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FROM CARE TO CUSTODY?
Elizabeth Utting and Tamara Woodall

In 2020 there were over 80,000 young people being looked after in some form of care in England, including residential homes, foster care, short-term placements, and secure homes. For the majority of these young people, this is to protect them from neglect or abuse, while a small number of young people in care (approximately 2%) are looked after due to their criminal or "socially unacceptable" behaviours (Department for Education, 2020). While some of these young people may have been in contact with the Criminal Justice System (CJS) due to their behaviours, most will have been victims of, or witnessed, criminal offences. Despite the fact that trauma and adversity is ubiquitous for care-experienced young people, stigma follows them throughout society and these facts are often forgotten. But why is this relevant?

It is estimated that over 25% of young offenders and more than 50% of individuals in secure children’s centres are care-experienced (Youth Justice Board, 2020). Care-experienced people are more likely to be found in young offender and adult facilities (both male and female) than in the community (Farmer, 2017). The Laming review (Prison Reform Trust, 2016) was set up to address the over-representation of young people with experience of care in the CJS. It highlighted that young people’s early life experiences have a significant impact on their development and future life chances. As a result of their experiences before and during care, care-experienced young people are at greater risk of entering the youth justice system than their peers. Care-experienced young people are also more likely to be exposed to the risk factors established in research as associated with the onset of youth offending than the general population of young people (Schofield et al., 2012).

Sadly, care-experienced young people are at increased risk of negative outcomes. They are 10 times more likely to be excluded from school; 12 times more likely to leave school with no qualifications; 4 times more likely to be unemployed; 60 times more likely to become homeless; 50 times more likely to be sent to prison; and 66 times more likely to have children who themselves need public care (McSherry, Malet, & Weatherall, 2016). Furthermore, they are more vulnerable to mental, emotional and behavioural, and physical health difficulties (Dixon, 2008; McCann, James, Wilson, & Dunn, 1996; McCarthy, Janeway, & Geddes, 2003), alongside low self-esteem and self-concept (Ackerman & Dozier, 2005).
A sizeable volume of literature has highlighted the relationship between childhood trauma and offending (Skowyra & Cocozza, 2007; Smith, Chamberlain, & Deblinger, 2012; Widom & Maxfield, 2001). Neglect, abuse, poverty, and witnessing violence are some of the most common risk factors for post-traumatic reactions – aggression and antisocial behaviour (Dong et al., 2004; Finkelhor, 2008; Hussey, Chang, & Kotch, 2006).

As discussed in Chapter 1, several different patterns of childhood adversity have been found to be common among young people and adults involved in the CJS. However, research is lacking as to the role of social care, specifically, trauma and adversity from being in care and trauma that occurs while in care.

**The Social Care System’s Role in Trauma**

The most common type of initial care placement is foster care (either *kinship* foster care which involves living with family members and *non-kinship* foster care with non-family members, if family members are unavailable or deemed unsuitable) (NSPCC, 2021). Residential group care placements (where young people live together in a shared accommodation) are subsequently sought for young people with more complex emotional and behavioural needs, or whose foster placements have broken down. Secure care placements (e.g., youth offending, mental health hospitals) tend to fall towards the end of young people’s care pathways if they require enhanced care and risk management. More recently, placement type has been regarded as less of a priority than basing a young person’s living requirements on their individual needs.

The key goal for child welfare systems internationally for over 40 years has been achieving *permanency* for young people in care (Biehal, 2014). Permanency is a multi-faceted concept that includes a young person having a stable family environment, a sense of belonging, secure relationships, and self-concept (Moran, McGregor, & Devaney, 2020). In particular, the notion of *felt security* within care and relational permanency has been described as fundamental for young people’s development and positive outcomes (Cashmore & Paxman, 2006).

**Experiences of Young People in Care**

There is little research that captures the lived experiences of young people in the social care system. We have reflected on the most common issues relating to the social care system’s role in trauma, based on research and our experience in practice. We discussed these with a number of care-experienced individuals. Themes from these discussions are described below.

- Retraumatisation of difficulties and issues for young people through navigating the current social care processes (such as repeated rejection (placement moves perceived as continual rejection by individuals and society, alienation and stigma, lack of stability and consistency).
Young people falling through gaps in services (for example, there is a need for more understanding of developmental trauma in mental health and social care by a variety of staff, more specialist professionals needed for early prevention).

- Becoming “stuck” in the system. The message received by young people from the social care system appears to be that they are intrinsically a “problem”, rather than a recognition that their difficulties or behaviours are a response to what has happened to them.

- Being treated differently to non-care-experienced young people. “Moving on the problem” through placement breakdowns. This creates a loss of trust and sense of control after each move. A young person can act in negative ways to re-gain that sense of control.

- Frequent exposure to further trauma within a care home or by individuals they meet in the care system. For example, young people can be vulnerable to exposure of more risky behaviours, environments, people, and attitudes. Care-experienced young people can be exposed to negative peers and risk-taking behaviours and may not be responded to or supported in the same way as young people in a family or foster environment.

- The social care system can often treat care-experienced young people as riskier than they are. The system can be highly sensitive to “risks” and have limited availability of professionals with the expertise to understand or respond to the complex nature of risk, resulting in a very reactive system, to the detriment of the young person.

- Multi-disciplinary information-sharing can be scarce, in addition to limited available resources for risk assessments/mental health assessments. This can create a disjointed experience for the care-experienced young person.

**Permanency and Placement Instability**

Care-experienced young people often experience multiple placement moves throughout their care pathway. Although some placement endings occur in the best interest of the young person, the majority happen unexpectedly and without consideration of the young person’s voice or experience. In recent years, this issue has been well-documented as a serious public health concern across England. The Stability Index was introduced by the Children’s Commissioner in 2017 to measure the annual stability of the lives of young people in care, in response to concerns about the high rates of instability experienced. The Children’s Commissioner (2020) identified that between 2018 and 2019, one in four young people in care experienced two or more placement moves. Older young people were more likely to experience more placement moves, reflecting the greater social, emotional, and mental health needs of this group, and their vulnerability to child sexual exploitation and gang membership. Older young people included those who entered care later and those with a history of multiple placement breakdowns.

Young people are more likely to require secure or specialist care placements following multiple placement moves. The Stability Index highlighted young people
who had once lived in a secure or specialist residential children’s home had a disproportionate number of placement moves. Salnäs, Vinnerljung, and Kyhle Westermark (2004) reported that Swedish teenagers displaying antisocial behaviour (criminal or violent conduct, alcohol/drug abuse) prior to placement are significantly more likely than others to experience breakdown in all forms of care. Placement moves are significant, given a history of placement breakdown is a common precursor to subsequent placement breakdowns and poor future outcomes (Leve et al., 2012; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Rock, Michelson, Thomson, & Day, 2015). It is concerning that Children’s Commissioner’s statistics highlight how environmental and relational loss have become the norm for many care-experienced young people. This confirms that the notion of permanency is currently far from being achieved for care-experienced young people (Department for Education, 2016).

What does the continual movement around the system and instability really mean for the young person? A lack of family relationships, separation of siblings, difficulty maintaining friendships, strained – if not completely lacking – education provision to name a few consequences. As one care-experienced young person explained, the labels applied to a young person can be internalised when experienced by an individual. When experienced by a whole system, the young person internalises those labels and are then applicable relating to every responsible adult in that system.

In recent years, the rates of young people being placed out of area has increased, causing disruptions to support mechanisms (i.e., school, family, peers) and ties to specialist care providers (e.g., mental health services). As a last resort, some young people under the age of 18 have been placed in unregulated accommodation, including semi-independent and independent accommodation because of a lack of available space in children’s homes. In the most concerning cases, young people have even been placed in hostels and bed and breakfast accommodation. Consequently, young people’s vulnerability to falling through the gaps in society increases, as does our ability to safeguard them from abuse or criminal exploitation.

Every day I hear from “pinball kids” who are being pinged around the care system when all they really want is to be settled and to get on with normal life. These children need stability yet far too many are living unstable lives, in particular children entering care in their early teens. This puts them at greater risk of falling through the gaps in the education system and opens them up to exploitation by gangs or to abuse.

\[\text{Anne Longfield, Children’s Commissioner, cited in Weale (2018)}\]

Moving around the care system can have a significant detrimental impact on all aspects of a young person’s development and future outcomes. This includes but is not limited to:

- Feeling unwanted and worthless by individuals and by society
- Loss of belonging and security which increases their vulnerability to the draw of gang involvement or experiencing Child Sexual Exploitation (CSE)
• Loss of trust
• Reliance on themselves to survive
• Internal working model/core beliefs development – a lack of communication and transparency results in young people internalising placement endings as their fault, reinforcing pre-existing negative beliefs about the self
• Impact on the formation of identity
• Impact on brain development
• Difficulties with education
• Feeling unsafe and viewing the world as a hostile place
• Problems with connection and attachment

All this is occurring at a crucial developmental stage for our young people who are susceptible to influence from a variety of people and organisations. Although there is limited research into this area, we are aware of how important the above is for young people and how crucial it is for us as a society to do something about it.

The “Care” Environment

The social care environment itself can increase the risk of re-traumatisation for young people. Despite most young people in care being looked after for their own protection following early trauma, many are later exposed to further trauma within their care placements, in particular residential or secure care settings. Young people typically warrant these forms of placements due to an increased level of need and accompanying risky behavioural and emotional difficulties. They may be exposed to antisocial peers and risk-taking behaviours (e.g., aggressive and violent behaviour towards self/staff, self-harm, bullying, substance misuse). These experiences may increase the risk of young people developing antisocial attitudes or may reinforce pre-existing attitudes developed through exposure to early (pre-care) trauma. Care homes themselves have been labelled as “criminogenic environments”, particularly for older teenagers, as they often present a set of risks that tend to reinforce offending behaviour (Hayden, 2010). Additionally, adverse experiences within the care home may trigger a young person’s trauma symptomatology resulting in them feeling unsafe in a chaotic and unpredictable environment. For some, this will inadvertently mirror their early familial experiences.

Johnson, Browne, and Hamilton-Giachritsis (2006) proposed that even apparently “good” institutional care can impact on a young person’s ability to form relationships in later life, due to a lack of opportunity to form selective attachments compared to young people who are not care-experienced. Attachment security may be hindered, especially in environments with large groups of young people, low staffing levels, and a lack of consistency through shift work and staff rotation.

Care-experienced young people highlight themes of a loss of control, powerlessness, and difficulty in responding to ever-changing boundaries and rules (Woodall, 2022). Although the care system is governed by rules and regulations to uphold safeguarding practice, young people can find these environments overly restrictive and punitive compared to a family environment. Given the high rates of young
people experiencing childhood abuse and attachment difficulties, it is likely that prior to care, many did not receive consistent or sensitive caregiving or adequate boundaries (National Institute for Health & Care Excellence, 2015). Consequently, young people may experience rules in care as a means of exerting control over their lives and may fight against them if they do not trust in the relationship or understand that these are enforced for their best interest. Furthermore, care-experienced young people commonly express feeling alienated from their non-care-experienced peers because of their perceived lack of freedom. Young people may develop unhelpful ways to re-exert control over their lives whilst in care. They may also become prone to risk-taking behaviours if they reach independence and feel automatically disconnected from the high supervision and structure previously placed around them.

**What Can Be Done to Prevent a Trajectory from Care to Custody?**

**“What Happened to You and How Can We Help You Moving Forward?”**

**Understanding Trauma Across and Throughout the System**

In recent years, the child welfare system has advocated for the implementation of trauma-informed care (TIC). There is a growing body of research exploring the usefulness of TIC and seeking to capture young peoples' and professionals' experiences of these approaches (Hickle, 2020). TIC involves organisational practice and policy to be evidence-based and informed by trauma-focused research to ensure care is matched to the young person's individual needs (Brend & Sprang, 2020).

The National Child Traumatic Stress Network (2013) emphasise “understanding how a potentially traumatised child experienced a traumatic event is the first step in finding out how best to meet that child’s needs in the immediate and long-term” (cited in Buckley, Lotty, & Meldon, 2016; p.35). In practice, this requires an understanding of “the relationship between a child’s lifetime trauma history; his or her behaviour and responses; and identifying, the impact of trauma on child development and brain development” (Buckley et al.; p.35). Awareness of a young person’s pre-care history can aid professionals’ understanding and expectations of how they will interpret their care experiences, given the two are interlinked (Moran, McGregor, & Devaney, 2020). Some have argued that the sequelae of exposure to childhood victimisation or interpersonal trauma should constitute a distinct new psychiatric diagnosis or framework within which to research this topic. Further research would be needed to systematically develop and test the validity and clinical utility of a new diagnosis. It has been argued that diagnosis based upon exposure to developmentally adverse interpersonal trauma, victimisation, and neglect during childhood has the potential to alert clinicians to the influential role of childhood trauma in psychopathology (D’Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012).

Alternatively, given the ubiquitous nature of childhood trauma within the care-experienced population, complex behaviours can be best understood as young peoples’ survival strategies. This information can encourage professionals to view
young people’s behaviour “through a trauma lens” and understand their presentation in the context of their early trauma (Sharda, 2013). This requires professionals to reframe their questioning of a young person’s experiences from “what is wrong with you?” to “what has happened to you?”. This fits well with the Power Threat Meaning Framework (Johnstone & Boyle et al., 2018) which focuses on the interplay between psychosocial factors, such as abuse or poverty, and adaptive threat responses. Rather than labelling behaviours as “antisocial” or “dysfunctional” and moving towards diagnosis, young people’s behaviours can be seen as having been once adaptive and functional in the context of their trauma environment, “a set of learned responses to perceived threat, or as survival strategies for keeping physically and psychologically safe in interpersonal environments that are seen by the individual as dangerous, hostile, abusive, or neglectful” (Willmot & Evershed, 2018; p.340).

**Physiological Responses to Trauma**

Young people’s behaviours may develop because of the psychological and physiological responses to developmental trauma. Traumatic stress is a natural response to adversity which can have long lasting implications for healthy brain development (Bremner, 2006). Living in early chaotic and hostile environments can result in a young person’s social monitoring system becoming “hardwired” and prepared for danger. Consequently, they may remain in a defensive survival state, constantly anticipating threat and becoming hypersensitive to rejection, anger, or neglect (Golding, 2014). This trauma response can cause young people to misinterpret neutral facial cues, expressions, and others’ body language as threatening, which can trigger a set of automatic survival responses (i.e., fight, flight, or freeze).

**Attachment Responses to Trauma**

Early traumatic relational experiences characterised by fear and conditional care can lead young people to develop mistrust in the first year of life (Golding, 2014). Young people’s mistrust within relationships can become heightened through their experiences in care. Unfamiliar care environments, fear and anxiety following unexpected placement moves, and loss of relationships with professionals may reinforce negative perceptions of the unavailability and safety of others and may reinforce a need to remain in a hypersensitive survival state. Woodall (2022) described young people’s responses to a lack of trust as instinctive and a maladaptive coping mechanism to fight against others and fend for themselves. Instability and loss of relationships appeared to create a cycle of self-fulfilling prophecy. Young people perceived their unworthiness of love or being cared for, leading to a reliance on unhealthy defensive strategies throughout their care experiences. As a result of persistent and pervasive mistrust, alongside feeling let down by the system, young people may start to resist authority and reject convention, especially where nurture feels novel to them. Instead, young people develop controlling behaviours to ensure their own safety in situations where it is safer to be in control than influenced by another (Golding, 2014).
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**Social Learning of Abusive Behaviour (The Cycle of Violence)**
Through exposure to abusive and frightening experiences, children may develop negative attitudes and normalise violent beliefs, leading to a display of aggression or violence. In the cycle of violence, victimisation and offending appear inexorably linked to one another and can explain the interrelated nature of abuse for some children (Widom, 1989).

**Shame Responses (The Shield of Shame)**
Shame is a complex emotion that can result from complex trauma and can underlie children’s dysfunctional behaviours (Golding, 2014). Shame is closely related to the emotion of guilt. However, it is distinct in that shame relates to a sense of self as bad and guilt to a sense that one’s behaviour is bad. In the continual absence of relationship repair, children begin to internalise shame as part of their core identity; “I am a bad/shameful child”. This toxic shame can become overwhelming and can result in a child being unable to regulate this emotion and think rationally, control their impulses, or respond flexibly. The child may therefore develop defences (the shield of shame) to protect themselves. This can involve behaviours such as lying, blaming others, and minimising. If shame becomes overwhelming, the child may respond with rage, chronic anger, and controlling behaviours to avoid acknowledgement of their defective self (Golding, 2014). As a population, care-experienced young people often internalise the perceived stigma of being in care and feeling different to their peers. Society can often label these individuals as “difficult” and “problem children”, rather than acknowledging their vulnerabilities and victimisation. As such, young people’s perceptions of shame and worthlessness are reinforced and can risk them feeling even more ostracised. This causes their shield of shame to strengthen the intensity and frequency of maladaptive survival responses. Children’s experiences of unregulated shame are especially significant, since shame has been found to mediate pathways to offending within adult populations (Svensson, Weerman, Pauwels, Bruinsma, & Bernasco, 2013).

**Misconstruing Young People’s Behaviour**
Without understanding of the impact of experiences and trauma on an individual, professionals may (and often do) misconstrue young people’s behaviours. For example, aggression, violence, and property damage may be misinterpreted as purposely threatening, manipulative, and coercive, rather than as indication of distress or a response to perceived threat. A trauma-informed approach supports professionals to acknowledge young people’s behaviours as adaptive, since they enabled young people to survive abusive and neglectful early caregiving experiences where their emotional and physical needs were unmet. Young people can remain reliant on these strategies once in care to overcome feelings of powerlessness, anxiety, and fear. This can be as a direct response to restrictive caregiving environments, loss of control, and uncertainty about placement and relational stability.
By focusing solely on the young people’s behaviours, professionals may have difficulty showing empathy, acceptance, and understanding towards the young people — thus, increasing the risk of further tension and disconnect within the relationship. The risk of relationships breaking down and placements ending is then increased, further propelling young people into another cycle of loss, anxiety, and uncertainty as they move through the system. Rather than understanding young people, we are contributing to their difficulty and trauma — each move likely to reinforce and compound previous issues, creating more damage to already vulnerable young people. Of course, sometimes moves are necessary for the well-being and/or safety of the young person, the staff team, or the local community. However, we make a call here to thoroughly formulate as a multi-disciplinary team, so that placement moves become a last resort rather than a convenient resolution to a particular difficulty.

In parallel with adult forensic institutions, young people in the care system are required to learn to navigate systemic processes. Those with a self-protective strategy to fend for themselves will likely utilise strategies to fight against or sabotage boundaries and rules set for them if they do not feel safe and listened to. Professionals should focus on the underlying needs driving young people’s behaviours in order to avoid pathologising and stigmatising responses, connect with young people’s emotional experiences, and validate their pre-care and in-care trauma experiences.

Environmental Structure

Attachment to family is an important factor in preventing reoffending (Brunton-Smith & McCarthy, 2016) and points to why so many people within the CJS have had involvement with the social care system. A stable and secure family base can provide support with finances, education, and employment, overcoming adverse experiences and emotional support, which are recognised as important protective factors against involvement in crime and violence (de Vries Robbé, Vogel, & Douglas, 2013). Broad consensus among experts working with young people impacted by complex, or interpersonal trauma, is that the most effective therapeutic responses occur within culturally relevant, secure interpersonal relationships (Blaustein & Kinniburgh, 2018; Courtois & Ford, 2013).

Healthy childhood development exists within the context of secure attachment relationships (Bowlby, 1988). Young people who experience complex trauma have difficulty with their capacity to integrate traumatic self-states and events and require subsequent secure caregivers to facilitate typical development (Blaustein & Kinniburgh, 2018). Therefore, professionals who care for young people placed in residential settings are in key positions to act as their secure bases. Residential care workers have a unique capacity to serve as potential professional attachment figures for these children. Thorough consideration of this is required when placement matching young people and placement matching should include appropriate cultural matching to allow access to like-minded individuals which is essential in order to support our young people. There is currently very little training, financial or social recognition for the role of residential care worker. While this role is an extremely important and challenging (yet rewarding) profession, this is not reflected in the
professional expectations required for such responsibility. It is imperative that we have the right people in this role, with the trauma-informed care training they need and deserve, to provide the care for our young people that they deserve. This can only be achieved by changes to policy regarding the training requirements and availability suitable for the role, in addition to appropriate working contracts and social recognition. Staff well-being plays a fundamental role in care and support we can offer our young people in care, and although outside the scope of this chapter to explore in detail, is important to raise and call for further research and exploration.

**Embedded Knowledge and Training**

Without training in trauma-informed care, staff in the social care system can struggle to provide effective management and interventions to address these problems (Bazalgette, Rahilly, & Trevelyan, 2015). Enhanced training and competency requirements for all staff involved in the system (from policy makers and directors to social workers and care staff) are essential in order to affect lasting change. Not only is this important for recognising best approaches for support, but in order to manage the conflict between the compassionate and empowering approaches needed and risk management. For example, Bronfenbrenner’s ecological systems model speaks to making changes to the whole system around a young person, placing the young person at the heart of all decision-making (Bronfenbrenner, 1979). A trauma-informed approach must pervade all systems and maintain the well-being and resilience of the staff team.

There needs to be an acknowledgement that young people involved in crime are themselves victims. The proportion of young people entering the CJS for more serious and violent offences is increasing, with possession of weapons and robbery on the rise. In particular, the high rate of knife crime is significantly impacting families and communities. According to the Youth Justice Board for England and Wales (2019), in 2018, young people committed 21% of all knife and offensive weapon offences. There has been an increase in gangs and organised crime groups who use county lines to exploit those young people who are particularly vulnerable or at a crisis point in their lives. These young people frequently experience family breakdown, intervention by social services, looked after status, frequent missing episodes, behavioural and developmental disorders, and exclusion from mainstream schooling. They have all too often been the victims of crime themselves, and, because of this, are deliberately targeted. Having an informed and well-trained understanding of the risks of certain behaviours and presentations across the service (staff and policies) is vital to changing one of the biggest challenges when working in this field – managing the anxiety of the systems surrounding the young people which are responsible for their care and well-being. Much of the anxiety experienced by individual professionals and systems in the social care arena is due to a limited understanding of the evidence base around behaviours such as sexually inappropriate behaviours, fire setting, violence and aggression, gang involvement, vulnerability to exploitation or weapon use. This lack of understanding can result in emotionally reactive responses, which can be damaging and harmful when supporting our care-experienced young people. There is a risk of pathologising and stigmatising young people within the social care system,
a tendency to be risk adverse and to respond restrictively and punitively. Labelling young people as “risky” can trigger a complex social process of stigma that often results in reduced opportunities in life and self-development. Some care-experienced young people we have spoken to have felt that the system can make adolescence itself a risk. Deakin, Fox, and Matos (2020) call for a reconceptualisation of stigma, to include reference to young people’s reactions and responses: alienation and marginalisation, anger and resistance, empathy and generativity. They argue that this stigma generally inhibits young people’s engagement with wider society. Although, it was acknowledged that for some young people who are able to resist the label, resistance can be generative and enabling.

At times, the context of young people’s behaviours can be overlooked. This in turn can have a consequence of reinforcing these young people’s mistrust of professionals and systems. Enhancing the systems’ understanding and response to these complexities could go a long way to assisting care-experienced young people to develop skills to help overcome the stigma and adversities.

**Young People’s Voices**

Central to the role of professionals working in the social care system is consideration not only of the experiences and context of the young person’s behaviours, but also appropriately capturing the young person’s “voice”. However, lack of time, resources, and training mean that often assessments can be inadequately thought out, completed by untrained professionals, and can fail to consider the needs and perspective of the young person or fail to identify appropriate support. Robust formulation to understand the trajectory of development of attitudes, beliefs, and behaviours is essential, and is incomplete without due understanding and appreciation of the young person’s perspective. We must ask the young person. Formulation is best developed collaboratively, using accessible language, constructed reflectively and best understood in terms of usefulness rather than truth (British Psychological Society, 2011). It is our experience that children actively want to be involved in decision-making about their care pathways.

**Addressing Behaviours**

Young people within the social care system are generally not required to complete work to address risky, problematic, or offending behaviours as they would be in the CJS. Addressing offending is not the primary objective of social care (as many have not committed offences), but rather keeping the young person safe, supporting them to overcome adversity and to live well-adjusted lives. It is the authors’ perspective that the youth justice and social care systems in fact have the same goal (see Table 5.1). Providing opportunity for support through joined-up working and improved communication with young people, transitional and adult services could help to provide timely interventions and support in areas such as identity development and emotional resilience, areas focussed on throughout interventions in the Youth Justice System (YJS). Taking strength-based approaches with our young people in a trauma-informed
The social care system could address these areas of challenge for our young people, providing a message of investment, worthiness, and hope so significantly lacking for our care-experienced young people. Often, care-experienced young people are marginalised or excluded from opportunities due to issues such as background checks, gaps in education and employment, and difficulty in gaining employability skills. The social care system needs to focus on supporting care-experienced young people in these areas, which are essential to preventing a trajectory into offending and secure/forensic services. Pre-emptive prevention using the concept of Positive Youth Development principles (Butts, Bazemore, & Saa Meroe, 2010) to inform the Positive Youth Justice Model could maximise young people's strengths, capacities, and potentials whilst simultaneously reduce offending. This focuses on interconnected factors such as number and strength of pro-social relationships, participation in extra-curricular activities, education, and readiness for employment.

### Support for Leaving Care

Young adults can be especially vulnerable to a trajectory into criminal behaviours and potentially secure services, and when they do, are more likely to reoffend (Ministry of Justice, 2015). The National Offender Management Service (2015) identified distinct challenges, priority needs, and specific ways to help for young adults (aged 18–20). Key to their strategy is the evidence that young adults are still maturing. Although

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<th>Table 5.1 YJB child first principles</th>
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<td><strong>See children as children</strong></td>
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<td><strong>Develop pro-social identity for positive child outcomes</strong></td>
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<td><strong>Collaboration with children</strong></td>
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<td><strong>Promote diversion</strong></td>
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individuals generally reach physical maturity during mid-adolescence, and intellectual maturity by age 18, emotional and social maturity continues into the mid-20s (Prior et al., 2011). The strategy also stresses the importance of assisting young adults who engage in criminal behaviour to move away from criminal behaviour and increase planning for longer-term, pro-social goals (van Gelder, Hershfield, & Nordgren, 2013). Other priorities identified in the strategy included enabling resistance to peer influence; developing self-sufficiency and independence; building skills in managing emotions and impulses; strengthening bonds with family and other close relationships; and education and employment training. Given the evidence for the effectiveness of these interventions, and high rates of criminal justice involvement among care-experienced young people, services and interventions should focus on these areas from much earlier in the lives of care-experienced young people.

Leaving care at 16 or 17 poses particular challenges. Young people who are not care-experienced are generally not expected to cut ties with their support network and attachment relationships beyond 16–17 years old. Unfortunately, once our care-experienced young people reach this age, any positive professional relationships are sadly ended and the loss of these relationships can put significant stressors on young people that can exacerbate their existing socio-structural disadvantage (Kersley, Estep, & Leadley, 2014). This can be a difficult transition period, and local authorities should provide personal advisory support (at the child or young person’s discretion) until care-experienced young people reach 25 years old (Department for Education, 2018). Kersley et al. (2014) explored the efficacy of mentoring and befriending schemes to fill this gap and reported that it helped children feel better about themselves and their lives, improved their experience of care and their outcomes on leaving care. Organisations such as Leeds Youth Justice and the Care Leavers Association do excellent work providing mentors for care leavers by individuals with lived experience. This provides young people with an independent, consistent advocate throughout their transition.

Finally, recent research has identified adolescence as a second window of opportunity for healthy brain development (UNICEF, 2017). This reinforces the significance of focusing resources and intervention on this crucial developmental period, to potentially reverse harm from early trauma and provide new opportunities and support for a young person’s future. These insights can provide hope and encouragement to all those involved in the social care system and empower them to strive towards better future outcomes for this vulnerable population. Whilst there are pockets of excellent work and support across the country, we must work to develop our systems from the top down and bottom up in unison in order to achieve this for our young people, and strive to have an ethical, nurturing, and ultimately effective system we can be proud of.

**Summary of Recommendations**

- Work to ensure the system recognises that these are young people – individuals who experience and internalise language used. It is essential we move away from language and processes which may indicate to the young person they are “faulty” and can be experienced as dehumanising.
• Minimising placement moves. Ensuring policy and processes support consideration of a placement move as a final option. This is with an aim of fostering a sense of safety and belonging.

• Thought and planning into suitable placement matching by properly trained and experienced individuals, taking into consideration the needs of the young person (and those within the environment in which they are being considered).

• Recognise that current processes are often restrictive, creating a punitive environment that parallels the CJS. Developing of systems and language that provide the boundaries and safeguarding restrictions necessary while allowing for young people to develop.

• Normalising adolescent behaviour and understanding what is ‘risk’ vs ‘typical adolescent behaviour’.

• Preparation for future /transition work. More focus on transition from care to avoid an intergenerational cycle of offending “back to what they know”. A focus on building a young person’s sense of identity and independence (emotional and practical skills).

• Increased recognition of diversity such as race/ethnicity/sexuality – access to likeminded people and appropriate matching as much as possible.

• Support and services to be available at key critical times in development and retrajectory with offending (e.g., support 17–21+).

• Enhancing societies’ perception of care. Young people are stigmatised when it is not their behaviours that have resulted in care. This is most likely achievable by developing a system we are proud of.

• A priority focus on staff well-being and resilience in working with trauma and adversity.

• Comprehensive assessment at key points so young people’s needs are identified promptly.

• Research into mentoring/positive role models for care-experienced young people. Such as Leeds Youth Justice and Care Leavers Association who created a group of mentor care leavers (CARE: Challenge and Raise Expectations) – the value of lived experience.

Note
1 County lines is a term used in the UK to describe a form of criminal activity where illegal drugs are transported from one area to another, often across Police and Local Authority boundaries. Usually young and/or vulnerable individuals are used to carry, store, and distribute drugs.

Further Reading
From Care to Custody?


Perry, B. D., & Szalavitz, M. (2017). The boy who was raised as a dog: And other stories from a child psychiatrist's notebook-What traumatized children can teach us about loss, love, and healing. Hachette UK.


References


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