage and social exclusion are negated. Moreover, the limited access to specialist health services render this group increasingly vulnerable and commonly, through non-conformist behaviours, they are labelled as challenging. Paradoxically, those whose needs *are* identified on

youth justice contact may be fast-tracked into the aforementioned services. However, due to various factors, children and young people with ADHD and in trouble with the law are more likely to penetrate deeper into the youth justice system thus appropriate diversion and support is imperative. However, under successive policies and practices, the continued lack of knowledge and recognition of specific and wider needs, generates increased vulnerability to criminal justice contact, underpinned by impractical or inadequate support (Talbot 2010; Nacro 2011).

The research examines the issues and challenges posed by and for young males with ADHD or who present with specific behaviours relating to ADHD (or symptomology) in the youth justice system. This gendered focus reflects the fact that boys are three times more likely than girls to develop ADHD (Myttas 2001; Anderton 2007) whilst as a demographic, boys are over represented within the youth justice system (Youth Justice Board 2012a). Specifically, this research critically explores the following key research questions;

• Through critical assessment of youth justice systems, policies and practices (including police custody); what mechanisms are in place to facilitate the identification of ADHD (or symptomatic characteristics)?

• How efficient and appropriate are youth justice services and interventions for boys and young men with ADHD (or symptomatic characteristics) and what are the attendant impacts of these processes?

• Are youth justice interventions suitable to meet the individual needs of boys and young men with ADHD (or symptomatic characteristics)?

This research was undertaken within a North West location referred to as 'Anytown' and involved qualitative semi- structured interviews with eleven practitioners in statutory youth justice services and three non-statutory workers involved in youth justice settings.

Chapter Outline

Chapter one identifies the key issues affecting children and young people with ADHD (diagnosed or undiagnosed) and provides an outline of their challenging

journey through key state systems; notably in education and within the youth justice system. This chapter also provides a review of the turbulent contemporary youth justice landscape and governance of youth 'crime' within the neoliberal state. Additionally, this highlights the impact of the former Coalition government's significant changes to the youth justice system, the imposition of austerity measures and attendant funding cuts to key services, and its continuance under the incumbent Conservative government.

Chapter two discusses the methodological framework for this research and the methods utilised, whilst highlighting the pitfalls encountered. Additionally, this chapter reflects on the significance of providing major insights to the difficulties faced by vulnerable children and young people with neurodevelopmental conditions through respondents' experiential views.

Chapter three disseminates key findings and analysis in relation to the cornerstone of this research namely, the process of identification of ADHD (or symptomology) and associated co-morbidity. Respondents' reflections on the challenges posed, regarding identification and involvement of key services, highlights significant challenges for practitioners and for the vulnerable child within their purview (in terms of availability, accessibility and funding of resources).

Chapter four discusses key findings in relation to contributory influences impacting negatively on children and young people with ADHD within education settings, and the increased likelihood of experiencing exclusions (temporary and permanent). Furthermore, this chapter also examines the coupling of third sector organisations with statutory youth justice services amidst stringent funding cuts and requisite managerialist practices.

Chapter five examines further findings regarding the impact of wider structural factors and particularly, the effects of deprivation and disadvantage prevalent within Anytown. A key consideration is the concomitant negative impacts on this vulnerable group as they negotiate their daily lives, many of whom are entrenched in complex social and economic issues.

Chapter six provides a summary of the key issues to be drawn from this research. Crucially, the respondents' views form a key part of this chapter as their recommendations to ameliorate the challenges for children and young people with ADHD are central to this research. Accordingly, the limitations associated with a paucity of staff training and workforce development is one key factor to emerge from this research, as support is required in order to understand and recognise specific issues relating to neurodevelopmental conditions such as ADHD (diagnosed or undiagnosed).

A final note here to clarify a frame of reference: the use of the terms 'children' and 'children and young people' appear interchangeably throughout this thesis as the style and sense of the context dictates. Notably, when using these terms it is implied that they refer to male children and young people with ADHD (or undiagnosed symptomatic characteristics).

Chapter One: Section One

'Fidgety Phil': Dichotomies of Punishment and Care, Young Offenders and Children in Need

The chapter comprises two sections: the first section addresses key challenges facing children and young people with diagnosed (or undiagnosed) ADHD and the second section then turns to discuss key problems encountered by this vulnerable group within the youth justice system.

1. Introduction

There are significant difficulties posed for children and young people with ADHD (or presenting symptoms) whose (non-conformist) behaviours include inattention, impulsivity and hyperactivity, as this group are more likely to experience cumulative problems within education and criminal justice settings (Myttas 2001; Berelowitz 2011; Young *et al* 2011a; Hughes *et al* 2012; Hughes 2015a; House of Commons Justice Committee (HoCJC) 2016). Through the presence of often complex conditions, dealing with feelings of confusion or frustration (particularly in intimidating criminal justice settings) can underlie behaviours which are deemed as challenging. Thus, early identification and support is crucial to facilitate diversion from a "potential trajectory into the criminal justice system" not least as the presence of ADHD (especially undiagnosed) can contribute to 'offending' behaviours (Hughes *et al* 2012:5). Drawing on empirical studies around this vulnerable group's disproportionate representation in criminal justice, the multi-faceted and complex intersection between problematic behaviours, transgressing social norms and perceived deviance will be explored.

> ADHD is a valid clinical disorder…(and) most commonly comorbid. ADHD differs from the normal spectrum (due to) high levels of hyperactivity/impulsivity and/or inattention that result in significant psychological, social and/or educational or occupational impairment that occurs across multiple domains and settings and persists over time" (NICE 2008 S1.3)

Risk factors are deemed to be predictors to offending and exposure to particular risk factors may increase the likelihood of involvement in offending behaviour (this is discussed later in this chapter). However, substantially less is known of specific factors pertaining to the individual, such as ADHD, associated difficulties and wider mental health issues, which exacerbate contact with criminal justice agencies (Browning and Caulfield 2011). Notwithstanding this, individuals with disabilities and, more specifically neurodevelopmental conditions, are known to be disproportionately represented in criminal justice settings (*ibid*). For example, Hughes (2015b:3) identifies the prevalence of 'neurodevelopmental disorders' in relation to the rate of young people in the population and those in custody as 1.7 – 9% and 12% respectively. Moreover, while 60-90% of young people in custody have 'communication disorders' this is over-representative of 5-7% in the population (*ibid*). While children are likely to 'grow out' of legal transgressions due to the process of maturation (Jordan and Farrell 2013), children with ADHD are more likely to be drawn into the youth justice system whereupon, systemic failings reinforce their system contact. Importantly, this is not to imply that ADHD proffers an *explanation* for offending, especially as the complexities in children's lives cannot be "adequately understood through the lens of impairment", rather deeper insights into ADHD and co-existing disorders provides an awareness of associated influences on behaviour (Hughes and Chitsabesan 2015:4, author's emphasis).

Thus, insights into this condition and its associated impacts provides greater understanding of the influences of neurodevelopmental impairment on behaviour. In particular, cognitive and emotional traits that are symptomatic of neurodevelopmental impairment can give rise to the expression of aggressive or antisocial behaviour in particular social situations, therefore increasing vulnerability towards criminality (Singh 2011).

Classified as a (neuro)disability, the World Health Organisation (2001) proffer a definition of disability incorporating a social model, which looks beyond an individual's impairment, to reflect barriers to individual's social lives which inhibit their participation in society therefore, recognising the intersection of disability (of the individual) and "features of the society in which he or she lives" (cited in Cieslik

and Simpson 2013: 161). Notwithstanding recognition of ADHD as a neurodisability and associated issues impacting on positive transitions to adulthood, there are continued challenges within policy and practice impacting on specialist service provision for children and young people with ADHD. Studies show the prevalence of a lack of training and funding in relation to specific knowledge and limited access to quality resources and the concomitant dissemination of effective practice while sustained criticisms are provided by academics, non-governmental organisations, the Youth Justice Board and YOT practitioners alike (British Institute for Brain Injured Children 2005; Whyte 2009; Talbot 2010; Nacro 2011a; Youth Justice Board 2011).

Further, the overrepresentation of children (and adults) with ADHD entering criminal justice settings reflects the failings in current practices, regarding identification and appropriate interventions to prevent offending and provision of support for this vulnerable group (Young and Gudjonsson 2006; Talbot 2010; Young *et al* 2011; Hughes *et al* 2012; Hughes 2015a; HoCJC 2016). Accordingly, this can lead to an accelerated journey: drawn deeper into the criminal justice system (rather than achieving successful diversionary measures) and into custodial settings however, empirical studies in the UK are relatively sparse in number, not least due to problematic data collection systems. Notwithstanding this, findings from previous studies undertaken in UK prisons suggest that 43% of 14 year olds and 24% of adult males presented positively with ADHD onset in childhood (diagnosed or undiagnosed) (see Young *et al* 2011).

Hence, the following discussion identifies key issues which have a detrimental impact for children and young people with ADHD, encountered as they negotiate their daily lives within neoliberal doctrines and responsibilising ideologies in social, educational and criminal justice contexts which shape, influence and limit positive transitions to adulthood (France *et al* 2012). Much of the literature conceptualising the prevalence of ADHD characteristics and concomitant impacts are informed by a medical model however, this is not to pathologise non-conformist behaviours uncritically, rather to proffer an understanding of these characteristics and the intersection with social and criminal justice environments within the 'politics of behaviour' (Rodger 2008:12). This in turn has some very

negative consequences for children like 'Fidgety Phil', the 'naughty restless child' who 'won't sit still', described in a children's story often cited in the context of ADHD, who grows 'still more rude and wild' (Hoffman 1844 cited in Singh 2008:961).

1.1. Characteristics of ADHD and Associated Conditions

While not a 'new' phenomenon, UK clinical recognition of ADHD as a neurodevelopmental condition (and in much of Europe) was only identified by a National Institute of Excellence (NICE) report in 2000 (NICE 2008) hence, the lack of longitudinal support for children in education, health and criminal justice contexts. A common childhood condition (which can persist into adulthood), ADHD can impede specific contexts of children's lives such as academic attainment, familial and peer relationships (Hoza 2007; Kendall *et al* 2008; Evans *et al* 2014). Consequently, ADHD is a recognised disorder by government health agencies through diagnosis using criteria in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) which identifies ADHD as a neurodevelopmental disorder (American Psychiatric Association 2013; NICE 2008; NICE 2013). Stimulant drug treatments, such as, methylphenidate (commonly referred to as Ritalin) are recommended for school age children with severe symptomatic impairments or whose symptoms have failed to respond to alternative therapeutic interventions, for example, cognitive behavioural therapy (CBT) (NICE 2008).

ADHD has been variously referred to in medicalised discourses as a mental disorder or developmental disorder however, more recently ADHD is recognised as a neurodevelopmental impairment (See Hughes *et al* 2012; Hughes 2015a, 2015b). Given the stigmatising effects of the term *dis*order, the preferred terminology (as adopted by ADHD support organisations) is neurodevelopmental *condition* and, where appropriate, this term will be utilised.

Unlike data available in the US, the UK fails to maintain either survey data or an administrative source to identify the prevalence of specific neurodevelopmental conditions affecting children up to 18 years of age however, those with

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neurodevelopmental impairments constitute the largest group of disabled children and young people (Blackburn *et al* 2013). This is particularly problematic in terms of support and sustainable service provision (the paucity of specific data is discussed in chapter two). Hence, statistical prevalence of neurodevelopmental conditions and interconnected impacts in social, educational and criminal justice contexts is difficult to capture due to a range of data collection, methodology and definitional issues.

The prevalence of ADHD in England estimates vary, from 3-4% of the child population between 5 and 16 years (NICE 2008; Marshall *et al* 2011; Blackburn *et al* 2012), to 26% of school age children (see Singh 2008). However, due to narrow criteria, the International Classification of Diseases (ICD-10) cites 1-2% of children and young people are affected (World Health Organisation (WHO) 1994). Drawing on previous studies, Hughes *et al* (2012) identify the incidence of ADHD ranging between 1.7% to 9% in the general population whilst, at a ratio of 12%, this group are disproportionately represented in youth custody. Inherent difficulties in defining the nature and extent of the problem are located in the paucity of routinely collected specific data which is not mandatory in education or criminal justice settings. Moreover, whilst there are those children and young people *with* a diagnosis of ADHD and co-morbidity, there are those without a formal diagnosis, yet have symptomatic characteristics and difficulties.

Key behavioural characteristics include inattentiveness, over activity and impulsivity which can be detrimental in social, educational and wider domains and impact on positive future outcomes (Myttas 2001; Barkely 2006; Bhatti and Burnham 2010; Wehmeier *et al* 2009; Young *et al* 2011a; Hughes and Chitsabesan 2015; Mind 2016). The cause of this neurodevelopmental condition is commonly agreed to be neurological factors which can produce 'physical, mental or sensory functional difficulties' which can manifest in a range of impaired functions including; cognitive deficits (impacting on learning difficulties), speech, language and communication needs (SLCN), impulse control deficits, poor working memory and social and emotional issues (Hughes and Chitsabesan 2015:3). Moreover, the incidence of co-existing disorders, or co-morbidity, is common and fifty per cent of children with ADHD will be affected by other

conditions (Bird *et al* 1993). These include; learning disabilities (DuPaul *et al* 2013; Gray and Climie 2016), speech, language and communication needs (SLCN) (RCSLT 2012; Hughes *et al* 2012), conduct disorder (Jensen *et al* 1997), anxiety disorder (Young *et al* 2011b), social and emotional problems (including depression and anxiety), autism spectrum disorder (Brewer and Young 2015), substance use (Eme 2008) and oppositional defiant disorder (Myttas 2001). The increased prevalence of difficulties in academic functioning, higher rates of educational underachievement, truancy and school exclusions is evident, especially where co-morbidity is present (Stephenson 2006; NICE 2008) and can be markedly detrimental within, wider social, emotional and criminal justice contexts (Gillberg *et al* 2004; Barkely 2006; Hughes and Chitsabesan 2015).

Notwithstanding the recognised clinical diagnosis of ADHD, there is polarised opinion held by many professionals, including teachers, regarding the validity of ADHD as a diagnosable disorder (O'Regan 2014). Opposing views constitute ADHD as a cultural construct reproduced and reinforced by cultural definitions of unacceptable behaviours and through a politics of intolerance certain behaviours are labelled deviant and in need of treatment (Timimi 2005). Additionally, Timimi and Taylor (2004) argue that the biological condition of ADHD pathologises behaviours, rooting the problem within the child, rather than addressing societal and familial circumstances thus, legitimising the medicalisation of behaviours without addressing the principal behavioural problems. Prevalent in populist and media discourses, ADHD is portrayed as nothing more than 'naughty children and bad parents' (Bailey 2014:4) while further critiques relate to the increase in diagnosis and the simultaneous growth in prescribing of stimulant medications (Singh 2008). A 'clinical assessment of behavioural symptoms', rather than a laboratory 'test' determines ADHD thus, problematising the consistency of diagnosis and furthering contested debates regarding its validity (*ibid*).

1.2. Impacts and Consequences for Children with ADHD

The range of academic studies on ADHD and associated difficulties for children and young people are predominantly international psychological, psychiatric and

medical perspectives. This body of research contributes to deeper understandings of the interrelationship between ADHD and co-morbidity and alternative (potentially negative) trajectories for children and young people, diagnosed or undiagnosed, while highlighting appropriate support. Thus, these perspectives include; inhibited social functioning due to problematic relationships with peers as predictors of delinquency, truancy, academic underachievement, substance use and 'psychological maladjustment' (Hoza 2007:101). From a sociological perspective, Singh (2011:890) identifies the interconnection between ADHD and a lack of 'emotional self-control' (which can manifest as aggression) as a particularly stigmatising dimension of ADHD "that marks diagnosed children, both to others, and…to themselves". Hattatoglu and Mustafa (2014:7) note the attendant stigma attached to a 'wilful behavioural dysfunction syndrome' and exacerbation of familial conflict and mental health issues, including depression and anxiety, which can continue to adult life. Caswell *et al* (2012) cite the higher rates of complex mental health difficulties reported among first time entrants into youth justice systems in England and Wales, and increased rates of depression, anxiety and ADHD (relative to the general population).

Moreover, children in contact with the youth justice system have a higher risk of experiencing mental health difficulties due to learning difficulties, substance use, poor school attendance and 'chaotic relationships' (Fitzpatrick *et al* 2014:2; Eme 2008). Concomitantly, multi-faceted perspectives within (mainly American) criminological studies and UK based voluntary sector commissioned research, cite ADHD as one of the most prevalent developmental disorders constituting a risk factor for delinquency and as such, diagnosed children (or with associated symptoms) have increased (perceived) delinquent behaviours, arrest and incarceration (Pratt *et al* 2002; BIBIC 2005; Keene and Rodriguez 2005; Anderton 2007; Talbot 2010; Young *et al* 2011a; Young Minds 2013).

The construction of 'normal' standards is evident in key contexts for example; social norms and expected standards are artificially created for children in education (where non-conformist behaviours are penalised through exclusion) and health settings (medication, such as Ritalin, is a preferred tool to normalise children) and in youth justice (through risk assessment and compliance with

interventions). However, these social norms are not representative of the lived realities for children and young people's daily lives (and with ADHD characteristics) (France *et al* 2012).

Thus, for those children who are not socialised through cooperation with principal agents of control (the family and in education settings), criminal justice agents intercede and, for those unwilling or unable to comply, incarceration may be the alternative outcome. As Eisler (2007) attests, the distrust of children and young people is reflected in key continuities in the implementation of social policies and legislation, created by adults and purported to be in children's *best interests*. Drawing on a Foucauldian perspective, Eisler (2007: 103) argues that the definition, control and management of behaviours is constituted within institutions created by the state whereby; the development of classifications delineate "normal and abnormal, healthy and unhealthy, and acceptable versus unacceptable". Hence, the aim of legal and education institutions is to suppress socially constructed behaviours classified as 'deviant'. 'Problematic' pupil behaviour mobilises the process of 'othering' the child or young person, thereby affirming the concept of 'difference' from 'normal' (compliant) pupils (France *et al* 2012:108), whilst the "official language of exclusion is passed on to pupils and becomes part of the young person's own discourse of behaviour problems" (*ibid*:105).

Concomitantly, through processes of classification, norms are established and 'deviance' is subject to monitoring and treatment, reflecting the interrelatedness of education and youth justice systems within identification and interventions directed at 'troublesome' children and young people. In a youth justice context, use of the standardised Asset tool underpins the 'development of information gathering through data collection' in order to (re)produce understandings of normality and abnormality and inform youth justice agents (*ibid*:107).

Accordingly, techniques of normalisation, via institutions of social control, are constituted in education, health and the family. However, statutory and voluntary sector agents are mobilised for children with nonconformist behaviours (lacking in self-regulation) and interventions (by police, social workers, YOTs, substance use workers and Child and Adolescent Mental Health Services (CAMHS)), are

delivered to facilitate the child's responsibility for their successful participation in society (or failure). Thus, the criminal justice expectation is twofold, in that the seriousness of the crime is considered, and so too is compliance through participation, whereupon young people (may) actively engage in their transformation to a 'docile body' (Foucault 1979 cited in Eisler 2007:113). The centrality of responsibilisation here shifts the focus from social, economic and health inequalities which is significantly more restrictive for marginalised youth in attaining positive outcomes.

1.3. Challenges in Education Domains

Children and young people underachieving and/or excluded from educational settings are overrepresented in the youth justice system from initial contact through to penal institutions (Stephenson *et al* 2011). This detachment from education constitutes a key risk factor regarding offending behaviour however, this is not to pathologise or suggest causation of criminogenic risk rather, to highlight the complex interrelationships inherent within fragmented education and school exclusion and increased conflict with the law (Stephenson 2006). The formalised organisation and management of learning within neoliberal education is underpinned by policy drivers to enhance life chances and employability within competitive economies while promoting individuals' responsibilisation to achieve (Cieslik and Simpson 2013). However, structural factors including class, 'race', gender and (dis)ability shape the processes and outcomes for children and young people in education. The following discussion highlights significant factors and systemic problems impinging on children and young people with ADHD (or symptomatic characteristics) manifest in individual (unmet) needs which may affect their capacity to learn in relation to those without ADHD.

The official collection of schools' census data is a statutory responsibility and this is collated against a series of designated categories identifying special educational needs (SEN) by primary type of need (DfE 2015). However, these categories incorporate graduated 'learning difficulties', 'SLCN', 'ASD' and other broad classifications and one or more of these SEN may co-exist with ADHD.

This further reflects the lack of specific statistical data and complex definitional meanings in relation to this condition. Fyson and Yates (2011:104) refer to the 'multiplicity of meanings' manifest in key terms as detrimental to 'definitional clarity' which can contribute to poor practice and 'systemic failures'. Whilst there are a range of sources of information on the numbers of children with disorders and disabilities, these are measured differently dependent on the purpose and, as Blackburn *et al* (2013:3) assert, "robust quantitative sources of information on child disability […] are more limited than those on adults".

Thus, statistical academic evidence of outcomes for this group is formed under the broad 'umbrella term' SEN, and pupils with behaviour, emotional and social difficulties are 'by far the most likely to receive a fixed period exclusion' (DfE 2014:22). Moreover, the attribution of the SEN category (in education and youth justice settings) fails to provide an understanding of the child's particular difficulties, the severity of underlying symptoms and the implications of such.

A combination (and persistence) of ADHD symptoms include a lack of focus and being easily distracted, through to difficulties understanding instructions, and unrestrained reactions often generate adverse consequences in school settings (Tannock and Schacher 1996; Hughes *et al* 2012; Hattatoglu and Mustafa 2014). Additionally, underlying comorbid learning difficulties such as, dyslexia and dyspraxia, impact on fundamental reading and writing skills and the additional prevalence of non-conformist behaviours are core factors impinging on educational experiences and 'classroom life' (O'Regan 2014). Crucially for children with ADHD (and symptomology), the interconnection between SLCN and problematic behaviours can be due to underlying frustrations, exemplified for those who have difficulties accessing the standardised school curriculum, due to the particular needs of this group (Redmond and Rice 2002). Additionally, those with 'externalising' problems associated with ADHD tend to drop out of school earlier (Stephenson *et al* 2011).

Significant factors adversely impact on children with ADHD in secondary school, such as the daily timetable organisation and increasing expectations for pupils to be independent (NICE 2008). Moreover, within primary and secondary schooling, the 'logic of interventions' influencing outcomes (positively or negatively) is

predicated on the interplay between scholarly achievement and social inclusion and educational deficiency and crime (France *et al* 2012). Snow and Powell (2011) found that those who disengage from education, due to significant issues posed through learning difficulties, have faced 'cumulative challenges' through their early educational experiences. Furthermore, by age eight children may 'struggle enormously' as 'learning to read' shifts to 'reading to learn' impacting more significantly on boys externalising problematic behaviours in the classroom (*ibid*:8). Ostensibly, there is a discernible interconnection between negative experiences in early school years (due to learning difficulties) and subsequent non-conformist behaviours in classroom settings (Hughes 2015a). An external alternative to mainstream schooling is provided in pupil referral units (PRU) however, being labelled as disruptive amplifies social exclusion and increases offending risks (Stephenson *et al* 2011). As Graham (2014) observes, early school experiences may shape future aspirations and assist positive transitions to adulthood or may create the conditions leading to penal responses and incarceration.

Positive relationships with significant adults is one key resilience factor for children and young people, and within school settings, teachers can promote a positive identity through support and encouragement. However, France *et al* (2012:117) found that some teachers utilise deficit-based comments and 'denigrate' or 'humiliate' singled-out (non-conforming) pupils, impacting on subsequent behaviour and achievements. Correspondingly, Haydon's (2014) study found that some teachers ratify stigmatising labels attached to children with special educational needs through lowered expectations and negative statements thus, many children were not understood and inappropriately responded to. For example; "a lot of ours have ADHD…and…schools don't really know how to deal with that" (research participant cited in Haydon 2014: 9) whilst recognising poor attendance due to problematic parenting (due to entrenchment of significant social issues comprising, 'domestic violence, poverty, depression, mental health issues, substance misuse or abuse') and the increased exclusion of 'problem children' without addressing 'the reasons for difficult behaviour' (*ibid*).

Thus, academic functioning can be a site of controversy and contention for children and young people and exacerbated for those with ADHD, especially where comorbidity presents. Furthermore, research studies identify the intersection between disrupted schooling, social exclusion and impaired social skills, and 'anti-social' behaviours (ADDISS 2007; Rutter *et al* 1998; Stephenson 2006) which is exacerbated through a corollary of ADHD characteristics (Hughes 2015a). School-excluded children 'hanging around' and 'messing about' in public spaces, are common precursors to being in trouble with the law, rather than engaging consciously in offending (France *et al* 2012:102). Hence, as Eme (2008) observes, rather than a positive, socialising school experience, there is an increase in 'riskier', 'anti-social' behaviours and children and young people with ADHD are more likely to be drawn into the criminal justice system (Young Minds 2013).

1.4. Supporting Children's Needs

Set against a backdrop of concerns around children's 'behaviours', an international discourse of children's rights (under the UNCRC) and the Children Act 1989, policy initiatives for children's services came to the political forefront, highlighting the clear need for agencies and professionals to work together, in order to meet the needs of children (see Cottrell and Kraam 2005). The introduction of multi-agency teams, to reduce youth offending provided for in the Crime and Disorder Act 1998, included CAMHS workers to promote inter-agency collaboration. However, it was not until the *National Service Framework for Children* (2004) recognising the need for specialist responses to children's "persistent behavioural and mental health needs" across health, education, social services and youth justice (DoH 2004:26) that provided for additional monies to facilitate further support across these domains. Notwithstanding this, "the provision of mental health services for young people at risk of or engaged with offending behaviour is woefully inadequate" (Young Minds 2013). Of significance here is the *National CAMHS Review* (2008) which examined ways of meeting the complex needs of vulnerable children, in order to deliver integrated services. However, positioning CAMHS within wider education, social care, health and

criminal justice systems provides significant challenges to 'cross-agency working', not least due to differing philosophies of these distinct systems and the consistent underfunding of key services (Wolpert *et al* 2015:6). Due to austerity measures, 25% cuts to services have prevailed (Young Minds 2013) whilst since 2010, the budget for CAMHS has reduced by just under £50 million in England impacting on the most vulnerable and extending waiting times for access to support (Gil 2015). However, while the current policy driver, *Future in Mind* (DoH 2015:55), reinforces the need to strengthen support for children and young people in contact with youth justice, there is recognition of the inherent barriers in existing service provision "making it difficult for many vulnerable children, young people and those who care for them to get the support they need".

A further, pertinent policy promoting children's wellbeing, *Healthy Children, Safer Communities* (DoH 2009), highlights the need to increase children's educational achievements with SEN, through improved specialist training for teachers working with this group (see also NICE 2008). While recognising inconsistent training opportunities, the DoH (2009:63) identifies the need for additional awareness within the youth justice system, of ADHD, SLCN, mental health issues and learning disabilities, and the impacts for children and young people. Specifically, this guidance extends to key members of the youth justice system; recommending YOT provision of a clear analysis of information when completing assessments and also including "police officers, magistrates, judges and CPS and court staff" (DoH 2009:63). Notwithstanding this, recent data shows that there are key links in the disproportionate numbers of young people in YOIs with fractured education experiences as around 40% have not attended school since the age of 14 years and just under nine out of ten excluded at some point in their schooling (MoJ 2016). Furthermore, on entry in to the youth justice system, progress is accelerated for those whose understanding and responses to the process is compromised (Talbot 2010). Herein, despite the formulation of a myriad of reports, policies, expert member's groups, consultations and legislation via successive governments, the continued lack of co-ordinated services impacts on children's experiences within state systems and the concomitant negative consequences punctuate this vulnerable group's daily lives (Young Minds 2013).

1.5. Barriers to Formal Processes

According to ADDISS (2007:2) approximately 20% of young people with ADHD enter the youth justice system and additional studies show that over 60% of children in custody have communication difficulties (Bryan *et al* 2007; RCSLT 2012; Hughes and Chitsabesan 2015). This disproportionality demonstrates the failures inherent in youth justice policy and practice to prevent offending (and reoffending) when engaging with this vulnerable group. Moreover, this suggests that the criminal justice system has become the default service provider for increasing numbers of children and young people (and adults) with ADHD. For children in contact with the law, the early identification of mental health difficulties and specific impairments such as ADHD, SLCN and learning disabilities is fundamental.

Key stages are evident within this process and, as discussed previously, McAra and McVie (2007, 2010) report a continued cycle of contact with the youth justice system, due to the police targeting previously known young 'offenders'. When a child has been labelled delinquent, the criminal justice response (and in the community) is to apportion responsibility and children with ADHD have an increased risk of manipulation and exploitation while detained (Gordon *et al* 2012). This is reflected by judgements made in police interviews (and in YOT and court settings), based on inattentiveness, an inability to sit still, lack of engagement and inappropriate outbursts. As such, perceptions of individual indifference and disruptive behaviour informs punitive responses, while demonstrating broad misunderstandings around neurodevelopmental conditions (Young *et al* 2011a; Hughes *et al* 2012).

Additionally, many children (and particularly with ADHD) struggle to understand key terms frequently used by police or within the courts (Sanger *et al* 2001 cited in Hughes and Chitsabesan 2015). Correspondingly, the overall demeanour of children with ADHD may be also be misunderstood; through lack of eye contact, shoulder shrugging, slouching and impertinent responses, thereby, fuelling perceptions of non-compliance, a lack of contrition, a problematic attitude and challenging behaviour, rather than an underlying condition (Snow and Powell 2011).

The exacerbation of difficulties associated with ADHD is evident within social processes serving to further criminalise children with this condition, while precluding their ability to understand and engage with the legal process resulting in poor presentation in police and YOT interviews and in court (Hughes 2012). Consequently, effective responses (at all stages of the youth justice system) to meet the needs of this group is of primary importance however, inadequate training and poor assessment tools hinder appropriate recognition of ADHD (Harrington and Bailey 2005).

The assessment process has differing meanings attached for practitioners involved with children and families. In health settings, this is to ascertain the mental and physical wellbeing of children, whilst in education settings assessment refers to educational achievements, and in social work, reference is prioritised around safeguarding and welfare issues (Almond 2011). However, the concept of assessment in youth justice settings is underpinned by (predominantly) negative contexts as it is through Asset that criminogenic risk factors and associated difficulties, or needs of young people, are assessed within YOT domains. This presents considerable challenges in developing appropriate interventions with this vulnerable group (Talbot 2010).

As such, identifying the particular needs of a young person with ADHD, prior to implementing youth justice interventions, is key in order to divert them into more *appropriate* forms of assessment and treatment through the engagement of relevant agencies equipped to provide support and meet their needs (Hughes *et al* 2012). As Whyte (2009) observes, Asset does not attempt to provide a 'diagnosis' per se, rather it should draw attention to the necessity for more in depth enquiry, emphasising their individual (support) needs (see also Arthur 2010). In Talbot's (2010) study, YOT staff report that children and young people with SENs have difficulties understanding what they need to do to successfully complete an intervention, whilst failing to understand the consequences of breaching court orders. Moreover, children with ADHD were five times more likely, than those without such impairments, to receive a custodial sentence. Accordingly, identification through awareness of neurodevelopmental impairments is central to the process of assessment in order to identify emotional

and cognitive needs of children and the "recognition of a possible relationship between offending behaviour and these underlying needs" (Hughes 2015a:11).

However, practitioners' systematic use of this tool as an "aid to practice...can only [be] as good as the practitioner completing them" (Whyte 2009:85; Bateman 2011b). Additionally, there is 'a tendency' for practitioners to focus attention on external behaviour (associated with neurodevelopmental conditions) in assessments "rather than its underlying causes" (Chitsabesan cited in HoCJC 2016:23; Haydon 2014). Hence, non-offence related criteria, comprising complex social, economic *and health* issues, renders children a higher risk, thus mobilising deeper involvement with interventions and agencies which, as Cohen (1985:61) attests, is a "classic form of net widening" through criminalisation of non-compliance and, for an original minor infraction of the law. Moreover, the limited options available in the lack of "appropriate youth justice programmes, activities and support" (Talbot 2010:6) impacts on this vulnerable group, increasing their likelihood of a custodial sentence.

There are further implications within court settings, as members of the judiciary lack specific knowledge in relation to children and young people as defendants and, in youth court law (Taylor 2016). This is largely due to inadequate specialist training to recognise individual needs and work competently with children and young people. Additionally, the use of predominantly junior legal practitioners is accepted practice, as youth courts are "mistakenly perceived to be less complex and less important than adult court law" resulting in "inappropriate sentences being advocated" (The Michael Sieff Foundation 2014:1). Under such circumstances, a child's right to (competent) legal assistance and a fair trial, provided for in article 40 of the UNCRC, is transgressed (Unicef 2016). Moreover, an individual's age does not necessarily reflect "their social and intellectual functioning" (Fyson and Yates 2011: 105). For young people with ADHD and concomitant 'non-conformist' behaviours, the lack of support and use of inappropriate youth justice disposals has a major impact of pathologising the individual and further adding to their marginalisation and potential criminalisation, rather than diverting this vulnerable group from youth justice services and into appropriate support (McAra and McVie 2010; Talbot 2010).

1.6. Concluding comments

The coexistence of varying and diverse youth justice policy strategies and associated ideological underpinnings are evident in multiple forms over historical periods. The dominant discourses of the twentieth century have operationalised into forms of treatment, punishment, prevention, restoration, early intervention, risk management, children's rights and cost efficiency (Muncie 2015). Each of these approaches are a "shifting presence as political priorities, financial constraints central directives and local initiatives veer from one position to another" (*ibid*:295). The impacts for children and young people with ADHD are significant within youth justice settings and pertinently, this is largely due to a lack of appropriate responses and ineffective support for this vulnerable group (Talbot 2010; Nacro 2011).

Chapter One: Section Two

Children in Trouble

1.7. Introduction

The regulation of children and young people, perceived as a threat to communities, is a recurring theme and one which 'justifies' punitive responses reflected in the prevailing politicisation of youth crime across historical and contemporary periods (Edwards *et al* 2015). This section outlines official responses to 'delinquent' children and young people constituted within complex systems of youth justice which reflect 'multi-faceted hybrid fusions' and polarised ideological thinking across key periods (Goldson and Hughes 2010:212). Moreover, the interplay between socio-economic and political contexts, which help to determine the specific nature of processes, 'interventions, decisions and outcomes' at any given point in time, will be addressed (Muncie 2002:156). Hence, the shifting formal responses to youth crime over successive governments will be discussed encompassing, the 1979 New Right administration and emergent neoliberal agenda through to the former Coalition's introduction of austerity measures from 2010 while identifying recent shifts and the repackaging of youth justice policy.

1.8. Constructing 'troublesome' youth

The phenomenon of social and political anxieties around perceived delinquent youth is not new and the establishment of varying institutionalised systems to respond this 'problem' can be seen historically. King (1998:117) provides critical insights into the "first clear concept (of and responses to) juvenile delinquency" and the interrelationships between major social change, policy reform and increasingly authoritarian social regulation (see also Muncie 2015). There are contemporary continuities here in dominant ideologies which distance social issues from prevailing structural factors thus, reproducing social inequalities manifest in poverty but reconstructed as self-perpetuated moral deficiencies (King 1998:157).

While fundamental shifts in formal approaches to youth 'offenders' are discernible through various political and social periods, key constants within dominant discourses reinforce the notion of troublesome youth in need of state interventions and regulation. This is perpetuated through the socially constructed interrelationship between youth and crime. Meanings attached to youth crime are not the sole preserve of political ideology rather, as Hall *et al* (1978) identify, meanings are the product of a series of social and cultural interactions across the media, key state actors (police, judiciary, education), government officials, church officials, third sector organisations and academia: discourses which are influential on political meaning and subsequent policy making. Pitts (2001:2) refers to this 'network' as a semiotic 'power elite' which impacts all too significantly on those in conflict with the law.

How certain acts are *defined* by society and law makers can be viewed through the lens of social constructivism, given that laws determine rule-breaking and offending behaviours. For Becker (1963>1997) deviance is a subjective concept created through (aforementioned) social interactions, cultural influences, conditions and processes which are fundamental to defining deviant acts and the 'offender' as deviant. Conversely, Becker provides an alternative definition: "the deviant is one to whom that label has been successfully applied; deviant behaviour is behaviour that people have so labelled" (1997:9) and from 19th century vagrancy laws to the 20th century advent of 'antisocial' behaviour

legislation, what constitutes (youth) crime is subject to variation over time and place (King 1998; Pickard 2014). Thus, an understanding of the social, cultural and structural processes through which particular behaviours, and individuals, are considered deviant is crucial. For children and young people with ADHD (or symptomatic) non-conforming behaviours, 'anti-social' labelling processes are more likely to be mobilised and stigmatisation ensues (Hughes and Chitsabesan 2015). As Thornicroft (2006:189) attests, stigmatising those "whose characteristics are seen to threaten the effective functioning of social groups" is a pivotal form of social control.

1.9. Regulation and Governance in the Neoliberal State

As Rose (1989:121) attests, "childhood is the most intensively governed sector of personal existence" whilst disproportionately exposed to poverty, disadvantage and vulnerability. Moreover, the conduct of children is subject to scrutiny, surveillance and social control through regulatory policies and practices embedded in state institutions and wider socialisation contexts, justified by their fundamental needs of guidance and support (Muncie and Hughes 2002; Jamieson 2012). Foucault's (1979) panopticon principle provides a means whereby control of the many can be exercised by the few. Thus, efficient functioning is promoted by the self-regulation of conduct in individuals' everyday lives, facilitated through conditions of constant surveillance via strategies controlling behaviour (and encouraging self- policing). As such the concept of government is particularly significant within all aspects of social life and Foucault's ideas were influential on governance and governmentality theorising within the neoliberal state (see Garland 1997).

A dominant welfare state characterised much of 20th century governance of youth through social service and welfare benefit provision, thus promoting citizens' 'stake in the nation' whilst penal institutions were reserved for the 'minority of deviant..cases' (Garland 2001:198-9; see also Bottoms 2002; Muncie and Hughes 2002). However, divergence from this welfarist state emerged within key ideological reforms and policy shifts to neoliberal politics, engendering an

advancing 'culture of control' (Garland 1997; Garland 2001). Under Margaret Thatcher's 1979 Conservative administration, an 'economic and political doctrine' emerged emphasising a competitive, free market economy through deregulation, privatisation and the promotion of entrepreneurship, while maintaining a 'small' state through reduced welfare and minimal intervention (Muncie 2015: 395; see also Cohen 1985; Garland 1997; Smith 2005). This notable departure from the protective features of welfare impacts perceptibly on children and young people while those who transgress societal norms are most closely governed (Goldson and Hughes 2010). This diminution of welfare ideals, referred to by Rose as 'the death of the social' (1996 cited in O'Malley 2001:91) was prioritised by the conceptualised notion of 'the social' as a source of 'obligation and authority' rather than 'rights and welfare' (O'Malley 2001:91).

Correspondingly, the 'tough law and order penal ideology' reflected key tenets of this neoliberal agenda, the anticipated rise in incarceration rates for 'offending' youth failed to materialise during the 1980s as a 'progressive minimalism' approach supported Lemert's (1967) assertions that criminal justice contact is criminogenic (Bateman 2011a:120, see also McAra and McVie 2007). Notwithstanding this, the governance of children and young people featured an emphasis on 'active citizenship' and 'community involvement' incorporating unofficial forms of discipline (parents, teachers and the community) and the police, to address a decline in morality and promote wider networks of social control (Rodger 2008). Accordingly, the additional implementation of "new agencies and services are supplementing rather than replacing the original set of control mechanisms" (Cohen 1985:44) strengthening and widening regulation (of undesirable / non-conforming populations), drawing in those who would not previously have been subject to formal sanctions.

Central to neoliberal governance is this reorganisation of state responsibilities, (Wacquant 2009) and the rejection of (costly) welfare oriented interventions which promote a culture of dependency, "via the retrenchment of education, public health care, social security and social housing" (Jamieson 2012: 450). The attendant reproduction of social inequalities, through conditional welfare and renewed emphasis on social control, masks the boundaries of social and penal

policies wherein "these areas of policy are being drawn together in a process that is criminalising social policy" (Rodger 2008:2). Moreover, neoliberal polices, emphasising economic rationalism and a reduced welfare state, promote the binary positions of deserving and undeserving poor with individuals having to take personal responsibility for their own welfare and self-regulation. Garland (1997:180) refers to this as the 'responsibilisation' of individuals who may "pursue their interests and desires in ways which are socially approved and legally sanctioned". For those children with neurodevelopmental conditions such as ADHD, characterised by a 'deficit in self-regulation skills', this poses significant challenges within the socio-economic context of this neoliberal agenda, not least as one UK policy report frames ADHD as a threat to 'national prosperity' (Foresight Mental Capital and Wellbeing Project 2008:101). Accordingly, children and young people are blamed for their disadvantaged circumstances and, with little support provision are further marginalised, increasing their complex vulnerabilities. Additionally, with limited access to health and welfare services, exclusion is more likely through 'risky' non-conforming behaviours in education settings, thus increasing the trajectory to conflict in legal settings (Graham 2014).

The jeopardy of youth justice system involvement for children and young people with ADHD, and ADHD symptomology, became significantly heightened by the dramatic sea change in youth justice policy in the 1990s, characterised by punitive responses to tackle 'offending youth' (Goldson 2002; Scraton 2007; Jacobson *et al* 2008; Jamieson and Yates 2009; Fyson and Yates 2011). Through sensationalised media representations, populist anxieties around the assumed behaviours of children and the creation of 'crime waves' induced punitive state responses to "culpable young criminals –not child offenders with multiple social needs" (Brown 2009: 20). The murder of James Bulger in 1993 by two ten year old boys was portrayed by the media as 'the ultimate expression of child lawlessness' (Davis and Bourhill 1997:130). The ensuing moral panic pathologised 'wayward' children from 'dysfunctional families' thereby consolidating a 'childhood in crisis' (Scraton 1997:172; see also Goldson 1997b; Hudson 2001; Muncie 2002). Thus, the government utilised the (manufactured) opportunity to *do something* through authoritarian state interventions, thereby

accelerating the 'adulteration' of youth justice through responsibilisation and the failure to recognise age as a determinant of mitigation (Muncie and Hughes 2002:4; Davis and Bourhill 1997; Scraton and Haydon 2002).

1.10. The Punitive Turn

Concomitantly, recalibrated meanings attached to children, young people and 'crime' generated a redefinition of '*childhood*' and accelerated polices criminalising this identifiable group (Brown 2009:19). The ensuing 'punitive turn' (Muncie 2008:107) consolidated the demonisation of children and young people (Goldson 1997a) and the ubiquitous use of custody rather than diversion from prosecution (Bateman 2011b). Notwithstanding this, recommendations from the 44th session of the United Nations Committee on the Rights of the Child (UNCRC) affirm the importance of states' respect for children's rights and their vulnerability, particularly as they lack understanding in relation to the consequences of their (non-conforming) behaviours (UNCRC 2007), however, this has been negated in dominant state responses.

Subsequent youth justice policy focused on evidence-based actuarial justice and risk discourses (see Feeley and Simon 1992; Armstrong 2004; Case 2007), predicated on *potential* offending and facilitating risk-led interventions, thereby generating more punitive responses as Muncie attests; "risk is increasingly associated with pathological, constructions of wilful irresponsibility, incorrigibility and family/individual failure" (2006:781). New Labour's 1997 *No More Excuses* White Paper crystallised the prevention of offending paradigm though identification of 'at risk' children and families as a precursor to youth justice reform (Smith 2014). The subsequent Crime and Disorder Act 1998 produced a "matrix of provisions to facilitate and increase the criminalisation of children", removed the safeguard *doli incapax* and ignored or contravened children's rights within rights conventions, such as, the UNCRC (Bendalli 2000:81; Unicef 2016) reflecting an institutionalised intolerance of children and their misdemeanours (Muncie 1999; Newburn 2002; Muncie 2008; Unicef 2016).

By reconstructing 'the system' of youth justice and reconfiguring 'law, policy and practice', New Labour's 'new youth justice' prioritised 'evidence-based' policy (Goldson 2010:155). Additionally, the creation of the Youth Justice Board (YJB) and localised multi-agency Youth Offending Teams (YOTs) comprised to administer various, and newly introduced, community and custodial penalties and youth crime prevention initiatives (Goldson 2010; see also Pitts 2001; Arthur 2010; Smith 2015). Managerialist and prescriptive, the use of "standardised, psychologised responses to 'at risk' populations, rather than interventions sensitive to the individual" reflected 'programme fetishism' (Haines and Case 2015:90).

Additionally, the undefined concept of 'anti-social' behaviour, central to political discourse, mobilised a mechanism which legitimated coercive powers through anti-social behaviour orders (ASBOs) (Burney 2005; Squires and Stephen 2005; Jamieson and Yates 2009; Fyson and Yates 2011). Contradicting key principles of due process and rights, the introduction of civil orders and a wide range of net widening interventionist statutory powers and initiatives, framed as 'preventative' (Cohen 1985; Muncie 2006; Goldson and Muncie 2015), disproportionately impacted on the lives of children who were not previously subject to legal sanctions. The British Institute for Brain Injured Children (BIBIC) found that children and young people with recognisable learning difficulties were subject to orders, with no account taken of the source, or prognosis, regarding their 'problem' behaviour, while children with language impairments and suspected ADHD, were more likely to receive custody due to persistent breaches (BIBIC 2005).

Furthermore, an emphasis on key political continuities incorporating the 'microstructures of society' (particularly the 'dysfunctional' family and the school) was maintained, in order to control 'deviance' through targeting children's problematic behaviours 'rather than reduce their social disadvantages' thereby, reflecting the tensions between 'welfare' and 'punishment' (Rodger 2008: 16). This overarching philosophy constructed children and their families as accountable and punishable for offending, whilst negating their welfare and material conditions.

1.11. The Construction and Management of 'Risk'

As identified, for young people with ADHD and concomitant 'non-conformist' behaviours, the use of inappropriate measures further adds to their marginalisation and potential criminalisation (of non-criminal behaviour), rather than diverting vulnerable groups from youth justice contact and into appropriate support (McAra and McVie 2010; Talbot 2010). As Fyson and Yates (2011:120) contend, "the label of 'criminal' or 'anti-social' should not be allowed to overshadow the needs of young people with learning disabilities and the complex issues which underpin their behaviour". For children and young people with behavioural and/or learning difficulties, identifying and responding to specific needs is superseded by the identification of 'risky' and offending behaviours.

As previously highlighted, consistent with neoliberal doctrines of responsibilisation, the introduction of early interventionism within a risk based framework informed youth justice approaches whilst ignoring restorative oriented initiatives and social agendas (O'Malley, 2001). Moreover, through the creation of target driven managerialism (Muncie and Hughes 2002) the 'new' form of youth justice generated short term, targeted work programmes through (deficit based) responses to children's behaviours, to reduce offending effectively and efficiently (Haines and Case 2015). Influential positivist research, undertaken by Farrington (1996) and Rutter (1998), identified factors which impact on a young person's propensity to offend and these include; deprivation, poor housing, low educational achievement, poor parenting, 'broken families', cognitive impairment and a 'high degree of impulsiveness and hyperactivity' (cited in Smith 2014:129, see also Pitts 2001; Armstrong 2004; Case 2007 and Case and Haines 2009).

1.12. The Risk Factor Paradigm

The centrality of biological and psychological risk factors is reductionist due to the inherent association of an individual's propensity to crime and, as such, risk is *constructed* through these categories which in turn, engenders 'negative stigmatising effects' (Armstrong 2004:108). Nonetheless, these contingent factors gained prominence in discourses regarding youth/crime relationships, and

the risk factor paradigm (RFP) emerged within youth justice practice. Concomitantly, the RFP pursues the identification of psychosocial risk factors in a child's life (family, school, community, (delinquent) peer group affiliations and psycho-emotional domains) as predictors of children and young people's increased likelihood of offending or potentially reducing this likelihood ('protective factors') (Armstrong 2004: 102; see also Case 2007).

Thus, the aim of early intervention programmes is to address identified deficiencies while augmenting protective factors (increasing resilience to risk factor exposure) however, this latter concept was relatively neglected (Case and Haines 2009) not least through "stereotypical and reductive imaginations of and limited ways of working with" children and young people in conflict with the law (Swirak 2015:3). More recent evolutions of youth justice practice utilise a 'protective factors' approach (see Haines and Case 2015). As Armstrong (2004:104) argues, RFP offers a 'simplistic crime management system' as whilst rebutting the contribution of structural factors in the construction of offending behaviours, it can focus on a reductionist 'policy of containment through the morality of 'blame'' and justify targeting and interventions. This is on the premise that crime caused by 'dysfunctional' young people, "can be identified through an assessment process determined by experts" (*ibid*; see also O'Malley 2001; Smith 2006; Case and Haines 2009). Further critiques of RFP and coercive interventions identify the associated stigmatising of (already) marginalised individuals and disadvantaged communities (Smith 2014). Additionally, criticisms identify inappropriate classifications of targeted, (deemed troublesome) children and the 'net widening' effect of early intervention (McAra and McVie 2010). This results in damaging consequences, incorporating deviancy amplification and criminalisation through processes of labelling and stigmatisation, due to the negative deficit focus (Bateman 2011; Case 2016).

Underpinned by the RFP, the assessment process is constituted within Asset, a standardised screening tool completed by YOTs in order to identify risk factors and circumstances relating to children's offending behaviours (Youth Justice Board 2008; 2011; Bateman 2011). Through the RFP, risk is quantified via Asset's 'core profile' (largely based on the aforementioned work of Farrington)

whereby twelve domains identify exposure to 'dynamic risk factors', for example; 'living arrangements', 'education, training and employment', 'lifestyle', 'substance use', 'emotional and mental health', 'thinking and behaviour', 'motivation to change' (Case and Haines 2009: 263-64). Additional sections refer to what the young person 'thinks about issues in their life' and their 'attitudes to offending', although the former component is more tokenistic and frequently used inappropriately (Hart and Thompson 2009 in Creaney and Smith 2014).

Upon completion the YOT practitioner provides a narrative to evidence recorded risks and difficulties, resulting in a score reflecting the level of reoffending risk which, as an ongoing process, is returned to and updated regularly (*ibid*), arguably, with time constraints permitting. This subjective assessment tool is subsequently utilised to inform planning and interventions in order to manage risk and to target the *measured* reoffending risks. Notwithstanding Rutter's aforementioned attention to (pathologising) psychosocial *risk* domains, the identification of key symptomatic characteristics of ADHD (impulsiveness and hyperactivity), to provide appropriate *support* to address the needs of children and young people with neurodevelopmental conditions, is notably lacking (this is returned to later in this chapter). Rather, the presence of non-conformist behaviours and individual deficiencies may be perceived as increasing the individual's risk of offending, thus being responsibilised for negative non-conformist behaviours, labelled and drawn deeper into youth justice systems (Stephenson *et al* 2011; Case 2016). Crucially, children are powerless to effect change in the very conditions that accelerate their deeper involvement within the youth justice system (McAra and McVie 2007), which incorporates structural factors reproducing socio-economic inequalities and 'challenging' behaviours due to neurodisabilities.

A range of critiques attest to this categorising process of risk as serving to construct young people's behaviour without qualitative consultation of young people's perceptions of need (Swirak 2015). Statistics and managerialist targets are prioritised over the individual needs of children and young people (Smith 2006), particularly in relation to the identification of specific impairments and mental disorders (Bradley 2009; Whyte 2009; Talbot 2010; Arthur 2010; Nacro

2011). As Phoenix (2009:119) observes, standardised risk assessment tools are interconnected with neoliberal modes of governance "that dematerialise youthful lawbreaking by 'individualising' risk' (i.e. transforming social and collective 'risks' into individual ones) and responsibilising individual young people" through a "blame laden discourse..that 'right-minded' citizens.. manag(e) their own risk behaviours".

Consequently, the conflation of risk and need permits wider state intervention into the lives of the marginalised and the poor (Kemshall 2008 cited in Phoenix 2009) and *non-conforming* children and young people. Ostensibly, the prevailing focus on (criminogenic) risk, associated risk assessments and risk management underpins policy and practice, and as such, policy serves to eradicate the intersection of social disadvantage and youth offending, whilst eliminating a focus on interventions which address the social, economic and health contexts in which youthful lawbreaking ensues (Phoenix 2008). As Case and Haines (2009) assert, through the RFP, Asset associates increased risk of reoffending with inherent individual, social, education and familial difficulties, thereby instituting increased responsibility on the very children and young people who are least able to comply. Thus, through risk based interventions, children from disadvantaged backgrounds entrenched in adversity, are subject to more intrusive interventions and the increasing likelihood of breach, signalling a 'return to repressive welfarism' while undermining children's rights (Phoenix 2009:113; Bateman 2011b). This presents additional concerns for children experiencing difficulties associated with neurodevelopmental impairments and as such, the specific needs and challenges for this vulnerable group, and when in conflict with the law, is a subject that will be returned to later in this chapter.

1.13. Reinventing Policy

Adversely affected by performance targets associated with police practices, the number of children entering the youth justice system rose between 2003 and 2007 through "rigid use of criminal justice sanctions..(for) minor offences" (Flanagan 2008 cited in Bateman 2013:7). Through this net widening of

criminality, especially for first time entrants (FTE), behaviours that would not have formerly attracted formal disposals were targeted and penalised resulting in 110,826 FTEs during 2006/2007 (Bateman 2013) whilst FTEs have continued to fall to 22,393 during 2013/2014 (YJB 2015b).

From 2008 further youth justice policy shifts facilitated reductions in the artificially inflated youth 'crime' and the 50% fall was the highest for twenty years due to, most notably, the increased use of informal responses to youth law breaking (see Bateman 2013, 2014; Goldson 2015 for further discussion). The implementation of diversionary approaches (including funding for Triage schemes), provided within the Youth Crime Action Plan (YCAP) (MoJ 2009), effected a departure of children and young people from costly, formal contact with the youth justice system reflecting a 'depoliticisation of youth crime' and a return to strategies of diversion resonant with the 1980s (Goldson 2015:171; see also Yates 2012; Bateman 2015a; Haines and Case 2015). Moreover, rates of child incarceration during the period of 2000 and 2008 alternated between 2,745 and 3,029 (Goldson 2015) whilst reducing further to 1,216 in 2013/14 reflecting a 56% reduction since 2003 (YJB 2015b). However, as Goldson (2015) contends, rather than external influences, (such as, academic research and non-governmental organisations), impacting this penal reduction, a prioritisation of cost effectiveness was central to policy. Fluctuating rates of criminal justice contact, as identified here, reflect the marked impact of policy changes on children in trouble, and the degree to which they are drawn into or are diverted from the system of youth justice (Bateman 2014). Pertinently, the YCAP-one year on report (MoJ 2009), while identifying the impact of mental health issues on children's offending behaviour, the concomitant impacts of ADHD, learning disabilities and SLCN as contributing to 'offending' behaviours was not addressed. Crucially the report states that complex health, mental health and well-being needs "might not be identified or addressed until the child…has progressed some way into the criminal justice system" (YCAP-one year on MoJ 2009:61).

1.14. Austerity and the Coalition Years

The 2008 financial crisis and subsequent economic downturn mobilised further changes within youth justice policy whilst engendering shifts in managerialist audit and control systems (Phoenix 2016). The incumbent Coalition government in 2010 continued to craft the neoliberal state whilst promoting visions of the 'Big Society' rather than a 'big government' to facilitate public spending cuts and deregulation underpinned by austerity measures (Edwards *et al* 2015). The rhetoric of the Big Society, to improve lives and decentralise power to communities, reflected the displacement of state responsibility to individuals, charities and third sector organisations (TSOs) and was, in reality, underpinned by cuts to social welfare (Yates 2012). Moreover, as Maguire (2012) notes, the Big Society reflects a 'Big Business' vision of service delivery reproduced through marketization, privatisation and payment by results schemes (cited in Edwards *et al* 2015:196; see also Yates 2012). The provision of TSO services, particularly in disadvantaged locations, enables localised responses to identified needs while supporting children and families within the social (opposed to criminal justice) sector. However, through austerity cuts, the depletion of such services impacts on the most vulnerable and marginalised children and young people, thereby increasing the likelihood of statutory (and non-statutory) service involvement upon youth justice system contact (Yates 2012). Correspondingly, for unsupported and excluded children exhibiting problematic behaviours associated with ADHD, the prospect of formal youth justice contact is markedly increased (Young Minds 2013). This is further compromised as the health and welfare of children and young people is influenced by the increasing level of child poverty. CRAE report (2013:3) that;

> cuts to welfare support and tax credits combined with rising prices and low wages have led to both children living in working families and to families out of work experiencing severe deprivation.

A key driver in the (re)development of youth justice is identified in the Breaking the Cycle Green Paper (MoJ 2010) emphasising youth justice prevention and diversion and effective sentencing measures, including an informal restorative

justice approach, whilst committing to a continuation of the RFP; as early intervention presents the 'best chance to break the cycle of crime' (MoJ 2010: 68). However, responsibilising consequences remain evident for troublesome and troubled children, as facing up to their actions whilst taking responsibility underpins these approaches, reflecting prevailing adulterised formal responses (Goldson and Muncie 2011). Furthermore, policy approaches fail to consider the implementation of universal measures within the children's differential social and cultural contexts (McAra and McVie 2007). Continuing in diversionary approaches, the Legal Aid and Sentencing and Punishment of Offenders Act 2012 (LASPO), introduced multiple out of court disposals to re-emphasise diversion and reduce criminalisation possibilities, whilst shifting priorities in the offences brought to justice target (Phoenix 2016). Pertinently, the use of Triage schemes, to facilitate diversion for FTEs, incorporates early YOT assessment of children at the stage of arrest to reduce multiple practitioner involvement and provide minimum intervention, thereby avoiding potential criminalisation (Hart 2012; see also Kelly and Armitage 2015).

The devolvement of centralised agendas to local authorities while adhering to YJB National Standards frameworks was set against a backdrop of the aforementioned budget cuts to reduce public expenditure, which amounted to more than one-third of the pre-Coalition figure (Edwards *et al* 2015). Key challenges for YOT practitioners emerged through a fall in staff numbers (25% between 2008 and 2013) while implementing decision-making processes (particularly in conjunction with the police) in order to facilitate appropriate early support strategies and service provision (Bateman 2015; see also Hart 2012). Whilst the scale of the youth justice system has diminished and so too have caseloads for YOT practitioners, "those children who remain within the formal system are likely to be those with higher levels of need whose offending is most entrenched" (Bateman 2015a:28; see also Kelly and Phoenix 2013). Subsequently, the nature of individuated responses, through RFP technologies such as Asset, preclude broader contexts of children's behaviour and underlying impairments within their daily lives as,

the responsibility (blame) for offending is placed with the young person and their inability to resist risk factors, rather than examining broader issues such as socio-structural factors (e.g. social class, poverty, unemployment, social deprivation, neighbourhood disorganisation, ethnicity) (Case and Haines 2015b:103).

Additional critiques, elicited within the recent House of Commons Justice Committee session, refer to 'existing assessments' as limited, characterising them as 'tick-box' exercises rather than seeking to understand an individual as a 'human being' (HoCJC 2016:23). Moreover, as Phoenix (2016) identifies, the practices and delivery of youth justice services can be conflicting due to a sense of a post code lottery of differing local authorities' interpretations of central YJB policies.

1.15. Diversion from Criminogenic Systems

Following devolution in 1998, there are distinctive approaches to youth justice representing divergent practice 'models' although as Muncie (2011) observes, youth justice *practices* as identified in policy are not always one and the same (Muncie 2011, author's emphasis). Whilst England maintains a risk focused approach, a rights based approach is promoted in Wales, welfarism is prioritised in Scotland and restorative justice is prioritised in Northern Ireland (*ibid* 2011; see also McVie (2011) for a discussion on the latter two models). The recent introduction of additional diversionary initiatives is predominantly motivated by fiscal budgets, as criminal justice involvement is costly, rather than "an ideological shift away from default use of the formal system" (Bateman 2015:31). However, a key diversionary model of youth justice was reflected in the Scottish Hearing System underpinned by the Kilbrandon Committee's proposals (1964) advocating a tribunal system grounded in child welfare principles dealing with children's ''needs' and not their 'deeds'' (McVie 2011:107).

An alternative initiative developed in conjunction with the Swansea Bureau in Wales places the welfare of children and young people in primacy within youth justice practice and in accordance with human rights standards (Case and Haines

2015a; Haines and Case 2015). The "child first, offender second" is a diversionary approach and promotes children's strengths, positive behaviour and social inclusion through identification of underlying causes of offending through "comprehensive assessment and by facilitating access to a range of services" (Haines and Case 2015:209). This approach promotes positive relationships between practitioners and children whilst encouraging participation and engagement with child-appropriate interventions (Case and Haines 2015a).

Conceptual understandings of diversion are underpinned by the work of Lemert (1967) and Becker's (1997) 'labelling theory' which identifies the counterproductive outcomes of criminal justice interventions through the application of deviant labels, thereby increasing the potential for reoffending. The stigmatising effect of the label creates 'outsiders', whereupon individuals internalise the deviant label, producing a self-fulfilling prophecy (behaving in line with the label) and facilitating an amplification of deviance (Becker 1997:3). As McAra and McVie attest, the "*master status* of troubled/troublesome youngsters results in amplified levels of intervention", whilst "children cannot readily shrug off ascribed labels" creating a self-fulfilling prophecy and, increased potential persistence of offending into adulthood (2007:338, original emphasis; see also McAra and McVie 2010, 2015; Deuchar and Sapouna 2015).

McAra and McVie's (2007) longitudinal study challenges the use of multi-faceted criminal justice interventions and illustrates the way in which contact with the criminal justice system is criminogenic. Findings showed that children charged by the police in previous years were over seven times more likely to be subject to a further charge at 15 years of age. Moreover, the study also found that 'police beat officers discriminate against certain categories of youngsters: in particular, boys and disadvantaged children' (the usual suspects) (McAra and McVie 2007:326). Hence, the dominance of repeated and increasingly intensive modes of contact with the youth justice system is deleterious in the long term (*ibid*).

Accordingly, minimising intervention and adopting diversionary measures reduces stigmatising and criminalising children, aligning with core principles of the original Kilbrandon philosophy (1964) which identified "children who commit offences and children who need care and protection are dealt with in the same

system - as these are often the same children" (SCRA 2016:1). The root of children's issues included familial problems, education and wider social contexts and thus the original Kilbrandon approach promoted minimalist intervention within the context of de-stigmatised, welfarist approaches until a divergence influenced by New Labour's punitive agenda (for further discussion see McAra and McVie 2010).

1.16 Youth Justice Liaison and Diversion

Significant reviews have identified the needs for criminal justice and health services to recognise and provide support for vulnerable offenders. While the 1992 Reed Review focused on mentally disordered adult offenders, key recommendations were influential in establishing liaison and diversion services (Rickford and Edgar 2004). Prompted by the Bradley Report (2009) recommendations for early intervention and diversion for children with mental health needs and learning disabilities, the reconstructed use of diversion from system contact, to reduce offending, emerged in 2008 through pilot schemes within six YOT areas. Significantly, the Youth Justice Liaison and Diversion (YJLD) initiative was introduced in order to divert children with learning disabilities, mental health difficulties, speech, language and communication needs (SLCN) and associated vulnerabilities, from formal sanctions and into appropriate support services (Haines *et al* 2012). Evaluation of YJLD pilots found that, where collaborative working practices were achieved between the police and YOTs committed to the scheme, there was evidence of appropriate diversion whilst noting the interrelationship between children's intellectual abilities and a capacity to focus their attention and the capability to engage with services (*ibid*). With an emphasis on 'early detection, intervention and prevention' and the reduction of FTEs "by offering interventions for the range of health, mental health and social difficulties these young people experience", liaison and diversion teams were rolled out nationally (Durcan *et al* 2014:15).

Hence, a principle aim of YJLD is to effect expedient responses to children with mental health difficulties, at the primary point of contact, in police custody and

divert to appropriate health and/or social services or into youth justice services to meet identified needs (Haines *et al* 2012). This scheme commenced a roll out from 2014 extending nationally by 2017 and Anytown was in the first pilot tranche, (just prior to this research in Anytown) however, Bateman (2015) identifies that variations with liaison and diversion initiatives are evident, due to localised priorities and practices. Pertinently, the NHS England (2014) liaison and diversion operating model identifies the target group for YJLD to include children with one or more of the following difficulties: ADHD, learning disabilities, communication difficulties, substance misuse and mental health problems (cited in Talbot *et al* 2015:2). However, given the limited understanding of neurodevelopmental difficulties such as ADHD, there is correspondingly less attention to the primacy of supportive relationships, to promote "emotional well-being and managing challenging behaviour", such is the importance of diversion (Berelowitz 2011:11). Accordingly, Kelly and Armitage (2015:130) report that the long term outcomes of diversion "will depend not only on the specific 'diversionary' practices adopted in any given area but also, at least for vulnerable young people, on the broader network of support services that sit outside the youth justice system and the connections between them".

Conclusion

Compelling evidence based research demonstrates the damaging consequences of early intervention which is iatrogenic, through the process of labelling and concomitant increased likelihood of reoffending thereby, exacerbating youth justice and custodial contact (Gatti *et al* 2009; Goldson 2010; see also McAra and McVie 2007; Jordan and Farrell 2013). However, the prevailing issue of funding cuts, within continued austerity measures, presents potential barriers to supporting children in trouble with the law, upon identification of their needs within the YJLD scheme. While the Department of Health provide funding to place health professionals in police stations and courts, CAMHS mental health budgets have already been subject to sizeable cuts (Speed 2014) thereby impacting on the most vulnerable groups.

The following chapter outlines the methods utilised for this research and the key methodological framework, whilst reflecting on concomitant challenges within the research process.

Chapter Two

Methods Chapter

This chapter outlines both the theoretical underpinnings of the research and the methods utilised. Additionally, the research design and subsequent implementation is discussed, highlighting sampling methods, ethical considerations and the process of data analysis whilst illuminating the research limitations through reflexive practice.

2. Reflexivity

Central to qualitative research is the conceptual process of reflexivity as an ongoing activity which is assimilated within all parts of the research process (Noakes and Wincup 2009). Thus, reflexivity underpins the key approaches and decisions taken and, correspondingly, in the motivations for exploring this topic. Initial interest was grounded in the experiences of my son's friend who has a diagnosis of ADHD, as he negotiated significant challenges within education and criminal justice contexts. Due to prevailing non-conformist behaviours (associated with ADHD characteristics, see chapter one), his contact with police officers was enduring as he became 'known' to them. Consequently, he was poised at an intersection of formal youth justice involvement and the continuation of his education. The attendant inequalities experienced by this vulnerable young person, constructed as 'troublesome', were multi-faceted and reflected the interconnection of political issues repackaged as 'personal troubles' (Mills 1959:8) inherent in processes of marginalisation and criminalisation (see 2.1). This was influential in my approach to the research, in conjunction with emerging evidence of disproportionate numbers of children and young people with ADHD and comorbidity in the youth justice system, in order to provide greater understanding of the needs of this vulnerable group.

2.1. Methodological Framework

This research is grounded within the nature of enquiry and research aims, and the use of qualitative methods was chosen within a critical social research methodological framework, challenging dominant discourses that privilege forms of legitimation that reproduce oppressive power(s) (Harvey 1990). To coin Jupp (2000:5), the study explores and reflects on 'what is', and pertinently, 'what should be', for children and young people negotiating the intersectionality of ADHD, non-conformist behaviours and criminalisation and associated tensions.

In his seminal text, C. Wright Mills (1959:20) urged the use of a 'sociological imagination' incorporating social structure, historical circumstance and political variances as crucial to social research, rather than adopting "bureaucratic techniques which inhabit social enquiry". Reflecting on their "explanatory significance" in individual behaviours (*ibid*:68), Mills contests that "[n]o social study that does not come back to the problems of biography, of history and of their intersections within a society has completed its intellectual journey" (*ibid*:6). Concomitantly, a notable loss of the sociological imagination is seen through 'abstracted empiricism' where abstract theorising, measurement-focused and method driven empirical studies presupposes meaning and reality. Here, Mills draws on an example of research into the effects of mass media which uses 'typical' research tools while neglecting analysis of structural locations in the process (*ibid*:50). Young (2011:viii) further posits that along with the expansion of new criminological genres, this has given rise to criminological abstracted empiricism whereby, funded research studies prioritise a conceptual 'methods toolbox' whilst marginalising critical and theoretical scholarship. Thus, reality is obfuscated rather than illuminated, which is "largely a waste of money in policy terms and in many cases actually produces results which are counterproductive and dysfunctional" (*ibid*:ix) as social phenomena are examined without context or addressing issues of impact and consequence.

As Scraton (2007:6) attests; the views, values, experiences, opportunities and opinions of individuals became negated, in favour of 'social laboratories' funded by state and corporate elites, thus denying critical social inquiry whilst reflecting

these collective interests. To challenge this, Mills proposed a re-consideration by social scientists' to address this "major moral dilemma..by addressing ourselves to issues and to troubles, and formulating them as problems of social science" (1959:194). This is an 'essential tool of the sociological imagination': the interconnectedness of 'the personal troubles of the milieu' and 'the public issues of social structure' (1959:8) and the impact of structural decisions on society and individuals' lived realities. Correspondingly, during a period of political punitiveness, civil unrest and social disquiet in the U.S., Howard Becker (1967:1) famously questioned, when undertaking research, 'whose side are we [sociologists] on?' identifying the marginalised, the powerless, the negatively labelled and excluded groups, while problematising the impacts of power, legitimacy and structural issues. Official discourse, policy and practice constitutes the top down approach adopted by state institutions however; it is the responsibility of the researcher to make a contribution to knowledge that investigates and promotes the experiences of vulnerable and disadvantaged populations (*ibid*).

This current research is conducted within a critical criminological framework, as "a counter-voice to neoliberalism and conservatism", questioning state powers in the marginalisation and criminalisation of vulnerable groups and through narrowly defined 'criminality' (Young 2011:217). Thus, this research critically examines the challenges for children and young people with ADHD (or associated characteristics) in conflict with the law, and within structural locations of age, class and (neuro)disability. As Davies and Peters (2014:35) reflect, "in a critical research approach, issues of power and powerlessness are paramount if we are to be reflexive in our research – critically analysing power…politics and marginalisation". In this (criminological) context, research is immersed within the political context as this shapes the research process to varying degrees and in different ways: firstly, through researching social problems which are explained (and controlled) by governments of the day through official discourse and secondly, as criminologists cannot avoid engagement with 'micro-political processes' in order to take account of differing and possibly conflicting interests and groups (Noakes and Wincup 2009:21).The politicised arena of youth justice

is a site of contestation through fluctuating political ideologies and evidence based policies (see chapter one) (Smith 2015) and central to this research are the formal responses and youth justice interventions consigned to this vulnerable group within recent political milieu. Pertinently, this research draws on key theoretical paradigms and previous empirical research, within interconnected macro and micro contexts in youth justice domains and in young people's lives.

2.2. Critical Social Research

The methodological framework of critical social research was adopted for this research as it is grounded in the generation of knowledge which engages with issues of power, social relation and social structures (Harvey 1990). Concomitantly, socially constructed knowledge on crime and punishment through official discourse and media representations focuses on 'conventional' crimes targeting 'risky' populations. These groups predominantly comprise the poor, unemployed, youth and black and minority ethnic groups, located within the structural relations of class, gender, age, 'race' and crucially, disability (Scraton 2007). As Harvey states, critical social research is '*intrinsically* critical' and

> ..does not take the apparent social structure, social processes, or accepted history for granted. It tries to dig deep beneath the surface of appearances. It asks how social systems really work, how ideology or history conceals the processes which oppress and control people…direct[ing] attention to the processes and institutions which legitimate knowledge (1990:6).

Historically and contemporaneously these structural contexts are entrenched in inequality and oppression, legitimated through political ideologies and a power/knowledge nexus, which is reflected in the historical view of 'youth as inherently problematic', while current approaches sanction formal interventions for 'at risk' youth (Smith 2011:14). This is a significant methodological consideration and is within the auspices of critical theory where knowledge may be achieved through critique, whilst constrained through structural and historical imperatives. Thus, the deconstruction of dominant, taken for granted knowledge is crucial in order to construct an alternative contribution to knowledge (Harvey *et*

al 2005). Critical social research looks 'beneath the surface' in order to expose events and phenomena at the societal level as "not only does it want to show what is happening, it is also concerned with doing something about it" (Harvey 1990:20). In essence (and in reference to Mills), the personal troubles experienced by children and young people with non-conformist behaviours (through diagnosed or undiagnosed neurodevelopmental conditions) impacts on their social world, whilst public issues (social, medical, cultural, political and economic) are influential in creating and maintaining personal troubles. As Phoenix (2016:134) asserts, "[a]s with adults, those punished for their illegal misdeeds tend to be the already marginalised, as social processes of criminalisation occur with existing class-based structural inequalities". Thus, crimes of the powerless are the key legal focus within narrow definitions of 'crime' rendering this group disproportionately represented in penal institutions (Wacquant 2001; Bateman 2015a; White and Cunneen 2015;) while neglecting the wider harms caused by crimes of the powerful.

As Carlen (2002:244) observes, a significant concern within critical criminological research is to examine relationships between criminal and social justice whilst "refus[ing] to accept that the significance of any crime-related phenomenon is already known for all time and all places". Thus, this research is concerned with disproportionate, constituent numbers of young people with neurodevelopmental impairments, co-morbidities and speech, language, communication needs (SLCN) who are in trouble with the law through criminal justice net widening and punitive social policies (Talbot 2010; Hughes 2015a). Therefore, the key research questions comprise three elements:

• Through critical assessment of youth justice systems, policies and practices (including police custody); what mechanisms are in place to facilitate the identification of ADHD (or symptomatic characteristics)?

• How efficient and appropriate are youth justice services and interventions for boys and young men with ADHD (or symptomatic characteristics) and what are the attendant impacts of these processes?

• Are youth justice interventions suitable to meet the individual needs of boys and young men with ADHD (or symptomatic characteristics)?

The majority of the field work for this research was undertaken between December 2013 and September 2014 however, an interview was secured and later conducted with N2 (a nurse attached to Anytown YOT) in May 2015 (this delay was due to staff sickness).

2.3. Research in Action

Within the chosen methodological framework, the method selected for primary research data is the qualitative approach. This method is particularly useful in gaining a detailed understanding of the key research questions and respondents' perspectives, thus capturing rich contextual data through in-depth semi-structured interviews (Becker and Bryman 2004; Punch 2014). As Hakim asserts (2000:37), qualitative research is adopted in areas of enquiry "where the emphasis is on description and explanation" of social phenomena and their contexts and, within this research, illuminating the experiences of children and young people with ADHD (Carrington 2002) through respondents' experiential knowledge of working with this group.

Qualitative research is an 'umbrella term' incorporating various social science methodologies and perspectives, for example: symbolic interactionism, which studies subjective meanings and privileges the meanings attached to social actions by individuals as central to understanding the social world; ethnomethodology which looks at 'everyday' routines and reflects on human behaviour and the production of routinised action; structuralist models which have as a starting point "processes of psychological or social unconsciousness" (Flick 2009:57). By prioritising agency and meaning in social actions the symbolic interactionist approach highlights multi-faceted norms and values in relation to 'normal' and 'deviant' behaviours (Noakes and Wincup 2009). Pertinently, in terms of 'paradigms', qualitative research is "multidimensional and pluralistic" and includes further subdivisions such as critical theory (Flick 2009:57). A catalyst for subsequent labelling perspectives, research within these theoretical frameworks

eschewed dominant positivist traditions prioritising value-free research, objective knowledge around crime causation and within individual and social pathologies (Noakes and Wincup 2009).

The qualitative approach may be broadly conceptualised within the interpretivist tradition (Jary and Jary 1995) and the essence of interpretive understanding is captured in the concept of *verstehen* (translated as empathic understanding) associated with Weber's (1939) theory of 'social action' (cited in Noakes and Wincup 2009:100). For Weber, the study of social action is interlinked to meaning and purposeful action. Specifically, *verstehen* emphasises the importance of how social actors create meaning, and by interpreting and understanding the actor's motivations for their actions, thus facilitates deeper understanding (della Porta and Keating 2008).

2.4. Methods

The research design of this study is influenced by the nature of enquiry and its theoretical underpinnings. Hence, the main method of data collection utilised is qualitative as the quantitative collection of official data and survey methods would not further an "appreciation of the social world from the point of view of the offender, victim or criminal justice professional" (Noakes and Wincup 2009:13), nor an understanding of the contexts of 'offending' behaviours and associated responses. Hence, the post-positivist qualitative tradition emphasizes the importance of human agency and the meaning individuals assign to experience, thus meaning is constructed through this interaction with the world (Berg and Lune 2014). Thus, drawing on constructionist and interpretivist traditions in the collection and analysis of data reflects how individuals construct their own meaning in different ways even where this can relate to the same phenomenon (Bryman 2016). However, as Gray (2014:20) observes, rather than one meaning, "multiple, contradictory but equally valid accounts of the world can exist". Hence the importance of discovering meanings that individuals and groups assign to their behaviour and institutions, and, rather than reliance on value-free, universal

rules understanding is achieved through "the interpretation of people's motives for their actions" (della Porta and Keating 2008:27).

Primarily, qualitative methods involve 'listening', for example, through focus groups and interviews and drawing information through interaction between active research respondents and the researcher to gain 'reliable and meaningful insights' (Crow and Semmens 2008). The use of semi-structured interviews was employed to elicit in-depth information regarding identification processes of ADHD (and symptomatic characteristics), the challenges this posed for respondents and young people and concomitant experiences through the various stages of criminal justice contact and, particularly, within YOTs.

The interview questions were constructed drawing on preparatory knowledge of previous research studies (see appendices 4 and 5). This ensured a coherent understanding of the key issues for this vulnerable group and current youth justice processes, crucial to a productive and interactive interview. Moreover, this assisted in gaining the confidence of participants to discuss their work processes and provide their insights and feelings to a researcher equipped with the necessary interviewing skills and in-depth subject knowledge. The pre-determined interview questions were open ended and standardised and each respondent was asked the same questions in the main however, as discussed later, it was necessary to tailor some additional questions to the specific role of the participant. Each question was constructed to enable the interviewee to 'open up' while there were researcher 'prompts' within the primary question if further explanation was required or to encourage the development of the interviewee's thoughts (Crowe and Semmens 2008). Primarily, the questions were framed around each interviewee's experiences in various relevant contexts while asking them to describe key processes and challenges. The final question was framed to elicit participants' insights into how to improve the system for children and young people with ADHD 'in an ideal world' (where structural constraints on material conditions impacting on funding, health services, and so on were not apparent). This promoted a final positive discussion and yielded particularly meaningful thoughts and insights from each respondent (some of which have informed the final concluding chapter).

2.5. Research Populations

The research sample (see below) comprised key professional stakeholders however, given the significant gaps in knowledge regarding children and young people with ADHD, and their experiences within youth justice processes, the (glaring) omission of the views and experiences of this group requires explanation here. Appropriate ethical and CRB clearance was obtained to interview children with ADHD as part of the original research design. However, as the field work progressed significant personal (health) problems resurfaced and as such, prevented the researcher from pursuing this further (additional challenges faced are discussed later).

As previously discussed, rather than traditional quantitative research models which engage with large segments of society, (commonly) within qualitative research "the answers are held by the 'few' rather than the 'many'" in relevant settings and where expert or insider insights and experiences provide "powerful text and rich narrative" (O'Leary 2010:160;). The primary selection of respondents targeted for this exploratory research were Anytown YOT workers, as representative of the larger YOT population, and in this sense, the intended sampling was 'purposive' (Punch 2014:161). However, as discussed later (see 2.5 and 2.15) the sampling became *opportunistic* due to difficulties negotiating access.

In addition to YOTs, key health services and third sector organisations, which support children and young people in youth justice and education contexts, were also selected for interviews. As Davies *et al* (2011) assert, through qualitative research the significance of the meanings generated can be explored via the experiences and understandings of research participants and the ways in which institutions, policy and practice work in specific contexts. Thus, the research sample comprised of fourteen respondents, twelve of whom were attached to the YOT in varying contexts while the remaining two respondents were in relevant third sector organisations. The key descriptors utilised, to maintain anonymity, for each of the respondents are as follows:

Respondent code for YOT workers involved in delivery of youth justice disposals	Respondent professional role
YO1	YOT case manager
YO2	YOT education and specific learning difficulty (SpLD) liaison
YO3	YOT senior case manager
YO4	YOT reducing custody manager
YO5	YOT court manager
YO6	YOT triage officer
YO7	YOT case manager
Respondent code for multi-agency staff working in Anytown YOT	Respondent professional role
MH1	CAMHS senior mental health nurse practitioner
N2	General health nurse attached to YOT
PO1	Police officer attached to YOT
PO2	Police officer (previously) attached to YOT
Respondent code for non-statutory workers involved in youth justice settings	Respondent professional role
N1	Liaison and diversion nurse practitioner within a health-based agency
A1	Manager of a third sector organisation (TSO) commissioned by the local council to deliver statutory and non-statutory services, a key aspect being an appropriate adult service for children in custody
A2	Co-founder and director of a not-for-profit social enterprise providing support and training around neurodevelopmental conditions

The aforementioned respondents were selected primarily for their work roles and as such their relevant contact with children and young people presenting with ADHD (and associated undiagnosed behaviours) in criminal justice, third sector and medical contexts. Consequently, this research sample was best placed to discuss youth justice processes, health concerns and issues, wider support needs and practical challenges for this vulnerable group drawn into the criminal justice system.

Whilst the nature and extent of key issues for children and young people with ADHD (or symptomology) is an overarching theme, a key aspect of this research focused on the process of *identifying* such neurological conditions on entry to the youth justice system. Additionally, associated diversion and/or interventions, modes of assessment within formal responses to this vulnerable group were of particular interest, hence these respondents form a key part of the sample. Moreover, the experiences of YOT workers are key to the research in that their experiences of working with this vulnerable group highlight significant extant challenges, whilst informing recommendations of good practice. As agents of the state, official practices are entrenched within their daily institutional duties, however, they are also advocates for children and young people with neurodisabilities informed through their experience, concerns and understandings of inherent challenges posed for this group.

2.6. Negotiating Access

A key consideration within the research design is the selection of respondents to address the aforementioned experiences and responses of children and young people with ADHD in conflict with the law. However, a significant issue encountered by researchers is constituted in gaining access to institutions and individuals via gatekeepers (those in positions of relative power) and particularly where the research involves vulnerable groups such as, children and young people and those in criminal justice settings (Davies and Peters 2014). The role of gatekeepers was fundamental to this research through the various stages incorporating initial and ongoing access while there was continued negotiation of co-operation through the course of the field work at Anytown YOT.

Initial access to the YOT was facilitated through the research supervisor's previously established relationship with a key YOT worker who agreed to meet and discuss the study. Following institutional ethical approval (this is discussed in more detail later) and permission to conduct the research in Anytown YOT by the appropriate authority - Head of Youth Offending Services, an initial introductory meeting was confirmed with the identified key YOT worker. The

research design and objectives were presented in depth at this first meeting whereupon the YOT worker was sympathetic to the fundamental areas of enquiry and as such 'on board' with the research. Crucially during this meeting, the researcher clarified that the efficacy of individual YOT officers was not under scrutiny; rather, the focus was on the practices within their official remit and in relation to this vulnerable group. Noakes and Wincup (2009:31) discuss the precarious nature of research, in balancing the need for investigation of key questions conducted within criminal justice agencies, and "striv(ing) to avoid alienating opposing groups". This was a key element of this research and rather than forcing or feigning positive relationships with the YOT workers interviewed, this was organic within the interview process (the development of a rapport is discussed later).

2.7. Gaining Access

Having forged this first supportive relationship, a member of Anytown YOT administrative staff was subsequently introduced as a 'liaison' for the research conducted. The administrative liaison worker was tasked with inviting further potential YOT respondents via internal email, attaching the research design 'synopsis' provided and my contact details. From this scoping email, only two YOT workers responded expressing their interest to take part in an interview. Nonetheless, it was from these first two interviews that a snowballing process emerged (within the YOT) as additional respondents were evidently harder to reach / less willing to be involved (Becker and Bryman 2004). The first two YOT interviewees demonstrated a clear interest in the research topic and divulged rich, detailed information. This was particularly encouraging, due to the lack of further respondents' interest therefore, the snowballing strategy was adopted through these interviewees' recommendations (Bryman 2016). Subsequently, each respondent was asked if they knew of a colleague from the various 'teams' who might be willing to participate in the research. From their knowledge of the duties performed by the wider youth offending 'teams' this also reduced 'overlap' (in so far as too many interviewees performing the same job role) while promoting wider insights and a more balanced overview of key stages in the YOT. Not only were

contact details of suggested respondents provided by interviewees during *their* interviews but my subsequent introductory emails felt less 'cold', due to the personal recommendation of that colleague.

However, a limitation of this process was evident, in that the time allocated to field work was being extended, due to the snowballing process becoming protracted. Following further email contact with the administrative YOT liaison requesting to repeat my interview invitation to Anytown YOT workers, it appeared that time pressures were impacting on the liaison's ability to carry out this request. Whether consciously or not, this created further problems which, as Davies *et al* (2011) assert, can constitute a form of denying access through informal means. While the research is a key priority for the researcher, this is not in concert with gatekeepers and, in this context, it was intuitively felt that time pressures underpinned this overall disinterest, and as such, the process of gaining access was subject to *ongoing* negotiation. As previously identified key actors can act as their own 'gatekeepers' through a reluctance to engage with the researcher and/or the research and as Davies *et al* (2011:316) reflect, problems with access do not cease once 'in' through the door. It was apparent that the process was enmeshed within an imbalanced power relation between "the 'insider' gatekeeper and the 'outsider' researcher" (*ibid*:318). This was further exacerbated as the original YOT worker contact had since moved on to a role in a different location and as such, the researcher had 'lost' a key 'insider' and supporter of the research. Hence, the aforementioned research snowballing, albeit a prolonged process, was crucial to making contact and gaining access to wider YOT participants.

Initial contact and the subsequent interview with A2 was also part of the snowballing process, suggested by PO1 through their knowledge of the commissioned services of this voluntary organisation and their valuable contribution to supporting vulnerable children in the youth justice system. An additional sampling approach was utilised, through networking at relevant NHS based and ADHD specific conferences, which was successful in securing an interview with A2 (director of an ADHD support organisation). A2's understanding of this vulnerable group and the inherent challenges posed, was both personal

(as mother to a son with ADHD) and professional, through delivery of training to statutory organisations and support for parents, carers and children and young people with neurodisabilities.

2.8. The Interview Process: Data Collection

Within email contact prior to the interviews, practical issues were identified to the respondents regarding key information such as the place and time length of interviews. In order to cause minimum disruption to respondents and to conduct the interview in relative privacy, the interviews were arranged to take place in their work location. Each respondent secured a private meeting room to ensure privacy and confidentiality, away from their working environment and work-related interruptions. Given the time constraints on busy practitioners within the system of youth justice, this was especially pertinent and the interview time was delineated between forty five minutes and one hour. However, as discussed later, many were to exceed this allotted time: the interview duration for many youth justice practitioners was one and half hours whilst the non-statutory respondents' interviews continued for up to two hours.

As previously identified, in-depth semi-structured interviews were conducted to allow respondents to raise any concerns and 'tell their stories' from their experience, relevant to the central research questions posed (Davies *et al* 2011:340). Following discussion of the research aims, gaining informed consent and permission to record the interview (discussed in ethical considerations); the first question for each respondent enquired about their specific role thus, 'easing' them into the interview while establishing a dialogue.

The construction of semi-structured interview questions acted as a guide formulated around key areas of interest. However, this was not adhered to rigidly in order to maintain the flow of the interviews and topics discussed, thus adjustments were made to the interview schedule in response to the way it progressed (Becker and Bryman 2004). This comprised; rearranging the order of questions asked, omitting questions that were covered in previous responses and

gauging the time (to a greater or lesser degree) that was spent on selected topics, given the relevance to individual respondents.

As previously discussed, there is a clear power relation, regarding researcher access and respondents' cooperation, which the researcher can be subject to however, and conversely, a significant issue to consider was the 'researcher / interviewee' power relation. Through the transfer of information, the research outcomes are within the researcher's control and as such "research is a form of power" (Crow and Semmens 2008: 51). Ostensibly, the respondent as the producer of the information has no control over the way in which it is utilised. Therefore, removing this potential barrier was central for the researcher and to the ethos of the research through gaining respondents' confidence in the researcher's commitment to the research, necessary skills and integrity to conduct it and to disseminate the research findings (this is discussed further in ethical considerations). While the researcher avoided divulging personal information thus potentially influencing the respondents' replies (Bryman 2016), there was a brief period of informal conversation just prior to the commencement of the interview questions. This was found to generate the development of a rapport between the researcher and respondent (which continued through the duration of the interviews) and was predominantly underpinned by a process of emerging, mutual meanings (Finlay 2002 cited in Fitz-Gibbon 2014:255) which were explored to further an understanding of significant issues affecting children and young people with ADHD. Additionally, a further benefit of face-to-face interviews in developing rapport is in the visual cues of eye contact, smiles and general friendliness (Bryman 2016).

Thus, the semi-structured interviews involved a one-to-one verbal interchange prompted by (pre-established) structured, open ended questions which were constructed to address the key research aims. As previously identified, there was some variance of the questions asked. This was dependant on the interview context and pertinent to the respondent, given that this range involved criminal justice agents and TSOs, general nurses and a mental health practitioner (attached to youth justice services). Thus while utilising semi-standardised questions, there was flexibility within the interviews (Punch 2014) and, while

factual responses were provided, there were elements of emotional and empathic reflection by the majority of respondents. This was stimulated by the nature of the research questions regarding inherent vulnerabilities of children with ADHD, primarily labelled as 'trouble' in education and criminal justice settings (as identified by the respective respondents).

The interviews were timetabled for a maximum of one hour however, many over-ran by thirty minutes as, while staying on topic, there were prolonged and animated discussions with empathic respondents. In all but two interviews, the respondents' reflections on interactions with children and young people with ADHD (and symptomatic characteristics), and the recounting of common daily lived experiences of this vulnerable group, was key to promoting understanding of the significant issues and challenges posed by responses to them in formal settings. There were two interviewees who refrained from protracted engagement in reflective dialogue during their interview (the duration of these two interviews respectively were 50 minutes). However, their respective engagement was nonetheless informative but their preference to address the questions more specifically and with erudite responses was evident, though neither were devoid of empathy regarding key challenges posed by and for this vulnerable group.

Hence, the interviews were conducted at the pace of the respondent, as they addressed each question in their own time, which facilitated a more relaxed environment. As Silverman (2011 cited in Punch 2014:151) states, interview data are situated and textual;

> "the interview is a conversation, the art of asking questions and listening. It is not a neutral tool, for the interviewer creates the reality of the interview situation. In this situation answers are given. Thus the interview produces situated understandings grounded in specific interactional episodes".

Key to this was to gain the perceptions and experiences of respondents and as Punch (2014:119) elucidates, to gain rich data "'from the inside', through a process of deep attentiveness, [and] of empathic understanding" of attendant challenges for children with ADHD in trouble with the law, and additionally, the

challenges posed for (statutory and non-statutory) respondents within the structural and/or financial constraints of their work remit.

2.9. Data Analysis

The transcription of all interviews was a time consuming process as each recorded interview was transcribed *ad verbatim* and amounted to 80,000 words of data overall. It was felt this detail was necessary in order to provide a true reflection of respondents' views and to group the findings for the construction of key themes and subsequent interpretive analysis with a measure of confidence. As Noakes and Wincup (2009) identify, there are varying levels of detail included in audio taped interview transcriptions which may include pauses, sighs or groans. The format adopted for this research was to quote respondents directly, reproducing their spoken words, colloquialisms and abbreviated lexicon as this elicits their views, attitudes, emotions and frustrations.

Consistent with key principles underpinning qualitative research, the construction of thematic outlines followed a coherent research strategy, focusing on the narrative content in order to construct an analysis of the semi-structured interview transcripts (Becker and Bryman 2004). The thematic coding of each interview transcript was undertaken to identify links between key concepts and raw data whereby the codes identified categories and themes which emerged and developed from the data.

Rather than engaging with an analytic software package, I adopted a traditional and time intensive approach with the voluminous data, preferring to produce key codes and themes manually. Nonetheless, the underlying logic to this decision was to continually 'feel' the data and retain familiarity with it through the ongoing process and, as Becker and Bryman (2004:300) observe, "to work up from the data, rather than dipping into fragments that support a [pre-determined] analysis".

The data handling process was initiated with the aid of coloured marker pens delineating a range of key themes, whereupon each interview was colour coded and annotated. This preliminary work of organising the data methodically led to the emergence of categories which were subsequently grouped thematically

(Westmarland 2011). This was an ongoing process which involved 'drilling down' further into key issues arising from the data (within emerging themes), which were refined and grouped into subcategories. This assisted a synchronised presentation of the findings whilst facilitating a critical examination of relationships within these wider themes. Moreover, the refined subcategories were crucial to the application and development of existing theory and concomitant relationship to existing knowledge of youth justice practices and particular challenges for this vulnerable group.

The overarching (colour coded) themes comprise the following: the identification of ADHD in the youth justice system process; the YOT process; specific issues related to ADHD; transition issues; education; Child and Adolescent Mental Health Service (CAMHS); structural issues; third sector organisations involvement (TSO); diversion; labelling and stigma and finally, the complexities inherent in children and young people's lives in the purview of Anytown YOT. Thus, the thematic analysis of the rich interview data identified original areas of enquiry which were incorporated into the research design.

As identified, these themed categories contained significant subcategories of key data themes for the final analysis. The resultant emergence of significant *wider* impacts and concerns comprised the following issues: key tensions within the YOT due to the ongoing impact of austerity measures and spending cuts (for the workforce and children and young people in their purview); balancing the delivery of justice and welfare concerns and, recurring issues for children and young people not in education (or employment).

Overarching Themes	*Colour code*	*Sub-categories emanating from interview data*	*Chapter*
Identification [of ADHD / characteristics]	Yellow	Identification processes; via Asset; police contact / custody; triage; pre-sentence reports (PSR); courts. Early identification / efficacy / limitations. Interventions. Breach of order.	3
YOT processes	Green	Efficacy of Asset; scores / fallibility. Training. Referrals process. Fragmentation: working practices	3

		Rapport: between YOT practitioners and child or young person. Impact of YJ funding cuts.	
ADHD related	Pink	Practitioners' knowledge of ADHD. Impact of YJ contact; availability of services; referral to support measures. Competency/ cognition / limitations to engage; level of understanding of consequences. Presentation of ADHD/related behaviours [impulsivity; self-medication; restlessness]. Lack of trained lawyers for child cases. Interventions: flexibility to meet needs / tailored interventions. Propensity to miss pre-arranged YOT session / associated sanctions / breach of order. Peers: influence / relationships Support level *prior* to YJ contact and during YJ processes. Acceleration of YJ journey / cycle of offending.	3
Transition	Blue/pink	Education/employment/mental health services	3
Education	Pink/green	Support mechanisms [teacher, SEN]. Early management of non-conformist behaviours. Not in education, employment or training (NEET): impact; fractured education; motivation. Impact of SLCN/comorbidity. Exclusion.	3; 4s.1
CAMHS	Blue	Services; referrals; efficacy; impact. Funding cuts; impact on services. YJ contact acting as gateway into CAMHS; lack of early support /impact.	3; 5
Structural Issues	Pink/yellow	Impact of poverty; austerity measures. Social services/support rescinded on YJ contact. Unemployment; NEET. Cuts to wider services [youth service, TSOs, SEN support].	5
Voluntary and TSOs	Pink 'v'	Referrals to ADHD non-statutory support services. Training provided by TSOs for YOTs. Wider children's services provision.	4 s2
Diversion	Blue/ yellow	Triage and YJLD. Efficacy. Identification. Referrals.	3
Labelling and Stigma	Pink '*'	Negative label / negative responses to children with ADHD [by YOT practitioners / / CJS / education].	3; 4 s1;

		Perceptions of children with ADHD / characteristics [naughty / poor parenting]. Impact on children.	4 s2; 5
Complex cases increasingly presented	Mustard	Comorbidity (anxiety; depression; alcohol/substance use; mental health issues; learning disability; SLCN; conduct disorder and so on). Social and familial issues. Economic issues (homelessness; poverty; disadvantage). Significance of risk factors to child's well-being (opposed to criminogenic 'risk').	3; 5

Hence, from this process of analysis, decision-making on themes, addressing key questions and aligning with the research aims was part of the systematic development of "theorising and 'answering questions'" whilst emerging new questions were illuminated (Westmarland 2011:184). The subsequent writing up process and concomitant construction of the findings narrative became time consuming and rewarding in equal measure as fundamental to this analytic process is the writing up in itself. Representation of the data is crucial as,

> thinking about how to represent our data also forces us to think about the meanings and understandings, voices and experiences present in the data. As such writing actually deepens our level of academic endeavour (Coffey and Atkinson 1996 cited in Noakes and Wincup 2009:134).

2.10. Ethical Considerations

Within the research design and throughout the research process, ethical considerations were a primary concern in order to promote integrity through ethical conduct (Israel and Hay 2006). Ethical codes of practice were followed systematically and continually upheld throughout the research in order to protect the rights of research participants. This was in accordance with Liverpool John Moores University Code of Practice for Research (LJMU 2010, reviewed in 2014) and in line with the British Society of Criminology Statement of Ethics (BSCSE 2006, updated in 2015), the Data Protection Act 1998 and the Human Rights Acts 1998. Within the application process of ethical approval, subsequently granted by LJMU, and throughout the research process, the following considerations

were identified and upheld to ensure the status of this research as "a legitimate and worthwhile undertaking" (May 2002 cited in Noakes and Wincup 2009:44).

It is pertinent to identify here that in line with BSCSE guidelines one of the key considerations, namely confidentiality, can in certain circumstances be overruled by legal imperatives (See Bryman 2016 for further discussion). This was disseminated to respondents prior to seeking their informed consent however, no circumstances arose where the researcher was required to do so.

2.11. Informed Consent

Respondents' freely given and informed consent is fundamental to participatory research, falling within a key principle of openness while conducting research, and is an ongoing process (Westmarland 2011). In order to gain informed consent, respondents received an explanation of the research to further their full understanding of the nature of my enquiry and, of their involvement (Davies *et al* 2011).

Respondents were (re)assured of the context of the research, its aims and dissemination as the researcher talked them through the prepared participant information sheet which was provided for them to keep (see appendix 3). Furthermore, the researcher identified at the outset that the nature of the enquiry was not examining the individual efficacy and practices of the interviewee *per se*, rather the institutional processes in current youth justice policy and how this manifests in practice. As explained to each interviewee, a central tenet of the research was to provide an understanding of the journey for children and young people with ADHD (or symptomatic characteristics) through the youth justice system.

Additionally, each respondent was clearly advised of their right to withdraw from involvement with the research at any point, and without adverse consequences, as there was no obligation (or pressure) to continue (*ibid*). The consent form (see appendix 2), constructed in accordance with LJMU code of research practice, was presented to participants who signed it voluntarily having made a self-determined choice, and with the clear understanding of the research

dissemination to avoid any deception (O'Leary 2010). Israel and Hay (2006) argue that in various circumstances, the required signature on the consent form can be counterproductive to protecting respondents' anonymity. To avoid this, there were no other distinguishing details recorded on the consent form and they were stored in a locked filing cabinet.

The researcher discussed the possibility of sharing the research findings with the respondents, in the form of a peer reviewed article from the research or a research report, should that be desired. This was felt to be important, to 'give something back' especially given the help and time provided by them and, those who replied in the affirmative, were pleased to be offered this opportunity and thus, will be contacted upon (successful) completion.

It is the responsibility of the researcher to ensure that there are no adverse effects to the respondents' physical, social or psychological well-being during the research and this was adhered to (O'Leary 2010). This is particularly significant when researching with relatively powerless and vulnerable populations and including children however, as identified, the selected respondents were adults and fully cognisant of the research aims.

2.12. Anonymity and Confidentiality

In order to protect respondents' rights and privacy, standardised assurances regarding their right to anonymity and confidentiality were included in the aforementioned information sheet and in the consent form (and reiterated verbally).

Upholding the privacy of participants is a significant issue within research (Israel and Hay 2006) and particularly so for the respondents in this study due to their involvement with or connection to the youth justice system. Thus, the confidentiality of respondents' views, obtained through interviews, was a primary concern as information was divulged in confidence regarding local practices, problematic limitations of the processes in youth justice and critiques of economic, political, educational and health systems. Thus this information was given on the pre-condition that they were not identifiable, either by their name or

their specific work location (hence anonymization using the fictitious place name 'Anytown' to protect research participants). While there are potential complications regarding the negotiation of confidentiality where certain situations may deem it necessary to breach confidences, protecting respondents' identity and maintaining confidentiality was relatively straightforward in this project (see Israel and Hay 2006; Noakes and Wincup 2009; Westmarland 2011 for further discussion on confidentiality protocols in sensitive research areas).

2.13. Sensitivity

It was a principal imperative that respondents' full and often candid responses were dealt with sensitively. Due to the central subject matter involving official processes and the provision of appropriate responses to children and young people, it was important to secure trust and confidence in the researcher in that fairness and equality was integral to the research process through an open and honest approach. This was particularly pertinent given the potential implications for youth justice related respondents regarding the deployment of official policy and practices (Crow and Semmens 2008). This was reflected in the trust placed in the researcher's final analysis to ensure their opinions, perceptions and views were not reproduced out of context and captured "the sentiment and essence of their experiences" (Fitz-Gibbon 2014:254).

2.14. Data Protection

As previously identified, all respondents were anonymised through a system of coding in place of their name and the location replaced with a fictitious place name. In accordance with these precautions to protect identities, the storage of raw hard copy data has been held securely in a locked filing cabinet whilst electronic data has been stored securely on LJMU password protected computers, in line with LJMU institutional regulations and the Data Protection Act. This included the recording instruments used, transcriptions and subsequent subsets of transcribed data constructed for the respective analyses. The data will

be destroyed after five years in accordance with the principles of the Data Protection Act 1998.

2.15. Reflections and Research Challenges

Lumsden and Winter (2014) emphasise the importance of reflexive research through reflection and interpretation of the interrelationship between knowledge production, the myriad contexts within its underlying processes, and the co-construction of knowledge by the researcher and research participants. Rather than locating the researcher as *central* to the research, "it is a vital part of demonstrating the factors which have contributed to the social production of knowledge" (Davies and Francis 2011 cited in Lumsden and Winter 2014:10). Through their position of relative control and authority, respondents provided crucial insights into the challenges posed by and for children with ADHD in the purview of the youth justice system (Fitz-Gibbon 2014). It is within this reflexive process that key aspects are addressed. While the research process was *relatively* straightforward, there were however, some difficulties and limitations experienced within this study.

2.16. Negotiating Ongoing Access

As previously discussed, after a promising start regarding access to YOT respondents, it became progressively difficult to arrange interviews with additional YOT workers. In the main, this was due to an unresponsive administrative liaison and emails (initiated by me) that were not responded to. In a final attempt to procure more interviewee possibilities particularly with prevention and intervention workers, I liaised with a YOT respondent who was impassioned by the interview and associated challenges for this vulnerable group of children and young people. Through this established rapport the YOT worker arranged a meeting in Anytown YOT for invited prevention and intervention YOT managers to attend a presentation on the research and its aims. This generated significant interest and following a lively Q & A, the ten attendees were invited to participate and partake in a brief interview (at a later date) however, none were

keen to 'sign up'. Whilst the respondents interviewed were particularly cognisant of the prevention and intervention work undertaken in Anytown YOT, I found 'insider gatekeepers' to be a challenge to the research process. In stark contrast to this experience, the non-statutory organisation respondents were enthusiastic at the outset, and actively engaged with the research therefore, interviews were arranged and conducted with relative ease.

To conclude, the interviews generated practitioners' reflection on their interactions with children and young people with ADHD and the process of identification of impairments and subsequent involvement of appropriate key services. Furthermore, key discussions regarding the challenges this posed for the system of youth justice, for practitioners and the young person, in terms of availability, accessibility and funding resources was disclosed. Conducting this research reflexively, by "weigh(ing) up all decisions in light of a quest for credible data and findings, [while] limited by unavoidable practicalities", has been a journey of discovery (O'Leary 2010:8). Subsequently, the research has delivered meaningful knowledge of the challenges for (male) children and young people with ADHD in negotiating the system of youth justice. The following chapter disseminates research findings regarding the key challenges facing youth justice practitioners, and particularly their understanding and recognition of ADHD in order to facilitate appropriate identification of this condition, and associated factors, within key assessment protocols.

Chapter Three

Findings and Analysis: Key Youth Justice Processes

3. Introduction

The presentation of findings is thematically structured and thus, this chapter considers key youth justice processes in relation to meeting the needs of children with ADHD (or symptomology) within their criminal justice journey. Thus, the findings uncover significant issues related to; police engagement, labelling processes and youth offending team (YOT) practitioners' practices, and key challenges, regarding identification and assessment of needs. Moreover, practitioners reveal associated challenges for children with ADHD ranging from problematic peer relationships and common perceptions of 'non-compliance' and indifference, due to underlying difficulties and inappropriately designed interventions.

3.1. Prioritising 'Justice'

Within strategic objectives, YOT partnerships with local youth offending agencies deliver services against formal youth justice outcome indicators to reduce the following: numbers of first time entrants; recidivism and the use of custody (YJB 2011). Further, these key aims are supported by wider youth justice partners including the police, judiciary, probation and prisons to promote coherency across the system of youth justice. Of note here is that localised practices within YOTs in England are varied within a 'diversity of service structures' (Kelly and Armitage 2015:118). It is within this context that the efficacy, practices and impact of key agencies working with children and young people with neurodevelopmental conditions, and in trouble with the law, are considered within Anytown YOT.

The proliferation of children and young people with significant social, emotional, behavioural and mental health impairments in contact with youth justice services has been established. As identified in the 1992 Reed review, 2009 Bradley report and the recently commissioned Taylor review (2016), this is not a new phenomenon (see chapter one). Whilst the latter report primarily focused on

mental health issues and learning disabilities among adults; both reviews of the criminal justice system called for the effective identification of the children and young people's needs from entry to the criminal justice system through to the prison estate (Bradley 2009). As identified in chapter one there can be a range of significant impairments associated with neurodisabilities and particularly within characteristics of ADHD and the associated development of co-morbid disorders and conditions. These symptoms impact on children and young people (and can persist into adulthood) manifesting in various ways, including: low self-esteem, problematic social relationships, poor educational experience, 'anti-social' behaviours, and limitations in their "capacity to cope with police interviews and court procedures" (Young *et al* 2011a:2).

Thus, key to improved services for this vulnerable group saw the inclusion of co-ordinated policy and practices, incorporating key services in education, health and social welfare domains linking in with criminal justice services to provide appropriate interventions and support. However, these policies reproduce a duality of interests: state surveillance of children and young people's development to promote (neo-liberal) individualism, and the mobilisation of regulatory processes of social control, particularly for those failing to achieve the primary state goal of individual responsibility (Ellis and France 2012). This is reflected in the disproportionate representation of children and young people with neurodisabilities, such as ADHD, in the youth justice system and specifically in youth custody (see Young *et al* 2011a). Of primary concern is the low age of criminal responsibility in England and Wales, coupled with the repeal of the presumption of *doli incapax* provision therefore, drawing in younger populations (from the age of ten) (Bateman 2015b). Furthermore, youth justice agencies failing to take account of differences in developmental stages of 'maturity' can lead to inappropriate decisions, thus criminalising children (*ibid*).

The persistent maintenance of a low age of criminal liability contravenes successive reviews prepared for the UN Convention on the Rights of the Child (UNCRC). The most recent recommendations of the UN Committee on the Rights of the Child urge the UK to "raise the minimum age of criminal responsibility in accordance with acceptable international standards" (UNCRC 2016:22). The

formal assumption that children can distinguish 'right' from 'wrongdoings' (and at an age much younger than European counterparts) accelerates contact with the system of youth justice, intercedes on the (predominantly) transient nature of petty, 'juvenile delinquency' and, pertinently, undermines a correlation with 'developing cognitive capacity' (Bateman 2014a:135; Goldson 2013). The following key findings are grouped thematically within aforementioned research aims. However, to minimise interpretive 'pigeonholing' there is some suffusion of data in parts due to subjective overlap within said themes, reflecting the complexities evident within this research.

3.2. Processes: Police Engagement

Central to processes of criminalisation is the way police communicate and engage with children and young people (NPCC 2015) and, as such, police engagement forms a key part of formal practices. Police discretion and selective responses to offending behaviours are subjective and, as such, open to misunderstanding and misinterpretation of contexts thus, there are distinct categories of children and young people advanced into the youth justice system who may be termed 'the usual suspects' (McAra and McVie 2007:337). Increased vulnerability to poor police relations is reproduced through negative assumptions and the process of labelling, impacting on identity, reputation and deviancy amplification of visible groups of children and young people on streets and public spaces, 'acting out' potentially anti-social behaviours (Haydon 2014).

McAra and McVie (2012:358) found that children aged 15, associating with 'previously labelled peers' from 'unconventional families', and within deprived communities, were twice as likely to receive a warning or charge. Correspondingly, for those *with* ADHD and exhibiting common characteristics of misjudging social situations, impulsivity and 'risky', non-conformist behaviours (Myttas 2001); increased police involvement ensues, even where behaviours are not considered harmful or damaging. The experience of respondent A2's son was not unique in that interactions with Anytown police were commonly problematic:

J used to get stopped by the police when he was going to school in his uniform, ('cos they knew him) and they'd say, 'J come over here' and…he'd go 'what? You know my name and you stop me every day'. Even now as a young adult J gets stopped weekly and often in his own road. The police say 'we need to search your bag' and he's like 'what are you looking for'? J can't keep his mouth shut, [he] challenges [the police] and that's seen as an 'attitude'…and 'giving lip'. The police will try to get a reaction from J [and his mates] – goading them and when J asked [the police] why they were arresting [his mate] their answer was, 'cos we haven't got our quota for the night' (A2:6).

The practice of treating children and young people as 'mini-adults' reflects a lack of positive training for police officers particularly in understanding differing levels of emotional maturity (to adults), recognising cognitive development and concomitant impacts on behaviour, and criminalising children for behaviour better dealt with by more appropriate means (All Party Parliamentary Group for Children (APPG) 2014). Moreover, concerns highlight the continued disregard for children's rights, especially given the lack of presence or consent of a parent, carer or Appropriate Adult (*ibid*). The APPG (2014:8) indicates children and young people's "profound distrust of the police" along with feelings of humiliation and being targeted creates "a negative attitude towards police". Whilst this does not reflect the practices of *all* officers, the relationships and encounters between this front line agency and children and young people (particularly those with ADHD and symptomatic non-conformist behaviours) is clearly problematic and police processes can exacerbate confusion and distress, particularly for children detained in predominantly adult spaces in police custody (*ibid* 2014). Respondent A1 observed the need for key agents to have an "awareness of specific behaviours" and to "know *what* needs identifying" in order to provide appropriate support (A1:3 original emphasis):

a young person [with ADHD behaviours] was really struggling to communicate and it had a lot to do with the [police] interview room and the lighting in it. The Appropriate Adult thought it out and decided to change a few things; change the way we were sitting and how people were looking at him [altering the room 'set up'] and reducing him feeling intimidated. It made the process a lot easier for the young person, it enabled the police

> to do their job effectively…and that young person felt he was appropriately supported – but it's about [having] that knowledge (A1:3).

ADHD comorbidity with sensory processing difficulties and speech, language and communication needs (SLCN) is not uncommon (A2:1; Hughes *et al* 2012) and can impact significantly on the child's understanding of "the situation they're in, what's required of them and to communicate [this] in a way that meets their needs" (A2:11). For example,

> "a young person with ADHD just wants to get out of this situation and will admit to anything - the police don't understand the significance of [their] medication. [Ritalin] is an appetite suppressant so they don't eat much in the day but when it's wearing off they're starving, so that's all the young person is thinking about and wants to get out of the situation. This makes them so vulnerable and on many levels - I've talked to many parents who have said the same has happened - and they'll admit to things [thinking] 'well I'm going to get the blame anyway'" (A2:13).

Respondents identify the problematic nature of the restrictive legal requirement for responsible adult support for children and young people during criminal justice contact, thus undermining the safeguarding of children's rights and particularly for those deemed as vulnerable detainees (Revolving Doors Agency 2013). Notably, this safeguard has only recently been extended to children over the age of 16 years since a 2013 judicial review (NAAN 2016) reflecting (previous) contraventions of rights under the UNCRC. YO6 notes the variations of *responsible* adult while discussing the benefits of Appropriate Adult support; "we have social workers, aunties, neighbours even…it's not for me to say [to the young person] 'your parent's gotta come': as long as they *are* appropriate and not on licence!" (YO6:3 *original emphasis*). Additional to the aforementioned benefits of Appropriate Adult services to children in police custody, A1 reported that they are seen as "someone not in authority; not a social worker nor a YOT worker, they are there for the welfare of that young person - this is crucial, and the young person will share such a lot of information" (A1:6) thereby assisting in early identification of support needs. Moreover, children are seen and treated as

children first however, common practice by criminal justice agents is to respond to children as offenders first (AAPG 2014; Case and Haines 2015a) thus contravening UNCRC principles and S10 and S11 of the Children Act 2004, ensuring due regard to their welfare, safety and well-being (NPCC 2015) (this is returned to later).

The importance of police dealing with children in relation to their age (rather than their alleged offender status) and recognising the relationship between children's cognitive development or experiences of trauma and the associated impacts on behaviour cannot be underestimated. The NPCC lead officer identifies this ongoing concern as issues such as these are not included in police training due to 'lack of capacity' hence; "we see aggression, non-compliance and grumpiness..this is such an untapped area for us" (Pinkney 2015 cited in Brown 2016:1). PO1 reflected on police discretion for low level offending which is "boosted..by police discretionary resolutions…, a common sense approach…[where] it's not appropriate to take the matter further - over the last 15 years it's been more of a performance culture and less discretion for officers to use" (PO1:2). Arguably, 'unenlightened' discretion (in the absence of further police training) can have adverse implications for discriminatory practices (through formal youth justice contact). This is exacerbated for children and young people with non-conformist, ADHD related behaviours as in A1s experience; "they're labelled and it's often the case when [these] young people come to be arrested" (A1:1).

3.3. Labelling Processes

As previously discussed in chapter one, the conflation of 'offending behaviour' and 'youth' in political and populist discourse constructs children and young people as posing a 'risk' or 'threat' to society thereby, negating their risks of victimisation in family and institutional settings and corresponding support needs (this is discussed further in chapter five). The labelling of those with ADHD characteristics, through stereotyping of less restricted and perceived 'anti-social' behaviours, generates over regulation and visible group identification, becoming

'known' to community members and state agents. The detrimental consequences for this vulnerable group's self-identity is further exacerbated by repeated interactions with police and associated criminal justice agents (McAra and McVie 2012), increasing the risk for further offending. The labelling process can eventuate such 'secondary deviance' through the construction of a deviant self-identity predicated on the application of the deviant label. The process is 'justified' by the lack of adherence to social 'norms' (through problematic and non-conformist behaviours of this group) and as such, this is the adjunct for the 'criteria' to assign the label (Lemert 1951 cited in Roberson and Azaola 2015). As Young *et al* (2014) state, young people with ADHD symptomatic characteristics are four to five times more likely to be arrested, experiencing multiple arrests and ultimately court convictions.

This highlights key concerns relating to Becker's (1997:25) argument, in that they may not be aware that their actions are incongruous or infracting formal rules and, as such, accounts for 'unintended acts of deviance'. The formulation of identities is imposed on children and young people through formal and informal means and incorporates state agencies, such as police and schools and families and peers "in the creation and ontogeny of offender and non-offender identities" (McAra and McVie 2015:131). For those labelled 'bad' in school settings the non-conformist, 'troublemaker' identity is compounded by exclusion (see chapter four) while the process of 'multi layered labelling' is consolidated by repeated police contact; a 'troublemaker' status assigned and internalised and acceleration into the youth justice system is more likely (*ibid*). Accordingly, this can be exacerbated for those children and young people with ADHD and associated comorbidity. Whilst avoiding overarching determinism and pathologisation here, as identified in chapter one, previous studies have found a correlation between characteristics of ADHD and the increased risk of 'anti-social' behaviours intersecting with adverse environmental, school and social settings (Gordon *et al* 2012; Hughes *et al* 2015a).

Unrecognised and unmet needs are prevalent for this vulnerable group in youth justice settings (Lennox and Khan 2012). Hence, early identification and provision of support at all stages of contact with the law is paramount, given the

combination of a low threshold for criminal responsibility, the prevalence of 'troubled children' and that early entry into the criminal justice system (through identification of risk and 'risky' behaviours) is criminogenic. Thus, increasing young people's likelihood of re-offending and further exposure to the criminal justice system (McAra and McVie 2015) and generating crime and criminalisation through social control. Drawing on Illich's (1974) iatrogenesis analysis whereby institutional interventionism through state agencies inflicts further harm, Cohen (1985:55) argues that the process of expansionism is occurring through 'iatrogenic feedback loops'. The concept of 'iatrogenic feedback loops' may be applied to contemporary (and repackaged) youth justice policies and processes, where such loops can be seen through "new systems being created to deal with the damage caused by the old systems, but then inflicting their own kind of 'damage'" (Cohen 1985:171).

3.4. Processes: Triage

As identified in chapter one, the recently established system of Triage is designed to divert low level 'offending' children and young people from the formal system of youth justice. Triage is influenced by the theoretical framework of labelling and seeks to avoid the stigmatising and criminalising impact of criminal justice involvement (Jordan and Farrell 2013). As YO6:6 asserts, the "system is working well" in diverting children and young people, as observed by the reduction in youth court sittings from six days to "three days a week". Triage provides alternative options from formal entry to youth justice and corresponding formal sections and associated fiscal cost reductions. Practitioners in Estep's study (2014 cited in Bateman 2015a:31) felt that diversionary activities were less informed by "an ideological shift away from default use of the formal system" and more about reducing the burden of concomitant financial expenditure. As YO6:6 observes, the introduction of a diversionary system is not a panacea and there are "those that fall by the wayside" and especially those with identified / unidentified needs. YO2 felt strongly that Triage is an unworkable, and short-term alternative solution, particularly for those with additional support needs in relation to desistance from future offending;

"[the young person in Triage] will do a couple of sessions around their behaviour [but] it's not helping the offender..eventually they're all going to start coming through the system then. And we are going to get an influx of young people 'cos all of those that they're keeping out will come in together at the same time" (YO2:4).

While a significant reduction in first time entrants since the 2007 peak is evidenced by an 82% drop, the 23% reduction in 2013/14 (YJB 2015a:23) has decreased to 9% by March 2015 (YJB 2016:4). Due to a paucity of data regarding children and young people with ADHD in youth justice services, conjecture regarding the definitive efficacy of Triage is not suggested here rather, the issues affecting identification and concomitant impacts are discussed. Notwithstanding this, Anytown YOT workers' contribution to diversion for first (and second) time entrants through joint working and decision making is evident.

The initial decision for diversion to Triage is taken by the police custody officer and the YOT Triage worker is informed. This is dependent on the gravity score from one through to nine and YO6:1 clarified offending levels, drawing on exemplars: Triage is offered for level one through to level three offending (where level three may see the individual reverted back to police services); "feet on seats equals one, cannabis equals two, shoplifting equals three (but three you have to study on its merits [for example seriousness] and if it's sophisticated)" (YO6:1). Thus: the first level incurs diversion (for minor offences) from youth justice services while level two offences have adjoining supportive interventions to address problematic behaviours, within the system (preferably with parental / carer involvement) (Kelly and Armitage 2015). Therefore, in practice, this reflects the divergent systems of informal and formal involvement (*ibid*).

Respondents identify a local initiative to assist the 'processing' of children and young people in custody suites: Asset is not formally completed prior to this process and police lack the facility to undertake background checks, therefore, Anytown YOT and the police collaborate due to "shared values" to create a structured and coherent form which, upon police completion, is recorded on the YOT Triage system (YO6:4/5). Thus, at the primary point of contact with the law there is increased opportunity to identify children and young people who have

wider health, educational or safeguarding issues. Therefore, in accordance with need, additional intervention and support work with the YOT is provided through "an awareness of problems at school or truanting, picked up very early on at the Triage stage (YO6:2). Whilst arguably a positive, non recordable diversionary action there are however, key influencing factors taken into account prior to the decision to divert to Triage including: admission of guilt, remorse and compliance in preventative support (YJB 2014b). Arguably, this increases the potential of being drawn further into the youth justice system and for those with ADHD or symptomatic characteristics, this can be a particular concern, especially in relation to compliance and engagement;

> we have them [with ADHD] and they're up and down, they want to leave the room - I say 'look if we don't do this now, you will have to come back [again] or I will have to advise the police accordingly' (YO6:2)

> If they don't come consistently [to Triage], they can go back to court, get a caution and that's a recordable offence. We try to keep them out [of court] and I will ask the police sergeant for a second Triage for that young person…[where appropriate], it's about being given a second chance…everyone is an individual (YO6:8).

As previously identified in chapter one, there are certain difficulties (such as conceptual time management and recognising the consequences of actions) which directly impact on children with ADHD thus impeding their engagement with these processes (Fletcher and Wolfe 2009; Hughes 2015a). Evidently, the diversion of children and young people as an alternative from otherwise formal criminal justice contact is adopted in Anytown by compassionate YOT workers however, there remain interconnected issues for this vulnerable group;

> they can plead not guilty, go to court and be sent to Triage for low level offending. ADHD kids are more likely to plead guilty - with [these] kids - they don't know. You've got to sell it to them otherwise..[they'll] admit to something they may not have done (YO6:4).

This is not uncommon due to associated characteristics of neurodevelopmental impairments such as ADHD, whereby false confessions may be supplied in order

to remove themselves from the situation (Gudjonsson *et al* 2011; A2:13). Furthermore, increased police attention leading to arrest is more likely due to impulsive actions, hyperactivity and non-conformist behaviours (Fletcher and Wolfe 2009). Consequently, this can result in disadvantage and criminalisation rather than police dealing with the underlying behaviour in a more appropriate and less formal way (Hughes 2015a). A primary issue, as A2 asserts, involves time management and organisation: "so many young people don't turn up to appointments or turn up late and for those with ADHD, time and [the] concept of time can be an issue" (A2:19). Anytown YOT workers report that failure to attend subsequent Triage or intervention appointments can significantly escalate system involvement, reflecting intransigent systems and lack of understanding regarding children and young people as a unique group, and particularly those with complex social emotional and health issues (Berelowitz 2011). Two respondents identify a key challenge for this vulnerable group which centres on the concept of time and organisation;

> ..and often staff don't pick that up: [for] ADHD young people it's very much 'one thing at a time'; so [commands] need to be specific. For example, 'do this' and come back and see me and then you can 'do that' – unfortunately that sometimes gets lost. They'll be handed a timetable with several different things on it [and they struggle] (N2:6 and A2).

Notwithstanding staff pressures and burgeoning caseloads, awareness of issues impacting on children's engagement can ameliorate their confusion through the YOT worker's clearly delineated 'commands' and appointment times thus, reducing their potential failure to engage.

The YOT prioritisation of criminogenic 'risk' and criminogenic 'needs' is evident and in Triage this is emphasised to the young person (and parents): "the most frequently asked question is, is further offending inevitable?..and [I say to the young person] 'you've got to convince me, so I can convince them [the police]" (YO6:3). For many first time entrant children and young people, the intimidating environments of police stations, interviews, extended contact with authoritative figures and the associated process of being labelled as 'trouble' reflects

repressive control measures (for an original low level offence) and rather than *diversion* from youth justice, entrenchment is more likely (Soppitt and Irving 2014, (author's emphasis)).

There are significant criticisms of Triage and the use of the youth restorative disposal invoking restorative justice principles and practice (RJ); the "most frequent disposal for low level offending" (YO6:2). Ostensibly, RJ is regarded as 'effective practice' in reducing reoffending (see aforementioned YJB statistical data) and a diversionary measure from implementing 'conventional' justice (Cunneen and Goldson 2015) however; "no systematic review has been undertaken of the available evidence to determine efficacy" (Livingstone *et al* 2013:1). Central to this intervention is the recognition of underlying harm to the victim, though YO3:4 observed problems in implementing RJ interventions due to a young person's understanding of "repairing the harm caused..[as] a lot of kids with ADHD really struggle with victim empathy". Gordon *et al* (2012:501) refer to ADHD characteristics which include an increased "inability to empathise or show remorse" which is reflected in associated difficulties in understanding the perspectives of others (Hughes 2015b) while additional issues such as, maturity and engagement with the process, are also of relevance. RJ discourse is imbued with informal, inclusive and participative practice facilitating diversion, paradoxically, however, it "can be experienced as punitive, exclusionary and shaming" (McAlister and Carr 2014:4) particularly as responsibility for reparation lies primarily with the individual.

For those children and young people with neurodevelopmental impairments and lack an understanding of the process or the ability to articulate their particular needs, this is problematic (Clare and Gudjonsson 1991 cited in Berelowitz 2011). Consequently, rather than the aforementioned alternative form of justice, the RJ imperative promotes net widening and mobilises criminalisation (Cunneen and Goldson 2015). A 'bifurcated approach' is reflected in its dominant use for compliant children and young people, perceived as 'deserving' 'offenders' and deemed suitably appropriate. However, more punitive mechanisms of 'justice' are open to "the heavy enders: the recalcitrant, the persistent and those judged to be 'undeserving' (decision making processes that..are mediated through the

structural relations of class, 'race' and gender)" (*ibid*:149). As discussed in chapter one, Phoenix asserts that risk discourse represents a 'repressive welfarism' through the "paradoxical effect of recognising the welfare needs of many young lawbreakers in a context shaped by risk thinking and managerialist strategies of governance – that is that highlighting the welfare needs of young lawbreakers can, and does, render them *more* not *less* punishable" (Phoenix 2009:114 original emphasis). The acknowledgement of those children and young people with complex issues, and their engagement with YOTs, reflects an (unintended) increased 'repressive welfarism' according to the views and experiences of Anytown YOT workers.

Whilst the majority of respondents' primary motivations are underpinned by a commitment to diversion into support services and concomitant departure from further criminal justice involvement, there is an overall consensus that vulnerable children and young people with ADHD (and symptomatic characteristics) struggle to comply with mandatory orders. Hence, the structural relation of (neuro)disability is conjointly central to the delivery of 'justice' whereby, more punitive responses are mobilised through a failure to recognise neurodevelopmental and comorbid impairments; not least as the process of youth justice *assumes* cognitive competence and compliance of children and young people in trouble in with the law (Hughes 2015a).

3.5. The Process of Identification and Assessment

Central to the framework for effective youth justice practice, through assessment, interventions and supervision, is Asset, the standardised tool utilised by YOTs which takes account of influential factors affecting offending behaviours and concomitant identification of appropriate interventions (Baker 2008) (as discussed in chapter one). Crucially, Asset is underpinned by policy discourse centred on 'risk management'; reproduced through the risk factor paradigm and in the application of a 'scaled approach' (Byrne and Case 2016). However, the premise of 'risk' increasingly pathologises children and young people in trouble with the law and reproduces perceptions of the threat posed to communities and

wider society (Cieslik and Simpson 2013) (identified in chapter one). Moreover, the characteristics associated with children and young people with ADHD behaviours increases the likelihood of being more conspicuous to criminal justice agents (Stephenson *et al* 2011) and being defined by assumed criminality (Berelowitz 2011).

Asset, an expansive (26 page) document, constitutes a myriad of 'tick boxes' and is completed with the young 'offender' following a sentencing referral from the courts (YO4:1). This deficit model focuses on criminogenic needs through negative indicators interconnecting with offending, recidivism and harm (Smith 2014). The categories in Asset address "key offending risk factors that affect a young person's life..it's about reducing the likelihood of them offending again" (YO4:1). Predominantly, the YOT partnership respondents' overarching principles and practice are underpinned by welfarist pragmatism. Whilst empathic to the complex and diverse nature of children's lived realities in Anytown, this is framed within a 'fusion' of risk and need management whereby, health, education and needs are located within criminogenic risk of offending. Thus, by attending to significant social and health risks incorporating familial difficulties, substance (mis)use, behavioural problems, mental health issues and educational under attainment or exclusion, the risk of reoffending will significantly reduce (Gray 2016). However, the identification and support of the neurodevelopmental condition, ADHD (or presenting behaviours) is hindered by the structure of the primary assessment tool.

The majority of respondents identify generic limitations of Asset in that it is too standardised and open to misinterpretation "due to the complexity of these young people [with ADHD] and, too often, it can be overly simplistic...it also depends on the quality and type of information that's been put on it" (MH1:9). The concept of 'fitting' children and young people's complex daily lived realities into 'sections' and 'boxes' is a source of contention for some respondents. Additionally, interpreting the child's primary support needs and manifestation of health issues through the assessment criteria poses concerns. For YO1:3 relying solely on 'presenting behaviours' is an issue as "a lot of our young people have ADHD or display the symptoms of ADHD, but it's difficult for a worker to say what is genuine

ADHD and what is problematic behaviour ..it'd be difficult to divert, as you might be diverting everyone". The propensity to view children through the lens of non-conforming behaviour and 'risk' obfuscates the reality of their lives, promotes pathologisation and reduces appropriate support provision (Byrne and Case 2016).

A further key issue raised by respondents relates to the appropriate identification of ADHD on the Asset form itself; the category 'emotional and mental health' is placed on page fourteen, by which time many children and young people (especially with ADHD) have 'zoned out', aren't paying any attention or just want to 'get out of there' (YO2:4). Noting areas for improvement on Asset, YO4 commented that ADHD would be identified in the 'miscellaneous' section at the end, "it's just a sort of a graveyard really - things that don't fit into the Asset" (YO4:9). Various respondents (YO1; YO2; YO3; YO4; YO6; MH1; A1) identify their reliance on "background checks" involving information provided by parents and carers, education and social services thus, the identification of ADHD (or symptomatic characteristics) and wider issues is, for the most part, contingent on background knowledge:

> It's only guesswork - professional predictions on the basis of what we previously know. If there's a fundamental problem with that process, then the accuracy of that may be flawed. The more experienced you are in using Asset, the more experience you get in terms of knowing what its failings are - or knowing what your failings are in collecting that information (YO4:9).

Many respondents referred to Asset being 'only as good as the information recorded' while highlighting its fallibility in the potential for wide variance of scores (a higher score denotes increased risk and further interventions) due to a range of factors such as; work pressures, lack of information *provided* by the young person during interview or failure by the YOT worker to *record* disclosed issues and the existence of problematic communication and behavioural issues (YO2:5). Additionally, YO3's candid reflection highlights the importance of contextual narrative, professional judgement, YOT staff experience, and concomitant inconsistencies;

> I could do an asset score say of 18 and another YOT can come up with 10; it's very much open to interpretation. However, the argument has always been that you should all be arriving at the same but, professional judgement and philosophy..comes into it. How [a YOT worker] will assess will depend on; the training they've had, the experience they've got, the motivation to do the job, the passion and compassion, a whole array. And if someone is feeling 'burnt out' or whatever or not particularly at one with themselves or in a poor organisation, they are not going to be marvellous at assessing. So, it's not a good thing to say, but unfortunately, it comes down to the individual and their assessment and someone's motivation to go a little bit further [regarding wider issues, such as ADHD presenting behaviours]….do your groundwork. Some people are much more pro-active and more comprehensive at doing it than others and that's human nature as much as anything. It's not laying blame but, motivation and pro-activeness can be key and that can differ. You get that in every job - we are good but, ultimately the system works only as well as the person [doing the] assessing (YO3:4).

Empirical studies illustrate variances in YOT worker practices (Phoenix 2009; Phoenix and Kelly 2013) and a "feeling of scepticism" towards "the supposedly objective task" of Asset interviews which is incongruous as "the task of assessment is subjective" (Phoenix 2009:121) and as such necessitates a wider understanding of the context of children's lives than the 'tick box' allows.

The potentially harmful outcomes for children and young people through this standardised tool seen as protracted, confusing and contradictory (YO1:10) was voiced by a number of respondents, reflecting inherent flaws in predicting 'risk', not least due to a range of factors. These incorporate the aforementioned subjectivity within risk assessment and concomitant 'false promise of prediction' (McVie 2009:52); the variance of experienced and motivated staff; communicating effectively with vulnerable children (Coleman *et al* 2004) (and particularly with behavioural, emotional and communication needs) and in the decision making process underpinning Asset. YO1:11 reflects on Asset's flawed outcomes; "it's down to the individual… you could have two of us assessing the same young person and it comes out completely different scores". Furthermore, given the focus on reoffending risk/s, "someone with a very insignificant

possession of cannabis could end up with a really high score" (*ibid*:10) dependent on how this is interpreted by the YOT worker. Cannabis is commonly used by young people with ADHD (in place of pharmaceutical interventions such as Ritalin), "this creates a lot of the issues I come across [in the YOT]…young people who've stopped taking Ritalin [or similar] and..they're self-medicating on cannabis" (N2:2) drawing this vulnerable group further into the youth justice system (Young Minds 2013).

MH1 elaborates on a key problem in recognising ADHD where a diagnosis is not disclosed or known, "ADHD is not seen instantly, it tends to be seen as naughtiness, badness, bad parenting, [poor] boundaries, defiance" (MH1:3). Additionally, "[to] identify those conditions, that's a real sort of difficulty - ADHD can sometimes be mistaken for behavioural difficulties associated with the lifestyle" (YO4:19). Negative stereotypes and lack of understanding of ADHD symptoms impacts on children and young people in social, educational and criminal justice settings imbuing stigmatisation and 'shame'. Findings from one study (Kendall *et al* 2003 cited in Gajaria *et al* 2010) showed that children aged between 6-17 years were aware of stigma and expressed feelings of shame due to negative representations of ADHD as a condition. Children expressed feelings of being intrinsically 'bad' and as such, felt misunderstood (*ibid*), in turn undesirable (and unnecessary) involvement in the youth justice system generates further stigmatisation, labelling and criminalisation.

As previously discussed in chapter one, McAra and McVie's (2010:190) evaluative findings identify "a labelling process which underpins agency decision making" drawing younger children into the youth justice system who are "not always the most serious and prolific offenders and, once in the system, this can result in repeated and amplified contact". Drawing young people in to criminal justice systems determined by their potential 'misdeeds' rather than the commission of rule breaking acts is a key critique of the prevailing risk factor approach, not least in the lack of the evidenced validity regarding its efficacy (Case and Haines 2015b).

3.6. Future Directions: AssetPlus

It is pertinent to note here that a range of significant criticisms of Asset have provided a rationale for the development of AssetPlus (Baker 2014). Identified as outdated and inflexible, Asset's assessment quality is limited in relation to key policy areas incorporating; child sexual exploitation (CSE), inappropriate use of technology (including gambling and cyber-bullying), gangs, restorative justice, good lives model, desistance and notably, (as identified in 3.5) children's specific speech, language and communication needs (SLCN) (YJB 2013; Baker 2014). Further indictments pertain to Asset as 'no longer fit for purpose' in a climate of increasingly complex cases and resource constraints (YJB 2013) and its failure to link into custody assessments (Baker 2014).

Through stakeholder consultation and research insights, AssetPlus is an evidence-based tool which is set to address the aforementioned key concerns, while providing a single framework to enable information sharing between YOTs and practitioners in the secure estate, to reduce service fragmentation (Lewis 2016). Furthermore, improvements to assessment and intervention plans prompts more promising opportunities for better outcomes: reductions in offending, re-offending and remands in custody (YJB 2013). Replacing Asset's 'risk domains', an 'information gathering quadrant' includes a health section incorporating embedded new screening tools such as, CHAT (Comprehensive Health Assessment Tool) which links into the secure estate, and the SLCN and neuro-disability tool (YJB 2013). For children and young people with ADHD, such positive changes could have a cumulative impact on improving outcomes, as identification of specific concerns (rather than recording generic terms) is central to Assetplus (*ibid*). As previously discussed (in this chapter), early identification facilitates bespoke interventions and referral to appropriate support (Moser 2014) and AssetPlus further prioritisises 'regular assessments' ensuring 'appropriate interventions' (Hinnigan 2015 cited in HoCJC 2016:38). Moreover, a 'tailoring interventions' section, within the 'planning section' of the framework, promotes the use of interventions that meet specific needs (YJB 2013) which is a primary issue for children with ADHD (and associated characteristics). However, as Lewis (2016:5) observes, 'there is a lack of confidence and limited knowledge' of SLCN

which impedes positive outcomes and, additional challenges are faced by YOTs, due to reduced resources available to meet children and young people's needs.

A positive development within AssetPlus is the distinction made between identifying need and the likelihood of re-offending (YJB 2013). Hence, needs are assessed according to risks posed, taking account of children's safety and well-being through recognition of key (economic/health/welfare) factors in relation to particular behaviours, 'looking at the interaction between different aspects of a young person's life' and taking 'context and situation' into account (Baker 2014:4). Correspondingly, greater flexibility of professional judgement is promoted through a reduced scoring mechanism and 'assessing need and reoffending' are seen as different, albeit linked issues (Harrison cited in HoCJC 2016:23). The potential benefits are clear, and particularly to assist children with ADHD and comorbidity through appropriate early identification, diversion and service provision. However, as Menary (2014) states, whilst in the implementation stage "what really matters is whether AssetPlus has a positive impact on improving outcomes for children and young people". As such, until the 2015 graduated roll out of this new framework is complete across all regional YOTs (YJB 2016) it is not possible to evaluate the impact on this vulnerable group.

3.7. Asset, Identification and Disability Awareness Training

Of particular concern here is the training provided to YOTs to develop greater understanding of key issues and impairments affecting children and young people as YO1 observed, "[I] have done half a day's training on ADHD …. many years ago" (YO1:2). As ADHD presenting issues can vary, all YOT respondents report a lack in necessary expertise and the importance of recognising nuanced symptomatic characteristics, particularly if a diagnosis is undisclosed or unknown, thus training is key;

> the assessment is not very conducive with ADHD or learning difficulties. I think that we should be given more specific training [to identify issues] around young people with ADHD and learning difficulties" (YO1:6)

staff or professionals lack understanding of ADHD (N2:7) and of speech and language and behaviours generally. There should be training..[but] we still have a long way to go (N2:13).

The availability of YOT disability awareness training is identified as an issue for the YOT respondents (see also Talbot 2010 and Berelowitz 2011), commenting that training overall had noticeably diminished thus reliance on confidence within their experience and expertise is paramount: YO4 and YO2 shared concerns regarding the importance of addressing needs and providing appropriate responses to children and young people; "its key about identification, training and development….we do rely upon [our] skills of picking up and identifying [issues]" (YO4:10).

The absence of training and workforce development is a concern to many respondents, particularly given the complexity of children and young people within their 'case loads'; "people have different opinions about ADHD and I think it needs more awareness of what it actually is..it seems that here we just think ADHD is just part and parcel of what is going on [with the young person]" (YO1:6). Significantly, negative representations of ADHD as a 'valid' impairment are reflected in popular discourse and contested professional opinions thus, stigma, labelling and key assumptions may be reflected in key values and practices;

> Broadly speaking..there's two camps on it …I've had staff [say]: 'oh he's just bloody badly behaved'; 'what they need is a good firm hand' and stuff like that. And then we get other ones who're like, 'God help them, it's their ADHD or what have you'. I would say, working in this environment there's 70% [of staff] would be supportive and understanding of the needs associated with ADHD and have an empathic response – [not] the other 30% though. Also [in the YOT] I can usually tell who is the probation officer and who's the social worker because the probation officer is [lacking empathy]; 'they just need to get their act together'; 'they just need to toe the line', 'they need discipline'. While the social worker tends to be more on the welfare side of things so [they] take an interest in what's going on and come to conclusions as to why it is (N2:15).

Respondents understood that divided understandings of ADHD and the reproduction of commonly held beliefs may impact on the approach of professionals; to the detriment of children and young people and potentially supportive outcomes. However, while the YJB Corporate Plan (2014a) sets out 'service delivery improvements' from 2014 to 2017, it does not specify the need for comprehensive training for staff. Moreover, it identifies that the contribution of "YOTs' work, supported by [YJB], has been an essential element of the effectiveness of the youth justice system, and..a critical enabler of the financial savings being obtained across the system" (YJB 2014a:32). This is echoed by respondents indicating the significant impacts of financial cuts to the service (see chapter one) resulting in staff reduction "by forty across the board over the last couple of years" (YO1:4) and although "we've got less staff...the cases we have got coming through are more complex but the expectations on what we are doing has gone up" (YO3:7). It is within this somewhat depleted and demanding environment that high levels of knowledge and skill are required of youth justice professionals undertaking assessment and planning (Baker 2014). However, there is scant evidence of supplanting knowledge of specific impairments, their impacts on the individual, and purported interrelationship with 'offending' behaviours.

A key example here is the lack of continuity in Asset scoring where for example, 'an insignificant possession of cannabis' may be conceived as 'high risk' to YOT workers with limited understanding of its use to replace medication, and as 'low risk' by others. This can be exacerbated where SLCN comorbidity is also present, impacting on the young person's ability to engage with professionals and comprehend fully the language used, which can be interpreted as 'uncooperative' and impact on the outcome score. Moreover, as Asset links increased recidivism risks with personal, familial and wider social issues, those children and young people with higher scores are more likely to experience more complex daily lives within the contexts of school, mental health difficulties and substance (mis)use: vulnerable groups such as this struggle to comply with attendance requirements and engagement with interventions (Bateman 2011b). An interdependence on structured programmes which fail to take account of social and material contexts

which shape and influence individuals lives will inevitably result in barriers to engagement and compliance (Mason and Prior 2008). Furthermore, as Almond (2011) observes, the (coercive) court enforced nature of contact with YOTs is not necessarily conducive to positive participation particularly. As compulsory 'clients' of YOT, children and young people are compelled to fulfil court order requirements, and thus the challenge for YOT workers is to balance their dual role of legal enforcement and supporting complex needs (Trotter 1999 in Mason and Prior 2008). However, as A2 highlights this can present difficulties;

> the system is very single focused on what they're looking for from this young person …'cos they don't have an understanding of the range of neurodevelopmental conditions that can impact on each individual that goes through the system. Their individual needs are rarely met (A2:1).

A further key element in the assessment process, and particularly following referrals to health and welfare services, is to update records appropriately (Berelowitz 2011). For example, where a YOT worker has indicated a query regarding ADHD symptomatic characteristics, a referral to the Child and Adolescent Mental Health Service (CAMHS) practitioner is made and all outcome information subsequently transferred to Asset as it is "a working document..reviewed regularly, updated and amended as you go along but..generally it isn't, 'cos people haven't got time to do that" (YO2:6). Having the 'time' to complete the burdensome load of paperwork is also identified as a key issue (see Phoenix 2009) and of particular relevance for children and young people in receipt of a custodial disposal;

> "..especially in terms of prison and the secure estate - if a young person goes away that Asset has to be tip top. So, if they've got a note stating that this young person has ADHD but they've got no meds, [we can] get them to the GP asap. So all this stuff is very important (YO2:12).

The identification of neurodevelopmental conditions and associated impairments on entry to the secure estate is crucial in a variety of contexts. Chiefly, an awareness and appropriate understanding of associated vulnerabilities by

custodial staff is key to interpret behaviours appropriately and respond accordingly whilst ensuring resources and interventions meet their needs. As Hughes *et al* (2012) state, a lack of knowledge and understanding can result in expectations of engagement in generic interventions in a group setting rather than taking their specific needs into account. Furthermore, this (lack of awareness of impairments) can underpin negative stereotyping and attendant labelling of children and young people, seen to possess 'an attitude' and intentional non-compliance with custodial regimes, thus promoting further disadvantage in their criminal justice system contact (Hughes 2015b).

3.8. Identification: Informing Pre-sentence Reports

Central to delineating additional circumstances affecting the child or young person to take into account within court settings is the pre-sentence report (PSR). A number of respondents explained the importance of a comprehensive, contextual narrative identifying key factors implicated in offending behaviours in order to raise awareness and promote 'supportive' sentencing outcomes. Thus, disclosure of an ADHD diagnosis is included into the PSR "and where the YOT has concerns regarding characteristic behaviours an appropriate referral is made and this [information] is included also" (YO3:6; YO1; YO2; YO4; A1). However, this is contingent on a range of factors such as, the young person's engagement with the process and feelings of powerlessness, given their ambiguous status in the (im)balance of power relationships between adults and children which can lead to hopelessness, anger or frustration (Coleman *et al* 2004). Respondents noted these limitations within additional contexts for children and young people with ADHD and associated characteristics involving hyperactivity, limited concentration, and anxiety:

> it is difficult especially when you have to do a PSR on someone you have never met before. You have to do this very detailed report with someone who can't really concentrate and doesn't really understand what you are asking of him. It is difficult as that might come across as a problem, like they are not motivated, where actually it is an impact of the ADHD, and the setting that they are in doing

the interview. I wouldn't do a PSR interview after they have
already been in here for hours (YO1:6).

Notwithstanding endeavours of Anytown YOT respondents, Hollingsworth (2013:194) cites findings of a 2011 HMI Probation Inspection which found that "75% of PSRs were inadequate in some way". As YO4:4 states; "ADHD can sometimes be mistaken for behavioural difficulties associated with the lifestyle so..in the time you've got to do the PSR and the time you've got to spend with the young person, it's unlikely you're going to be able to make that call". The inclusion of relevant information in a PSR is vital to raising awareness of welfare, impairments and health needs although how 'welfare' is understood within sentencing is currently unclear as there is no requirement in sentencing guidelines to identify "how the welfare of the child has been taken into account" (Hollingsworth 2013:194). As Phoenix (2009:127) identifies, the PSR is not construed as a mitigation for offending, (that is the role of the legal representative) rather, the contextual content proffers relevant information regarding the young person in relation to the offence and to 'balance the picture'.

A primary issue regarding PSRs for respondents is the explicit identification of ADHD or non-conformist behaviours, primarily due to the impact on how that child or young person presents in court which may be interpreted as non-compliant, lacking contrition, belligerent or generally insolent (Prison Reform Trust 2012) (as discussed in chapter one). A 2004 Audit Commission found that 80% of surveyed magistrates "said that the attitude and demeanour of a young person influences their sentencing decision to a greater or lesser extent" (cited in Prison Reform Trust 2012:5) and respondents consolidated this, reporting a lack of eye contact, fidgeting and appearing to lack respect for the authority of the bench had a deleterious impact on sentencing outcomes for children with ADHD and associated characteristics. Furthermore, empirical research undertaken by Prison Reform Trust (2012:5) found that "children with impairments who offend were more likely to receive a custodial sentence than were children without impairments who offend". A1 recounts a recurrent scenario in her experience,

they've been in custody all night, they have to appear in
court the next morning – this adds an increased stress and

strain. Then they go [to court] up to..the glass screen and they're wondering whether anyone will be there for them or not and that can then escalate into how their behaviour is then presented. There could be frustrations, all manner of things going on [for them] such as learning difficulties, disabilities, ADHD, SLCN and mental health difficulties - it's gonna have a huge impact and that can have an impact on the sentencing decisions as well (A1:8).

In addition to this, there is a lack of specialist youth lawyers to represent children and young people in court (Cushing 2014). As identified in chapter one, there are accredited and specially trained professionals working with children in the health service and in education, yet there is no comparable provision within legal settings. Given that legal advice is vital to determining court outcomes, it is clearly problematic that any child, and explicitly this vulnerable group exhibiting symptomatic characteristics, is advised and represented in court by solicitors and legal representatives with no specific training. As N1:11 asserts, many children have a limited vocabulary range and "suddenly they're met with authority and [lawyers] using big words they don't understand". Moreover, evidence demonstrates that children are advised to plead guilty where sufficient evidence is unavailable, benevolently deemed best practice in order to avoid the ordeal of formal court (*ibid*) though arguably contravening UNCRC article three which obligates states parties acting in the child's best interests (Unicef 2016). As Hollingsworth (2013) argues, specialist training for advocates, defence lawyers and sentencers is essential to foster an understanding of children and young people's needs, to communicate effectively with them and particularly for the initiation of special measures where appropriate.

3.9. Engagement with CAMHS

The nature, prevalence and impact of youth justice contact for disproportionate numbers of children and young people with neurodevelopmental conditions such as ADHD (diagnosed or not) is problematic given established knowledge through previous UK and international studies (as identified in chapter one). Further key findings of this research demonstrate the efficacy of youth justice processes and

concomitant barriers to meeting individual needs of this vulnerable group, particularly as they are overrepresented in custodial settings compared to the general population (Young *et al* 2011a). 'Joined-up' resource provision in Anytown YOT includes the attachment of general nurses, CAMHS practitioners, police officers, and third sector organisations such as 'Addaction' (supporting various issues including substance use). Whilst this on-site multi-agency approach can be beneficial to children and young people in their purview, respondents identified significant limitations within the *process* and specific difficulties for children and young people with ADHD and associated impairments. One such concern relates to their transitional status between child and adult services. There is a significant gap in mental health services for 16 to 18 year olds as CAMHS referrals are only up to age 16, however, adult services commence from age 18 and disengagement is a primary issue as a result of this poor transition between key agencies (Young Minds 2013). In essence, children and young people's mental health and well-being is compromised during this period of change which is a critical stage within their lives (NCB 2015b). As MH1 explains, there is no specific service for those with ADHD

> [over 16s] couldn't access CAMHs because of the age threshold…- there are problems in adult mental health services (AMHS) as [ADHD] is not classed as a severe and enduring mental illness. It has a specific neuro-developmental category (or neuro-biological) and unless other factors [are present] such as, depression or psychosis (or other causes of concern), they may not meet the criteria for AMHS (MH1:2).

Delivery of a comprehensive CAMHS service is impeded through long referral waiting lists and for those referred prior to age 16, many surpass this age threshold while awaiting an appointment (Young Minds 2013). Consequently, there are limited options and support available contravening DoH national guidelines (Berelowitz 2011:57) and UNCRC article 24 regarding childrens' right "to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health" (Unicef 2016:7). As N2:7 asserts, "the 16 to18 year olds who *could* be diagnosed have fallen through [the net] but still need to be seen…we need an immediate process for referrals in that

transition (period) for young people". N1 identifies this issue impacting on young people commencing an order in the YOT where they subsequently turn 18 years of age during that period and "social care haven't got a statutory obligation any more for children (this stops at 18) which muddies the waters as there is support, but from different sources, and AMHS have different criteria to CAMHS, but [it's] more difficult to meet" (N1:14).

However, as MH1:7 notes, the primary statutory obligations require the execution of sanctions rather than putting the child's health needs first and "that's the reality – to be doing [our job] rather than doing [things] for the right reasons". There is also an anomaly evident, regarding 'improved' and more expedient 'access to CAMHS practitioners' (due to their attachment to YOTs) where 'health concerns are identified post assessment' (MH1:9). However, for youth justice contact to provide a fast-tracked gateway to key services is problematic as the 'starting point' for access should not be via the courts and youth justice system (SCYJ 2013:224). The aforementioned cuts to CAMHS and wider children's services has damaging consequences for children through unmet needs and appropriate support provision and arguably, this equates to the criminalisation of health and welfare needs (see Goldson and Jamieson 2002). Moreover, youth justice settings should not be the safety net to mobilise multi-agency support due to systemic failings and particularly as this is dependent on appropriate identification by youth justice agents.

3.10. Associated Challenges: Relationships with Peers

Respondents identify the use of (overly) punitive criminal justice interventions into young people's lives "especially with anti-social behaviour...they think they are just messing about in the park ..[but] it is definitely a problem with people who have ADHD or display the behaviours and once they come into this system, it is more and more likely they'll be drawn in further and further because of the frustration or lack of concentration and don't come to appointments, or breach their order" (YO1:10). Despite the introduction of diversion measures for first time entrants (such as Triage), continued policy and practice is entrenched in the discourse of risk, 'at risk' groups and early interventionism thus invoking (earlier)

formal contact with the youth justice system and for those with perceived inherent 'deficits' this contact is accelerated. This can be seen through a recurring issue voiced by respondents in relation to the vulnerability of peer relationships and 'offending' behaviours of children and young people with ADHD or symptomatic characteristics. This commonly manifests in drawing police attention to the group in public spaces through inappropriate responses to social cues, unrestrained behaviours due to impulsivity, hyperactivity and (what are perceived as) attitudinal issues to authority figures. Consequently, acceptance among 'preferred' peers (friends of the same age) is more difficult to gain. Peer groups commonly demonstrate hostility and rejection and exclusion of the child with ADHD is explicit while gravitation to older or more 'deviant' peers may ensue (Hoza 2007);

> [Young people with ADHD] go into things without a pause for thought for the consequences for anyone or themselves. Quite often, although they're isolated, they tend to lead some of their peer groups around and they are attractive to older people who can see their potential in manipulating them (PO2:4).

> I find with a lot of our younger [children with] ADHD – they tend to go around with older peers who are involved with criminality and they will get them to do a lot of things 'cos they think they're hilarious (the older ones think that of the ADHD kids). Sadly – we get a lot of that with the younger ones (N2:9).

Impaired social interactions and deficits in peer relationships are established by seven years of age and, rather bleakly, studies 'compellingly' demonstrate that peer problems "follow them wherever they go" (Hoza 2007:102). Research demonstrates that children with ADHD experience difficulties due to a range of factors including; significant shortcomings in social skills, excessive negative behaviours, misinterpretation of social cues and poor monitoring of their own social behaviours (*ibid*). Moreover, the interconnection between ADHD and loss of self-control over emotions and behaviour "marks diagnosed children" to themselves and to others whilst children can "go out of their way to 'wind them up'" and they are more likely to be embroiled in aggressive situations; most likely as victims but as victimisers too (Singh 2011:893). Children with ADHD can

manipulate and be manipulated within peer groups and where (a common) co-morbidity with autism is present, there are additional vulnerabilities as they can be trusting and naïve and subject to victimisation (Young Minds 2013).

As a principle source of learning about key social contexts, peer relationships are important for social 'functioning' whereby, children and young people gain understandings of 'cooperation, negotiation, and conflict resolution' (Hoza 2007:101). However, as identified by respondents, negotiating problematic peer relationships are not uncommon within this vulnerable group and may be exacerbated by commonly associated comorbidity and externalising behaviours (Gordon *et al* 2012). Given the increase in peer rejections for this unique group and associated negative impact on potential life outcomes, instituting positive (therapeutic) support for ADHD characteristics is crucial (Hoza 2007) and, notably, as peer groups and associated 'delinquent' influences are considered as potential risk factors for offending behaviours. Subsequently, risk factors such as this are included in youth justice policy and, more specifically, within standardised assessments, thus adding incrementally to 'risk' score ratings and interventions (France *et al* 2012).

3.11. Intervention Programmes and Key Challenges

YOT respondents identify their experience of children and young people with ADHD presenting with anger and frustration "[especially] if they don't understand" (YO1:2) and demonstrating limitations of dealing with social situations. Consequently, interventions may be tailored to meet specific needs and include programmes of cognitive behavioural therapy (CBT), anger management sessions and sports engagement (YO2:5); "…we look at why they behave in certain ways, we look at the triggers and we do use therapeutic interventions such as photography and music" (YO4:6). Attempts to engage with children and young people to promote positive outcomes are evident in Anytown, through the adoption of multi-modal programmes of intervention and supported through prior assessment of needs (Mason and Prior 2008). The interventions team are made aware of key issues where ascertained through the Asset interview hence, the

importance of identifying wider issues affecting children and young people and concomitant needs.

Where ADHD symptoms (diagnosed or undiagnosed) are detected the interventions team may be advised to split the sessions into either two groups or deliver on a one-to-one basis (where possible) to aid concentration and attention. The use of frequent breaks is crucial to engagement and retaining attention "but…very often it's not possible to do that" due to time pressures and staff compliance (YO2:6). For YO3 the use of a clock as a visual aid is utilised to identify the passage of time within (multiple) twenty minute interventions to reduce the young person "saying right the way through the session; 'how much longer is it gonna be?'..we'll give them breaks and they'll try and manage..but some struggle to engage with the programmes" (YO3:5). Respondents apparent awareness of such adaptations to practice reflects a positive engagement however, as N2 asserts;

> it's only brief interventions though, we are coming into their lives for short spaces of time (except the repeat offenders), so it's a case of trying to pack in as much as you can in a short space of time which can be overload; overwhelming really and that can be difficult [for the young person] (N2:17).

While there are clear benefits to tailoring programmes in relation to need, the overall concept of early and preventative intervention is problematic in its inherent ambiguities. Principally, the targeting of individuals perceived to be 'at risk' due to anti-social behaviour, truanting, excluded from school, substance (mis)use or behavioural dissonance draws children into youth justice for pre-offending behaviour (Case and Haines 2015b). Respondents in Anytown YOT identify the considerable numbers of children and young people with such complex lived realities as a significant issue and, for those with concomitant neurodevelopmental conditions, further barriers to engagement in YOT processes are evident (see chapter four for further discussion). For example, involvement in a range of health and social services can be daunting and additional, supportive referrals made by YOT staff can be overwhelming. Consequently, the way they engage can be problematic; "finding it difficult to

participate in therapeutic treatments because of problems around their ADHD behaviour and functioning" (MH1:2) and a reluctance to "see anyone [else] so making lots of referrals doesn't help the situation" (MH1:1).

3.12. Compliance and Motivation to Engage

The presence of neurodevelopmental impairments such as ADHD (constituted in inattention, lacking concentration and associated comorbidity) poses particular challenges in youth justice processes, where compliance and motivation to address 'offending' is required for a successful 'journey' through the system. Respondent YO2 identifies significant issues for this group due to the requisite completion of various 'worksheets' in supervision sessions where reluctance to engage can be misconstrued as non-compliance; "some can't read the words so I'm saying to [YOT workers] 'you may have to read them for them or sit with them, don't just expect them to [complete the worksheet], which is an issue 'cos we do have a lot of worksheets for them to do" (YO2:7). Education is commonly a site of contestation for children and young people with ADHD and for those special educational needs (SEN) this is amplified (see chapter four) therefore, the process of completing intervention programmes requires consideration and support.

The nomenclature of 'risk' utilised within youth justice policy reproduces marginalising policies, practice (and ultimately), outcomes thus reducing positive outcomes and empowerment for those in the youth justice system. Thus, "state organisations though ostensibly working to promote the welfare of young people may at the same time create forms of monitoring and surveillance that regulate young people's lives" (Kelly 2009 in Cieslik and Simpson 2013:41). Respondents discussed the dichotomous 'balance' of the primary focus on 'deeds' rather than attendant health and welfare 'needs' while noting that their statutory obligation to enforce court orders significantly increased the likelihood of this vulnerable group breaching said orders and thus, being criminalised (A2:17) and drawn deeper into the system:

> You have your welfare head on….your understanding and sympathies for all those things that are going on in a young person's life... [but] we're thinking, 'that young person is

gonna be in breach'. We have to evidence that [they] have engaged…we have a duty to protect the public. We're managing risk so it's all within that context and ADHD kids are more likely to breach and go through the system quicker. They're under pressure with all these decisions [made about them / for them] and the motivation isn't always great - some kids refuse Triage and so it's back to court (YO3:8).

The participation of children and young people through their engagement with programmes is essential to the delivery of support measures, promoting desistance from offending and minimising criminal justice contact (Creaney 2014). Active participation, 'having a voice' and being consulted in state processes affecting children and young people is promoted within the UNCRC (article 12) however, "the voices of the most vulnerable are still not being heard, especially when they are seen as a 'problem'" (UK Children's Commissioner report to the UNCRC 2008 cited in Ellis and France 2012:114). Consequently, the adult-centric power imbalance is reflected here through agenda setting and outcome based decision making (Armstrong 2004). The process of identifying appropriate interventions primarily rests with the YOT case manager and, in the absence of participation, delivery of programmes is something done 'to' young people rather than 'with' them, impacting on the potential for successful outcomes (Campbell *et al* 2014; Haines and Case 2015). While acknowledging Anytown respondents contribution to tailoring programmes, providing support for children and young people in their purview and the work undertaken by those who 'go above and beyond' core statutory requirements; a struggle to engage (and responsibilise) previously marginalised and excluded children may be seen as inevitable, rendering "a key plank of the legitimacy of the system's response to children in conflict with the law [a]s undermined" (Byrne and Case 2016:76).

Additional challenges, regarding participation and motivation to engage, are posed for children and young people with diverse and complex needs within the *system* of youth justice. Respondents provide insights into 'fragmented' working practices within the structure of the YOT and the negative impact on positive outcomes due to a range of associated factors incorporating; the development of a professional relationship, collaboration, rapport and empathy (Mason and Prior

2008). The YOT case manager undertaking an Asset interview makes key decisions regarding interventions "but [we] don't have much of a chance to build up a relationship with [the young person].. you're just going in with intense questions and we don't see the young people to do the interventions with" (YO1:2). Berelowitz (2011) refers to these 'functional divisions' reminiscent within Anytown YOT whereby the period of contact is beset with a range of workers delivering key services within their remit (for example; case management worker, custody worker, intervention and prevention workers, and multi-agency partners).

Continuity within service provision, and with key workers, is imperative in order to assist in forging relationships with young people. However, a range of professionals enter their lives undertaking intensive assessments as N2:46 states, "after seeing the case manager they would see other members of the multi-agency team, according to their specialisms" and for children and young people with ADHD / symptomatic characteristics, SLCN or additional comorbidity, this can be manifestly unhelpful in meeting their needs. This is reflected in the increased likelihood of sustained meetings and appointments with 'authority figures' (such as state agents in education and social services) prior to youth justice contact.

Drawing on previous studies, Mason and Prior (2008) identify offenders' preference for continuous relationships and the importance of empathic, informal and approachable workers with a non-judgemental attitude, while being seen and responded to as individuals and not 'cases'. However, through increasing demands on staff time and exacting performance targets, the ability of staff to develop supportive and authentic relationships is outside their control (Campbell *et al* 2014). Children and young people are perceptive in recognising authenticity and genuine interest thus promoting rapport which is key to establishing effective relationships between YOT worker and child and to engendering effective participation (Mason and Prior 2008). However, within current practice, progress through the system is fragmented as children and young people are passed between various professionals whose primary aim is to meet the requirements of their identified role while hoping "another professional can provide the 'expert fix'" (Ibbetson 2013 in Byrne and Case 2016:76).

YO2:6 reflects on the continuity of contact between a young person and YOT worker;

> I think it would help….the relationships you're forming with a young person is key and the relationships you forge are what's going to change their life or slightly improve it, or not. [In] case management you can have one worker doing this and [another] doing that…I liked the old system whereby you had a case and you delivered everything and I found that it gave you a better opportunity [to support the young person]..it's the quality of the relationship and the consistency [of it] (YO6:6).

This is a crucial aspect given the problematic relationships some children and young people experience with adults (in social services, familial and education settings) and who lack a responsible adult in their life. This is seen as a major risk factor to their wellbeing (Muncie 2006) and Anytown respondents identify this as a key factor for some children and young people within the YOT (A1; MH1; YO1; YO3; N2). The positive influence of authentic relationships for children and young people in general and for 'offenders' cannot be underestimated where YOT staff may be seen as role models (Mason and Prior 2008). However, protracted contact with a range of professionals is challenging, increasing the likelihood of non-engagement (Campbell *et al* 2014) and especially for those with multiple needs such as, behavioural, communication and mental health difficulties. Interconnecting issues are reflected in the limitations of 'joined up' processes highlighted in Goldson's (2002) research: consecutive assessment interviews (five as a minimum) were undertaken by multiple agencies' for children and young people sent to custody. Primarily, due to the nature of the interviews, sensitive, personal and complex issues are raised in inappropriate conditions (intimidating) and invariably rushed (*ibid*). These issues may be observed within YOTs thus the implications for a lack of 'quality' relationships and a system that promotes discontinuity in YOT (and wider) contexts is discussed by MH1;

> That's the system – disjointed on the whole. We are pulling a series of things together, but it is disjointed - there isn't really anyone who has a relationship with the family or the young person. There's usually a number of strained or difficult relationships that children and young people have

with lots of professionals so, there's a lot of mistrust in general, and [also] young people's uncertainty about what we can and can't do and the way they've been dealt with in the past and there's a lack of rapport (MH1:6).

As previously identified, working with children and young people in conflict with the law illuminates the balance of risk and need, care and control, risk factor approaches and workers' rapport and engagement: these divergent contexts flow from extant tensions between 'freedom' as opposed to 'control', replicated through discourses of liberalism or authoritarianism (Farrow *et al* 2007 in Mason and Prior 2008:20). Notwithstanding these competing contexts, arguably, the achievement of a 'productive balance' is more tangible through the quality of the relationship formed between a young person and YOT worker (*ibid*; Campbell *et al* 2014).

3.13. Introduction of Criminal Justice, Liaison and Diversion

The recent introduction of a youth criminal justice liaison and diversion (CJLD) service in Anytown reflects the former Coalition's primary commitment to custody reduction (discussed in chapter one). As the newly appointed CJLD worker (six weeks in post at the time of interview and seconded from the adult team), N1 identifies this role as a 'positive joined up approach' embedded within YOT, court and custody processes, signposting and liaising with CAMHS staff (N1:19). However, staffing issues prevail due in part to the contractual arrangements offered "within this political climate...financial resources [are available] but not the [staff]: it's a secondment issue as there is a reluctance of people who'll second into this service - no-one wants to leave a full time post" (N1:6). Hence, a key challenge for N1 is to avoid any gaps in provision across the extensive Anytown locale "as I can't be everywhere at once" (N1:5). Notwithstanding this, through a supportive approach, incorporating a bespoke assessment (created by N1), with children and young people at police stations, in court and in Triage, "mental health issues are identified through an informal chat..and any concerns...I will refer to the appropriate agency (N1:3). As Bateman (2015) states, evidence suggests the number of children whose case is resolved at the police stations "without the

requirement for a formal pre-court sanction or prosecution" has reduced considerably due to the evolvement of YOT practices.

Whilst clearly beneficial for some,

> by the nature of…vulnerabilities associated with ADHD, this increases [children and young people's] risk of repeat offending…or if Triage isn't successful and they start to breach orders and become problematic. We would always look to diversion to appropriate services but I wonder how much the law will allow that given the potential increase in criminality (N1:7).

As McAra and McVie (2015) argue, children and young people should be routinely diverted from formal youth justice interventions whilst advocating for an increase in the minimum age of criminal responsibility (MACR) as the most effective strategy of diversion (see also Goldson 2013; Bateman 2015; UNCRC 2016). Additionally, as McAra and McVie (2010) state, whilst children and young people may be involved in offending at a given stage in their life, most may subsequently desist.

The newly introduced diversionary measures may well provide effective early intervention through medical professionals' expertise. The early identification and concomitant diversion into appropriate services could potentially assist in improved outcomes for children with ADHD (or symptomatic characteristics) whilst reducing a trajectory towards criminalisation. However, this is not a panacea and within the backdrop of austerity and continued pressures on resources and cuts to services it is too soon to project such positive outcomes (HoCJC 2016).

Conclusion

YOTs are under increasing pressure to provide key services to those in their purview within the remit of criminal justice while, paradoxically, the complexity of young people's lives (and associated health and welfare issues) are magnified within the current climate of austerity. Thus YOT workers can find the precarious

balance of 'need' and 'risk' particularly challenging and especially within decision-making processes. Children and young people's needs are identified within the corpus of criminogenic risks and, where needs are addressed, this will (to a greater or lesser extent) reduce reoffending (Arthur 2013). However, this 'balance' has unintended consequences in that through the focus of criminogenic need, wider social, health and welfare needs are identified yet "they are frequently individualised or interpreted as the outcome of personal deficits and shortcomings" (*ibid*:173). Notwithstanding this, within this research it became apparent that, whilst not a homogenous group, the YOT respondents interviewed went that 'extra mile', often signposting and supporting wider presenting issues within their management of children and young people in conflict with the law.

However, the process of YOT workers' identification of neurodevelopmental conditions, such as ADHD, is variable and reliant on their experience and professional judgement which can be open to misinterpretation as non-compliance. Furthermore, while feeling under increasing pressure due to funding and staff cutbacks, respondents experienced significant stress within their role, not least due to the additional, increasingly complex and diverse needs of children and young people within their purview. Nonetheless, it is evident that while respondents had substantial compassion for children in their management, the statutory obligation, and de facto their primary consideration, is criminogenic 'risk' and reducing offending through mandatory interventions. Finally, respondents reflected on the increased potential for children and young people with ADHD to experience difficulties engaging with programmes due to problematic experiences within education settings, which is discussed in the next chapter.

Chapter Four: Section One

Findings and Analysis: **The Politics of Education**

This chapter comprises two sections: this section delineates research findings in relation to the frequently negative experiences of children and young people with neurodevelopmental conditions such as ADHD (and where comorbidity presents) in education settings, as identified by respondents. This raises significant issues and not least as all children have the right to access education (UNCRC article 28), while attendance should be encouraged and drop-out rates reduced (UNICEF 2016). Studies establish problematic education experiences and a complex interconnection to increased risks of offending (Stephenson *et al* 2011) and respondents identified key issues for children with ADHD and in trouble with the law in relation to fractured schooling. Responses to 'disruptive and 'unruly' children are punctuated by temporary and permanent school exclusions and thus, significant barriers extant within neoliberal mainstream schools are highlighted.

4. Introduction

As identified in chapter one, ADHD is recognised as a disability: this neurodevelopmental condition has significant co-occurrence (co-morbidity) with other disorders and mental health difficulties. These commonly incorporate anxiety, conduct disorder, oppositional defiant disorder, substance misuse, learning disorders, speech, language and communication needs (SLCN) and autism. Moreover, deficits in executive functioning can be a key factor, impacting on behaviour and communication problems commonly exhibited in ADHD and, a source of primary concern and potentially adverse consequences within a school setting (Tannock and Schachar 1996). Problematic symptoms and presenting issues associated with ADHD become apparent in early childhood and constitute hyperactivity, manifest in constant motion, fidgeting, and inability to maintain silence appropriately; situational impulsivity, which can be seen in a lack of patience, restraining reactions and emotional outbursts; inattentiveness exhibited as being easily distracted and a lack of focus; struggling to learn something new and difficulties in understanding instructions and 50% of this cohort have some

form of speech, language and communications needs (Hughes *et al* 2012; The Communication Trust 2011). Arguably, these behaviours may be present in most children in varying degrees and more prevalent during distinct periods of their daily lives. However, the defining parameters for ADHD is that core symptoms are exaggerated in comparison to their peer group and a combination of these characteristics are prolonged, impacting on the child and their social, familial and school life (Royal College of Psychiatrists 2016; Hughes *et al* 2012). The political management of non-conformist behaviours in primary and secondary education is predicated on the interplay between scholarly achievement and social inclusion and educational deficiency and crime (France *et al* 2012).

Within a classroom locus such challenging behaviours can equate to a child that teachers find difficult to teach and control compounded by a limited understanding of ADHD. As MH1:6 stated,

> [children with ADHD] do struggle in education a lot…. when meeting a young person in the YOT, I may see something, because of my background and my job, that's very different to how a teacher would. So I'll think, when they're talking to me they are not hearing me, they've misinterpreted something, or I'm prompting them to bring them back. In my profession I'm more attuned to this sort of thing; subtleties and nuances.

Academic functioning is a dominant site of contestation for children and adolescents with ADHD and particularly where comorbidity is present. The controversial nature of ADHD, as a medically recognised condition (NICE 2008), is reflected in the prevalence of polarised opinion regarding its validity held by many professionals and including teachers (O'Regan 2014).

4.1. Challenges to Children Reaching their Full Potential

The negative impacts on children and adolescents with ADHD are multifaceted. Rather than education helping them to reach their full potential, academic functioning within the classroom becomes a site of contestation and misunderstanding and those with ADHD are commonly weak in a range of

fundamental areas such as key reading and writing skills. Approximately 40% of children with ADHD have comorbid learning difficulties including dyslexia, dyspraxia and dyscalculia and have some form of SLCN (O'Regan 2014; The Communication Trust 2011) which indicates the significant areas of need for this vulnerable group. Under S2 of the Children Act (2004) local authorities are obliged 'to consider the extent to which children and young people's needs could be met more effectively' to promote well-being and improve outcomes for children and young people with special educational needs (SEN) or disabilities (Section 25 of the Children and Families Act 2015 has since replaced this) (DfE 2015:38). However, there is strong evidence which identifies the failure to provide the necessary support within education and mental health settings (The Bradley Report 2009) affecting children and young people in conflict with the law. As YO4:6 identifies, "[there's] so many of them, young people with ADHD coming into the YOT, their education is so poor. A lot aren't very literate". For young people diverted to YOT Triage, tasked with writing a letter of apology (to the victim) as a restorative justice disposal, this poses further challenges; "for many this is a key source of concern, they say to me 'but me reading and writing is awful'" (YO6:5).

Baker *et al* (2002) found that disproportionate numbers of children and young people within the YOTs had specific difficulties, most notably; "one in two..underachieving in school; one in three need help with reading and writing; one in five has special educational needs" (cited in Stephenson *et al* 2011:99). Three YOT respondents and one nurse respondent identified the prevalence of these issues within this cohort of children and young people. As N2:14 states,

> we have a lot of young people here with behavioural difficulties and they pick things up really quick but, they can barely read or write and we have a high proportion of ADHD kids with dyslexia co-morbidity.

There are disproportionately high numbers of young people entering YOIs who have adverse school learning outcomes as "half of 15-17 year olds…have the literacy or numeracy levels expected of a 7-11 year old" (MoJ 2016:4).

There is a limited awareness of ADHD in schools which impacts on children and young people engaging with class activities, learning and attainment. Engaging with restrictive school procedures can be challenging and the treatment afforded to children who fail to meet the required standards and school expectations of behaviour varies in regional areas although; there is a continued focus on those (mainly boys) who display 'acting out' behaviours and particularly at primary schools (Timimi 2005). Pertinently, the interrelationship between behavioural difficulties and speech, language and communication needs is well established. As Redmond and Rice (2002) observe, this can be underpinned by an increase in frustrations for those children with ADHD who are unable to access the curriculum due to associated difficulties. The provision of support is particularly patchy dependent on local authority area and MH1 identified some key problems encountered in schools. These issues were made apparent in the YOT cases referred to MH1 and during communications with schools it was found that in some cases there was no contact with a special educational needs coordinator (SENCO) to provide support;

> …and no assessment of the child displaying disruptive behaviour: they may have been to several schools and / or involved in YOT. So I think 'there's something going on here' but for schools it's seen as a pattern, such as defiance….I do find there is a lot of unmet needs which is a shame because they are distressed and when I speak to them..I'm asking 'how *are* you?'.. and you can see they're genuinely trying. They'll say, 'I want to come into school, I want to do this work, but then nothing seems to sink in' …and they have already got a whole wealth of feeling unsettled and they try and ask [the teacher], but it might come out wrongly. They're frustrated and they feel they're dismissed by the teacher. They may be ignored because they're asking silly questions or they've already been told but, they may not have heard it or they become so absorbed in something. They may be disrupting other people because they're distracted…but it's not just about being disruptive, they need attending to. There's a *reason* they're not paying attention…and working with teachers helps [to recognise ADHD and associated vulnerabilities] (MH1:7 original emphasis).

There is an interrelationship between children and young people's engagement (or lack thereof) in the classroom and the complex problems which underlie problematic behaviour. For those with ADHD (and other associated SLCN and SEN), behaviour can be seen as a means of communicating deeper issues that affect their well-being and which are difficult to express. This can involve frustration and despair at not being able to cope in class and result in stressful and conflictual interactions with teachers and in family settings (Barkley 2006). These struggles in the classroom between pupils with ADHD and teachers are dominated by appropriate behaviour and Singh's study (2011:892) found that teachers could react to pupils in ways that were deemed 'disrespectful' and 'aggressive' thus affording less motivation to manage their own ADHD associated characteristics;

> …the intense focus on negative behaviours in UK state school classrooms may mean that behaviour, not learning or academic performance, becomes children's primary concern…Diagnosed children feel overwhelmed with loud, aggressive negative attention; they too long for praise for good behaviour.

4.2. Responses to 'Disruptive' Children

There are clear gaps in awareness of ADHD, and more broadly, SEN, and associated mental health issues and disabilities in mainstream schools. Moreover, pupils may be transferred to specialist school provision to support their needs. Alternatively, schooling may be provided in alternate settings such as pupil referral units (PRU) for 'disruptive' and 'troubled' children, excluded from mainstream schools (local authorities are obliged to educate all children). When discussing children and young people with ADHD more readily coming to the attention of police PO1:9 asserted, "definitely - we see a lot of kids on our books who are in PRUs and emotional behavioural difficulties (EBD) schools and a lot have ADHD: these kids are more likely to be in a PRU, expelled from school".

There is attendant labelling of pupils in alternate provision and therefore a reluctance of children to attend special schools as YO2 attested, "the kids tell me 'I don't want to be in a special school' and they come out with all sorts of names

that they call the kids who go there, so they stop going, and then where do they go from there?" (YO2:10).

There is a distinct level of stigma associated with ADHD (Singh 2011) within education and wider community settings. Children have an increased risk of experiencing stigma, discrimination and prejudice fuelled by disapprobation and disproving stereotypes such as 'naughty', 'ill-disciplined' children (Mueller *et al* 2012). Respondents identified a lack of empathy and being singled out as 'troublesome' or 'poorly parented' children;

> there is no empathy there at all for the child with an impairment such as ADHD and I went into teaching because they told me they couldn't teach my child…as he doesn't pay attention. If he's focusing really hard on something he really likes, teachers are saying to him 'see you haven't got ADHD' and when he's not concentrating, they'll say 'you need your medication'…so their perception of him was like – some of them believed it and some of them didn't (A2:5).

> Children and young people are being picked on because of non-conformist behaviours in the first place - nobody owns the problem (as in that situation) it's purely the child's problem (A2:15).

Negative experiences in school can impact on the daily lives of children with ADHD and their families however; looking beyond the label and providing appropriate support can improve outcomes "because ADHD is *not* who the person is…rather it's a collection of those characteristics that are more prominent than the other characteristics they've got" (A2:9 original emphasis).

Significant barriers to participation exacerbate extant challenges facing children and young people with ADHD and poor self-esteem is frequently experienced. Additionally, social and emotional characteristics can impede academic performance and the ability to make and sustain friendships is affected also. Key characteristics such as a lack of inhibition or unresponsiveness, inability to judge people and situations and a limited understanding of group dynamics can significantly hinder peer relationships and interactions (ADDiSS: 2005).

The interconnectedness of the system of education and outcomes is well documented in policy and empirical research (see Wolfe and Haveman 2001; ADDiSS 2005; DfE 2016) however, the positive outcomes for children and young people with ADHD are significantly affected in terms of truancy, temporary and permanent exclusions. Improved identification, diagnosis and access to appropriate management could have a profound impact on successful education participation outcomes and in "criminal justice, family welfare, healthcare and antisocial behaviour" (UKAP 2012:1). All respondents expressed concerns regarding inherent issues in education for this vulnerable group whilst also identifying an interconnection with offending behaviours, reoffending and school exclusions.

> Don't get me started - the paucity of support in school and within the education system [is evident] regarding; identifying learning needs, stress, anxiety, and pressure. We are identifying a lot with ADHD and [in terms of] the massive class sizes – young people function so much better in smaller classrooms with children who are like minded (I'm not saying all ADHD young people should be put together) but young people who can work together in smaller groups, improve social skills, it's more conducive where they can have more support, but if it's not there then people drop out and the system is failing them (MH1:11)

4.3. Exclusion in Neoliberal Education

Within the classroom in neoliberal mainstream schools, the introduction of performance league tables and increased class sizes are integral to the current education system. However, the 'unruly', non-conforming child is singled out and the 'disordered' child is seen as the problem, and not the routinized school structure and its curriculum (Stephenson *et al* 2011). A common issue affecting children with ADHD involves detracting from humiliation due to, for example, learning delays as a result of neurodevelopmental executive functioning deficits and/or exclusions (being made to sit outside the class or temporary / permanent school exclusions).

> And I'll say [to a young person in the YOT with ADHD] 'how come you got excluded?' and they say 'I didn't want my

> mates to know I couldn't read or write…' They were all
> having to read a piece out of the book so the best thing to
> do is kick off - and that's what they did because they
> couldn't read. So they did that in the classroom as a
> diversion, to hide the fact they can't read. We get a lot of
> young people in here that have a lot of literacy issues and
> the more they're excluded the more issues they'll have
> (N2:14).

For many teachers working within a large class of children and lacking specific knowledge and training to support children with neurodisability, a common response is to "put them to one side because they can't deal with them and the rest of the class need attention so the teacher becomes part of their exclusion without meaning to be – indirectly teachers can be a part of the problem – they're not equipped to support them and it's not their fault" (A2:10).

The extent of effects on children and young people with this condition varies however, it is frequently associated with problematic interpersonal and social relationships with teachers, family members and peer groups, increased rates of offending, the development of comorbid conditions and educational under achievement (McCarthy *et al* 2012). For many, disengagement in school is exacerbated by increased rates of problematic attendance, primarily due to truancy, short term exclusions and permanent exclusions and empirical research shows that this excluded group are over-represented as young 'offenders'. Barkley (2006) found that clinically diagnosed children significantly under-perform at school resulting in suspension for 46% of those with ADHD. This unmet need has ramifications through an increase in "the likelihood that the student will reject the socialising school experience for more risky antisocial street experiences and thus provide another mechanism for increasing the risk for criminal behaviour and recidivism" (Eme 2008:180). This was echoed by YO2 and YO3 as they saw school as a protective factor for children and adolescents and especially for those with ADHD who self-medicate with cannabis, rather than take clinically prescribed medication;

> this is one of the biggest issues we've got the schools have
> a real problem with that… they come into the school stoned
> or unable to function as a student..(then) they are out using

> cannabis and come under the auspices of the police and that is a big, big issue for ADHD and ADD [attention deficit disorder] kids and for us particularly (YO2:11).

This increased visibility when not in school is problematic;

> In the main, school is an issue; they're not going in or they've been excluded and they're smoking cannabis. They become easy targets for the police and easy targets to others in the community who will bully and victimise them sometimes. It's just a revolving kind of situation – it's difficult when they are only coming here for an hour or so a week (YO3:6).

Crucially, connections between disrupted education, school exclusion, truancy and an increased risk of offending behaviours are well established (Stephenson *et al* 2011) however, this is not to oversimplify this relationship and determinism is not implied here. Rather than causal links, studies exploring the impacts of permanent exclusions illustrate complex relationships with offending (France *et al* 2012) and individual contexts of children and young people cannot (and should not) be reduced to simplified definitions of criminogenic risk. However, there are interconnected links, evident in the inequitable number of young people in youth offending institutions (YOI) with fractured school experiences identified by the MoJ (2016:4): "around 40% have not been to school since they were aged 14 and nearly nine out of ten have been excluded from school at some point."

The majority of respondents attested to the significant numbers of children and young people seen in the YOT who have 'dropped out of school' and particularly those who have ADHD / presenting behaviours. As previously mentioned, this is an additional complexity in the exclusion / offending connection which YO1:11 acknowledged stating that "many children with ADHD have been expelled, or suspended or they truant and they are commonly under achievers educationally at school and that is just another problem for them". The "erratic behaviours and erratic attendance" of this cohort are often precursors to leaving education and as YO4:5 observed, appropriate support measures should be a main area of work for key services: "for a young person who's got a diagnosis of ADHD or related

types of conditions education is always a key [issue]… alongside family issues, issues in the home, I would say they are the two big [issues]".

4.4. Understanding ADHD: Training Needs

Children and young people are pathologised as 'disaffected pupils' exercising their agency in choosing to drop out of education, thus negating key structural factors prevalent in the system of schooling and beyond, undermining recognition of their lived realities and often complex circumstances. Consequently, rather than promoting support mechanisms, these children and young people are responsibilised (France *et al* 2012) not least as the ADHD condition is seen as residing within them and "the school is an innocent bystander, a container for the *maladjusted* child" (Bailey 2014:60, original emphasis). Whilst additional support is available for children with SEN, the allocation of funding to schools is deemed unfair as funding levels fail to "match closely with levels of current need" (Brown 2015:1). This remains in contravention of children's rights under article 23 of the UNCRC which affords rights "to special care and support" for children with any disability and article 2 of the Convention on the Rights of Persons with Disabilities (ratified by UK Government in 2009) which states that children with SEN are entitled "to the full enjoyment of their human rights and fundamental freedoms on an equal basis with other children" (Joint Committee on Human Rights (JCHR) 2015: 39). Furthermore, the JCHR (2015:41) emphasised a key concern in the "high proportion of children excluded from schools who have special educational needs [which] points to the fact that more needs to be done." A key issue emphasised by two respondents relates to the impact of delayed learning for excluded children;

> there is no process in place in schools to integrate them back for the lessons they've missed, so they are back up to the level of their peers. They're not up to speed and become bored with the lesson, distracted because they haven't got the foundation for the next level of learning. That doesn't take place, so what do they do? They exclude themselves from that situation, so they'll do something to get themselves out of the situation, reacting in the classroom so they get sent out. This becomes a cycle and I had exactly

> that conversation this morning with the young lad of 14 that I'm working with (A2:4).

> Education is a significant area; kids are excluded for non-conformist behaviours and increased exclusions means delayed learning and they're not going to catch up. So for example, on a two-week exclusion, they go back and they're not catching up to the rest of the class and boredom and/or bad behaviour (prevails) and this is how the cycle continues and the child internalises the reaction: 'I'm just bad' and (the child) internalises that (N2:13).

Moreover, there is a paucity of detailed data to evidence the numbers of children excluded from school who have disabilities as "this information would show the discriminatory practices against children with ADHD and that's why they don't do it…it should be recorded as part of the process" (A2:16). The Department for Education's statistical data for children with SEN shows that this group are nine times more likely to be in receipt of a temporary school exclusion and just under seven times more likely to receive a permanent exclusion (DfE 2012: ii). As previously identified, there are varying primary needs for ADHD pupils however, non-conforming behaviours is commonly dominant. According to DfE (2014:22) the category of pupils with behaviour, emotional and social difficulties were "much more likely to receive fixed period exclusions" than pupils with other types of needs / disability. As France *et al* (2012:101) argue, exclusions are central to systems of "regulation and control of troublesome populations" however, earlier intervention to meet the needs of this vulnerable group would limit such negative outcomes.

Training for teachers to recognise problematic behaviours and provide appropriate support should be an essential part of initial teacher training programmes rolled out in Universities nationally. Local undergraduate and post graduate teacher training courses fail to acknowledge this need and one large provider, approached by A2, declined the opportunity to include a bespoke module on behavioural management techniques to assist in supporting the issues presented by this group of children and young people:

> we wanted to train the teachers (within their training) to look at not just the labels that come with children, but to look at

> the need so they're better equipped to recognise, identify and support the needs of children but, they weren't interested (A2:10).

The presenting issues for children associated with a lack of identification was a source of frustration for N2:2;

> if teachers had the training to be able to recognise and manage behaviours and to approach the parents and signpost to appropriate services – it should be mandatory. I'm amazed how the child gets to age 11 or 12 and no one has ever picked it up.

As previously noted, an increase in training more teachers in behavioural management skills and thereby enacting earlier, positive interventions may reduce a reliance on pharmaceutical solutions (see chapter one). According to Kendall (cited in Frankel 2010:4),

> [t]he outcome for a child with ADHD and receiving no treatment is incredibly poor. About half will end up in psychiatric services or enter the criminal justice system at a great cost to society. If they are left untreated, they may end up with personality problems or continuing ADHD symptoms into adulthood.

This was a central theme for all research respondents; the reduction in positive opportunities and increase in poor outcomes for children with ADHD through a lack of early identification by key services. YO2:2 reflects on structural constraints within schools due to funding cuts, performance tables and school culture and the impact this can have on young people in the YOT:

> to help us in identification [of ADHD] with school age kids we would automatically contact the school first – schools are prioritising and they're not as interested (putting it politely) in our kids because of the nature of their problems…they're focusing on the non-troublesome kids…part of me can see what their issues are in trying to teach and it's difficult for them…but in mainstream school they can just get pushed out as naughty kids and then we pick them up as offenders.

Conclusion

As previously discussed in chapter one, the neoliberal agenda has permeated government initiatives across economic, social, welfare and education policies. Neoliberalism has perpetuated a culture of control for troublesome youth through responsibilisation and the construction of individualism, by emphasising 'self-actualised' 'failures' of the most vulnerable (France *et al* 2012). Concomitantly, within education policy, children and young people are responsible for (not) attending school and for low educational attainment and while there is an interconnection of trajectories between poor educational outcomes and criminogenic 'risk', there lacks "critical engagement with the ways in which public policy itself constructs 'risk' in the lives of young people" (*ibid*:101).

The following section in this chapter demonstrates the significance of wider support mechanisms and specifically through third sector organisations (TSOs), increasingly coupled with statutory service provision.

Findings and Analysis: Third Sector Organisations

The following findings relate to key roles played by third sector organisation (TSO) regarding their invaluable support provision, which is beneficial to meeting the specific needs of children with ADHD (and symptomatic characteristics). Furthermore, this discussion identifies extant challenges for TSOs within a climate of austerity and associated cuts to funding and services.

4.5. Introduction: The (re)politicisation of 'society': civic 'activism' and the voluntary system connection

Following the Wolfenden Committee report's (1978) imperative for a collaborative relationship between third sector organisations (TSO) and the state, consecutive governments have appropriated key service agent roles to a range of voluntary, charitable, community, and latterly, social enterprise organisations (Haugh and Kitson 2007). The dominant ideology underpinning this move can be seen in the continued privatisation of public sector assets and key functions (such as health and social care) thus furthering the neoliberal agenda (*ibid*). The liberal market framework and limited role of the state, promoted by Margaret Thatcher's Conservative government and embraced by New Labour under Tony Blair, provided a fertile ground for revisiting 'social investment' previously instituted through 19th century philanthropic supervision of the disadvantaged poor in lieu of the state (Rodger 2012). The philosophy of the Third Way, advanced by New Labour, sought to renew civic activism with TSO engagement within the neoliberalist agenda not least due to the attributes of TSOs delivering public services on a local level (for example, community safety, social, and welfare services) (Rodger 2008). The mutual benefits of TSO partnerships are multi-faceted: there is increased understanding and ability to articulate local communities' needs; TSOs induce more trust than public sector bodies and significantly, at a reduced fiscal cost to the state (Haugh and Kitson 2007). However, as Rodger (2008:3) asserts, under the guise of 'active citizenship' and 'community efficacy', a "broad range of policy initiatives affecting anti-social behaviour, criminality and dysfunctional families" reflects a blurring of the

boundaries of criminal justice and social policy, thus mobilising a process of criminalising social policy.

As discussed in chapter one, this notion extended further within the Conservative/Liberal Democrat coalition and the ideological underpinnings of the Big Society. This ideological approach served to legitimate public spending cuts whilst "helping people to come together to improve their own lives…putting more power in people's hands" through a "massive transfer of power from Whitehall to local communities" (Cabinet Office 2010 cited in Yates 2012: 436). The redistribution of state responsibilities to new local agencies forms part of the dispersal of governance and 'volunteers fill the gap' created by funding cuts (Cohen 1985:66; Garland 2001). Moreover, neoliberal ideals prioritising responsibility creates 'failed' individuals who "come to be seen as culpable, liable and then justifiably blamed, for their own marginalisation and exclusion" thus criminal justice policies and multi-agency interventions are invoked to control 'problematic' populations (Crawford 1999:525). Moreover, harsh penal responses to social insecurities enables the state to control 'problematic' populations who are created by the neoliberal state and who suffer the damaging consequences of economic insecurity, austerity measures and swingeing welfare cuts (Wacquant 2009).

4.6. Challenges to Service Delivery

Set within this backdrop, the role of TSOs is vital in the contexts of children and young people, in the wider community and within youth justice services. However, under the current Conservative government's continuation of austerity, cuts to YOT budgets and youth services render the voluntary sector in a 'fragile state'. Thus, formerly effective partnerships supporting children in conflict with the law and preventing offending have become disrupted and disengaged (Clinks 2016). The impact on children's charities, in comparison to TSOs generally, is significant due to a larger proportion of cuts to their public funding and the concomitant rise in demand for their services (National Children's Bureau 2012). The economic downturn has had a major impact on the 2011–2015 Spending Review

necessitating savings of £120 million to be made (this is returned to later in this chapter) which has rendered YOTs endeavouring to maintain crucial services for this vulnerable service user group (RR3 2012). The benefits of TSO engagement in key service delivery is identified by respondents as invaluable to meet the specific needs of children and young people with ADHD (and symptomatic characteristics). As MH1:9 reflects;

> …we use alcohol and drug services and the [ADHD TSO] as well; that's one of our primary signposts …this is the core element for [children with] ADHD in terms of therapy, support, education etc. It's a fantastic service – there's [a paucity of] provision for ADHD in Anytown.

> [TSOs] are a great assistance to us and we [child and adolescent mental health services (CAMHS)] rely on them…we need someone who is there *before* us [CAMHS] because we don't meet people's needs…so for example, if the [ADHD TSO] wasn't there, there'd be a major shake-up (MH1:16 original emphasis). [TSO service names are redacted as they are specific to Anytown and thus to maintain anonymity]

Given that the majority of funding is secured through tendering processes, via competitive 'funding streams' for central and local government contracts (due to reduced charitable donations), the pressure on TSOs to sustain their services is increased. Moreover, as Pitts (2001:8) observes, "the annexation of the voluntary sector by government as providers of mainstream criminal justice services" continues to be evident. However, this is subject to policy shifts and an increased competitiveness across the sector, manifestly incorporating the 'coupling' of TSOs and the private domain (Benson and Hedge 2009; RR3 2012). Consequently, this raises key issues regarding the tenuous wider support provision for children and young people with ADHD and co-existing disorders under the auspices of youth justice services. As N1:2 stated,

> we use CAMHS and we're involved with Addaction [a national charity supporting mental health, drug and alcohol problems], for example, if [the young person] is self-medicating [with drugs and/or alcohol]. And we use the [ADHD TSO], especially for support around behaviour and counselling.

We see lots of emotional distress with some of these kids and for example we use [local voluntary sector] services [such as]; '███████' [provides counselling for substance use] and '█████' [counselling services for children and young people]. This is what's needed more for these kids, so like the Princes Trust, Duke of Edinburgh. So it's about sustainable support that doesn't always have statutory services like CAMHS at the top of the list, or YOT or social care (N1:7). [TSO service names are redacted as they are specific to Anytown and thus to maintain anonymity]

While the distribution and implementation of health and welfare services is governed by central and local government bodies, the growing shift in responsibility for delivery is located within local partnerships and community agencies. As Milbourne (2009: 286) asserts, the "rhetoric of collaboration and partnership" masks an inequitable relationship in that "power to determine the rules of engagement continues to reside with mainstream agencies". Consequently, the interests of smaller TSOs are increasingly marginalised thus minimising local knowledge and expertise, community connections and bespoke services.

The impact of these TSOs on the lives of children and young people in the system of youth justice can be more positive than statutory agencies: there is more provision of tailored interventions, addressing the needs of the individual and the ability to take a more creative and flexible approach (Maguire 2012; Clinks 2016). The importance of adapting measures when working with children and young people cannot be underestimated and particularly ensuring 'learning age' appropriate work rather than chronological age being the key indicator. A1 reflects on their innovative approaches, working creatively with young people in police custody; "it was quickly established that our advocacy services won't suit all [children and young people] so we've adapted them… we can work with just pictures and make it 'bespoke', so if we have a 14 year old with a reading age of 7or 8 then we can adapt that piece of work, to that learning style and age appropriate" (A1:12). A further example is proffered by A2, through her work with young adults with ADHD in a local young offender institution (YOI), providing

support and techniques to promote change and understanding around life 'choices':

> One lad in there, drug dealer, couldn't hold a job down so this was his job of choice – a heroin addict, dried out while in the prison, 7 year old son who was going through the process of an ADHD diagnosis and he said 'that was me and my child is going to end up in here – what can I do'? I offered help; visiting him in prison to provide strategies and support and I talked to his wife on the phone too. The prisoner's family lived down Surrey way and he had been transferred up [North]. I was due to see him the following week and I was told I couldn't 'cos he'd been moved again. I was *that close* to getting him to understand about himself. Why he was self-medicating, why he was no good at school, why he was involved in gangs and to help stop re-offending (this was the key purpose). I was *that close* and [the prison service] moved him. No continuity for him – he was moved to Cornwall way. He contacted [the Northern prison] liaison asking about me. Mentoring is such an important process to help stop reoffending (A2:21 original emphasis).

The relative freedom of the TSO to provide tailored responses is discernible, contrary to the restrictive procedures statutory professions have to adhere to. Furthermore, there is an absence of stigma attached to TSOs that often accompanies mainstream criminal justice, social and mental health services thus, engaging with service users and their families and establishing trust is more likely (Milbourne 2009; RR3 2016). However, hierarchies of power are reproduced and reflected in the lack of TSO involvement in decision making processes; irrespective of positive contributions to individuals identified needs. TSOs engagement can be rescinded at any point. As A2 stated, losing contact with the young adult offender and his family may seriously jeopardise his future resettlement and potential desistance from offending. This reflects the significant challenges for TSOs, disadvantaged by key changes (to policy, practice or delivery) and by insecurities regarding funding resources (Milbourne 2009; Yates 2012).

4.7. State Motivations and Managerialism in Third Sector Organisations

Arguably, the motivating factors for the relationship between TSOs and the state within criminal justice contexts can be challenged. Primarily, these policies expose the use of the voluntary sector for 'cut price' welfare service provision, whilst exploiting volunteers and low paid workers (Haugh and Kitson 2007; Maguire 2012). A1 identified the challenges of austerity measures and cuts to council funding;

> …all through my 12 years of service – what's come across is the consistency of funding…our funding stream was significantly reduced but we have had excellent outcomes. So the appropriate pots of funding are essential and to be used appropriately and cost effectively. We are a non-profit making organisation and that has an impact on how we can pan out that resource (A1:14).

TSOs have a strong presence appertaining to key areas including; social exclusion and marginalisation, disaffected youth, and the development of social capital (Haugh and Kitson 2007; Maguire 2012). As Rodger (2012) attests, such social issues are seen as undeserving of statutory support and include, alcohol and substance use, homelessness, anti-social behaviour and criminality and TSO responses often underpinned by altruism, a sense of social solidarity, religious affiliation or direct experience (*ibid*). However, it is increasingly difficult for TSOs to deliver effective services to 'undeserving' populations in the current economic climate and particularly for non-profit making organisations such as social enterprises (Haugh and Kitson 2007). The paucity of support is exacerbated for stigmatised groups, such as children perceived as 'poorly parented' and 'naughty' (as discussed in chapter one). As A2 asserts; much of their (social enterprise) work involves "helping children and families living with and affected by ADHD [which] is unpaid…and many services don't want to / haven't got the funds to pay [for our services] and we're struggling" (A2:24).

Further critiques highlight the shifting financial landscape and the growth in the private sector and commissioning, incorporating new models of funding (and local commissioning), rooted in bureaucratic processes and complex procurement procedures for TSOs (Maguire 2012). In order to compete for successful funding

bids many TSOs are compelled to reorganise and restructure, increase the scope of their operations, change their style of management and set performance targets. Fundamentally, TSOs are coerced to conform to the embodiment of corporate and private sector principles of managerialist working practices (Benson and Hedge 2009). The 'terms and conditions' for TSO involvement in criminal justice transfigures key priorities and 'ways of working'. As Rodger (2012:423) observes, "this process is [nothing] other than the state 'working through' the voluntary sector". Concomitantly, TSOs working to a prescribed contract undermines key societal roles through the silencing of critical or activist voices, less volunteers offering support and significantly depleted ties with local communities (Benson and Hedge 2009; Maguire 2012). Additionally, this can stifle the aforementioned creativity deployed by TSOs and the impact is more prominent for smaller organisations: they are more likely to lose vital funding, experience marginalisation or dissolution or be used as 'bait' in tenders, "to convince commissioners of the lead organisation's commitment to certain values or approaches – though with no guarantee that, having served their purpose, they will not then be marginalised" (Maguire 2012:485). This was the previous experience of A2 which served as the catalyst to establish her small and independent social enterprise to support children and young people with neurodevelopmental conditions and associated disorders.

Notwithstanding this, A1:11 identified that the "commissioning of [her TSO's] services [by the statutory sector] is crucial and that "this service is excellent and best placed to put the interests of the child first – a child centred approach". A1 goes on to highlight the importance of providing support, advice and training roles to the police service:

> This service is instrumental in educating police officers; they can't know everything so this is an extra support. We have a good relationship with police and do training and work closely with them but, there's a big shift in changes to police personnel; Inspectors, Sergeants, police officers, and its [about] constantly going out there and revisiting that training. It's like continually regurgitating the language but, very important to do so and we know [when there's] a drop in referrals [to their TSO] that we need to get out there and

> train [them] again. That is a trigger – the monitoring really
> helps (A1:11).

The provision of advocacy for children and young people in police custody is paramount and particularly the Appropriate Adult (AA) service and as A1 stated, especially where ADHD, mental health issues and/or learning difficulties are present. A continued issue is the lack of appropriate support and guidance and principally regarding appropriate diversion:

> Many young people do not understand the long-term
> implications of decisions they make while in police custody,
> such as accepting cautions. Professionals and volunteers
> working in police custody need better training in order to
> support young people to make the best choices for them
> (Clinks 2016:17; see also Young Minds 2013).

4.8. Impact of Funding Cuts

Key policies promoted through the aforementioned respective governments' 'civic renewal' agenda increasingly expand TSOs and private sector involvement in projects to manage and divert potentially criminogenic groups through creative schemes, involving education, health promotion, sport and the arts. For Rodger (2012:415), "it is the use of social policy as a social sedative that is..the main justification for funding third sector activity in poor communities". Given the reduction in children's services there are less support mechanisms for children and young people with ADHD as N1 emphasises,

> Health services and statutory agencies have shrunk and
> reduced their criteria so make it harder and harder to
> access their services and what's hopeful is [that there are]
> some very good, dedicated voluntary and third sector
> organisations…. they're easier to get services from. They
> have to be more creative to get funding…and they've not
> necessarily got badges on themselves. They're young,
> enthusiastic people - there is other stuff out there as well
> (N1:8).

There are significant impacts of cuts in specialist health services, such as speech and language therapy provision (RR3 2012), which have consequences for

children with ADHD (or presenting behaviours) and with co-existing mental health needs (Hughes *et al* 2012).

Conclusion

The (re)investment in effective collaboration of TSOs, as strategic partners, with YOTs and other statutory agencies is vital to support the prevention and diversion of children in trouble with the law (Clinks 2016). As discussed in chapter one, there are significant vulnerabilities for this cohort, and notably for boys and young men, experiencing neurodevelopmental conditions and associated disorders: compared to the general population, their involvement with youth justice services is significantly increased.

Nonetheless, the economic 'imperative' of austerity presents countervailing social limitations and the existential threat to the lives of those affected by disadvantage, poverty and disability. While austerity may be politically posited as economic 'freedom' within the neoliberal agenda; the 'trade-off' is increasingly complex lived realities for children and young people generally, and specifically, for those with neurodevelopmental conditions and co-morbidity and the following chapter examines these key challenges.

Chapter Five

Findings and Analysis: Structural Factors and Wider Implications

Respondents reflected on the increased potential for children and young people, with ADHD (and comorbidity) or exhibiting symptomatic characteristics, in the purview of Anytown YOT to experience difficulties engaging with programmes due to concomitant needs and the impact of wider socio-economic contexts impinging on their lived realities. Hence, this chapter presents the findings which examine the impacts of structural factors on this vulnerable group. Additionally, these findings identify the notable increase in the complexities of children's lives and, the concomitant challenges for children and young people in conflict with the law *and* for statutory and non-statutory practitioners working within the youth justice system.

5. Introduction

The structural impacts of social inequalities are evident within disadvantaged and increasingly impoverished communities and the effects are significant for socially disadvantaged children and young people (White and Cunneen 2015). This chapter will highlight the inherent and deleterious effects of imposed austerity measures through, family poverty, strained familial relations, welfare reforms, cuts to local services and limited access to key health agencies. These structural conditions are further aggravated for children and young people with neurodevelopmental conditions and co-morbidities (Blackburn *et al* 2013) and, as Anytown YOT locus is punctuated by poverty and deprivation, these combined issues compound the ability of this vulnerable group to achieve success in the social world.

Complexities inherent in children and young people's lives are rooted in structural disadvantage and reproduced through their experience of class based inequalities, poverty and social exclusion (France *et al* 2012). Nonetheless, such issues are (re)conceptualised as 'personal troubles' (Mills 1959:8) whereby children and young people are seen and responded to as 'individualised', 'risky populations' (characteristically) possessing criminogenic mores, whilst structural/

'political issues' are (re)constructed as distal factors. However, it is well documented through empirical studies (NCB 2015a: JRF 2016) that the structural location of inequality significantly and disproportionately impacts on this vulnerable group: this is reproduced and reinforced through the imposition of local and national policy directives, established within the austerity project located in the neoliberal agenda (JRF 2016).

As previously discussed in chapter one, this form of advanced capitalism has been in place since Margaret Thatcher's 1979 administration: the advancement of the free market, deregulation, privatisation and economic libertarianism has continued unabated through the narrative of successive government elites. As Muncie (2009) asserts, the implementation of a 'justice' agenda is underpinned by a punitive system of criminalisation and the power to criminalise is essential in the maintenance of advanced and exploitative capitalist societies (Jones 1983). This is evident in the neo liberal modality of responsibilisation manifest in criminal justice policy and facilitated by "substantially expanding the boundaries of criminalisation in both formal and substantive terms" (Lacey 2013:355). As discussed in chapter one, the expansion of control mechanisms to responsibilise children, young people and families, while 'managing' the poor and disadvantaged, was intrinsic to the 'punitive turn' in youth justice policies of the 90s, culminating in the 1998 Crime and Disorder Act (Muncie 2006).

5.1. Poverty and Disadvantage

Young 'offenders' involvement with youth justice services, and increased criminalisation, is disproportionate for marginalised children and young people with specific impairments incorporating; mental health issues, speech, language and communication needs (SLCN), special educational needs (SEN), learning disabilities and ADHD (Talbot 2010, Fyson and Yates 2011). Practitioner A1 highlighted the noticeable increase in these issues and the interconnection with social problems;

> …there's areas where there's a lot of problems; deprivation, unemployment, it all links in. We get offenders from all walks of life, with ADHD and mental health issues.

It's just we get more of a cluster from those deprived areas than we do from other areas; we get less young people from more affluent families (A1:10).

Following a series of inexorable (and avoidable) crises in the global economy between 2008 and 2011, the Coalition government popularised 'austerian ideology' in response to the economic 'downturn' (Krugman 2015). Austerity measures, implemented to reduce the concomitant budget deficit, and continued by the current Conservative government, disproportionately impacts on poor and powerless populations (UK Children's Commissioners 2015). The state sanctioned, wide-ranging cuts to key services has intensified the entrenchment of social inequalities, reproduced through economic, social and welfare policies and adversely affecting marginalised and disadvantaged populations (CESCR 2016; UNCRC 2016). Subsequently, policy changes have determined significant reductions in household income for poorer children resulting in a steep rise in food bank access due to food poverty (Butler 2015). These include: revised disability benefit entitlement; the removal of education maintenance allowance (EMA) for 16-18 year olds in further education (FE); reductions in family tax 'benefits' and social security 'benefits' and the imposition of the 'bedroom tax' (Gentleman 2015; Children's Commissioners 2015). The latter housing policy reinforces social inequalities and disproportionately punishes the poor through cuts to housing benefit for tenants with unoccupied bedrooms. In the absence of alternative social housing with only one bedroom, Cooper (2014) argues that the ideology underpinning this discriminatory policy is to promote profits in the private, and predominantly unregulated, rented market thereby increasing housing debts for the most marginalised. To compound this dystopian reality; nationally, local authorities (LA) have experienced substantial cuts to their yearly budgets although, Anytown has been affected more severely. Between 2010 and 2013-14, Anytown LA was forced to make in excess of £150 million of cuts however, their percentage cut in spending power was significantly greater than the 2.9% national average spending power reduction (Waddington 2013) due to increased socio-economic deprivation and welfare needs [the exact percentage figures are redacted to maintain Anytown's anonymity].

The cuts to services, increasing poverty and deprivation extant within Anytown was identified by participants' as a major problem for children and young people in youth justice services and, for those with ADHD and symptomatic characteristics, this was amplified. PO2 felt strongly that in his experience, increased support in education provided improved outcomes for disadvantaged young people:

> Key issues facing young people and particularly those with ADHD behaviours, which increase their risk of coming into the criminal justice system, are around deprivation, poverty, marginalised communities. Education helps..[and] schools that're going to support them..it comes down to who the head teacher is and how that school copes with some of the more challenging young people who may have some of those behaviours (PO2:7).

The politicisation of 'problem behaviours' is predicated on flawed assumptions and neoliberal principles of individualisation and, as previously discussed, invoking an exclusion policy is a common response of schools. Consequently, children and young people are constructed as architects of their social exclusion, rather than the primary influences of government policies and structural conditions. As France *et al* (2012:119) argue, education ideologies transpose into contradictory policies whereby "'inclusionary' education reproduces educational inequities that are so closely intertwined with social inequities". For children and young people with ADHD and co-morbidities, the inequitable access to education has been established (see chapter four, section one) whilst increasing cuts within austerity measures impacts further on wider services designed to provide support for this constituency (incorporating welfare, health and social services).

The disenfranchisement of children and young people and their families in particular geographic locations, is interlinked with disadvantage, lack of opportunities, underemployment and the impact of generational unemployment and participants' experiences substantiate this contextual narrative. As MH stated; "in my last two jobs [in Anytown locality] the deprivation was particularly problematic, it comes hand in hand with key problems [which] are very much in the inner city and deprived areas" (MH1:13).

Structural locations of poverty and unemployment and the social relation of class are central factors in explanations for the nature and prevalence of youth 'offending' in any given locus. Social and personal adversity coupled with declining prospects impact significantly on youth life chances. White and Cunneen (2015:21) provide a critical account of socio-economic deprivation in domains that are reflective of YOT service users in Anytown: "poor people often live in areas with deteriorating housing, they suffer more profoundly any cutbacks in public amenities, and they are more likely to experience declining quality in the health, educational and welfare services".

For N2, the residual effect of funding cuts in Anytown could not be understated and a clear example of the reduced support for children and young people in crisis, within YOTs was proffered:

> We can't get away from politics – the impact is massive from benefit reductions, bedroom tax, poverty, disadvantage. And the councils have now got less in the pot – we used to have funding from the EU and say, for example, there was a young person really interested in sports but had no kit, well I could use this pot of money and buy them a tracksuit, cheap ones, and trainers. So we could do stuff like that, say the kids had an interview and they got sent to me with hygiene issues, we'd give them toiletries, buy them a shirt for the interview and a pair of shoes. But there's nothing now for us to be able to do that for them: it's all gone. I think it's made them more fraught within those chaotic families because it's impacting and I know this 'cos I sit with social services as well. They're talking about cases more and asking 'what can we do?'. They've got no money in the pot either and they can only get involved if there's a real crisis. There are so little resources there to help anybody and it's just terrible to see it. Poverty has a huge impact (N2:18).

5.2. Wider Social Issues

The majority of respondents felt strongly that problematic familial circumstances further exacerbates children and young people's 'delinquent' behaviours, and as such is a contributory factor to being drawn into youth justice services whilst impacting negatively on their capacity to engage positively with interventions. White and Cunneen (2015:18) proffer a recurrent 'social profile' of children and young people in conflict with the law in advanced industrial countries,

incorporating those with low educational attainment and from low income families where relations are strained. Anytown YOT engagement with children and young people in conflict with the law is demonstrably broader than the narrow focus of prevention and intervention work due to recurring issues, as N2 further states: "it's a massive problem, they don't turn up or don't engage due to chaos in the child's life and time management problems and there's a number of case managers here who'll physically go out and pick them up and get them to their appointments" (N2:4).

The provision of pragmatic support in an empathic environment was something most participants' felt was crucial and particularly for those children and young people whose lives are burdened by myriad complexities, additional neurodevelopmental conditions, non-conformist behaviours and mental health issues. Practitioners contextualised the "chaotic", and often harmful, "social backgrounds of many children and young people" (YO6:8) on their 'caseloads' and 'workloads' where "safeguarding issues are [now] so massive" (N2:18). Furthermore; "they've got mental health issues, major social deprivation, [and experience] domestic violence" (MH1:16); "they're homeless...'cos they got kicked out [of the home]..and they're sofa-surfing (YO3:7); "there's often family issues..[some] struggle to manage the ADHD behaviour..which causes further tensions" (YO3:6) and as N1:7 observed, "we have got vulnerable kids..doing the marijuana runs, and we see these patterns: this is the kid who'll rob the car, and by the very nature of their vulnerabilities (associated with ADHD), this increases their risks". Furthermore, PO1:13 stated, "you'll always get the 'hard core'…the entrenched ones who keep bouncing back, and they're more likely to have ADHD behaviours". In this quote, PO1 referred to 'hard core' in the context of significant adversities such as socio-economic and (mental) health inequalities.

As previously discussed in chapter one, Cohen (1985:50) applied an insightful, analogous concept of offenders, or 'soft delinquents' at the 'shallow end', caught in the criminal justice 'net' and subject to formal interventions whereby, compliance is key to avoid an escalation of 'offending' through breaches. Through the subsequent up-tariffing, offenders are more likely to be in receipt of custodial sentences and into the analogous 'hard end': in prison. The use of *additional*

(albeit constructed as *alternative*) community disposals renders inappropriate individuals being caught up in the 'net': those who would not have faced imprisonment if youth justice initiatives and wide ranging policy imperatives were not in place. For those children and young people living with poverty, familial breakdown, disadvantage, neurodevelopmental impairments and clinical disorders; their conceptualisation in formal agencies as the 'at risk', 'child in trouble' is prevalent. Therefore, the inappropriateness of *criminal justice* interventions is evident and not least as offending behaviours may be exacerbated by the application of the offender 'label': the associated barriers to desisting from further conflict with the law are commensurate with Becker's (1963>1997) labelling theory (see chapter one). Concomitantly, there is a blurring of the boundaries of welfare support and criminal justice interventionism as "crime and delinquency nets…not only become blurred in themselves but get tangled up with other welfare, treatment and control nets" (Cohen 1985:61).

5.3. Multi-faceted and Complex Lived Realities

While YOTs have seen a reduction in children entering the youth justice system (as previously discussed in chapter one), those who are currently engaged present with multi-layers of complexities to be addressed, "and the added pressures of seemingly constant reductions in the resources available to public services doesn't help" (YJB 2015:2). This is reflected in Anytown YOT where respondents identified the large increase in children and young people with complex issues which are resource and time-intensive thereby increasing practitioners' caseloads;

> ..the cases we have got coming through are more complex in my experience. You don't just get little issues any more, there's more likely to be historic, long standing issues within the cases that we're getting and the expectation on the practitioners in what they do, to manage the risk and the vulnerability, is key in the current climate. But the expectations on what we are doing has gone up: it's the complexity of cases (YO3:7).

According to Young Minds' (2013:20) empirical study; recurring issues are "frequently cited together as identifiable factors contributing to the young person's offending behaviour and… considered a growing trend". These include child abuse, homelessness, alcohol use and illicit drug use, such as cannabis and skunk, which are used as coping mechanisms for mental health issues and especially in the absence of welfare or alternative support services and restricted access to Child and Adolescent Mental Health Services (CAMHS) (*ibid* 2013). Notably, children and young people with ADHD commonly self-medicate using cannabis and skunk rendering those more susceptible to police attention and formal intervention as YO6:13 attests, "they're caught up in the system for having a spliff". YO3:6 observed the common practice of "not taking their ADHD medication and self-medicating with cannabis" while N2 identified additional concerns within Anytown YOT:

> To be honest they'll tell porkies, for example, I ask them how much weed they smoke or how many spliffs and if it's an excessive amount then we liaise and I'll ask [Addaction] 'have you seen this one yet?'. We have concerns, say if it's ketamine, and the legal highs are a nightmare… [Addaction]..have individual tailored one-to-one group work…if they've got ADHD they take that into consideration 'cos they wouldn't do as well [working] in a group (N2:6).

5.4. Policy and Practice: Key Agencies Responses and Cutbacks

These complex lived realities, underpinned by historical and socio-economic contexts, shape and reflect children and young people's responses to problematic situations that are actively negotiated in their daily lives; opposed to formal, standardised categories of individual (criminal) risk factors (Hine 2010). As previously discussed in chapter one the risk factor paradigm is a deficit-based model positing individual criminogenic risk factors as central to YOT risk assessment, and informing crime reduction intervention measures. This negates wider structural and environmental factors impinging on children and young people, while restricting further understanding of offending behaviours "as a normalised response to the environment within which they grow up" (Bateman 2015a:19). The continued emphasis on risk factors justifies surveillance and

interventionism, underpinned by the notion that offending is an outcome of dysfunctional children and young people and experts can determine such individuals through the assessment process (Armstrong 2004). Moreover, vulnerable groups of children and young people enduring multi-faceted social problems, combined with additional health and non-conformist behaviour issues, come under the auspices of state interventions at the intersection with 'crime' and 'deviancy' through the enduring 'criminalisation of social policy' (Jamieson 2012). Whilst seen and responded to by the criminal justice system as 'troublesome', the most vulnerable and marginalised children and young people are most commonly 'troubled' and in need of support (Goldson and Muncie 2011). The continued criminalisation of non-conformist and 'anti-social' behaviours is an infringement of criminal justice measures on social policy and results in social issues metamorphosing into the criminal justice jurisdiction (Rodger 2012).

Whilst the World Health Organisation report (2011:3) emphasises "poverty, financial problems and social deprivation [as] major socioeconomic risk factors for mental health problems and disorders", there remain continued concerns regarding key issues in CAMHS policy. This is highlighted in a recent report by the Children's Commissioner (2016:1) which identifies restrictive criteria for referral, prolonged waiting times and the variances in practice nationally "suggesting that access to CAMHS is a 'postcode lottery'". For children and young people with ADHD and co-morbidities (including conduct disorder and mental health difficulties), appropriate referral to CAMHS can be put in place, however, exclusion criteria vary across the regions due to the "severity of conditions" (*ibid*:15). According to Young Minds findings, "77% of NHS clinical commissioning groups (now responsible for designing local health services in England) had frozen or cut their CAMHS budgets between 2013-14 and 2014-15" (cited in Murray 2014). As MH1 explains, increased support from this key service is essential as "by having more [CAMHS] services available, the numbers [of children and young people in YOT] would naturally reduce…the service is now more crisis led" (MH1:15). The lack of early identification, early interventions and support services for children and young people, particularly with ADHD and non-

conformist behaviours, was viewed by respondents' as a key issue and as a precursor to their involvement with the youth justice system.

The reduction of key public services is evident, in line with policy and public spending cuts, and this has impinged significantly on practitioners' daily roles often constraining their ability to provide support or signpost to wider support agencies;

> At the moment it's a very busy role...there should be two nurses in the service but for the last 12-18 months there's only been me. The impact of this is that we can't see everybody and the other impact is we just don't know what's out there – we ring other services but they've just disappeared and we don't know where the replacement is. Long term, it does have an impact on the children and young people using this service, so we have to be quite disciplined to keeping to what is in our service specification, which can constrain us; we can't provide extra to the specification (N2:1).

Half of the participants reflected on the overall morale of staff working within the confines of cutbacks in respective formal and third sector organisations (TSO) services and particularly the lack of sustainable support for troubled children and young people in the purview of youth justice agencies. For YO6, "it's so frustrating [in terms of] referral on to sustainable support outside – there's just nothing there, and nothing for [children and young people] to do…they want to be out with their mates but get a dispersal [notice] and get caught up in the system for having a spliff and all that: there's just nothing sustainable for them out there" (YO6:13). Furthermore, MH1 indicates;

> [This is] not just localised to ADHD; we are looking at families, safeguarding issues [and it] feels like there's a big gap. You identify people at risk of lots of things but there isn't a great deal for them in terms of sustainable support…and I struggle [especially as] children and young people are not meeting the criteria for safeguarding. Equally, looking at the services that are around, there's not really anything suitable for them, to help them. It's only when things get bad…so reaching a crisis point - that's when they get flagged up but, even that's unhelpful. A lot of that is due to resources and cutbacks. If there's money in the pot, then it's a big incentive but, it disappears. We're

> like 'Cinderella services' but services [that are] not joined
> up. The emphasis should be on the 'front of house' stuff;
> 'upstream', working with families *at the beginning,* before it
> gets to crisis point and make it more inclusive.
> Unfortunately, [the funding] just trickles through and often
> there's too much damage caused; [like] putting a plaster
> over the gaping wound (MH1:5).

This conceptual analogy was echoed by respondents in relation to working with complex cases as N2 identified "…there's a whole range of issues (safeguarding, families, chaos, unemployment, parent's substance misuse), that's what we're working with now…and we're doing short pieces of work with [children and young people] and it's just a sticky plaster – that's what I feel" (N2:21). This respondent further identified the increased pressures on key workers in the public sector following the introduction of austerity measures;

> Morale is very low and it makes it fraught all round. [I was]
> talking to a social worker yesterday who said to me 'I'm
> leaving (the service)' and I thought she'd never leave social
> work…she said 'I've just had enough; I can't do it no more'.
> It's because the caseloads have all gone up and the issues
> that are presenting themselves are more problematic.
> People are kicking off and they're coming under the radar
> of social care much more so and increasingly since welfare
> cuts. A lot of professionals feel like that at the moment –
> morale really isn't good, it's a very difficult environment to
> be working in (N2:19).

Additionally, respondents identified the closure of some early years support services as detrimental for families and to Anytown: "Surestart was a good initiative but that's been withdrawn for many and that's having a massive impact…for kids with ADHD, a key area of support is the family and statutory services" (N2:11). Surestart services promoted improved outcomes and support particularly for disadvantaged children through multi-agency partnerships incorporating; health visitors, nurses and support services, advice sessions and positive, early interventions (YJB 2012a). In N1's experience, Surestart had "helped various issues for young families" (N1:14) while PO2 felt that "removal of Surestart centres will impact on everything, (especially from a policing perspective) …on more stable infant years and support for parents – they were

doing some really good work…the benefit goes across the board: education, health, policing" (PO2:6). Notwithstanding this, ten of the seventeen centres across the LA have closed (including Anytown's) due to the spending cuts (Murphy 2015). Furthermore, early intervention funding supplied to LAs (previously termed the Early Intervention Grant) provided for positive activities, welfare, social care and children's services for children and young people including teenage pregnancy, drug and alcohol (misuse) services, family support centres and youth centres. However, rather than ring fencing such essential services, funding across England has been reduced from £3.2 billion in 2010 to £1.4 billion in 2015 and approximately 350 youth centres have closed under Coalition policies (NCB 2015a:20). The reality of ongoing cuts, to early intervention services and reduced supplementary resources designed to assist families, is reflected in the escalation of children into the system of child protection (Puffett 2016b). The localised impact of continued cuts, as N2 identifies, are increased numbers of families in crisis in Anytown, with little access to support:

> They can't pay their bedroom tax and they can't get work, and a lot of our parents have got mental health issues, alcohol issues or learning difficulties, they can't read or write themselves or they've been in the LAC system themselves and then become parents themselves and they've had no role model. So all that combined with benefit cuts and poverty, and they're already marginalised. Poverty makes it all so much worse (N2:19).

Anytown is a deprived area (Department for Communities and Local Government 2015) and the incidence of children living in poverty within a working family, (termed 'in-work poverty'), has increased from 54% in 2009–10 to 63% by 2013–14 (Institute for Fiscal Studies 2015:1). The underlying influences of structural disadvantage for communities are evident and reproduced through social exclusion, poverty and disaffection within neighbourhoods. However, the neo-liberal focus of individual causation, responsibilisation and 'micro-social dysfunctionalism' (Armstrong 2004) remains central in youth justice and welfare-oriented policies and embedded within social work practice (Case and Yates 2016).

The use of assessment and decision making tools by social work practitioners mirrors the youth justice risk factor paradigm to manage risks to children. As Armstrong (2004:103) argues, notions of risk within structurally disadvantaged areas have been informed by "thinking about youth crime in favour of a focus upon those psychogenic antecedents of criminal behaviour which are believed to lie in the immediate social environment of the child (rather than in the structural characteristics of society itself)": this pathologisation is exacerbated for children and young people with additional 'risk' such as, non-conformist behaviours, ADHD and comorbidity. The involvement of social services to provide appropriate support to children and families is crucial however, as three respondents identified there is a lack of continuity for children in trouble with the law. Restricted resources (incumbent with austerity and public spending cuts) and increased caseloads (due in part to aforementioned localised structural disadvantage), has rendered social work provision as 'patchy' and likened to a 'post code lottery' in England and Wales (British Association of Social Workers 2013:306). Four YOT respondents identified a lack of continuity and wrap around support provided by social services to children and young people within the YOT, which would suggest that youth justice becomes the default service provider / coordinator of support;

> Yeah, the social workers, as soon as we're involved, they shut the case. When their [social work] manager, in the next supervision, find he's known to the YOT, they shut it…the young person would have to go through the referral process to get back on the social worker's books. The first thing our prevention manager says to the social worker is 'you're not going to close this [case]' and they say 'no, no, we won't' - then it goes to their manager and they close it. So the social worker won't close it but the manager will, because they're under so much pressure – it's all about resources (YO6:13).

N2:10 has also "seen social services close cases 'cos [children and young people] are with us [in the YOT]" and N1 reiterated associated difficulties in wider support provision for children in conflict with the law;

> [we need to know] what are the needs of that young person - are they known? It's incredibly difficult to get social services support as their thresholds are impossibly high. They have a statutory obligation - it's not a personal

criticism of them – it's the system that doesn't allow for that…social services should be the long term agency (N1:9).

For YO2, reducing the cycle of offending is a particular issue in relation to social services support and gaps in provision;

[following time in custody the young person]..walk[s] back into a house where the parent/s don't give two hoots and kick them out the door to the friends they were with the last time and the whole cycle begins again. We can't address backgrounds as well - we are supposed to work with parents, where possible but, if you've got a parent who doesn't give two hoots about what their kid is doing and is too busy doing their own thing - how do you move? So for example, if they're not serious enough [to be referred] for social services to be involved? (YO2:10).

Coupled with the aforementioned public services fiscal constraints, the profession of social work is entrenched in managerialist and auditing regimes while practitioners are "spending too much time at the computer screen..at the expense of professional development" (Le Grand 2007 cited in Garrett 2008:251). Whilst social workers may possess initial key qualities of "idealism, energy, enthusiasm and commitment to rectifying injustice... job dissatisfaction and burn-out are the most common contributors to social workers in the field of child care leaving their jobs.. [due to] stress, work overload, lack of autonomy and influence over funding sources…and bureaucratic control" (*ibid*:251). Recent statistics support these inherent issues and according to DfE (2016) there is a rise in children's social worker vacancies and a turnover rate of 16% in the period September 2014 to September 2015. Under current government proposals to reform social work education the BASW are critical of the plans which will "undermine the existing workforce…already under pressure at a time of cuts" and need protection from "burnout" (Puffett 2016c).

Given the respondents' candid explanations of the inherent, complex needs of children and young people within Anytown systems of youth justice, and, the demand for appropriate welfare support mechanisms; the current expectation of

YOTs to manage outwith the continuity of social workers engenders further disadvantage for troubled children and young people. A less than prescient statement, recently articulated by the President of the Association of Directors of Children's Services, makes reference to the "wide range of increasingly complex and overlapping social care needs" of many children and young people in the system of youth justice and, the "need to be able to work differently to address these issues in a holistic way in order to break the cycle of reoffending" (Hill 2016). The recently commissioned Taylor review of the youth justice system has also recognised the critical need for "greater integration between youth justice and social care services in local authorities" (Taylor cited in Puffett 2016c). The increasing level of need is felt acutely across the children's service sector and the needs of the most disadvantaged and vulnerable children and young people are intensified (JRF 2015). This is further exacerbated by the impact of health inequalities across England which, since the financial crisis of 2008, have widened and become intensified by the aforementioned welfare reforms and austerity measures (The Marmot Review cited in Allen 2013). Moreover, referral to specialist children's mental health services is restrictive given the potential for a six month waiting time and high clinical thresholds (NSPCC 2015).

5.5. Barriers to Wellbeing and Positive Outcomes

In consequence, the daily labyrinthine negotiation of their lived realities is clearly challenging for children and young people with complex needs, caught in the net of criminality;

> It's difficult to meet the needs of such a diverse group of adolescents. They're all so different but they [have] got all these other difficulties as well. For example, they're within the care system, they have ADHD and may have other associated difficulties. For example, a boy [has] got an ASD [Autism Spectrum Disorder] diagnosis and an ADHD diagnosis and he's not complying with his PSR [pre-sentence report] interview and [he's] missed loads of appointments. It's difficult 'cos often they don't *just* have ADHD, they've got other things going on. For example, some have gambling habits; there's all sorts; some have been sexually exploited. You think when you sit back and

> look at what's going on with them in their lives, you think,
> no wonder they won't comply, their order is not their priority.
> But then they get into more trouble. It's how do you pull
> them out and keep them from going further into the system?
> (YO3:5).

In their discussion on the Scottish Hearing System (as discussed in chapter one), McAra and McVie (2007:318) argue that in the jurisdiction of England and Wales, "the youth justice system is inherently criminogenic". This manifests through youth justice contact and concomitant punitive justice sanctions: children and young people in trouble with the law are more likely to be drawn deeper into a cycle of offending. In relation to this axiomatic net widening, respondent YO3 posed this rhetorical question; "how can they comply?" (YO3:7). Arguably, the system of youth 'justice' sets many in this vulnerable group up to fail and, as previously identified, for those with ADHD (or symptomatic characteristics) the inherent challenges to comply are amplified.

A further restriction to positive outcomes for children and young people is the paucity of employment opportunities which are exacerbated by educational under attainment, school exclusion and being labelled as 'deviant' (which as previously identified disproportionately affects young males with ADHD). The numbers of young people aged 16-18 years not in education or employment (NEET) have increased nationally, and particularly in disadvantaged areas (Lepper 2015) which impacts significantly on socially excluded young people with limited or no educational qualifications. The majority of participants identified the lack of infrastructure for sustainable support impacting on this marginalised group; "the young people who are generally in here are NEETs and kids with ADHD feature as NEET too" (N2:13). Furthermore, significant local authority (LA) cuts to youth services nationally was seen as particularly problematic and specifically, outreach services for 'hard to reach' groups of children and young people. As previously discussed, through increased visibility in social spaces and on the streets, children and young people with ADHD exhibiting non-conformist behaviours, are more likely to be 'known' to the police and drawn into the youth justice system. As YO3:7 asserted; "kids with ADHD become easy targets for the police and easy targets to others in the community who will bully and victimise

them". The continued over-regulation of particular populations is manifest within the structural location of social class and 'justified' by targeting undesirable, anti-social behaviours. Moreover, structurally deprived areas are markedly stigmatised as crime 'hot spots' thus legitimising repressive interventionism. The focus of police attention directed at children and young people 'hanging about' on the streets, (particularly unwanted in commercial areas where barriers to shop trade ensue), is largely due to deep-seated anxieties around 'troublesome youth' due to their visibility and non-conforming (group) behaviours, irrespective of any illegal activity (White and Cunneen 2015).

The formalised, intrusive practice of dispersing children and young people, labelled as 'problematic', and criminalising 'youth sociability' (Crawford 2009: 18) contravenes the right to freedom of association under the UNCRC, article 15 (Unicef 2012). As previously discussed, the UNCRC was ratified by the UK in 1991 however consecutive periodic reports produced by the Committee on the Rights of the Child have found significant breaches in upholding children's rights. The UK Children's Commissioners (2008) highlighted concerns that children in conflict with the law are seen as offenders first and children second. Rather than a child centred, holistic approach adopting 'child first, offender second' (CFOS) approach as Haines and Case (2015) advocate, the former model remains within systems of youth justice. The UN Committee's Concluding Observations on the UK in 2008 (UNCRC 2008) found that the best interests of the child (article 3) are not upheld in the youth justice system and that key practices require fundamental change and underpinned by the implementation of UNCRC. Furthermore, the UN Committee (UNCRC 2008) has consistently raised the issue of the significantly low minimum age of criminal responsibility (MACR). Given the developmental differences amongst children and young people in the general population, there are also neurodevelopmental and neuropsychological conditions that can adversely impact on behaviours and understanding. As the Centre for Social Justice (2012:209; see also Goldson 2013; Bateman 2015) asserts;

> …raising the MACR would achieve important changes.
> Young children would not be tarred with the stigmatising
> 'offender' label, which, the evidence shows can exacerbate

delinquency, and would more likely have their victim status and welfare needs addressed, which the evidence suggests are currently often neglected.

The efficacy of the system of youth justice in relation to its statutory obligations and concomitant alignment with UNCRC principles is brought to question. The UN Committee's Concluding Observations on the UK in 2016 (UNCRC 2016) reiterate the continued unrest around the low MACR whilst raising 'serious concerns' following implementation of austerity measures and "the effects that recent fiscal policies and allocation of resources have had in contributing to inequality in children's enjoyment of their rights, disproportionately affecting children in disadvantaged situations" (UNCRC 2016:3). Furthermore, in relation to living standards and reducing child poverty the UN Committee (UNCRC 2016:17) found high rates of poverty and "disproportionate representation of children with disabilities". The UK does not have a good record of responding to UNCRC recommendations expediently (if at all, as in the case of MACR) however, the UK government are required by the committee to undertake an extensive assessment,

"of the cumulative impact of the full range of social security and tax credit reforms introduced between 2010 and 2016 on children, including children with disabilities and children belonging to ethnic minority groups…and where necessary, revise the mentioned reforms in order to fully respect the right of the child to have his or her best interests taken as a primary consideration, taking into account the different impact of the reform on different groups of children, particularly those in vulnerable situations (UNCRC 2016:18).

Conclusion

For those children and young people living with poverty, familial breakdown, disadvantage, neurodevelopmental impairments and clinical disorders; their conceptualisation in formal agencies as the 'at risk', 'child in trouble' is prevalent. The cumulative impact of reduced service provision, particularly for disadvantaged populations, has increasing significance for children with ADHD

and associated health impairments. As previously discussed, amplifying the likelihood of youth justice contact through problematic behaviours, this vulnerable group are commonly the 'usual suspects' (McAra and McVie 2007:337) seen and responded to as troublesome. The lack of social and health services support, exacerbated by fiscal constraints to public funding, intensifies the needs of this group and through over-regulation (especially in deprived locations such as Anytown), those exhibiting 'anti-social' behaviours become targeted. Whilst YOT respondents are sensitive to the complex daily realities for this group, their frustrations are evident given the lack of sustainable support provision. This is but one area identified as challenging within respondents' respective roles and the following chapter draws together key recommendations from the research.

Chapter Six

Recommendations and Conclusion

Primarily, the research set out to examine key questions in order to critically assess the challenges posed by and for children and young people with ADHD in conflict with the law, and a brief summary is provided to highlight key issues evident in systems of youth justice. This chapter will then discuss several recommendations and key points which have emerged from the research, identified by respondents as recurring issues impinging on children with ADHD. These concerns are prioritised as requiring significant action and change, in order to improve identification and appropriate support and ameliorate the challenges experienced by this group within youth justice processes. A final discussion reflects on the wider structural issues impacting on this group, demonstrating the interconnection of political issues reconstituted as 'personal troubles' (Mills 1959:8) inherent in processes of marginalisation and criminalisation.

6. Efficacy and Appropriateness

The key research questions are revisited in order to establish significant issues emanating from the research data:

• Through critical assessment of youth justice systems, policies and practices (including police custody); what mechanisms are in place to facilitate the identification of ADHD (or symptomatic characteristics)?

• How efficient and appropriate are youth justice services and interventions for boys and young men with ADHD (or symptomatic characteristics) and what are the attendant impacts of these processes?

• Are youth justice interventions suitable to meet the individual needs of boys and young men with ADHD (or symptomatic characteristics)?

This research demonstrates that the prominent challenges for children and young people with ADHD (or symptomatic characteristics), inherent in youth justice systems, are multi-faceted. The mechanisms to facilitate the (early) identification of ADHD are problematic and include encounters with police officers: such 'front line' agency responses are more likely criminalise. Due to associated

characteristics of ADHD, false confessions are more commonly supplied to enable the child to remove themselves from the situation (Gudjonsson *et al* 2011). Hence, inappropriate formal responses to underlying behaviours undermines more appropriate and less formal approaches (Hughes 2015a).

This is exacerbated through an accelerated criminal justice journey due to ineffective standardised screening tools and a lack of awareness of neurodevelopmental conditions. An increasingly negative impact for this vulnerable group is cumulative through policies and practices underpinned by the prioritisation of criminogenic 'risk', thus pathologising children and mobilising labelling processes, whilst failing to meet individual needs (Armstrong 2004). This research has identified key failings in Asset, the dominant screening tool utilised by YOTs (at the time of this research), such as; the lack of continuity in Asset scores. These variances were due to a range of issues however, the majority of respondents reflected on the wider cannabis use of young people with ADHD as this may be viewed as a 'high criminogenic risk' thus, attaining a high Asset score, despite being a common practice to replace medication. Additionally, a lack of understanding of ADHD and associated characteristics can impact on the approach of practitioners whereby, a child is more likely to be perceived as recalcitrant rather than assessed appropriately.

The use of appropriate interventions, designed to meet the individual needs of children and young people in the purview of the YOT, are inhibited where ADHD (or symptomatic characteristics) is unidentified and this group struggle to comply with mandatory orders (Hughes 2015a). Anytown YOT practitioners demonstrated a collective commitment to tailoring interventions to meet the specific needs of children and young people with ADHD (diagnosed or undiagnosed). However, multi-modal interventions are time and resource intensive, for example; delivering one-to-one programmes and the use of frequent breaks, to accommodate a lack of concentration or restlessness commonly associated with characteristics of ADHD (Young et al 2011a). Additionally, the efficacy of interventions is undermined due to wider external factors impeding positive outcomes. Further barriers to engagement are evident in the significant numbers of children and young people experiencing complex

lived realities (Hill 2016). Thus, compliance and motivation to engage, in concert with difficulties due to neurodevelopmental conditions, is significantly limited. Correspondingly, respondents identified a dichotomous balance between children's 'needs' and 'deeds', whilst noting that the statutory obligation to enforce orders increased the likelihood of breaches and deeper criminal justice involvement (McVie 2011).

Overarchingly, whilst addressing the key research questions and identifying specific challenges for children and young people with ADHD, this research illustrates that contact with the criminal justice system is the criminogenic, underpinned by multi-faceted interventions (McAra and McVie 2007) and a lack of awareness of neurodevelopmental conditions and appropriate responses (Hughes et al 2012). As previously identified, the following three sections identify respondents' recommendations regarding their most significant concerns around key challenges posed for this vulnerable group whilst the final section proffers concluding comments.

6.1. Training

The common symptoms associated with ADHD constitute compromised emotional and behavioural control and problems affiliated with social functioning thus, some symptomatic children and young people are more likely to display 'anti-social' behaviours, particularly given its broad construction (Chitsabesan and Hughes 2016). Correspondingly, this vulnerable group are more likely to come to the attention of the police due to non-conforming behaviours and additional needs (Berelowitz 2011) and for many, visibility to police officers (in open spaces and on the streets) is amplified and exacerbated by school exclusions (McAra and McVie 2007; Haydon 2014). Therefore, prioritising training for youth justice agents is paramount given the increased numbers of children and young people with neurodisabilities and mental health needs in the system of youth justice. The recently published Taylor Review (2016:22) highlights the training needs for police, and particularly officers in custody suites, to "understand the needs and characteristics" of detained children as "vulnerable

children may not receiv(e) the support they require [which] can put them and justice at risk" (*ibid*; see also APPG 2014).

This is especially pertinent for (potentially) successful liaison and diversion initiatives to be implemented appropriately for vulnerable children, given the overrepresentation of children in trouble with the law with mental health problems, speech, language and communication needs (SLCN) and neurodevelopmental conditions (Talbot 2010; Hughes *et al* 2012). However, as Kelly and Armitage (2015: 130) point out, "both in terms of FTE statistics and long term outcomes for young people (this) will depend not only on the 'specific' diversionary practices adopted in any given area but also, at least for vulnerable young people, on the broader network of support services that sit outside the youth justice system and the connections between them".

Moreover, the training of legal professionals is imperative to ensure children's access to appropriate and good quality advice within an often confusing and intimidating formal environment. This is especially pertinent due to contingent vulnerabilities for those with ADHD and a tendency to admit guilt or lack understanding of the implementation of legal rules (Gudjonsson *et al* 2011). Through practitioner training and increased awareness, appropriate assessment and identification and multi-agency collaboration, children with ADHD (or symptomatic characteristics) are more likely to be subject to diversionary measures and more effective interventions, albeit this is contingent upon resources. Whilst many staff report not having enough understanding around ADHD, many "do the best we can…but there should be more training" (YO2:12). YOT respondents report a key issue for children with ADHD regarding the formal requirement to engage with interventions, especially those unidentified and unsupported by key services, and where multi-faceted complex problems form a large part of their lived realities. For this group, non-compliance rates are significantly increased thus the probability of being drawn deeper into the system of youth justice is magnified (Hughes 2015b).

6.2. Identification

Early and appropriate identification is key to this research and respondents identified the fallibility of Asset as children's mental health and communication needs are commonly overlooked due to the inflexibility of the (deficit focused), standardised assessment tool (YJB 2014a). Fundamental concerns lay in the problematic concept of a 'tick box' approach for the complexities faced by children in their purview. As Byrne and Case (2016) assert, this reduces identification of appropriate support provision while increasing pathologisation, promulgated by viewing children through the lens of non-conforming behaviour and 'risk'. Furthermore, while Anytown YOT respondents note flaws in the accuracy of predicting risk and the resultant criminogenic score (McVie 2009), the reliance on an individual practitioner's knowledge, experience and professional judgement is deemed central to assessment. Respondents also identified the need for the support of ongoing training.

Specifically, the ability of respondents to identify ADHD, in the absence of disclosure or diagnosis, is key in that problematic behaviour, lack of concentration and impulsivity can be misinterpreted as defiance or interpreted as behavioural problems due to lifestyle choices (see Berelowitz 2011; Hughes 2015a). Negative representations of ADHD and the contested nature of the condition promotes stereotyping and generates stigmatisation and labelling: a process which informs key agencies' decision making (McAra and McVie 2010). Correspondingly, due to key issues affecting children with ADHD, respondents identify the significantly increased non-compliance with formal interventions. This inflicts further harm as 'shallow end' offenders are caught in the 'net' of criminal justice and concomitant escalation (through breaches) generates further exposure to the system and the potential for custody and into the 'hard end' (Cohen 1985). Through a lack of understanding, and difficulty in recognising manifestations of neurodevelopmental impairments and comorbidity (and thus support needs), the structural relation of (neuro)disability is fundamental to (in)appropriate justice measures; especially as cognitive competence and compliance is assumed for children and young people in conflict with the law (Hughes 2015a).

Notwithstanding this, the principles and practices of Anytown YOT partnership respondents are underpinned by welfarist pragmatism. Within the constraints of the primary risk management and enforcement role whereby health, education and social needs are located within criminogenic risk of offending, respondents empathy for the inherent difficulties negotiated daily by children in their purview is evident. Their discretionary decision-making, in order to determine responses to children, at times exceed national standard requirements whilst incorporating support needs provision and referrals to appropriate services (See Armitage *et al* 2016).

6.3. Education Domains

The links to poor educational attainment and children's increased contact with the youth justice system are established, however for children with ADHD this is of particular concern as many experience a poor and disrupted education whilst school settings are sites of contestation (Berelowitz 2011; Stephenson *et al* 2011). Respondents identified the increased rates of truancy and exclusion amongst this group and the detrimental impacts on literacy and positive outcomes and as such this is a "core aspect to improve on" (MH1:13). However, within the neoliberal education agenda, policy guidelines focus on (the child's) individual responsibility and the requirement for better behaviour (France *et al* 2012) which for children with undiagnosed or unsupported ADHD poses particular concerns. Moreover, this is exacerbated by the distinct lack of initial teacher training to raise awareness and prepare teachers to provide adequate support for pupils with special educational needs (Brown 2016b). Utilising traditional teaching methods in the advent of mass schooling generates cultural expectations of acceptable classroom behaviours and isolating problematic pupils is justified to allow teachers to teach other (non-problematic) pupils (France *et al* 2012). However, this is symbolic in that children with non-conforming behaviours are pathologised and marginalised, constructed as outsiders to the rest of the school community (Graham 2014).

Thus, the requirement for attention, concentration and impulse control is disadvantaging for children with neurodevelopmental conditions, undermining their capacity to learn through a lack of appropriate support, escalating a sense of isolation and increasing a propensity to truancy (Redmond and Rice 2002). For the non-conforming, 'disordered' child, responded to as anathema to the neoliberal, orderly school, permanent exclusions are significantly more likely (Cole 2015). Additionally, support and assistive measures for children with diagnosed ADHD and comorbidity is contingent on funding, however, pursuance of significant funding cuts for special educational needs (SEN) provision generates deleterious impacts for vulnerable pupils in primary and secondary education (National Union of Teachers 2015; Brown 2016b).

Herein, the journey through school settings for many children with ADHD (diagnosed or undiagnosed) presents further cumulative challenges through fractured experiences and educational underachievement (Hughes 2015a). Accordingly, as identified by A2 and N2, recognition of characteristics associated with ADHD should form an essential part of initial teacher training programmes and ongoing support for existing educators (see also Chitsabesan and Hughes 2016).

6.4. Concluding comments

Additional findings reported in this research provide further understanding of the significant difficulties faced by children and young people with ADHD through the multi-faceted intersection with wider challenges entrenched within institutional processes. The challenges facing children and young people with ADHD (and co-morbidity) are not the result of individual pathology or impairment (as commonly assumed), rather, there are a range of contributory factors. These are constituted in education, socio-economic and criminal justice domains, reproduced through a 'politics of behaviour' and reinforced through processes of stereotyping and labelling, synonymous with negative responses to this group. One such issue relates to the fragmentation of support within key systems, in that the contact between children and numerous YOT workers prohibits the development of a

professional relationship, rapport, empathy and collaboration (Mason and Prior 2008; YO1; see also Goldson 2002). Moreover, the impact on engagement with sentencing decisions and understanding the process is further undermined for this vulnerable group, compounded by associated health and wider difficulties experienced in their daily lives. As respondents attest, the establishment of continuous relationships are preferable in order to promote positive and effective participation between the child and the YOT worker as "the relationships you're forming with a young person is key" (YO6:6). Nonetheless, the extant (dis)continuity of support is further compromised as children progress through the various stages of the youth justice system, as key agents enter their lives undertaking intensive assessments, delivering interventions or proffering legal advice. Children and young people with ADHD and comorbidity have an increased potential for involvement with authority figures in health, social and education services, prior to entry into the youth justice system. However, engagement with a range of professionals can be challenging and increase the potential for non-engagement (Campbell *et al* 2014) and especially for children and young people with multiple needs involving behavioural, communication and mental health difficulties.

The increased working pressures, due to funding reductions, and the attendant impact on sustainable support for children and young people with ADHD and additional needs is evident in Anytown. Respondents identified that for children and young people who had been within social service domains, there is further discontinuity. Upon entry to the YOT, the engagement of social service support is revoked, placing additional pressure on YOT staff while, crucially, undermining wider (continuous) support for vulnerable children in the youth justice system. Additionally, the current financial cutbacks and proposed social work reforms (Puffett 2016b) will be felt more acutely by the most disadvantaged children and especially for those with additional needs. Thus, it is the 'usual suspects', from marginalised communities exhibiting problematic, non-conformist behaviours and perceived as 'anti-social' that are disproportionately targeted and in trouble with the law (A2; McAra and McVie 2007; Fyson and Yates 2011).

Correspondingly, the provision of support within CAMHS services is consistently problematic given the high entry criteria threshold and 'troubled' children and young people with unsupported needs are perceived as 'trouble' and drawn into criminal justice contact (MH1; see also Taylor 2016). Of particular significance within the research, as identified by respondents, is reflected in the accelerated gateway to CAMHS services for children and young people with ADHD (or symptomology). This is facilitated through Anytown's multi-agency collaboration through attached CAMHS workers and the identification of specific needs by YOT workers in the assessment process. While this is clearly a positive response to attendant need, the overarching anomaly is that prior access to appropriate support may reduce the mobilisation of a justice response (Taylor 2016). This is especially pertinent given the disproportionate numbers of children in the youth justice system with a range of impairments including; "mental health and developmental problems, speech and communication difficulties, learning disabilities and other vulnerabilities" (Haines *et al* 2012:7).

Whilst the concluding observations of successive UNCRC periodic reviews (see UNCRC 2008 and 2016) highlight the need to protect children's rights within youth justice domains, under UNCRC (article 40) governments are urged "[to deal] with such children without resorting to judicial proceedings" (Goldson 2013:118). As such, it remains to be seen if the recent introduction of diversionary measures achieve this and particularly for vulnerable children and young people.

The personal, cultural and structural circumstances that are embedded in children and young people's lived experiences are predicated on the neoliberal matrix. The intersections of poverty, disadvantage and disability "shapes the contours of youth's educational experience, occupational prospects and interactions with the criminal justice system" and ultimately "youth are conscripted into the neoliberal economy" Ossei-Owusu (2012:304). Further, the interconnections between the (continued) politicisation of youth 'crime', the increasing reduction of welfare provision and services and "the individualisation of social problems" (Fyson and Yates 2011:109) impacts more acutely within disadvantaged geographic locations, such as, Anytown. As identified here, children and young people in trouble with the law, many of whom are 'harder to

reach' cases, experience a wide range of problematic co-existing economic, social and familial circumstances and additional disabilities incorporating; mental health issues, ADHD and comorbidity, SEN, SLCN, abuse and trauma. However, this vulnerable group are more likely, than their affluent peers, to be labelled as 'deviants', subject to arrest and in receipt of criminal justice sanctions (many of whom experience difficulties in negotiating compliance);

> too many who should know better would still have us believe that the cause of a crime is simply the person who commits it. That superficiality is unworthy of a civilised society. The real causes and origins include poverty, deprivation, exclusion, inadequate parenting, broken families, abuse, poor education and the rest. There are no shortcuts. If we want to succeed, we must have an holistic social approach (Hansard 2002 c.537).

There are significant youth justice reforms in the process of implementation incorporating youth justice liaison and diversion (YJLD) and AssetPlus. These positive shifts may provide more opportunities for better outcomes through the increasing practice of utilising diversion measures through YJLD and the identification of *specific* concerns in the evidence based, updated screening tool, Assetplus. Nonetheless, there remain significant challenges faced by youth justice practitioners. This is reflected in the reduced resources available to meet children and young people's needs and appropriate training to assist identification of health concerns and concomitant suitability of sentencing disposals and intervention measures.

For children and young people with specific impairments, ADHD and comorbidity encapsulated by 'and the rest' referred to above, the key challenges are multi-faceted. Hence, the need for wider support before and beyond youth justice contact is essential to reduce such vulnerable groups not just caught in the net of criminality but being forced through it by failing systems. Thus, the early identification of mental health problems and impairments is key in order to facilitate appropriate referral and support. Moreover, this is crucial in terms of children and young people's (positive) outcomes whilst reducing an amplification of deviance which draws this vulnerable group deeper into the youth justice

system (Talbot 2010; McAra and McVie 2007). However, the continuation of a 'neoliberal responsibilising mentality' renders the protection of children and young people in need significantly compromised, and reproduced through prolonged cuts to key social, welfare and health services.

Bibliography

ADDISS (2005) *School Report: Perspectives on ADHD. A report based on research amongst children and parents illustrating the impact of ADHD on the school day.* Middlesex: ADDISS Information Services.

ADDISS (2007) *Foundations for the Future, Exploring Perspectives in the Management of ADHD.* Middlesex: ADDISS Information Services.

All Party Parliamentary Group for Children (2014) *"It's all about trust": Building good relationships between children and the police. Report of the inquiry held by the All Party Parliamentary Group for Children 2013-2014.* London: AAPG.

Allen, J. (2013) 'The Marmot public health review: how much progress has been made?' http://www.theguardian.com/healthcare-network/2013/feb/01/marmot-review-progress-made (accessed April 2016).

Almond, T. (2011) 'Asset: an assessment tool that safeguards or stigmatises young offenders?' *Probation Journal.* 59, (2), pp. 138-150.

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders.* Fifth edition. Washington, DC: American Psychiatric Association.

Armitage, V., Kelly, L. and Phoenix, J. (2016) 'Janus-faced youth justice work and the transformation of accountability' *The Howard Journal of Criminal Justice.* 55 (4) pp.478-495.

Armstrong, D. (2004) 'A risky business? Research, policy, governmentality and youth offending' *Youth Justice.* 4 (2) pp. 110-116.

Anderton, P. (2007) *The Tipping Points: What Professionals Should Recognise as the Social Impact of ADHD.* Middlesex: ADDISS.

Arthur, R. (2010) *Young Offenders and the Law, How the Law Responds to Youth Offending.* Oxon: Routledge.

Arthur, R. (2013) *Written Evidence from Dr Ray Arthur.* Submissions to an inquiry by Parliamentarians into the operations and effectiveness of the youth justice system. London: National Children's Bureau and Michael Sieff Foundation. http://www.ncb.org.uk/media/1148432/independent_parliamentarians__inquiry_into_the_operation_and_effectiveness_of_the_youth_court.pdf (accessed October 2013).

Bailey, S. (2014) *Exploring ADHD an ethnography of disorder in early childhood.* Abingdon: Routledge.

Baker, K. (2008) *Asessment, Planning Interventions and Supervision – Key Elements of Effective Practice.* London: England and Wales Youth Justice Board.

Baker, K. (2014) *AssetPlus Rationale. Revised October 2014 Youth Justice Board*. London: England and Wales Youth Justice Board. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/367782/AssetPlus_Rationale_revised_October_2014_1_0.pdf (accessed May 2016).

Barkley, R. (2006) *Attention Deficit Hyperactivity Disorder: A Handbook For Diagnosis and Treatment.* 3rd Ed. New York: Guilford.

Bateman, T. (2011a) 'We now breach more kids in a week than we used to in a whole year: the punitive turn, enforcement and custody' Youth Justice. 11 (2) pp. 115-133.

Bateman, T. (2011b) 'Punishing poverty: The 'scaled approach' and youth justice practice' *The Howard Journal.* 50 (2) pp. 171-183.

Bateman, T. (2012) 'Children in conflict with the law: an overview of trends and developments – 2010/2011' *NAYJ Justice for Children in Trouble.* London: NAYJ. http://thenayj.org.uk/wp-content/files_mf/children_in_conflict_with_the_law__final_22.03.12.pdf (accessed May 2016).

Bateman, T. (2013) 'Children in conflict with the law: an overview of trends and developments – 2012' *NAYJ Justice for Children in Trouble.* London: NAYJ.

Bateman, T. (2014a) '"Catching them young" – some reflections on the meaning of the age of criminal responsibility in England and Wales' *Safer Communities.*13 (3), pp. 133 – 142.

Bateman, T. (2014b) 'Where has all the youth crime gone? Youth justice in an age of austerity' *Children and Society.* 28 pp. 416-424.

Bateman, T. (2015a) 'The state of youth justice. An overview of trends and developments*' NAYJ Briefing*. London: NAYJ www.thenayj.org.uk (accessed January 2016).

Bateman, T. (2015b) 'Trends in detected youth crime and contemporary state responses' in Goldson, B. and Muncie, J. (eds) *Youth Crime and Justice.* 2nd edn. London: Sage.

Becker, H. (1967) 'Whose Side Are We On?' *Social Problems* 14 pp. 239–47.

Becker, H. (1997) *Outsiders studies in the sociology of deviance.* New York: The Free Press.

Becker, S. and Bryman, A. (eds) (2004) *Understanding Research for Social Policy and Practice.* Bristol: The Policy Press.

Bendalli, S. (2000) 'Children, Responsibility and The New Youth Justice'. In Goldson, B. (ed). *The New Youth Justice.* Dorset: Russell House Publishing.

Benson, A. & Hedge, J. (2009) 'Criminal justice and the voluntary sector: a policy that does not compute' *Criminal Justice Matters*. 77 (1) pp. 34-36.

Berelowitz, S. (2011) '*I think I must have been born bad'. Emotional wellbeing and mental health of children and young people in the youth justice system*. The Office of the Children's Commissioner www.childrenscommissioner.gov.uk (accessed June 2012).

Berg, B. and Lune, H. (2014) *Qualitative Social Research Methods for the Social Sciences*. London: Pearson Education Limited.

Bhatti, Z. and Burnham, S. (2010) *Professional Guidelines for Referral, Assessment and Intervention in Attention Deficit Hyperactivity Disorder (ADHD) for Children. An ADHD Care Pathway*. Solent NHS & Portsmouth City Council.

Bird, H., Gould, M. and Staghezza, B. (1993) 'Patterns of diagnostic comorbidity in a community sample of children aged 9 through 16 years'. *Journal of the American Academy of Child & Adolescent Psychiatry*. 32 pp 361–368.

Blackburn, C., Read, J and Spencer, N. (2013). 'Children with neurodevelopmental disabilities'. *Our Children Deserve Better: Prevention Pays*. London: Annual Report of the Chief Medical Officer 2012 DoH.

Bottoms, A. (2002) 'On the decriminalisation of English juvenile courts' in (Muncie, J., Hughes, G. and McLaughlin, E. (eds) *Youth Justice Critical Readings*. London: Sage.

Bradley, K. (2009) *The Bradley Report*. London: Royal College of Psychiatrists. http://www.rcpsych.ac.uk/pdf/Bradleyreport.pdf (accessed June 2016).

Brewer, N and Young, R. (2015) *Crime and Autism Spectrum Disorder*. London: Jessica Kingsley Publishers.

British Association of Social Workers (2013) *Written Evidence from British Association of Social Workers*. Submissions to an inquiry by Parliamentarians into the operations and effectiveness of the youth justice system. London: National Children's Bureau and Michael Sieff Foundation http://www.ncb.org.uk/media/1148432/independent_parliamentarians__inquiry_into_the_operation_and_effectiveness_of_the_youth_court.pdf (accessed October 2013).

British Institute for Brain Injured Children (BIBIC) (2005) '*Ain't Misbehavin', Young People with Learning and Communication Difficulties and Anti-Social Behaviour'*. London: BIBIC file:///C:/Users/user/Dropbox/PhD/PhD%20Research%202011/Aint%20Misbehavin%20Bibic%202005.pdf [accessed May 2016].

Brown, S. (2009) ' The changing landscape of youth and youth crime' in Barry, M. and McNeill, F. (eds) *Youth Offending and Youth Justice*. London: Jessica Kingsley Publishers

Brown J (2015) 'School SEN allocations 'unfair', study finds'.
http://www.cypnow.co.uk/cyp/news/1152668/school-sen-allocations-unfair-study-finds (accessed July 2016).

Brown, J. (2016) 'Top officer slams slow progress of police engagement with children'.*CYPNow*. http://www.cypnow.co.uk/cyp/news/1155551/top-officer-slams-slow-progress-of-police-engagement-with-children (accessed February 2016).

Brown, J. (2016b) 'Funding cuts hit school SEN provision' *CYPNow*. http://www.cypnow.co.uk/cyp/news/1157572/funding-cuts-hit-school-sen-provision (accessed November 2016).

Browning, A. and Caulfield, L. (2011) 'The prevalence and treatment of people with Asperger's syndrome in the criminal justice system' *Criminology and Criminal Justice*. 11 (2) pp.165-180.

Bryan, K., Freer, J. and Furlong, C. (2007) 'Language and communication difficulties in juvenile offenders' *International Journal of Language and Communication Disorders*, 42 pp. 505-520.

Bryman, A. (2016) *Social Research Methods*. Fifth edition. Oxford: Oxford University Press.

Burney, E. (2005) *Making People Behave: Anti-Social Behaviour, Politics and Policy*. Cullumpton: Willan.

Butler, P. (2015) Food bank use tops million mark over the past year. https://www.theguardian.com/society/2015/apr/22/food-bank-users-uk-low-paid-workers-poverty (accessed August 2016).

Byrne, B. and Case, S. (2016) 'Towards a positive youth justice' *Safer Communities.* 15 (2) pp. 69-81.

Campbell, S., Abbot, S. & Simpson, A. (2014) 'Young offenders with mental health problems in transition' *The Journal of Mental Health Training, Education and Practice.* 9 (4) pp. 232-243.

Carlen, P. (2002) 'Critical criminology? In praise of an oxymoron and its enemies' in Carrington, K. and Hogg, R. (eds) *Critical Criminology Issues, Debates, Challenges*. Devon: Willan Publishing.

Carrington, K. (2002) 'Feminism and critical criminology: confronting genealogies' in Carrington, K. and Hogg, R. (eds) *Critical Criminology Issues, Debates, Challenges*. Devon: Willan Publishing.

Carr, N. and McAlister, S. (2014) Youth Justice in Ireland North and South: Legacies of the Past, Influences on the Present. *Youth Justice.* 14 (3) pp. 207–211.

Case, S. (2007) 'Questioning the 'evidence' of risk that underpins evidence-led youth justice interventions' *Youth Justice* 7 (2) pp. 91-105.

Case, S. (2016) 'Communicating risk in youth justice' in Crichton, J., Candlin, C. and Firkins, A. (eds) *Communicating Risk*. Basingstoke: Palgrave Macmillan.

Case, S. and Haines, K. (2009) *Understanding Youth Offending: Risk Factor Research, Policy and Practice*. Cullompton: Willan.

Case, S. and Haines, K. (2015a) 'Children first, offenders second: the centrality of engagement in positive youth justice' *The Howard Journal of Criminal Justice.* 54 (2) pp. 157-175.

Case, S. and Haines, K. (2015b) 'Risk management and early intervention: A critical analysis' in Goldson, B. and Muncie, J. (eds), *Youth Crime and Justice.* 2nd edn. London: Sage.

Case, S. and Yates, J. (2016) 'Examining social work with children in conflict with the law: trajectories and possibilities' *Dialogue in Praxis.* 5 (18) pp.55-61.

Caswell, M., French, P. and Rogers, A. (2012) 'Distress, defiance or adaptation? A review paper of at-risk mental health states in young offenders' *Early Intervention Psychiatry* 6:10.

CESCR (2016) *International Covenant on Economic, Social and Cultural Rights*. Committee on Economic, Social and Cultural Rights. United Nations Human Rights Office of the High Commissioner. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx (accessed June 2016).

Children's Commissioner (2015) *Report of the UK Children's Commissioners. London: Children's Commissioner for England*. www.Report-of-the-UK-CCs-UNCRC-Examination-of-the-Fifth-Periodic-Report.pdf (Accessed August 2016).

Children's Commissioner (2016) *Lightening Review: Access to child and adolescent mental health services*. May 2016. London: Children's Commissioner for England http://www.childrenscommissioner.gov.uk/sites/default/files/publications/Children%27s%20Commissioner%27s%20Mental%20Health%20Lightning%20Review.pdf (accessed August 2016).

Chitsabesan, P. and Hughes, N. (2016) 'Mental health needs and neurodevelopmental disorders amongst young offenders: implications for policy and practice' in Winstone, J. (ed) *Mental Health Crime and Criminal Justice*. London: Palgrave Macmillan.

Cieslik, M. & Simpson, D. (2013) *Key Concepts in Youth Studies*. London: Sage.

Clinks (2012) *When the dust settles. The impact of the economic downturn and changing policy and commissioning environment on the Voluntary and*

Community Sector working in criminal justice. London: Clinks
http://www.clinks.org/sites/default/files/clinks_when-the-dust-settles_FINAL.pdf
(accessed May 2016).

Clinks (2016) *Clinks' submission to the review of the youth justice system*.
London: Clinks.
http://www.1625ip.co.uk/1625ip/media/1625/Documents%20by%20Section/New
s%20Stories/Clinks_TaylorReview-FINAL.PDF (accessed May 2016)

Cohen, S. (1985) *Visions of Social Control*. Cambridge: Polity Press.

Cole, I. (2015) *Mental Health Difficulties and Children at Risk of Exclusion from
Schools in England*. Oxford: University of Oxford.

Coleman, J., Catan, L. and Dennison, C. (2004) 'You're the last person I'd talk
to', in Roche, J., Tucker, S., Thomson, R. & Flynn, R. (eds) *Youth in Society*.
Sage: London.

Cooper, V. (2014) 'Bricks and mortality: the violence of coalition housing policy'
Criminal Justice Matters. 98 (1) pp. 8-9.

Cottrell, D. and Kraam, A. (2005) Growing up? A history of CAMHS (1987–
2005)   *Child and Adolescent Mental Health.* 10 (3) pp. 111–117.

CRAE (2013) *State of Children's Rights in England Review of Government
Action on United Nations' Recommendations for Strengthening Children's
Rights in the UK*. London: The Children's Rights Alliance in England.

Crawford, A. (1999) 'Questioning appeals to community within crime prevention
and control' *European Journal on Criminal Policy and Research*. 7 pp. 509–530.

Crawford, A. (2009) 'Criminalising sociability through anti-social behaviour
legislation: dispersal powers, young people and the police' *The National
Association of Youth Justice*. 9 (1) pp. 5-26.

Creaney, S. (2014) 'The benefits of participation for young offenders' *Safer
Communities*. 13 (3) pp. 126-132.

Creaney, S. and Smith, R. (2014) 'Youth justice back at the crossroads' *Safer
Communities*. 13 (2) pp. 83-87.

Crow, I. and Semmens, N. (2008) *Researching Criminology*. Berkshire:
McGraw-Hill Open University Press.

Cushing, K. (2014) 'Diversion from prosecution for young people in England and
Wales – reconsidering the mandatory admission criteria' *Youth Justice*. 14 (2)
pp. 140-153.

Davies, P., Francis, P. and Jupp, V. (2011) *Doing Criminological Research*.
London: Sage.

Davies, J.T. and Peters, E. (2014) 'Relationships between gatekeepers and researchers: the experiences of conducting evaluations into parenting programmes in community and penal settings' in Lumsden, K. and Winter, A. (eds) *Reflexivity in Criminological Research Experiences with the Powerful and the Powerless*. Basingstoke: Palgrave Macmillan.

Davis, H. and Bourhill, M. (1997) ''Crisis': The demonization of children and young people'. In Scraton, P. (ed). '*Childhood' in 'Crisis'*? London: UCL Press.

della Porta, D. and Keating, M. (2008) *Approaches and Methodologies in the Social Sciences.* Cambridge: University Press.

Department for Communities and Local Government (2015) *The English Indices of Deprivation 2015 Statistical Release* September 2015. London: Department for Communities and Local Government.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465791/English_Indices_of_Deprivation_2015_-_Statistical_Release.pdf
(accessed May 2016).

Department for Education. (2012) *Research Report DFE-RR190 A profile of pupil exclusions in England.* DfE: Education Standards Analysis and Research Division. London: DfE.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/183498/DFE-RR190.pdf (accessed April 2016)

Department for Education. (2014) *Statistical Release SFR 31/2014 Children with Special Educational Needs: An Analysis.* London: DfE.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/350129/SFR31_2014.pdf (accessed April 2016).

Department for Education (2015) *Special Educational Needs and Disability (Detained Persons) Regulations 2015 and SEN and disability code of practice: 0 to 25 years.* London: DfE, MoJ and DoH.

Department for Education. (2016) *Experimental official statistics: Children's social work workforce during year ending 30 September 2015 for England.* SFR 07/2016. London: DfE.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/503071/SFR07_2016_Main_Text.pdf (accessed April 2016).

Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services, The Mental Health and Psychological Well-being of Children and Young People*. London: Department of Health and the Department for Education and Skills.

Department of Health (2009) *Healthy Children, Safer Communities for children, schools and families. A strategy to promote the health and well-being of children and young people in contact with the youth justice system* London: DofH, MoJ, HO, Dept.

http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_109772.pdf (accessed October 2016).

Department of Health (2016) *Educational Excellence Everywhere*. London: DfE https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508447/Educational_Excellence_Everywhere.pdf (accessed March 2016).

Deuchar, R. and Sapouna, M. (2015) ''It's harder to go to court yourself because you don't really know what to expect': reducing the negative effects of court exposure on young people – finding from an evaluation in Scotland'. *Youth Justice*. 16 (2) pp. 130-146.

Durcan, G., Saunders, A., Gadsby, B. and Hazard, A. (2014) *The Bradley Report five years on*. London: Centre for Mental Health.

Edwards, A., Hughes, G. and Swann, R. (2015) 'Community safety and the policing of young people in austere times' in Goldson, M. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

Eisler, L. (2007) 'An application of Foucauldian concepts to youth in the criminal justice system: a case study' *Critical Criminology*. 15 pp.101-122.

Ellis, K. and France, A. (2012) 'Being judged, being assessed: young people's perspective of assessment in youth justice and education' *Children and Society*. 26 pp. 112-123.

Eme, R. (2008) 'Attention-Deficit /Hyperactivity Disorder and the Juvenile Justice System', *Journal of Forensic Psychology Practice* 8:2, pp. 174-185.

Evans, M., Clinkinbeard, S. and Simi, P. (2014) Learning disabilities and delinquent behaviours among adolescents: a comparison of those with and without comorbidity *Deviant Behaviour*. 36 (3) pp. 200-220.

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

Feeley, M. and J. Simon (1992) 'The New Penology: Notes on the Emerging of Corrections and Its Implications' *Criminology* 30 (4) pp. 449–75.

Fitz-Gibbon, K. (2014) 'Overcoming barriers in the criminal justice system: examining the value and challenges of interviewing legal practitioners' in Lumsden, K. and Winter, A. (eds.) *Reflexivity in Criminological Research Experiences with the Powerful and the Powerless*. Basingstoke: Palgrave Macmillan.

Fletcher, J. & Wolfe, B. (2009) 'Long term consequences of childhood ADHD on criminal activities' *Journal of Mental Health Policy Econ*. 12 (3) pp. 119-138.

Flick, U. (2009) *An Introduction to Qualitative Research*. London: Sage Publications Limited.

Foresight Mental Capital and Wellbeing Project (2008). *Final Project Report – Executive Summary*. London: The Government Office for Science. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf (accessed November 2016).

France, A., Bottrell, D. & Armstrong, D. (2012) *A Political Ecology of Youth and Crime*. Basingstoke: Palgrave Macmillan.

Frankel, H. (2010) 'Doctors, leave them kids alone'. *Times Education Supplement* https://www.tes.com/article.aspx?storycode=6043074 (accessed May 2014).

Foucault, M. (1979) *Discipline and Punish: The Birth of Prison*. New York: Vintage Books.

Furlong, A. (2013) *Youth Studies An Introduction*. Abingdon: Routledge.

Fyson, R. and Yates, J. (2011) 'Anti-social behaviour orders and young people with learning disabilities' *Critical Social Policy*. 31 pp. 102-125.

Gajaria, M., Young, E., Goodale, T. & Charach, C. (2010) 'Beliefs about attention deficit hyperactivity disorder and response stereotypes: youth postings in Facebook groups' *Journal of Adolescent Health*. 49 pp. 15-20.

Gatti, U., Tremblay, R. and Vitaro, F. (2009) 'Iatrogenic effect of juvenile justice'. *Journal of Child Psychology and Psychiatry*. 50 (8) pp. 991-998.

Garland, D. (1997) ''Governmentality' and the problem of crime: *Foucault, criminology, sociology*' *Theoretical Criminology*. 1 (2) pp.173-214.

Garland, D. (2001) *The Culture of Control: Crime and Social Order in Contemporary Society*. Oxford: Oxford University Press.

Garrett, P.M. (2008) 'Marginalized Youth, the 'Modern' Professional and the 'Modern' Workplace: A note on the Need for a Critical Approach to 'Modernizing' Strategies' *Social Work & Society*. 6 (2) pp. 250-275.

Gentleman, A. (2015) 'Austerity cuts will bite even harder in 2015 – another £12bn will go'. *The Guardian*. https://www.theguardian.com/society/2015/jan/01/austerity-cuts-2015-12-billion-britain-protest (accessed May 2016).

Gil, N. (2015) 'Youth mental health: is the government doing enough?' *The Guardian*. https://www.theguardian.com/education/2015/mar/20/youth-mental-health-is-the-government-doing-enough (accessed November 2016).

Gillberg, C., Gillberg, I., Rasmussen, P., Kadesjo, B., Soderstrom, H., Rastam, M., Johnson, M., Rothenberge, A. and Niklasson, L. (2004) Co-existing disorders in ADHD - implications for diagnosis and intervention. *European Child and Adolescent Psychiatry*. 1 (13) pp. 80-92.

Goldson, B. (1997a) ''Childhood': an introduction to historical and theoretical analyses' in Scraton, P. (ed) '*Childhood' in 'Crisis'*? London: UCL Press.

Goldson, B. (1997b) 'Children in trouble': state responses to juvenile crime' in Scraton, P. (ed) '*Childhood' in 'Crisis'*? London: UCL Press.

Goldson, B. (2002) *Vulnerable Inside. Children in Secure and Penal Settings*. London: The Children's Society.

Goldson, B. (2010) 'The sleep of (criminological) reason: knowledge-policy rupture and New Labour's youth justice legacy' *Criminology and Criminal Justice*. 10 (2) pp. 155-178.

Goldson, B. (2013) ''Unsafe, unjust and harmful to wider society': grounds for raising the minimum age of criminal responsibility in England and Wales' *Youth Justice*. 13 (2) pp. 111-130.

Goldson, B. (2015) 'The circular motions of penal politics and the pervasive irrationalities of child imprisonment' in Goldson, M. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

Goldson. B. and Hughes, G. (2010) 'Sociological criminology and youth justice: comparative policy analysis *and* academic intervention' *Criminology and Criminal Justice.* 10 (2) pp. 211-230.

Goldson. B. and Jamieson, J. (2002) 'Youth crime, the 'parenting deficit' and state intervention: a contextual critique' *Youth Justice*. 2 (2) pp. 82-99.

Goldson, B. & Muncie, J. (2011) 'Critical Anatomy: Towards a Principled Youth Justice' in Goldson, B. & Muncie, J. (eds) *Youth Crime and Justice Critical Issues.* London: Sage.

Goldson, B. and Muncie, J. (2015) 'Children's human rights and youth justice with integrity' in Goldson, M. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

Gordon, J., Diehl, R. and Anderson, L. (2012) 'Does ADHD matter? Examining attention deficit and hyperactivity disorder on the likelihood of recidivism among detained youth' *Journal of Offender Rehabilitations*. 51 pp. 497-518.

Gov.UK (2015) *Special educational needs and disability code of practice: 0 to 25 years. Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities,* January 2015. London: DfE and DoH. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf (accessed February 2016).

Gray, D. (2014) *Doing Research in the Real World*. London: Sage.

Gray, P. (2016) ''Child friendly' international human rights standards and youth offending team partnerships' *International Journal of Law, Crime and Justice*. 45 pp. 59-74.

Graham, K. (2014) 'Does school prepare men for prison?' *City* 18 (6) pp. 824-836.

Gudjonsson, G. H., Wells, J., & Young, S. (2011) 'Motivation for offending among prisoners and the relationship with Axis I and Axis II disorders and ADHD symptoms', *Personality and Individual Differences, 50,* pp. 64-68.

Gudjonsson, G., Sigurdsson, J., Sigfusdottir, I. and Young, S. (2014) 'A national epidemiological study of offending and its relationship with ADHD symptoms and associated risk factors' *Journal of Attention Disorders*. 18 (1) pp 3-13.

Haines, A., Goldson, B., Haycox, A., Houten, R., Lane, S., McGuire, J., Nathan, T., Perkins, E., Richards, S. and Whittington, R. (2012) *Evaluation of the Youth Justice Liaison and Diversion (YJLD) pilot scheme: final report*. Liverpool: University of Liverpool.

Haines, K. and Case, S. (2015) *Positive Youth Justice Children First, Offenders Second*. Bristol: Policy Press.

Hakim, C. (2000) *Research Design*. London: Routledge.

Hall, S., Critcher, C., Jefferson., T., Clarke, J. and Roberts, B., (1978) *Policing the Crisis: Mugging, the State and Law and Order*. London: Macmillan.

Hamilton, C., Fitzgibbon, W. and Carr, N. (2016) 'Punishment, youth justice and cultural contingency: towards a balanced approach' *Youth Justice*. 16 (3) pp. 226-245.

Hansard (2002) HL Deb 21. Vol. 641 cc516-54 c.537 November 2002 http://hansard.millbanksystems.com/lords/2002/nov/21/address-in-reply-to-her-majestys-most-1#column_537 (accessed June 2016).

Harrington, R. and Bailey, S. (2005) *Mental health needs and effectiveness of provision for young people in the youth justice system*. London: Youth Justice Board.

Hart, D. (2012) 'Legal Aid Sentencing and Punishment of Offenders Act 2012. Implications for children' *National Association for Youth Justice*. London: NAYJ.

Harvey, L. (1990) *Critical Social Research*. London: Unwin Hyman.

Harvey, L., MacDonald, M. and Hill, J. (2005) *Theories and Methods.* London: Hodder & Stoughton.

Hattatoglu, P. and Mustafa, S. (2014) 'Understanding ADHD: should ADHD, emotional dysregulation type, added to the DSM-5 in its next revision' Journal of Psychiatry & Clinical Psychology. 1 (1) pp. 3-8.

Haugh. H. & Kitson, M. (2007) 'The Third Way and the third sector: New Labour's economic policy and the social economy' *Cambridge Journal of Economics*. 31 pp. 973-994.

Haydon, D. (2014) 'Early intervention for the prevention of offending in Northern Ireland' *Youth Justice.* 14 (3) pp.226–240.

Hendrick, H. (2002) 'Constructions and reconstructions of British childhood: an interpretative survey, 1800 to the present' in Muncie, J. Hughes, G. and McLaughlin, E. (eds) *Youth Justice Critical Readings*. London: Sage.

Hill, D. (2016) '*Changes, Challenges and Opportunities*'. Association of Directors of Children's Services. http://adcs.org.uk/blog/article/changes-challenges-and-opportunities (accessed July 2016).

Hine, J. (2010) 'Young people's 'voices' as evidence' in Taylor, W., Earle, R. & Hester, R. (eds) *Youth Justice Handbook Theory, Policy and Practice*. London: Routledge.

Hollingsworth, K. (2013) *Written Evidence from Professor Kathryn Hollingsworth.* Submissions to an inquiry by Parliamentarians into the operations and effectiveness of the youth justice system. London: National Children's Bureau and Michael Sieff Foundation.http://www.ncb.org.uk/media/1148432/independent_parliamentarians__inquiry_into_the_operation_and_effectiveness_of_the_youth_court.pdf (accessed October 2013).

House of Commons Justice Committee (HoCJC) (2016) *The treatment of young adults in the criminal justice system. Seventh Report of Session 2016–17*. Report, together with formal minutes relating to the report. London: House of Commons.

Hudson, B. (2001) 'Punishment, rights, and difference: defending justice in the risk society' in Stenson, K. and Sullivan, R. (eds) *Crime Risk And Justice.* Devon: Willan Publishing

Hughes, G. (2011) 'The Politics of Criminological Research' in Davies, P., Francis, P. & Jupp, V. (eds) *Doing Criminological Research.* London: Sage.

Hughes, N., Williams, H., Chitsabean, P., Davies, R., & Mounce. N. (2012) *Nobody Made the Connection: The Prevalence of Neurodisability in Young People Who Offend*. Office of the Children's Commissioner. www.childrenscommissioner.gov.uk (accessed April 2016).

Hughes, N. and Chitsabesan, P. (2015) 'Supporting young people with neurodevelopmental impairment' *Justice Matters.* London: Centre for Crime and Justice Studies.

Hughes, N. (2015a) *Neurodisability in the youth justice system: recognising and responding to the criminalisation of neurodevelopmental impairment*. Howard

League What is Justice? Working papers 17/25. London: The Howard League for Penal Reform.

Hughes, N. (2015b) 'Disabled Inside: Neurodevelopmental impairments among young people in custody' *Prison Service Journal*. Issue 226 pp. 14-21.

Hoza, B. (2007) 'Peer functioning in children with ADHD' *Ambulatory Pediatric*. 7 (1) pp. 101-106.

Illich, I. (1974) *Limits to Medicine: Medical Nemesis – The Expropriation of Health*. London: Marion Boyars Publishers Ltd.

Israel, M. and Hay, I. (2006) *Research Ethics for Social Scientists*. London: Sage.

Institute for Fiscal Studies (2015) *Nearly two-thirds of children in poverty live in working families.* London: Institute for Fiscal Studies. http://www.ifs.org.uk/publications/7880 (accessed May 2016).

Jacobson, J., Millie, A. and Hough, M. (2008) 'Why tackle anti-social behaviour?' in Squires, P. (ed) *ASBO Nation The Criminalisation of Nuisance*. Bristol: The Policy Press.

Jamieson, J. (2012) 'Bleak Times for Children? The Anti-social Behaviour Agenda and the Criminalisation of Social Policy' *Social Policy and Administration*. 46 (4) pp. 448-464.

Jamieson, J. and Yates, J. (2009) 'Young people, youth justice and the state' in Coleman, R., Sim, J., Tombs, S. and Whyte, D. (eds). *State, Power and Crime*. London: Sage.

Jary, D. and Jary, J. (1995) *Dictionary of Sociology*. Glasgow: Harper Collins.

Jensen, P., Martin, D. and Cantwell, D. (1997) 'Comorbidity in ADHD: Implications for research, practice, and *DSM-V*' *Journal of the American Academy of Child and Adolescent Psychiatry*. 36 (8) pp 1065-79.

Joint Committee on Human Rights. (2015) *The UK's Compliance with the UN Convention on the Rights of the Child. Eighth Report of the Session 2014-2015*. House of Lords. House of Commons. London: The Stationery Office Limited.

Jones, R. (1983) 'Justice, Social Work and Statutory Supervision' in Morris, A. & Giller, H. (eds) *Providing Criminal Justice for Children*. Edward Arnold Publishers Limited: London.

Jordan, L. and Farrell, J. (2013) Juvenile justice diversion in Victoria: a blank canvas? *Current Issues in Criminal Justice*. 24 (3) pp. 419-437.

Joseph Rowntree Foundation (2016) *Counting the cost of UK poverty*. York: JRF. https://www.jrf.org.uk/report/counting-cost-uk-poverty (accessed August 2016).

Jupp, V. (2000) 'Introduction' in Jupp, V., Davies, P., and Francis, P. (eds) *Doing Criminological Research*. London: Sage.

Keene, J. and Rodriguez, J. (2005) 'Mentally disordered offenders: a case linkage study of criminal justice and mental health populations in the UK' *Journal of Forensic Psychiatry and Psychology*. 16 (1) pp. 167-191.

Kelly, L. & Armitage, V. (2015) Diverse diversions: Youth justice reform, localised practices, and a 'new interventionist diversion'? *Youth Justice.* 15 (2) pp. 117-133.

Kendall, T., Taylor, E., Perez, A. and Taylor, C. (2008) 'Diagnosis and management of Attention-Deficit/Hyperactivity Disorder in children, young people, and adults: summary of NICE guidance' *British Medical Journal.* 337 (7672) pp. 751-753.

Krugman, P. (2015) 'The case for cuts was a lie. Why does Britain still believe it? The austerity delusion'. *The Guardian.* http://www.theguardian.com/business/ng-interactive/2015/apr/29/the-austerity-delusion (accessed June 2016).

Lacey, N. (2013) 'The rule of law and the political economy of criminalisation: An agenda for research' *Punishment and Society*. 15 (4) pp. 349-366.

Lemert, E. (1967) *Human Deviance, Social Problems and Social Control.* N.J.: Prentice-Hall.

Lennox, C. and Khan, L. (2012) 'Youth Justice'. *Our Children Deserve Better: Prevention Pays.* London: Annual Report of the Chief Medical Officer 2012 DoH.

Lepper, J. (2015) 'Charity urges five-year plan on NEETs'. *CYPNow.* http://www.cypnow.co.uk/cyp/news/1151585/charity-urges-five-year-plan-on-neets (accessed June 2015).

Lewis, E. (2016) *A project update for local Change Leads and Technical Change Leads supporting the implementation of AssetPlus* Issue 34, November 2016. London: Youth Justice Board https://yjresourcehub.uk/images/Resources-for-Sharing/Asset-Plus-Newletters/AssetPlus-local-lead-newsletter---Issue-34--241116.pdf (accessed May 2017).

Livingstone, N., Macdonald, G. & Carr, N. (2012) 'Restorative justice conferencing for reducing recidivism in young offenders (aged 7 to 21)' *Cochrane Database of Systematic Reviews.* Issue 2.

Lumsden, K. and Winter, A. (2014) *Reflexivity in Criminological Research Experiences with the Powerful and the Powerless*. Basingstoke: Palgrave Macmillan.

McAlister, S. and Carr, N. (2014) 'Experiences of youth justice: youth justice discourses and their multiple effects' *Youth Justice.* (14) 3 pp. 241-254.

McAra, L. & McVie, S. (2007) 'Youth Justice? The impact of system contact on patterns of desistance from offending' *European Journal of Criminology*. 4 (3) pp. 315-345.

McAra, L. & McVie, S. (2010) 'Youth crime and justice: key messages from the Edinburgh study of youth transitions and crime' *Criminology and Criminal Justice*. 10 (2) pp. 179-209.

McAra, L. & McVie, S. (2012) 'Negotiated order: The groundwork for a theory of offending pathways' *Criminology and Criminal Justice*. 12 (4) pp. 347-375.

McAra, L. and McVie, S. (2015) 'The Case for Diversion and Minimum Necessary Intervention' in Goldson, B. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

McVie, S. (2009) 'Criminal careers and young people' in Barry, M & McNeill, F. (eds) *Youth Offending and Youth Justice*. London: Jessica Kingsley Publishers.

McVie, S. (2011) 'Alternative models of youth justice: Lessons from Scotland and Northern Ireland' *Journal of Children's Services*. 6 (2) pp. 67-76.

McCarthy, S., Wilton, L., Murray, M., Hodgkins, P. & Wong, I., (2012) 'The epidemiology of pharmacologically treated attention deficit hyperactivity disorder (ADHD) in children, adolescents and adults in UK primary care'. *BMC Pediatrics*, 12:78 pp. 1-11.

McLaughlin, E., Muncie, J. and G. Hughes (2001) 'The permanent revolution: New Labour and the modernization of criminal justice', *Criminal Justice: An International Journal of Policy and Practice* 3 (3) pp. 301–18.

Marshall, R., Neill, P. and Theodosiou, L (2011) 'Prevalence of attention deficit hyperactivity symptoms in parents of children diagnosed with the condition' *Procedia Social and Behavioral Sciences* 15 pp. 3056–3058.

Mason, P. and Prior, D. (2008) *Engaging young people who offend.* London: Youth Justice Board.

Menary, I. (2014) *The inspection implications of AssetPlus implementation* London: Youth Justice Board
live.youthjusticeconvention.co.uk/2014/PDF/1_AssetPlus.pdf (accessed May 2017).

Milbourne, L. (2009) 'Remodelling the Third Sector: Advancing Collaboration or Competition in Community-Based Initiatives?' *Journal of Social Policy*. 38 (2) pp. 277-286.

Mills, C. W. (1959) *The Sociological Imagination.* Oxford University Press: Oxford.

MoJ. (2009) *Youth Crime Action Plan – One Year On.* London: Ministry of Justice and Department for Children, Schools and Families.

http://tna.europarchive.org/20100419081706/http:/homeoffice.gov.uk/documents/youth-crime-action-plan/one-year-on2835.pdf?view=Binary (accessed October 2016).

MoJ.(2010) *Breaking the Cycle: Government Response.* London: Ministry of Justice.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/186345/breaking-the-cycle-government-response.pdf (accessed September 2016).

MoJ. (2016) *Review of the Youth Justice System. An interim report of emerging findings.* London: Ministry of Justice.
https://www.gov.uk/government/publications/review-of-the-youth-justice-system (accessed March 2016).

Moser, C. (2014) *Assessing young people in youth justice: The AssetPlus framework'.* London: Youth Justice Board
live.youthjusticeconvention.co.uk/2014/PDF/1_AssetPlus.pdf (accessed May 2017).

Mueller, A., Fuermaier, B., Koerts, J. & Tucha, L. (2012) 'Stigma in attention deficit hyperactivity disorder' *ADHD Attention Deficit and Hyperactivity Disorders.* 4 pp. 101-114.

Muncie, J. (1999) 'Institutionalised intolerance: youth justice and the 1998 Crime and Disorder Act' *Critical Social Policy,*19 (2) pp.147–175.

Muncie, J. (2002) 'A new deal for youth? Early intervention and correctionalism' in Hughes, G., McLaughlin, E. and Muncie, J. (eds) *Crime Prevention and Community Safety: New Directions.* London: Sage.

Muncie, J. (2006) 'Governing young people: coherence and contradiction in contemporary youth justice' *Critical Social Policy.* 26 (4) pp. 770-793.

Muncie, J. (2008) 'The 'punitive turn' in juvenile justice: cultures of control and rights compliance in Western Europe and the USA' *Youth Justice.* 8 (2) pp. 107-121.

Muncie, J. (2009) *Youth and Crime.* 3rd edn. London: Sage.

Muncie, J. (2011) 'Illusions of difference. Comparative youth justice in the devolved United Kingdom' *British Journal of Criminology.* 51 pp. 40-57.

Muncie, J. (2015) *Youth and Crime.* 4th edn. London: Sage.

Muncie, J. and Hughes, G. (2002) 'Modes of youth governance, political rationalities, criminalisation and resistance' in Muncie, J. Hughes, G. and McLaughlin, E. (eds) *Youth Justice Critical Readings.* London: Sage.

Murphy, L. (2015) '█████████ Surestart centre closures 'devastating' for communities ███████████. http://www.████████████.co.uk/news/████████-

news/surestart-centre-closures-devastating-communities- (accessed May 2016). [*Redaction necessary to maintain Anytown anonymity*].

Murray, J. (2014) 'Children are suffering as mental health services fail to cope, say parents and teachers'. *The Guardian*. https://www.theguardian.com/education/2014/jul/29/chilld-and-adolescent-mental-health-service-failing-children (accessed August 2016).

Myttas, N. (2001) 'Understanding and Recognising ADHD' *Practice Nursing.* 12 (7) pp. 278-280.

Nacro (2011a) *Speech, Language and Communication Difficulties, Young People in Trouble with the Law*. London: Nacro.

Nacro (2011b) Reducing the number of children and young people in custody. London: Nacro.

National CAMHS Review (2008) *Children and Young People in Mind: the Final Report of the National CAMHS Review*. London: CAMHS Expert Group supported by the Department for Children, Schools and Families and the Department of Health.

National Appropriate Adult Network (2016) *Protecting the rights and welfare of children and vulnerable adults detained or interviewed by police.* Kent: NAAN. http://www.appropriateadult.org.uk/index.php/practice/legal-framework (accessed July 2016).

National Children's Bureau (2012) *Beyond the Cuts, Children's charities adapting to austerity*. London: NCB. http://www.ncb.org.uk/media/705870/beyond_the_cuts.pdf (accessed February 2016).

National Children's Bureau (2015a) *Cuts that cost: Trends in funding for early intervention services.* London: NCB. http://www.ncb.org.uk/media/1222222/ncb_cuts_that_cost_report_v6.pdf (accessed February 2016).

National Children's Bureau (2015b) *MPs and Peers highlight challenges to children and young people's mental health*. London: NCB. http://www.ncb.org.uk/news-opinion/news-highlights/mps-and-peers-highlight-challenges-children-and-young-peoples-mental (accessed August 2016).

National Union of Teachers (2015) *The impact of cuts in school funding.* London: National Union of Teachers GB*.* https://www.teachers.org.uk/sites/default/files2014/nut-survey-on-school-funding-school-reps-september-2015.pdf (accessed November 2016).

Newburn, T. (2002) 'The contemporary politics of youth crime prevention' in Muncie, J., Hughes, G., McLaughlin, E. (eds). *Youth Justice Critical Readings*. London: Sage.

NICE (2008) *Attention Deficit Hyperactivity Disorder: Diagnosis and Management. Guidelines CG72*. London: National Institute for Health and Clinical Excellence.

NICE (2013) *Attention deficit hyperactivity disorder Evidence Update. A summary of selected new evidence relevant to NICE clinical guideline 72 'Diagnosis and management of ADHD in children, young people and adults' (2008)* Evidence Update 45. London: National Institute for Health and Clinical Excellence.

Noakes, L. and Wincup, E. (2009) *Criminological Research*. London: Sage.

NPCC (2015) *National Strategy for the Policing of Children and Young People.* London: National Police Chiefs' Council. http://www.npcc.police.uk/documents/edhr/2015/CYP%20Strategy%202015_2017_August%202015.pdf (accessed April 2016)

NSPCC (2015) *Mental health services - a postcode lottery.* London: NSPCC. https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/postcode-lottery-of-waiting-times-in-local-mental-health-services/ (accessed July 2016).

O'Leary, Z. (2010) *The Essential Guide to Doing your Research Project*. London: Sage.

O'Malley, P. (2001) 'Policing crime risks in the neoliberal era' in Stenson, K. and Sullivan, R. (eds) *Crime, Risk and Justice*. Cullompton: Willan.

O'Regan, F. (2014) *Successfully Managing ADHD.* Oxon: Routledge.

Ossei-Owusu, S. (2012) 'Decoding youth and neoliberalism: pupils, precarity, and punishment' *Journal of Poverty* 16 pp. 296-307.

Phoenix, J. (2008) 'They're safer inside: youth offending teams and the assessment of risk' *LJMU Criminology Seminar Series* 10 March 2008. Liverpool: John Moores University.

Phoenix, J. (2009) 'Beyond risk assessment: the return of repressive welfarism?' in Barry, M. & McNeill, F (eds) *Youth Offending and Youth Justice*. London: Jessica Kingsley Publishers.

Phoenix, J. (2016) 'Against youth justice and youth governance, for youth penality' *British Journal of Criminology*. 56, pp. 123-140.

Phoenix, J. and Kelly, L. (2013) ''You just have to do it for yourself'. Responsibilization in youth justice and young people's situated knowledge of youth justice practice' *British Journal of Criminology*. 53, pp. 419-437.

Pickard, S. (2014) *Anti-social behaviour in Britain: Victorian and contemporary perspectives.* Basingstoke: Palgrave Macmillan.

Pitts, J. (2001) *The New Politics of Youth Crime: Discipline or Solidarity*? Lyme Regis: Russell House Publishing.

Pratt, T., Cullen. F., Blevins, L., Daigle, L. and Unnever, J. (2002) 'The relationship of attention deficit hyperactivity disorder to crime and delinquency: a meta-analysis' *International Journal of Police Science and Management*. 4 pp 344-360.

Prison Reform Trust (2012) *Prison Reform Trust submission; The Justice Committee Inquiry – Youth Justice.* London: Prison Reform Trust.

Prison Reform Trust and Rethink Mental Illness (2013) *Mental Health, Autism & Learning Disabilities in the Criminal Courts.* London: Prison Reform Trust and Rethink Mental Illness.

Prison Reform Trust (2016) *Prison: the facts. Bromley Briefings Summer 2016.* London: Prison Reform Trust. http://www.prisonreformtrust.org.uk/Portals/0/Documents/Bromley%20Briefings/Summer%202016%20briefing.pdf (accessed August 2016).

Puffett, N. (2016a) 'ADCS Conference: Youth justice review to call for greater integration with social care' *CYPNow.* http://www.cypnow.co.uk/cyp/news/1158169/adcs-conference-youth-justice-review-to-call-for-greater-integration-with-social-care (accessed July 2016).

Puffett, N. (2016b) 'Rising numbers in child protection system 'down to cuts', MPs told' *CYPNow.* http://www.cypnow.co.uk/cyp/news/1156560/rising-numbers-in-child-protection-system-down-to-cuts-mps-told (accessed March 2016).

Puffett, N. (2016c) 'Children's social workers 'undermined' by government reform plans' *CYPNow.* http://www.cypnow.co.uk/cyp/news/1156287/childrens-social-workers-undermined-by-government-reform-plans (accessed March 2016).

Punch, K. (2014) *Introduction to Social Research.* 3rd edn. London: Sage.

Redmond, S. and Rice, M. (2002) 'Stability of behavioural ratings of children with specific language impairment' *Journal of Speech, Language and Hearing Research*. 45, pp. 190-201.

Revolving Doors Agency (2013) *Supporting vulnerable people in custody and at court.* London: Revolving Doors Agency.

Rickford, D. and Edgar, K. (2004) *Troubled Inside: Responding to the Mental Health Needs of Men in Prison.* London: Prison Reform Trust.

Roberson, C. and Azaola, E. (2015) *Deviant Behaviour.* London: Taylor & Francis.

Rodger, J. (2008) *Criminalising Social Policy Anti-social Behaviour and Welfare in a De-civilised Society.* Cullompton: Devon.

Rodger, J. (2012) ''Regulating the Poor': Observations on the 'Structural Coupling' of Welfare, Criminal Justice and the Voluntary Sector in a 'Big Society'' *Social Policy and Administration*. 46 (4) pp. 413-431.

Rose, N. (1989) *Governing the Soul*. London: Routledge.

Royal College of Speech and Language Therapists (2012) *Speech, Language and Communication Needs in the Criminal Justice System and Best Practice Responses to these*. London: Royal College of Speech and Language Therapists.

Royal College of Psychiatrists (2016) *Mental health and growing up factsheet, attention-deficit hyperactivity disorder and hyperkinetic disorder*. London: Royal College of Psychiatrists.
http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/adhd hyperkineticdisorder.asp (accessed January 2016).

RR3 (2012) *Task and finish report. Maximising our potential: youth justice and the role of the VCS.* London: Reducing Reoffending Third Sector Advisory Group.
http://www.clinks.org/sites/default/files/Youth%20Justice%20TFG%20Paper%2 0FINAL%20July%202012.pdf (accessed May 2016).

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

SCRA (2016) 'Information for professionals' Scotland: Scottish Children's Reporter Administration. http://www.scra.gov.uk/about-scra/information-for-professionals (accessed November 2016).

Scraton, P. (1997) 'Whose 'childhood'? What 'crisis'? in Scraton, P. (ed) '*Childhood' in 'Crisis'*? London: UCL Press.

Scraton, P. (2007) *Power, Conflict and Criminalisation*. Abingdon: Routledge.

Scraton, P. and Haydon, D. (2002) 'Challenging the criminalisation of children and young people: securing a rights based agenda' in Muncie, J., Hughes. G. and McLaughlin, E. (eds) *Youth Justice Critical Readings*. London: Sage.

Silverman, D. (2013) *Doing Qualitative Research*. Fourth Edition. London: Sage.

Singh, I. (2008) 'Beyond polemics: science and ethics of ADHD' *Neuroscience*. 9 pp. 957-964.

Singh, I. (2011) 'A disorder of anger and aggression: children's perspectives on attention deficit hyperactivity disorder in the UK' *Social Science and Medicine*. 73 (6) pp. 889-896.

Smith, D. (2015) 'What Evidence for Youth Justice?' in Goldson, B. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

Smith, R. (2005) 'Welfare versus justice – again!' *Youth Justice* 5 (3) pp. 1-16.

Smith, R. (2006) 'Actuarialism and early intervention in contemporary youth justice' in Goldson, B. and Muncie, J. (eds) *Youth Crime and Justice.* London: Sage.

Smith, R. (2011) *Doing Justice to Young People, Youth crime and Social Justice.* Abingdon: Willan Publishing.

Smith, R. (2014) *Youth Justice Ideas, Policy and Practice.* Abingdon: Routledge.

Snow, P. and Powell, M. (2011) 'Oral language competence in incarcerated young offenders: Links with offending severity'. *International Journal of Speech-Language Pathology.* 13 (6) pp. 480-489.

Soppitt, S. & Irving, A. (2014) 'Triage: line or nets? Early intervention and the youth justice system' *Safer Communities.* 13 (4) pp. 147-160.

Speed, B. (2014) 'Mental health service deficiencies 'undermine penal support pilot'' *CYPNow.* http://www.cypnow.co.uk/cyp/news/1141399/mental-health-service-deficiencies-%E2%80%98undermine-penal-support-pilot%E2%80%99 accessed (September 2016).

Squires, P. and Stephen, D. (2005) *Rougher Justice.* Cullompton: Willan Publishing.

Standing Committee for Youth Justice (2013) *Written Evidence from the Standing Committee for Youth Justice.* Submissions to an inquiry by Parliamentarians into the operations and effectiveness of the youth justice system. London: National Children's Bureau and Michael Sieff Foundation. http://www.ncb.org.uk/media/1148432/independent_parliamentarians__inquiry_into_the_operation_and_effectiveness_of_the_youth_court.pdf (accessed October 2013).

Stephenson, M. (2006) *Young People and Offending: Education, Youth Justice and Social Inclusion.* London: Routledge*.*

Stephenson, M., Giller, H. & Brown, S. (2011) *Effective Practice in Youth Justice.* 2nd edn. London: Routledge.

Swirak, K. (2015) 'Problematising advanced liberal youth crime prevention: the impacts of management reforms on Irish Garda youth diversion projects'. *Youth Justice* pp.1-19.

Talbot, J. (2010) *Seen and heard, supporting vulnerable children in the youth justice system.* London: Prison Reform Trust.

Talbot, J., Cheung, R. and O'Sullivan, S. (2015) *Relative Justice the experiences and views of family members of people with particular needs in*

contact with criminal justice and liaison and diversion services. London: Prison Reform Trust.

Tannock, R. & Schacher, R. (1996) 'Executive dysfunction as an underlying mechanism of behaviour and language problems in ADHD' in Beitchman, J., Cohen, N., Konstantareas, M., Tannock, R. (eds) *Language, Learning and Behaviour Disorders*. Cambridge: Cambridge University Press.

Taylor, C. (2016) *Review of the Youth Justice System in England and Wales*. London: Ministry of Justice.

The Communication Trust, (2011) *Don't Get Me Wrong*. London: The Communication Trust. www.thecommunicationtrust.org.uk (accessed February 2013).

The Michael Sieff Foundation (2014) *Youth courts failing children, finds parliamentarians inquiry*. London: The Michael Foundation and National Children's Bureau. http://michaelsieff-foundation.org.uk/content/Carlile-Inquiry-Report-Published-19-June-2014.pdf (accessed October 2016).

The UK Children's Commissioners (2008) *The UK Children's Commissioners' report to the UN on Committee on the Rights of the Child*. London: Office of the Children's Commissioner https://www.childcomwales.org.uk/uploads/publications/61.pdf/ (accessed April 2016).

Timimi, S. (2005) *Naughty Boys Anti-social Behaviour, ADHD and the Role of Culture*. Basingstoke: Palgrave Macmillan.

Timimi, S. and Taylor, E. (2004) 'ADHD is best understood as a cultural construct' *The British Journal of Psychiatry*. 184 (1) pp. 8-9.

T2A (2015) *You can't put a number on it. A report from young adults on why in criminal justice maturity is more important than age* London: Transition to Adulthood Alliance and Howard League for Penal Reform. http://www.t2a.org.uk/wp-content/uploads/2016/02/HL-Report_lowerres.pdf (accessed August 2016).

UKAP (2012) Children and Families Bill. Memorandum Submitted by the UK ADHD Partnership (CF 96) London: UKAP. http://www.publications.parliament.uk/pa/cm201213/cmpublic/childrenandfamilies/memo/cf96.htm (accessed August 2015).

UNCRC (2007) 'Children's rights in juvenile justice. 44th Session General Comment no. 10. CRC/C/GC/10. United Nations: Geneva. http://www2.ohchr.org/english/bodies/crc/docs/CRC.C.GC.10.pdf (accessed July 2016).

UNCRC (2008) *Concluding observations on the fourth periodic report of the United Kingdom of Great Britain and Northern Ireland*. Committee on the Rights of the Child CRC/C/GBR/CO/4. United Nations: Geneva.

http://www.crae.org.uk/media/26705/UK-CRC-Final-COs-2008.pdf (accessed January 2013).

UNCRC (2016) *Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*. Committee on the Rights of the Child CRC/C/GBR/CO/5. United Nations: Geneva. http://www.crae.org.uk/media/93148/UK-concluding-observations-2016.pdf (accessed June 2016).

Unicef (2016) *The United Nations Convention on the Rights of the Child* http://www.unicef.org.uk/Documents/Publication-dfs/UNCRC_PRESS200910web.pdf (accessed April 2016).

Wacquant, L. (2009) *Punishing the Poor*, *the Neo-Liberal Government of Social Insecurity*. USA: Duke University Press.

Waddington, M. (2013) 'Government cuts ▮▮▮▮▮▮▮ worst hit in the country' http://www.▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮/government-cuts▮▮▮▮▮▮▮-worst- (accessed May 2016). [*Redaction necessary to maintain Anytown anonymity*].

Wehmeier, P., Schacht, A. and Barkley, R. (2009) 'Social and emotional impairment in children and adolescents with ADHD and the impact on the quality of life' *Journal of Adolescent Health* 46 pp. 209-217.

Westmarland, L (2011) Researching Crime and Justice Tales from the Field. London: Routledge.

White, R. & Cunneen, C. (2015) 'Social Class, Youth Crime and Youth Justice' in Goldson, B. and Muncie, J. (eds) *Youth Crime and Justice*. 2nd edn. London: Sage.

Whyte, B. (2009) *Youth Justice in Practice Making a Difference*. Bristol: The Policy Press.

Wolpert, M., Harris, R., Hodges, S. Fuggle, P., James, R., Wiener, A. McKenna, C., Law, D.,York, A., Jones M. and Fonagy, P. (2015) *Thrive Elaborated.* London: Anna Freud Centre.

World Health Organisation (2011) *Impact of economic crises on mental health* http://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf Copenhagen: World Health Organisation (accessed September 2016).

Yates, J. (2012) 'What Prospects Youth Justice? Children in Trouble in the Age of Austerity' *Social Policy and Administration.* 46 (4) pp. 432-447.

YJB (2008) *Key Elements of Effective Practice, Assessment, Planning Interventions and Supervision*. London: Youth Justice Board for England and Wales.

YJB (2011) *YJB Corporate and Business Plan 2011/12 – 2014/15*. London: Youth Justice Board for England and Wales. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356551/yjb_corporate_plan_2011_2015_business_plan_2011_2012.pdf (accessed August 2015).

Youth Justice Board (2012a) *Youth Justice Statistics 2010/2011 England and Wales.* London: Youth Justice Board /Ministry of Justice. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279892/yjb-statistics-10-11.pdf (accessed August 2016).

YJB (2012b) '*Health visiting and school nurse programme: supporting implementation of the new service offer. Supporting children and families and communities to be safer, healthier and to reduce youth crime'*. London: Public Health England, Department of Health and Youth Justice Board for England and Wales. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/470591/2903822_PHE_Youth_Justice_Accessible_v0.4.pdf (accessed August 2015).

YJB (2013) Assessment and planning interventions framework. AssetPlus: national YOT and secure establishment briefing June 2013. London: Youth Justice Board. https://www.justice.gov.uk/youth/assessment/assetplus/assetplus-frequently-asked-quesitons/general-faqs-assetplus (accessed August 2016).

YJB (2014a) *YJB Corporate Business Plan 2014-2017 and Business Plan 2014/15*. London: Youth Justice Board for England and Wales. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/356456/yjb_corporate_plan_2014_2017_business_plan_2014_15.pdf (accessed August 2015).

YJB (2014b) *Guidance Use out-of-court disposals: section 1 case management guidance, Youth Justice Board*. London: Youth Justice Board for England and Wales. https://www.gov.uk/government/publications/use-out-of-court-disposals/use-out-of-court-disposals-section-1-case-management-guidance (accessed August 2015).

YJB (2015a) *Youth offending teams: making the difference for children and young people, victims and communities Final Report*. London: Youth Justice Board for England and Wales. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445271/Board_Visits_Final_Report.pdf (accessed August 2016).

YJB (2015b) *Youth Justice Statistics 2013/14 England and Wales*. London: Youth Justice Board for England and Wales.

YJB (2016) *AssetPlus deployment list 23-11-16.* London: Youth Justice Board for England and Wales*.* https://www.gov.uk/government/publications/assetplus-

assessment-and-planning-in-the-youth-justice-system (accessed November 2016)

YJB (2016b) *Lord McNally speaks at a Policy UK forum on youth justice.* London: Youth Justice Board for England and Wales. https://www.gov.uk/government/speeches/lord-mcnally-speaks-at-a-policy-uk-forum-on-youth-justice (accessed November 2016).

Young, J. (2011) *The Criminological Imagination*. Cambridge: Polity Press.

Young, S and Gudjonsson, G. (2006) 'ADHD symptomatology and its relationship with emotional, social and delinquency problems' *Psychology, Crime and Law*, 12 (5) pp. 463 – 471.

Young, S. J., Adamou, M., Bolea, B., Gudjonsson, G., Müller, U., Pitts, M., Thome, J. and Asherson, P. (2011a) 'The identification and management of ADHD offenders within the criminal justice system: a consensus statement from the UK Adult ADHD Network and criminal justice agencies'. *BMC Psychiatry* 11 (32) pp. 1-14.

Young, S., Murphy, C. & Coghill, D. (2011b) 'Avoiding the 'twilight zone': recommendations for the transition of services from adolescence to adulthood for young people with ADHD'. *BMC Psychiatry*,11 pp.174

Young, S., Gudjonsson, G.H., Goodwin, E.J., Jotangia, A., Farooq, R., Haddrick, D. & Adamou, M. (2014) 'Beyond the gates: identifying and managing offenders with attention deficit hyperactivity disorder in community probation services'. *AIMS Public Health* 1 (1) pp. 33-42.

Young Minds (2013) '*Same old...the experiences of young offenders with mental health needs*'. Barrow Cadbury Report. London: Young Minds https://www.youngminds.org.uk/assets/0000/9472/Barrow_Cadbury_Report.pdf (accessed April 2014).

Appendix 1

List of Abbreviations

AA   Appropriate Adult

AMHS   Adult Mental Health Services

CAMHS   Child and Adult Mental Health Services

EMA   Education Maintenance Allowance

FE   Further Education

LA   Local Authority

MACR   Minimum age of criminal responsibility

PSR   Pre-sentence report

RFP   Risk factor paradigm

RJ   Restorative justice

SEN   Special educational needs

SLCN   Speech, language and communication needs

TSO   Third sector organisation

UNCRC   United Nations Convention on the Rights of the Child

YJLD   Youth Justice Liaison and Diversion

YOT   Youth Offending Team

Participant Consent Form

Title of study: **The governance of young males with Attention Deficit Hyperactivity Disorder (ADHD) within the youth justice system**

Researcher: **Anita Hobson, School of Social Science, Liverpool John Moores University**

Purpose of study: **To examine issues and challenges through key stages of the youth justice system posed by and for young men who have Attention Deficit Hyperactivity Disorder (ADHD)**

Participants Role: To participate in a semi structured interview and answer the questions as honestly as possible.

Consent Slip

1. I confirm that I have read and understand the information provided for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw within four weeks, without giving a reason and that this will not affect my legal rights.

3. I understand that any personal information I give during the study will be anonymised except in exceptional circumstances that indicate or report a risk of harm to self or others or the commission of a serious criminal offence

4. I agree to take part in the study

    Print Name of Participant:

    Signed: **Date:**

    Print Name Researcher:

    Signed: **Date:**

Appendix 3

LIVERPOOL JOHN MOORES UNIVERSITY

PARTICIPANT INFORMATION SHEET

Title of Project

The governance of young males with Attention Deficit Hyperactivity Disorder (ADHD) within the youth justice system

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You are being invited to take part in a research study. Before you decide it is important that you understand why the research is being done and what it involves. Please take time to read the following information. Ask us if there is anything that is not clear or if you would like more information. Take time to decide if you want to take part or not.

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1. **What is the purpose of the study?**

The study aims to examine the measures and interventions in the youth justice system and the impact for young men with ADHD. The study will explore the views and experiences of youth justice professionals', young men with ADHD and ADHD support organisations.

2. **Do I have to take part?**

Participation in the research is voluntary. It is up to you to decide whether or not to take part. If you do you will be given this information sheet and asked to sign a consent form. You are still free to withdraw at any time and without giving a reason and any data already collected will not be included in the research. A decision to withdraw will not affect your rights or any future service you may receive.

3. **What will happen to me if I take part?**

The research involves interviews with police custody officers, youth offending team workers, young offender institution staff, ADHD support groups and young males with ADHD. These interviews will take place between September 2012 and November 2013. The interviews will take approximately one hour of your time but no longer than one and a half hours. Your role in the interview will be to answer questions as honestly as possible.

4. **Are there any risks / benefits involved?**

During discussions around the experiences of young males with ADHD within youth justice services, some research participants may find this a sensitive subject and may feel uncomfortable or some distress. Any participants who feel distressed will be guided

to a support worker or other appropriate service. The privacy of participants will be respected and only relevant questions will be asked.

The benefit of taking part in this study is the important contribution that you are making and the opportunity to express your views and experiences regarding the interventions in the youth justice system and the impact for young men with ADHD.

5. Will my taking part in the study be kept confidential?

Anything that you say to the researcher will be private and confidential. This means that your name will not appear on any reports associated with this research and all the locations will be anonymised to ensure no one will be recognised. You will be asked if you are happy for an audio recording to be made during the interview as this helps to keep very accurate records of the information, but if you are not happy for this then the interview will not be recorded. All data collected from the interviews will be anonymised (this could be recordings or hand written notes) and will be stored securely in the University during the research process and once the research is completed this data will be destroyed. Any direct quotes from the interviews with participants that are included in any reports will be anonymised: confidentiality will be upheld at all times.

Contact Details of Researcher

If you require any more information or clarification of any issue relating to the study please contact me:

Anita Hobson: Tel. 01695 657628 A.C.Hobson@2011.ljmu.ac.uk

Note: A copy of the participant information sheet should be retained by the participant with a copy of the signed consent form.

Appendix 4

Interview Questions: Youth Offending Teams

1. Are you aware of the key characteristics of ADHD and presenting behaviours? Is this via voluntary / compulsory, internal / external training undertaken within the YOT?

2. What are the referral pathways to the YOT, for young people in conflict with the law?

3. Do you have records / statistical evidence that identify YOT involvement with children and young men with ADHD? (eg. ADHD as a specific category)

4. What systems are in place regarding the formal identification of children and young men with behaviours / characteristics symptomatic of ADHD? (eg. assessment tools etc.).

- Are SLCN issues picked up on and how are YP who are unable to express themselves supported / managed?

5. What are the key interventions used for young people in contact with YOT?

6. What are the key interventions / diversions used for children and young men with ADHD in contact with YOT? (how efficient do you think the interventions are that are for YP in terms of their appropriateness?)

7. How efficient are the interventions used for young people? (in terms of appropriateness / repeat offending etc.)

- Are mental health treatment orders suggested by YOTs / by court – how commonly used is this?

8. Are referrals to a mental health coordinator a regular practice in your YOT?
    (such as CAMHS, mental health nurse, third sector org / NGO etc.)

9. What information is passed on to the courts in relation to a diagnosis of ADHD or symptomatic characteristics?

10. What do you consider to be the main areas of work in cases where CYP presents with symptomatic / ADHD behaviours? (eg re-offending/ health / familial issues/ health)

11. Are there any methods of particular interventions regularly used (for CYP who presents with symptomatic / ADHD behaviours) [eg CBT, educational techniques, CAMHS]

12. At which point / How are services provided: on a 1-1 with social worker / YOT / other agency?

13. How would you describe the motivation to address offending / engage with interventions (CYP with ADHD / symptomatic)?

14. In your experience – what are the key issues for CYP with ADHD / characteristics and impacts on their likelihood of entering YJ / YOT?

15. How important is the identification of characteristic behaviours associated with ADHD, via Asset, to inform you, and in turn, your response to the CYP?

16. Finally, in an ideal world, what do you think would improve the system currently in place…in relation to CYP in contact with YJ with ADHD / symptomatic characteristics?

Appendix 5

Interview Questions: CAMHS Staff

1. Is your role attached to the YOT and if so – how many days?

2. Is this YOT part of Children's services [and as such take responsibility for YPs welfare needs too?]

3. How efficient is wider support within the YOT eg CAMHS links / Children's services?

4. Have you experienced cutbacks (if so has this affected what you do and what you can do for CYP with ADHD/characteristics?

5. Wider support mechanisms, especially for CYP with ADHD or are third sector orgs / charities commissioned?

6. Are caseloads onerous for CAMHS and YOTs

7. Are referrals to CAMHS a regular practice? [waiting times? Do you assess CYP and/or undertake a consultation?]

8. In your experience, what are the key issues for CYP (and with ADHD) in YJ?

9. Do you use Asset as an assessment tool when working with CYP? (or use the Asset previously completed by YOT worker?)

10. At which stage are needs such as ADHD / characteristics identified by the YOT and at which stage would they be referred to you? Any barriers to early identification?

11. Do you find that more CYP with ADHD / characteristics are diverted to other key services (eg CAMHS, alcohol/drug services?)

12. Re: the systems in place - given the needs of CYP with ADHD / characteristics (inattention, impulsivity , hyperactivity, co-morbidity etc), what are the most significant challenges / barriers regarding a) early identification of their needs? And b) diversion to appropriate services (or not) And c) any barriers to CYP in the YOT getting a consultation with you / CAMHS

13. What are your views re CYP with ADHD and their capacity to engage / understand the processes they go through in YOTs, court?

14. What are your experiences regarding CYP with ADHD and comorbidity (eg conduct disorder, substance use (eg cannabis to self-medicate) and re persistence of behaviours into adulthood ?

15. In your experience, what are the key issues / challenges for CYP with ADHD re social, economic factors?

16. In your experience do you find that many CYP with ADHD reach the threshold for SEN support (in school) or specialist mental health services

17. Are SLCN issues picked up on / how are YP who are unable to express themselves

18. What do you consider to be the main areas of work in cases where CYP present with symptomatic / ADHD behaviours? (eg re-offending/ health / familial issues/ education/ poverty / disadvantage)

19. How important is the early identification of behaviours to your response to the YP and why?

20. Data collection…any stats held in YOT / within your role as CAMHS attached re CYP with ADHD / outcomes etc?

21. To finish off, in an ideal world what would support CYP with ADHD and reduce the likelihood of getting in trouble with the law? (and progression through the system)